NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

Prescribing Information

from the Bedfordshire and Luton Joint Prescribing Committee

May 2017
Number 65

A summary of the Joint Prescribing Committee (JPC) key recommendations[1] following the 26th April 2017 meeting is provided below. The JPC papers from the meeting will be available shortly on the ***GP Ref website*** *http://www.gpref.bedfordshire.nhs.uk/referrals/bedfordshire-and-luton-joint-prescribing-committee-(jpc).aspx*

BULLETIN / PAPER	RECOMMENDATIONS / INFORMATION
PRIMARY CARE OR INTERFACE PRESCRIBING ISSUES	
COPD and ACOS Guidelines – request for review *"Recommendations updated subject to Bedfordshire RIG confirmation"*	The COPD and ACOS guidelines have been reviewed following a request from local specialists. The following recommendations were agreed (subject to confirmation from the Bedfordshire Respiratory Implementation Group (RIG)[2]: • Continue to support the use of LAMA inhaler monotherapy first line when patients remain breathless or exacerbate on SABA therapy. The use of a LABA/LAMA combination inhaler before LAMA inhaler monotherapy in the pathway was not supported. • Offer LABA/LAMA combination inhaler as an option/alternative to ICS/LABA inhaler within the current COPD Guidelines. • Adding all 4 LABA/LAMA inhaler choices to the guidelines was not supported, but the addition of a further LABA/LAMA inhaler, Ultibro® Breezhaler, to the current choices of Spiolto Respimat and Eklira Genuair was supported. Glossary LAMA=Long-acting muscarinic antagonist LABA/LAMA=Long-acting beta$_2$ agonist / Long-acting muscarinic antagonist ICS/LABA = Inhaled corticosteroid / Long-acting beta$_2$ agonist The Committee further suggested that changes may be needed to the part of the COPD pathway where $FEV_1 \geq 50\%$ predicted and where the LAMA was ineffective, but that this should be left to the Bedfordshire RIG to discuss and make a recommendation.
Primary Care Non-Cancer Pain Guidelines Update *" The JPC Primary Care Non-Cancer Pain Guidelines have been updated"*	The JPC Primary Care Non-Cancer Pain Guidelines have been updated to include the following Information from the NICE guideline (NG59):- **Low back pain and sciatica in over 16s: assessment and management, published in November 2016** (https://www.nice.org.uk/guidance/ng59):-. ○ Oral NSAIDs are considered for managing low back pain, taking into account potential differences in gastrointestinal, liver and cardio-renal toxicity and the person's risk factors including age. The oral NSAIDs should be prescribed at the lowest effective dose for the shortest possible period of time required. Weak opioids (with or without paracetamol) are recommended for acute low back pain only if an NSAID is contraindicated, not tolerated or has been ineffective. ○ Paracetamol given alone is not recommended for managing low back pain.

[1] The recommendations have been ratified by BCCG but are interim and awaiting formal ratification by LCCG Clinical Commissioning Committee

[2] The Bedfordshire RIG consults with Luton Respiratory Clinicians during its deliberations.

	○ Opioids are not recommended for managing chronic low back pain. ○ Furthermore, the following are not recommended for managing low back pain: SSRIs, SNRIs, tricyclics and anticonvulsants. The wording of the Pregabalin footnote in the JPC guidelines has been amended. (This incorporates some of the recently issued wording by NICE). **Additional information for GPs:** • GPs are reminded that Zomorph M/R capsules can still be used for patients with swallowing problems for whom fentanyl patches are being considered, as the contents of the capsule can be mixed with semi-solid food.
Methotrexate – *"Methotrexate drug fact sheet for GPs updated (Bedford Hospital patients only)"*	Following a request from the Bedford Rheumatology Specialist team, the Bedford Hospital dose escalation pathway has been amended to allow escalation of methotrexate by 2.5-5 mg every 2-4 weeks instead of the previously 'every 4 weeks' for patients who tolerate it. **Additional Information:** **Bedford Hospital** GPs are reminded that under the DMARD shared care guidelines, it has been agreed that they will be asked to consider taking over **both the prescribing and drug test monitoring responsibilities for all DMARDs including methotrexate from week 4** for patients who have been newly started on DMARD treatment, acknowledging that the patient **may not yet be on a stable dose**. In such patients, it has been agreed that the Bedford Rheumatology Specialist will provide the GP with clear, written information as to how the dose should be escalated. **The Luton & Dunstable Hospital** Due to practicality reasons, a different process is in operation at the Luton & Dunstable Hospital. GPs are reminded that under the DMARD shared care guidelines, it has been agreed that they will be only asked to consider taking over **both the prescribing and drug test monitoring responsibilities once the patient has reached a stable maintenance dose.** The prescribing and blood test monitoring responsibility will remain with the L&D Rheumatology Specialist team until the patient has reached a stable maintenance dose. A copy of the full DMARD shared care guideline and accompanying DMARD drug fact sheets can be found on GP Ref website under the shared care guideline section.
Familial breast cancer **Clinical guideline [CG164] – Updated March 2017** *"Initiated by specialist – continued by GP"*	**NICE Clinical Guideline, CG 164:** Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer https://www.nice.org.uk/guidance/cg164 has been updated in March 2017. The JPC agreed that this guidance should be highlighted in the JPC newsletter as although GPs would not initiate treatment, they would be responsible for continuing therapy.

Medical Devices – Prescribing Update *"Updated commissioning recommendations issued on a range of medical devices"*	PrescQIPP have recently published the '**Medical Devices Drop List'** document which has extended and updated the original EoE PAC document 'Medical Devices: Evidence review and commissioning recommendations for specified medical devices' that was previously ratified by the JPC in September 2015. The JPC agreed to support the general recommendations contained within the PrescQIPP Medical Device Drop-List document. In addition. the JPC reviewed each medical device listed within the Drop list in turn and supported the PrescQIPP recommendations on the whole however there were several items where the committee agreed to support a modified local recommendation. Prescribers should refer to Bulletin 249 (attached) for details of the PrescQIPP document **and** a table of the local JPC modified recommendations.  Medical devices bulletin 249.pdf The more detailed PrescQIPP Rectal Irrigation bulletin is embedded in the above document but the link is currently not active, therefore this document (supported by JPC) and the document on Silk Garments (for information) are shown below.   3288-bulletin-160-silk-and-antimicrobial-gatal-irrigation-drop-list 3292-bulletin-171-rec
Wound Care Formulary Update	The following amendments to the Wound Care Formulary were noted by the committee: The removal of the following dressings (due to the products being withdrawn from the market):- • Advadraw Advancis • Oxyzyme • Iodozyme
East of England Priorities Advisory Committee (EoE PAC) The following EoE PAC papers are currently in the final Q&A process however the draft papers were reviewed by the JPC and the recommendations were ratified. The bulletins will be uploaded to the GP Ref website (assuming that there are no major changes in the final published EoE PAC documents) once the finalised EoE PAC documents are published on the PrescQIPP website:-	
Insulin Degludec (Tresiba®) :– JPC Bulletin 251 *"Specialist initiation only and GP to continue"*	The following EoE PAC recommendations and JPC bulletin 251:- **Insulin Degludec (Tresiba®)** were ratified by the Committee. (Please note this Bulletin supersedes the previous JPC Bulletin 192:- Insulin Degludec.) **Recommendations for use in adults and children** 1. Not recommended for routine use in adults or children in either Type 1 or Type 2 diabetic patients 2. Insulin degludec may be of benefit in certain patients with : • Type 1 diabetes who fulfil the following criteria: ○ Patient with significant nocturnal hypoglycaemia, despite optimal adjustments of lifestyle (eliminating any contributory factors) and diet (undertaken structured education e.g. DAFNE) and optimising basal insulin/multiple daily injections who fulfil the criteria for insulin pump therapy. ○ "Chaotic patient" who may be at significant risk of diabetic ketoacidosis (DKA) or hyperosmolar hyperglycaemic state (HHS) (previously known as hyperosmolar non – ketotic diabetic state or hyper HONK) if daily

	basal insulin is missed, despite optimal adjustments of lifestyle, and diet and optimising basal insulin/multiple daily injections. ○ Patients with psychological problems (e.g. eating disorders or patients with intermittent compliance issues with insulin injections), who are not supervised by a daily carer and do not qualify to receive district nurse injections of daily insulin glargine, and who may be at significant risk of DKA or HHS if daily basal insulin is missed. ○ Patients with a diagnosed allergy to either insulin glargine or insulin detemir. • Routine commissioning of Insulin degludec is NOT recommended for patients with type 2 diabetes. • The use of the higher strength insulin degludec 200 units/ml is not routinely recommended. 3. Approval arrangements for treatment should be agreed locally. Following addition to local formularies, on-going assessment of treatment uptake should be monitored using ePACT data. It is also recommended that the commissioning decision is reviewed annually based on local audit and assessment of outcome data for patients started on insulin degludec to ensure that the treatment is continuing to meet the specific needs of the local population. 4. Insulin degludec should be initiated by a consultant led specialist team and is NOT suitable for initiation by GPs or other prescribers in primary care unless under the supervision of a specialist. It is recommended that the initial dose titration and monitoring is closely supervised by a specialist team. 5. Ongoing provision of the insulin may be undertaken in Primary care by agreement between the Specialist and the Patient's GP. All patients should be reviewed by the initiating specialist team at 6 months and returned to previous treatment if no improvement in overall disease control from baseline is demonstrated.
Freestyle Libre ® Glucose Recording System "*not recommended for prescribing – interim recommendations"*	Pending a full discussion of this item at the June JPC, the Committee agreed to support the following **interim** negative holding position as per the draft EoE PAC recommendations:- • The routine use of Freestyle Libre® for all patients with type 1 and type 2 diabetes is not recommended. • Freestyle Libre is not considered to be cost effective and in the absence of a positive recommendation from the National Institute of Health and Clinical Excellence, is not recommended for funding in primary or secondary care
Drug Safety Updates (DSU) and Patient Safety Alerts *"Important safety updates"*	The MHRA Drug Safety Updates for March 2017 and April 2017 were noted by the Committee for information as follows:- **March 2017 DSU** https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/602324/DSU_pdf_March.pdf **April 2017 DSU** https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/610268/April_-_Drug_Safety_Update.pdf **The Committee also noted the Patient Safety Alert – Resources to support the safety of girls and women who are being treated with valproate, issued April 2017,** https://improvement.nhs.uk/uploads/documents/Patient_Safety_Alert_-_Resources_to_support_safe_use_of_valproate.pdf

SECONDARY CARE PRESCRIBING/COMMISSIONING ISSUES	
Dupilumab for moderate to severe atopic dermatitis *'No GP prescribing'*	This item came to the JPC for information only and to highlight that GP prescribing is **not** recommended.
Systemic non-biologic agents for psoriasis	Local discussions with clinicians had identified a need for a review of the psoriasis treatment options available to patients at the stage when systemic, non-biologic agents are indicated. The Committee discussed the briefing paper and agreed to continue to support the NICE Technology Appraisal Guidance as clarified by NICE i.e**. all standard systemic treatments** should be tried prior to starting biologic therapies.

NICE Guidance
The Committee noted the following NICE Technology Appraisal Guidance for implementation (This list only includes new Technology Appraisal (TA) Guidance where the Commissioning responsibility sits with the CCG):-
Apremilast for treating active psoriatic arthritis. NICE Technology appraisal guidance [TA433]
Published date: 22 February 2017
https://www.nice.org.uk/guidance/ta433

Website Access to JPC Documents:
The *JPC papers from the meeting will be available shortly on the* ***GP Ref website****.*
http://www.gpref.bedfordshire.nhs.uk/referrals/bedfordshire-and-luton-joint-prescribing-committee-(jpc).aspx

TOP TIP for searching for relevant information on GP Ref:
To quickly find a document or guideline, click on link above, press control F and then type in a keyword e.g. denosumab and this will highlight all documents relating to denosumab within the JPC page.

While most papers are freely available, it is necessary to register with the site to obtain full access to all papers (historical documents, pre September 2012 are password protected). If you wish to receive copies of any of the more detailed documents flagged in the Newsletters (prior to information being available on the GP Ref site), please contact Jacqueline.clayton@bedfordshireccg.nhs.uk or Sandra.McGroarty@bedfordshireccg.nhs.uk

Use of Scriptswitch/Optimise Rx
Following on from discussions with GPs around communication of JPC advice, BCCG and LCCG are now adding messages to Scriptswitch and Optimise Rx to highlight when JPC guidance is available and including a hyperlink to the GP Ref website.

Comments are always welcome to Jacqueline.clayton@bedfordshireccg.nhs.uk and sandra.mcgroarty@bedfordshireccg.nhs.uk