NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

Prescribing Information

from the Bedfordshire and Luton Joint Prescribing Committee

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Number 64

A summary of the Joint Prescribing Committee key recommendations[1] following the 22nd February 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	
Pregabalin/Gabapentin – Safety Update *"Document attached"*	The safety concerns relating to pregabalin and gabapentin were not new. However a recent incident involving the death of a Bedfordshire patient has highlighted the need for greater awareness of the risks of using gabapentin or pregabalin alongside other drugs that depress the central nervous system. With minor amendments agreed at the meeting, the safety update was supported and **is attached.**
Hydroxychloroquine (HDQ) – ophthalmic complications *"Drug Fact Sheet Updated"*	The British Society of Rheumatology (BSR) has recently (February 2017) published guidelines on the prescription and monitoring of Non-Biologic Disease –Modifying Anti-rheumatic Drugs (DMARDs). This has resulted in changes to recommendations on ophthalmology monitoring for patients receiving hydroxychloroquine. BSR now recommend that the ophthalmology assessment should **ideally** include objective retinal assessment e.g. using optical coherence tomography (OCT). The introduction and commissioning of OCT monitoring will require consideration (via a business case) by the CCGs. Pending CCG consideration, the JPC supported the following update to the Hydroxychloroquine drug fact sheet (part of the Rheumatology Shared Care Guideline) to include interim advice on ophthalmology monitoring as follows:- • Baseline optometrist assessment required. (BSR guidelines currently recommends that this should be done within the first year of treatment and that **ideally** this should include objective retinal assessment for example using optical coherence tomography {OCT}, however this screening tool is not currently commissioned by the CCGs) • Annual optometrist eye checks are required. (BSR guidelines recommend that annual eye checks after 5 years therapy {earlier in higher risk patients} should **ideally** include OCT, however this screening tool is not currently commissioned by the CCGs). • NB: Hydroxychloroquine is contra –indicated in patients with pre-existing maculopathy of the eye • Advise patient to inform the prescribing clinician if any visual acuity changes or if development of blurred vision occurs at any time. • Refer any patient with any visual acuity changes or if blurred vision occur to ophthalmology. • Clinicians should also read the ophthalmology information relating to hydroxychloroquine as stated in the electronic BNF.
Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults.	In April 2016, NHS England had produced and updated the Specialised Services Circular entitled 'Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults'. As a result of this, the JPC discussed the guidance and shared care guidance produced by the Charing Cross Gender Identity Clinic in June 2016. It was agreed that, although the shared care guidelines were very helpful, feedback from the Specialists on queries/comments raised comments was required prior to JPC ratification. This had now been received and in addition, the JPC had managed to obtain draft guidance from Northampton (some Bedford patients were referred to this centre).

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

"Guidance from Specialist Centres will be added to GPref website when available"	The Committee supported the addition of the final Charing Cross Guidelines and final Northamptonshire Memorandum of Understanding to GPref to act as a resource for GPs. The Committee also discussed the use of Eflornithine 11.5% Cream (Vaniqa®) and agreed that patients who have undergone transgender reassignment surgery should be treated in the same way as all other patients as outlined in JPC Bulletin 188:- http://www.gpref.bedfordshire.nhs.uk/media/110488/ADVGUID_EflornithineForTheTreatmentOfHirsutism_BriefingPaperBulletin188.pdf
Melatonin Shared Care Guidelines (revised) and Melatonin Cost-Effective Choices Bulletin. *"SCG will be available after ELFT has considered the JPC amendments"*	The JPC has shared care guidelines which were agreed with our Community Paediatricians and our previous Mental Health Provider (SEPT). ELFT (our current Mental Health Provider) also had a Melatonin Shared Care Guideline which they have just reviewed and discussed at the ELFT Medicines Management Committee in January 2017. JPC members had been given the opportunity to comment on previous drafts of the ELFT guideline. The majority of these comments had been included in the latest draft. The Committee discussed the shared care guideline and with amendments agreed at the meeting, supported the Shared Care Guideline (SCG). This will replace the current JPC approved guideline after ELFT has had the opportunity to consider the JPC amendments. LCCG has agreed to share a Melatonin Cost-Effective Choices Bulletin. The Committee reviewed the bulletin and agreed to adopt it across Bedfordshire CCG. **Community Pharmacists to note:** The SCG recommends that patients with swallowing difficulties may need to crush the melatonin m/r tablet before administering. In these cases the prescription should state that the medication is to be crushed prior to administration.
Glucagon-like peptide 1(GLP-1) receptor agonist review and shared care guideline. *"Revised bulletin & SCG approved"*	The draft GLP 1 agonist bulletin and draft shared care guideline were approved at the last meeting subject to confirmation of the Specialist Diabetes Teams (as comments had not been received in time for consideration at the meeting). Following the meeting, comments on the shared care guideline (SCG) were received from the specialist diabetes teams and incorporated into the current version of the guideline. As there were a large number of changes requested, further JPC discussion and agreement was required. The Committee discussed the updated overarching shared care guidelines and drug fact sheets and with amendments agreed at the meeting, supported the documents. As a result of the GLP1 shared care guideline amendments, the GLP1 receptor agonist bulletin required amendment including changes to the recommendations on previously agreed criteria for continuation of GLP1 receptor agonists (plus or minus insulin) at 6 and 12 months and to local criteria for using the insulin/GLP1 agonist combination. (Previously the JPC had endorsed the use of GLP1 agonists after a trial of insulin therapy. The new recommendations allow the use of GLP1 agonists prior to insulin therapy). The amended bulletin was supported by the Committee.
Heavy Menstrual Bleeding (including ulipristal use) – Beds & Herts Priorities Forum Update *"Ulipristal prescribing – Specialist initiation & GP to continue"*	The JPC previously supported the use of ulipristal pre surgery in JPC Bulletin 186. Following on from this, there was a licence extension to the use of ulipristal to include 'intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age.' The JPC agreed that intermittent use of ulipristal should be considered alongside surgical options as part of a pathway for the treatment of Heavy Menstrual Bleeding and as the Beds & Herts Priorities Forum was in the process of reviewing their pathway, that they should be asked to consider ulipristal as part of the review. The Beds & Herts Priorities Forum had just issued the final pathway (still noted as interim guidance on the website) and the JPC agreed to support the Priorities Forum Guidance (No 26 – Heavy Menstrual Bleeding including referral thresholds, hysterectomy, endometrial ablation, uterine artery embolism and use of ulipristal acetate) with respect to the use of ulipristal http://www.enhertsccg.nhs.uk/bedfordshire-and-hertfordshire-priorities-forum?field_doc_search_words_value=&page=1 and to 'retire' JPC bulletin 168. As the Priorities Forum Guidance only recommends ulipristal acetate as part of the secondary care pathway, the JPC recommendation that the drug should be initiated in secondary care and continued by GPs stands.
Adrenaline Auto-injectors – Bulletin update	The JPC Adrenaline Auto-injectors bulletin has been updated slightly to include some changes to the summary of product characteristics (SPCs) of the various devices, changes in expiry date and price of Emerade® and information relating to the publication of updated (October 2016) guidelines from the British Society of Allergy and Clinical Immunity (BSACI**).** The amendment to the bulletin and updated recommendations were supported by the Committee. The recommendations have been updated to include the following:-

	• The SPCs for Jext® and EpiPen® both contain the statement 'In patients with thick sub-cutaneous fat layer, there is a risk for adrenaline not reaching the muscle tissue resulting in a suboptimal effect'. **QUANTITY OF AUTO-INJECTORS TO BE ISSUED** • Clinicians should follow the MHRA recommendation that states that patients should carry two adrenaline auto-injectors at all times. • Prescribing a maximum of two devices is normally recommended (unless there are exceptional circumstances) with patients being advised to carry the devices with them at all times. The above recommendation with regards the quantity of auto injectors to issue will be reviewed if required, following the results of communication between MHRA and BSACI.
Community Antimicrobial Guidelines Update - UTI	Public Health England has issued a January 2017 version of "Management of infections guidance for primary care for consultation and local adaptation" which includes changes to the treatment choices for urinary tract infections (UTIs) and recurrent UTI prophylaxis in support of the Antibiotic Quality Premium that aims to reduce the inappropriate prescribing of trimethoprim in UTIs. The Committee supported the proposed revisions to the UTI section of the Community Antimicrobial Prescribing Guidelines, which were in line with the changes to the Public Health England guidance.
Community Antimicrobial Guidelines Update - Acne	It had been suggested that an alternative to tetracyclines for use in acne is included in our antimicrobial guidelines. From the Clinical Knowledge Summaries on acne vulgaris, erythromycin is an alternative if a tetracycline is poorly tolerated or contraindicated (such as in pregnancy). The inclusion of erythromycin as a treatment option was supported by the Committee.
SECONDARY CARE PRESCRIBING/COMMISSIONING ISSUES	
Botulinum Toxin A use in the acute setting in corneal patients to induce ptosis to prevent corneal perforations and use in ectropion patients who are not suitable for surgery due to other co-morbidities. *"Specialist Use Only"*	Botulinum toxin A is excluded from the national tariff and patients who receive this drug are funded on a case by case basis by CCGs. CCGs therefore must have a policy for use. Recommendations on use were agreed at the November 2016 JPC meeting for botulinum toxin A to induce ptosis in the acute and chronic setting. Use in the chronic setting (i.e. ectropion patients who are not suitable for surgery due to other co-morbidities) was supported subject to patient selection criteria being produced. The following criteria were supported by the Committee:- 1. Patients with reduced mental capacity e.g dementia, learning difficulties. 2. Patients taking NOACS or other anticoagulants which cannot be stopped temporarily for surgery, for whom there would be an increased risk of retrobulbar haemorrhage (and subsequent visual loss) with surgery. 3. Patients with physical constraints e.g spinal/ back problems, who cannot lie in one position for the duration of surgery. **NB - Specialist only prescribing and administration** In addition to agreeing the above criteria, the JPC also supported some minor changes to commissioning arrangements relating to the administration of the drug.
Severe Psoriasis Treatment Pathway *"Specialist Use Only"*	As new agents indicated for the treatment of severe psoriasis have come to the market and are being assessed by the NICE Technology Appraisal Process, the JPC agreed that a treatment pathway for severe Psoriasis should be produced. The proposed pathway had been discussed with and agreed by dermatologists from the Luton & Dunstable Hospital and Bedford Hospital. With a minor amendment agreed at the meeting, the pathway was supported.
Update of Biologicals in RA Algorithm (including consideration of cost effective product choices). *"Specialist Use Only"*	It was agreed at the November 2016 JPC meeting that the Biologic Treatment pathway for RA should be redesigned to allow a cost effective prescribing message to be included. It was agreed that the pathway would be looked at again outside of the meeting and would be issued if the recommendations were in line with NICE or local approved JPC Guidance. If any changes outside of NICE or previously agreed JPC Guidance were required, the pathway would come back to JPC for consideration.
Drug Safety Updates (DSU) *"Important Safety Updates"*	The MHRA Drug Safety Updates for December 2016, January 2017 and February 2017 were noted by the Committee for information. **December 2016 DSU** https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577417/pdf_Dec.pdf

- Cobicistat, ritonavir and coadministration with a steroid: risk of systemic corticosteroid adverse effects

- Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia—clarification

January 2017 DSU
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584584/pdf_Jan.pdf

- Direct-acting antiviral interferon-free regimens to treat chronic hepatitis C: risk of hepatitis B reactivation

- Direct-acting antivirals to treat chronic hepatitis C: risk of interaction with vitamin K antagonists and changes in INR

- Apremilast (Otezla ▼): risk of suicidal thoughts and behaviour

- Intravenous N-acetylcysteine (NAC) for paracetamol overdose: reminder of authorised dose regimen; possible need for continued treatment with NAC

February 2017 DSU
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592989/Drug_Safety_update_-_February_2017.pdf

- Hyoscine butylbromide (Buscopan) injection: risk of serious adverse effects in patients with underlying cardiac disease
- Yellow Card reporting added to second clinical software system

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):-
Ticagrelor for preventing atherothrombotic events after myocardial infarction.
NICE Technology appraisal guidance [TA420] Published date: 14 December 2016.
https://www.nice.org.uk/guidance/ta420
Recommendations
1.1 Ticagrelor, in combination with aspirin, is recommended within its marketing authorisation as an option for preventing atherothrombotic events in adults who had a myocardial infarction and who are at high risk of a further event.

Treatment should be stopped when clinically indicated or at a maximum of 3 years.

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

MEDICATION SAFETY ALERT **February 2017**

Gabapentin/pregabalin: risk of death when taken with other CNS-depressant drugs

Professionals prescribing pregabalin and gabapentin should be aware not only of the potential benefits of these drugs to patients, but also that the drugs can lead to dependence and may be misused or diverted.

An incident involving the death of a patient has highlighted the need for greater awareness of the risks of using gabapentin or pregabalin alongside other drugs that depress the central nervous system.

Learning Points

- Gabapentin and pregabalin can be used for the treatment of epilepsy and neuropathic pain. Pregabalin is also licensed for the treatment of generalised anxiety disorder.
- Gabapentin and pregabalin are associated with significant euphoric effects, which can result in misuse and dependence.
- Gabapentin and pregabalin are also known to cause depression of the central nervous system (CNS). This can lead to drowsiness, sedation, respiratory depression, and in extreme cases, death.
- The adverse CNS effects of gabapentin and pregabalin are additive when used with other centrally acting drugs, including;
    - Opioids (for example, morphine, oxycodone, methadone and heroin)
    - Alcohol
    - Antidepressants
    - Anti-emetics
    - Anti-epileptics
    - Antihistamines - these are often purchased over the counter (OTCs) and patients should therefore be encouraged to seek advice from their Pharmacist before purchasing.
    - Antipsychotics
    - Anxiolytics & hypnotics
    - Barbiturates
    - Skeletal muscle relaxants

Actions

It is advised that all staff involved in the care of patients with a history of substance misuse, and staff who prescribe, supply or administer pregabalin or gabapentin should complete the following actions;

- Read; Public Health England/NHS England joint guidance statement about the misuse of gabapentin and pregabalin
- Inform the patients who use gabapentin or pregabalin about the risk of dependence, and about the risk of adverse effects if the medication is taken with other CNS-depressant drugs.
- Carefully weigh the risks against the benefits when using gabapentin or pregabalin in any patient with a history of drug misuse or dependence.

Ratified by the Bedfordshire and Luton Joint Prescribing Committee February 2017

Reference: Public Health England & NHS England (Dec 2014); Advice for prescribers on the risk of the misuse of pregabalin and gabapentin. Available from: https://www.gov.uk/government/publications/pregabalin-and-gabapentin-advice-for-prescribers-on-the-risk-of-misuse

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