NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

Prescribing Information

from the Bedfordshire and Luton Joint Prescribing Committee

March 2018
Number 69

A summary of the Joint Prescribing Committee (JPC) key recommendations[1] following the 7th March 2018 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	
Adult Asthma Guideline *"Updated Guideline approved"*	The guideline has been updated in accordance with NICE NG80, BTS 2016 (SIGN 153) and GINA 2017. The updated guideline will shortly be available on GPref but the major changes to note were:- • The age range covered by the guideline was changed from 12 years and over to 17 years of age and above (as per NICE). (The complementary paediatric asthma guidelines are currently being prepared and are due for review at the April 2018 JPC meeting.) • Offering Leukotriene Receptor Antagonists (LTRAs) earlier on in the pathway, after low dose inhaled corticosteroids (ICS). NICE looked at cost effectiveness of ICS/LTRA versus ICS/Long acting beta agonists (LABA) and LTRA was more cost effective. • Adding a flow chart and dosing table categorising low, moderate and high ICS based on BTS and NICE Guidance. • First line choices of ICS/LABA were reviewed and extended to include Fostair®, Symbicort® and Duoresp Spiromax®. • The shift from using Short Acting $Beta_2$ Agonist (SABA) alone to the use of low dose ICS as a regular 'preventer' alongside the SABA (except in the few patients with very occasional short lived wheeze). • Addition of a self management plan on worsening symptoms for patients with a Personal Asthma Action Plan. • NICE recommends the introduction of FeNO testing (an objective test with high specificity and high selectivity) and this will need to be considered by CCGs via the Business Case route as there are financial, infrastructure and training implications associated with its introduction. (Acknowledged by NICE). It was agreed that the updated guidelines will be published electronically on GPref website and microguide (Bedfordshire only). Consideration will be given to printing the guideline following the ratification of the Paediatric Asthma Guideline.
Chronic Obstructive Pulmonary Disease (COPD) Guideline *"Updated Guideline approved"*	The guideline has been updated based on GOLD 2018 pathways (modified) relating to diagnosis and treatment. The main pharmacological changes agreed were:- • The earlier use of Long-acting-$beta_2$-agonist (LABA)/Long-acting-muscarinic-antagonist (LAMA) combination preparations in patients who present very breathless at initial diagnosis.

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

	• The addition of Trimbow®, a cost-effective ICS/LABA/LAMA fixed dose combination inhaler for use within its licensed indication i.e. for the maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta2-agonist. • The addition of Spiolto Respimat® (Olodaterol/Tiotropium) as first line choice of LABA/LAMA as it is currently the drug of lowest acquisition cost. The main agreed diagnostic changes were: • Change in the definition of COPD in line with GOLD 2018. • Using breathlessness (MRC score) and history of exacerbations to determine the treatment pathway.
Wound Care Formulary Update *"Update approved"*	The JPC considered the following output from the Bedfordshire and Luton Wound Care Formulary Group and agreed to support:- Cavilon Barrier Cream replacing LBF Barrier Cream on the Wound Care Formulary as this is now the most cost-effective brand.
Drug Safety Updates (DSU) and Patient Safety Alerts *"Important safety updates"*	The MHRA Drug Safety Updates for December 2017, January 2018 and February 2018 were noted by the Committee for information:- **December 2017 DSU** https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/668257/DSU-Dec-for-publication.pdf Gadolinium-containing contrast agents: removal of Omniscan and iv Magnevist, restrictions to the use of other linear agents Cladribine (Litak, Leustat) for leukaemia: reports of progressive multifocal encephalopathy (PML); stop treatment if PML is suspected Radium-223 dichloride (Xofigo▼): do not use in combination with abiraterone and prednisone/prednisolone following clinical trial signal of increased risk of death and fractures Eluxadoline (Truberzi ▼): risk of pancreatitis; do not use in patients who have undergone cholecystectomy or in those with biliary disorders Fingolimod (Gilenya▼): new contraindications in relation to cardiac risk Fingolimod (Gilenya▼): updated advice about risk of cancers and serious infections **January 2018 DSU** https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672518/DSU-Jan-PDF-for-pub.pdf Daclizumab (Zinbryta▼) and risk of severe liver injury: new restrictions to use and strengthened liver monitoring Recombinant human erythropoietins: very rare risk of severe cutaneous adverse reactions (SCARs) Drug-name confusion: reminder to be vigilant for potential errors Co-dydramol: prescribe and dispense by strength to minimise risk of medication error Herbal medicines: report suspected adverse reactions via the Yellow Card Scheme

	February 2018 DSU https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/679673/DSU-Feb-PDF.pdf Misoprostol vaginal delivery system (Mysodelle): reports of excessive uterine contractions (tachysystole) unresponsive to tocolytic treatment Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients Gadolinium-containing contrast agents: Omniscan and iv Magnevist no longer authorised, MultiHance and Primovist for use only in liver imaging. In addition to the Drug Safety Updates, the following safety alert was highlighted:- **Ulipristal Acetate for uterine fibroids – monitor liver function in current and recent users; do not initiate treatment in new users or those between treatment courses.** The Priorities Forum Statement has been updated to include this information.
SECONDARY CARE PRESCRIBING/COMMISSIONING ISSUES	
Tolvaptan for the treatment of hyponatraemia secondary to the syndrome of inappropriate antidiuretic hormone secretion (SIADH)	The JPC supported the East of England Priority Advisory Committee recommendations on use of Tolvaptan for the treatment of hyponatraemia secondary to SIADH with the additional caveat that 'secondary care' (referred to in the recommendations) includes hospices:- • Tolvaptan is recommended as an option for treating hyponatreamia secondary to SIADH for patients who do not require chemotherapy with proven SIADH with serum sodium <125 mmol/litre with symptoms or 120 mmol/litre without symptoms, where fluid restriction and a one week trial of demeclocycline treatment have failed or are contra-indicated. • Course of treatment should not exceed 10 days. • Treatment should be initiated in secondary care and monitored by a specialist. • Prescribing should remain in secondary care. **Prescribing in primary care is not recommended.** • Trusts must notify CCGs on initiation of treatment and provide clinical and outcome data. • The responsibility for commissioning tolvaptan for patients requiring chemotherapy is the responsibility of NHSE.
Ophthalmology – Intravitreal Injections Pathway *"New pathway"*	The pathway, which describes the way in which these intravitreal injections will be used in Bedfordshire and Luton, was agreed with local specialists and ratified by the JPC.
Biological Treatment Pathways: Rheumatoid Arthritis Pathway Update and Ankylosing Spondylitis/ Non-radiographic Axial Spondyloarthritis Pathway.	The Rheumatoid Arthritis Biological Treatment Pathway was updated to incorporate the newly issued NICE Technology Appraisal Guidance (TA) recommendations for sarilumab and the JAK inhibitors. A Biological treatment pathway was developed for the treatment of Ankylosing Spondylitis/ Non-radiographic Axial Spondyloarthritis. The updated and new pathways were approved by the JPC.
Additional Papers/issues considered by the Committee for information	
Regional Medicines Optimisation Committee (RMOC) Update	All RMOCs have had at least two meetings and all information relating to RMOC discussions is being hosted on the Specialist Pharmacy Services Website:- https://www.sps.nhs.uk/home/networks/

Horizon Scanning	This paper came to the Committee for information only and will be used to produce the JPC Work plan and advise CCG Finance colleagues of drugs and developments that are likely to impact in the 2018/19 Financial Year.

NICE Guidance issued/updated - CCG Commissioned and where there was required action from the JPC.

Bisphosphonates for treating osteoporosis

Technology appraisal guidance [TA464] Published date: 09 August 2017 Last updated: 07 February 2018 https://www.nice.org.uk/guidance/ta464

NICE issued a clarification stating that

'The purpose of this technology appraisal was to establish at what level of absolute fracture risk bisphosphonates are cost effective. Please note that because of the reduction in prices for oral bisphosphonates over the last few years, the absolute risk level at which these drugs are cost effective is now very low. The absolute risk level at which oral bisphosphonates are recommended as treatment options in this guidance are therefore not clinical intervention thresholds.'

As a result of the above information, it was agreed that the JPC Osteoporosis Treatment Guidelines for Primary Care would be clarified to state that treatment should be 'considered' in consultation with the patient and a link to the NICE Patient Decision Aid added as this was considered to be a useful tool for GPs to use. It was also agreed that 'stopping criteria' would be added for algorithm B of the guideline.

Forthcoming JPC Meetings – Potential items for consideration:-

- Asthma Guidelines (Paediatric)
- FreeStyle Libre®
- Liothyronine
- Anticoagulation Resources for AF
- Pain Guidelines

If you would like to be included in the Consultation relating to any of the above agenda items, please contact either Jacqueline.clayton@bedfordshireccg.nhs.uk or sandra.mcgroarty@bedfordshireccg.nhs.uk

GP Ref Update:

The GP Ref website is proving more popular with users, with around 70,000 hits recorded last year. In order to increase usage further, the JPC page layout has been revamped to make it easier to find the information you are looking for. In addition, a new section has been added called "Highlights from the newsletter" to allow users to quickly see what new guidance and recommendations were agreed at the most recent JPC meeting. This section will be updated after every JPC meeting. We would welcome your feedback on the new layout – email comments / suggestions to 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