

Prescribing Information Newsletter

March 2019, Number 74

Summary of the Key Recommendations from
The Bedfordshire and Luton Joint Prescribing Committee (JPC)
27th February 2019

Bedfordshire Clinical Commissioning Group
Luton Clinical Commissioning Group

Output from the Bedfordshire and Luton Joint Prescribing Committee
The updated and new documents will shortly be available on [GPref](#) (unless otherwise stated).

PRIMARY CARE OR INTERFACE PRESCRIBING ISSUES

TREATMENT GUIDELINES

ANTIMICROBIAL GUIDELINE UPDATE

UPDATED

The antimicrobial guideline has been reviewed and updated as follows:

- Revised section on chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing following review of NICE guideline NG114 [nice.org.uk/guidance/ng114](https://www.nice.org.uk/guidance/ng114) Published: 5 December 2018.
- New section on Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing following review of NICE guideline NG117 [nice.org.uk/guidance/ng117](https://www.nice.org.uk/guidance/ng117) Published: 18 December 2018 and NICE CKS Bronchiectasis, last updated December 2018 <https://cks.nice.org.uk/bronchiectasis>
- New section on Urinary tract infection (catheter- associated): antimicrobial prescribing following review of NICE guideline NG113 [nice.org.uk/guidance/ng113](https://www.nice.org.uk/guidance/ng113) Published: 23 November 2018.

CHRONIC PAIN GUIDELINE (ADULTS) – Bedfordshire only –minor update

The local availability of IAPT services has been added to the guideline.

UPDATED

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) /ASTHMA-COPD OVERLAP GUIDELINE

UPDATED

The guideline has been updated following the review of:-

- Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing <https://www.nice.org.uk/guidance/ng114>.
- Chronic obstructive pulmonary disease in over 16s: diagnosis and management <https://www.nice.org.uk/guidance/ng115>.

SHARED CARE GUIDELINES AND TREATMENT PATHWAYS

GENDER IDENTITY SERVICES – UPDATE TO GP PRESCRIBING RESPONSIBILITIES

UPDATED

NHSE has recently issued updated circulars/specifications relating to this topic and the JPC reviewed current local recommendations in the light of these. The NHSE topic paper and JPC recommendations relating to each is outlined below:-

- **NHSE Service Specification 1719 (issued Autumn 2018) – Gender Identity Services for Adults (Non-Surgical Interventions). Updated for 2019 as Service Specification 170085S.** [Click here to access the specification](#)
- The JPC formally endorsed the Shared Care Guidelines on prescribing of Hormonal preparations produced by Charing Cross Hospital. (These guidelines have been available on GPref as an information source for sometime.)
- The current JPC recommendations relating to the use of Eflornithine were retained unchanged.
- **Primary Care Responsibilities in Regard to Requests by Private On-Line Medical Service Providers to Prescribe Hormone Treatments for Transgender People (Specialised Services Circular 1826, issued January 2018).** [Click here to access the Circular.](#)
- The JPC agreed to support the recommendations outlined in the above circular i.e. GPs are asked to take on prescribing if the GP is assured that the recommendation is made by an expert gender specialist working for a provider that offers a safe and effective service. The CCG Medicines Optimisation Teams will (on request by the GP) assist in validating the status of the Private Prescriber/Provider.
- **Children and Adolescents**
The NHSE manual of Prescribed Specialised Services, section 55 (Pp154), provides information on Gender identity development service for children and adolescents. [Click here to access the manual](#)
- The JPC supported the information contained in the manual i.e. there should be no primary care prescribing of hormonal treatments for children and adolescents undergoing gender reassignment.

JPC BULLETINS

ANTICOAGULANT RESOURCES FOR ATRIAL FIBRILLATION (AF)

UPDATED

The JPC had previously ratified anticoagulant resources for atrial fibrillation produced by both the East of England Priorities Advisory Committee (EoEPAC) and PrescQIPP.

EoEPAC has just produced an Atrial Fibrillation Anticoagulant Clinical Decision Aid which has resulted in the need to review the current resources previously ratified by the JPC:-

The JPC agreed the following:-

- To **ratify** the EoEPAC Atrial Fibrillation Anticoagulant Clinical Decision Aid.
- To **retain but rename** ‘Anticoagulants in Atrial Fibrillation – Atrial Fibrillation anticoagulation patient information and decision aid’
- To **replace** ‘Anticoagulants in Atrial Fibrillation – Drug Interactions with NOACs’ with the EoEPAC document when it is published.
- To **retain** ‘Anticoagulants in Atrial Fibrillation – NOAC Patient Information’. [Click here to access document.](#)
- To **retain** ‘Anticoagulants in Atrial Fibrillation – Table of NOAC Comparisons’. [Click here to access document.](#)

- To **retire** 'JPC Bulletin 216 – Anticoagulants in Atrial Fibrillation'
- To **update/shorten** 'JPC Bulletin 224 – Choice of Non-Vitamin K Antagonist Anticoagulant (NOAC)'

MEDICAL DEVICES UPDATE

UPDATED

In February 2017, PrescQIPP published a bulletin which reviewed the evidence and made recommendations on a range of medical devices. The JPC reviewed this bulletin and either supported or locally modified the recommendations.

[Click here to access JPC Bulletin 249.](#)

The document for review summarises the evidence from PAC recommendations (originally published in April 2015), on the use of other selected devices which have not been reviewed and included in the PrescQIPP DROP-List, and makes commissioning recommendations for CGGs to consider for local adoption. Patient pathways and prescribing responsibility are to be agreed locally. The information contained in this document therefore complements JPC Bulletin 249.

The JPC reviewed the document and agreed to support the EoEPAC recommendations for each device as follows:-

- **Adjunctive treatment of hypertension e.g. Resperate®**
Not recommended
- **Vaginal dilators or trainers e.g. Femmax®, Ameillee Care®, and Ameillee Comfort®**
Recommended for women following vaginal reconstruction surgery or following pelvic radiotherapy when recommended by an appropriate Secondary Care Specialist. (Local supply recommendation – GP to prescribe on recommendation of the Specialist).
- **Jaw rehabilitation device, e.g. Therabite**
Recommended for patients following head and neck radiotherapy or head and neck surgery when recommended by an appropriate Secondary Care Specialist. (Local supply recommendation – GP to prescribe on recommendation of the Specialist).
- **Vacuum pumps for erectile dysfunction (ED)**
Recommended. Arrangements for supply and appropriate training should be agreed locally. For Bedfordshire and Luton the supply and training would be in Secondary Care.

RECENT PUBLICATIONS

Drug Safety Updates (DSU) and Patient Safety Alerts

The MHRA Drug Safety Updates for December 2018 and January and February 2019 were noted by the JPC for information. Both CCGs are actively engaging with the relevant teams and taking action where required. The main drug safety updates to note:

December 2018 DSU – [Click here to access the link.](#)

- Oral lidocaine-containing products for infant teething: only to be available under the supervision of a pharmacist.
- Valproate medicines: are you in acting in compliance with the pregnancy prevention measures?
- Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients.

- Direct-acting antivirals for chronic hepatitis C: risk of hypoglycaemia in patients with diabetes.
- Hydrocortisone muco-adhesive buccal tablets: should not be used off-label for adrenal insufficiency in children due to serious risks.

January 2019 DSU – [Click here to access the link.](#)

- Tapentadol (Palexia): risk of seizures and reports of serotonin syndrome when co-administered with other medicines.
- Ipilimumab (Yervoy): reports of cytomegalovirus (CMV) gastrointestinal infection or reactivation.
- Yellow Card App: download the updated App to receive the latest MHRA safety news and report suspected side effects, including in pregnancy.

February 2019 DSU – [Click here to access the link.](#)

- Carbimazole: increased risk of congenital malformations; strengthened advice on contraception.
- Carbimazole: risk of acute pancreatitis.
- SGLT2 inhibitors: reports of Fournier’s gangrene (necrotising fasciitis of the genitalia or perineum).

SECONDARY CARE PRESCRIBING/ FORMULARY/ COMMISSIONING ISSUES

FORMULARY

Humalog® 200 units/ml KwikPen

NEW FORMULARY ADDITION

The Committee agreed to the addition of Humalog® 200 units/ ml KwikPen to the Bedfordshire and Luton Joint Primary and Secondary Care Formulary with the following criteria for use:- Specialist Diabetes Team initiation in adult patients requiring a minimum of 40 units of insulin per dose with the GP to continue.

This Formulary addition is therefore Amber.

Safety Warning – As this is a high strength insulin, patients will be counselled by the Specialist Service when the insulin is initiated to ensure that they check that they receive (and administer) the correct strength of insulin. Nevertheless, Prescribers are asked to check that the correct strength of insulin is selected when prescribing Humalog®, particularly at the Primary/Secondary Care Interface.

Additional Papers / issues considered by the Committee - for information

New Update

FreeStyle Libre Update

The DVLA has updated the guidance on glucose testing prior to driving which now permits the use of interstitial glucose readings e.g. using Flash Glucose Scanning (FreeStyle Libre) and CGM systems **for group 1 drivers only**. [CLICK HERE FOR FULL INFORMATION](#) as finger prick tests are still required (even for group 1 drivers) under certain circumstances.

Following the JPC meeting, NHSE issued guidance relating to national arrangements for funding of Flash Glucose Monitoring for relevant diabetes patients:-

[CLICK HERE TO VIEW THE GUIDANCE](#)

The national guidance includes patient criteria for funding and BCCG and LCCG have agreed to adopt this national criteria with effect from **1st April 2019**. National funding is provided for a 2 year period, after which, CCGs will make a decision on whether to continue funding. The National Guidance has implications for GPs, in particular, GP prescribing is recommended after Specialist Diabetes Service initiation. The CCGs will shortly be providing further information to GPs.

Regional Medicines Optimisation Committee (RMOC)

The latest RMOC meeting update is available. [Click here to access the link.](#)

NICE Guidance issued/updated

Guidance/ CCG Commissioned Technology Appraisals where JPC action is required

Tofacitinib for moderately to severely active ulcerative colitis

Technology appraisal guidance [TA547] Published date: 28 November 2018.

<https://www.nice.org.uk/guidance/ta547>

Forthcoming 2019 JPC Meetings

- Wednesday 24th April
- Wednesday 18th September
- Wednesday 19th June
- Wednesday 4th December

If you would like to be included in the consultation for future agenda items please contact either Jacqueline.clayton@nhs.net or sandra.mcgroarty@nhs.net

OTHER NEWS

Use of Scriptswitch/Optimise Rx

To further enhance the communication of JPC advice to GPs, BCCG and LCCG medicine management Teams **are actively reviewing the messages to Scriptswitch and Optimise Rx** to highlight when JPC guidance is available and including a hyperlink to the GP Ref website.

Contact Us:-  jacqueline.clayton@nhs.net and sandra.mcgroarty@nhs.net