BLMK Area Prescribing Committee (APC)

Newsletter May 2022, Number 04

Summary of Key Recommendations – 4th May APC meeting

(For full details of Joint Formulary additions / amendments – see separate Formulary Newsletter)

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

Welcome to the May 2022 BLMK Area Prescribing Committee (APC) newsletter

As a result of the CCG merger, the previous Bedfordshire and Luton Joint Prescribing Committee (JPC) and Milton Keynes Prescribing Advisory Committee (MKPAG) have been replaced with a BLMK wide Area Prescribing Committee (BLMK APC). The contents of this newsletter reflect the output from the fourth (4th May 2022) APC meeting.

BLMK Medicines Management Team Website Update :-

Following the CCG merger, from Sept 2021, all approved BLMK APC documents will be uploaded to this website. All current approved JPC/MKPAG documents will also remain on the website as before.

Medicines Optimisation Team website:- https://medicines.blmkccg.nhs.uk/

Searching the website:

All documents referred to within the Newsletter (where appropriate) will be available shortly on the website.

The website has an easy to use search function which should make it easy to find the information you are looking for. If you have trouble searching the website or if you have any comments / suggestions, please do let us know - contact either Samantha.scholes@nhs.net (Website Manager) or Sandra.McGroarty@nhs.net (Website Pharmacist Clinical Lead)

Management of Type 2 Diabetes (T2DM) in adults – SGLT2 inhibitors for people with cardiovascular disease and heart failure

UPDATED NICE GUIDANCE

In February 2022 NICE updated their guideline on the management of type 2 diabetes in adults (NG28). The focus of the update was management of the cardiovascular (CV) risks associated with T2DM. Recommendations for drug treatment based on a person's CV disease and heart failure (HF) status now gives a wider role for sodium glucose transporter 2 inhibitors (SGLT2i) than in previous NICE technology appraisals and guidelines. Evidence from cardiovascular outcome trials have shown how SGLT2i affect major adverse CV outcomes such as CV mortality, myocardial infarction, and stroke.

The APC considered the updated NICE guideline, and associated paper, and the following additional points were agreed:

- **Dapagliflozin** is the **first choice SGLT2i** due to its evidence base and wide range of licensed indications; NICE recommendations for use in patients with T2DM, CVD, heart failure and/or chronic kidney disease; and simpler initiation criteria.
- SGLT2i for wider use in patients with T2DM (patients with chronic heart failure, established atherosclerotic cardiovascular disease or are at high risk of developing cardiovascular disease) – GREEN status on both joint Formularies (note funding within the ICS – **see below***).
  NB: NICE recommends using a SGLT2i with proven cardiovascular benefit. At the current time, there is greater uncertainty around the CV benefits associated with ertugliflozin than for empagliflozin, canagliflozin and dapagliflozin.
- Empagliflozin for chronic heart failure with reduced ejection fraction (HFrEF), without co-existing T2DM – AMBER and AMBER 1 respectively (Bedfordshire/Luton and Milton Keyes joint Formularies).
- Retain similar pathway for HFrEF in both T2DM and non–T2DM

The APC approved the recommendations for the wider use of SGLT2i but this was subject to consideration of the affordability across the Integrated Care System (ICS) of the full implementation of the guideline recommendations. ***The ICS has approved funding for patients with established CVD or HF where NICE recommend that a SGLT2i should be offered as a management option. Reviews should prioritise this patient group, where the greatest benefit is anticipated. At the current time funding has not been approved for patients at high risk of developing CVD.**

SGLT2 inhibitors for chronic kidney disease

UPDATED NICE GUIDANCE

NICE has recently published new guidance on the use of dapagliflozin for treating chronic kidney disease (CKD). This complements existing guidance in NG28 on the place in therapy of SGLT2i in patients with T2DM and CKD.

- Specific initiation thresholds for each licensed SGLT2i for T2DM and CKD are:
  - Canagliflozin – if eGFR >30ml/min; offer as add on to standard of care (SoC) (ACEI or ARB) unless contraindicated, if uACR>30mg/mol, and can be considered if uACR is 3 - 30 mg/mmol.
  - Dapagliflozin – if eGFR >25ml/min, add on to SoC unless contraindicated, no uACR threshold and licensed for continuation if eGFR >15ml/min.
- Dapagliflozin is also recommended for patients with CKD, without T2DM, if eGFR >25ml/min, add on to SoC unless contraindicated, if uACR is 22.6 mg/mmol or more.
- Dapagliflozin and canagliflozin – GREEN status on both Formularies as treatment options for T2DM and CKD (with input from nephrology if required).
- Dapagliflozin for CKD alone, in the absence of T2DM – AMBER and AMBER 1 respectively (Bedfordshire/Luton and Milton Keyes joint Formularies). For initiation by renal specialists and continued in general practice.
- On average, SGLT2 inhibitors cause a modest initial reduction in eGFR that is hemodynamic in nature and reversible. There is no need to monitor renal function earlier than 3 – 6 months after initiation unless titrating ACEI/ARB or in patients at high risk of diuresis.

The referral pathway and criteria for patients with CKD alone are being confirmed and will be circulated when available.

Blood glucose monitoring for patients with Type 1 and Type 2 Diabetes (children, young people, and adults)

UPDATED NICE GUIDANCE

The APC discussed the updates in the recommendations relating to blood glucose monitoring contained within NICE guidelines NG17, NG18 and NG28 and agreed the following interim position statement:

"BLMK APC supports the implementation of the NICE Guidelines relating to blood glucose monitoring in the treatment of diabetes accepting that the speed of implementation may be affected by information still awaited (real time Continuous Glucose Monitoring costs {rtCGM} and new products coming to market) and affordability across the Integrated Care System (ICS).
***No change in practice is currently recommended pending ongoing discussions with specialist teams, clarification of CGM costs/information on new products and clarification of the BLMK ICS funding position**."*

Current agreements for flash glucose monitoring (intermittently scanned continuous glucose monitoring (isCGM)) may be accessed here. Real-time continuous glucose monitoring (rtCGM) is currently only available via the specialist diabetes teams and should not be prescribed in General Practice.

SHARED CARE GUIDELINES

Hydroxychloroquine fact sheet update

UPDATED

The hydroxychloroquine fact sheet (part of the Bedfordshire and Luton Rheumatology DMARD shared care guideline) has been updated following the publication of the Drug Safety Update in February 2022. This DSU addresses the following two issues:

- Increased risk of cardiovascular events when using hydroxychloroquine, or chloroquine, and a macrolide antibiotic
- A reminder regarding psychiatric reactions associated with hydroxychloroquine or chloroquine

The fact sheet has been updated to include reference, and links, to the DSU. The committee approved the updated fact sheet.

Frequency of blood test monitoring

UPDATED

During the COVID-19 pandemic, the recommendations regarding the frequency of blood test monitoring for stable patients being cared for under shared care guidelines (e.g. Rheumatology, Gastroenterology) was reduced in line with national guidance. With input from specialist teams, the committee agreed that it was appropriate to revert to the original agreement within the SCGs – usually maximum 3-monthly intervals between blood tests. See the full shared care guidelines for further information.

FORMULARY - IMPORTANT

See separate Formulary Newsletter to access the Medicines and Wound Care Formularies Updates – click here to access the newsletter

NICE TECHNOLOGY APPRAISAL GUIDANCE and GUIDELINES ISSUED / UPDATED

The following NICE Technology Appraisal Guidance (CCG Commissioned) have been published during the period 17th February 2022 until 20th April 2022 inclusive:

Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea, Technology appraisal guidance [TA777] Published: 09 March 2022 https://www.nice.org.uk/guidance/ta777 (not recommended)

Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea, Technology appraisal guidance [TA776] Published: 09 March 2022 https://www.nice.org.uk/guidance/ta776 (not recommended)

Dapagliflozin for treating chronic kidney disease Technology appraisal guidance [TA775] Published: 09 March 2022 https://www.nice.org.uk/guidance/ta775

Empagliflozin for treating chronic heart failure with reduced ejection fraction Technology appraisal guidance [TA773] Published: 09 March 2022 https://www.nice.org.uk/guidance/ta773

Click here to access **all** technology appraisal guidance – CCG and NHSE Commissioned (17th February – 20th April 2022 inclusive)

NICE Guidelines:
NICE have published several NICE Guidelines since March 2022 - **click here** to access these guidelines.

NICE COVID-19 Rapid Reviews/Information
The Committee noted that NICE have continued to issue/update a series of covid 19 rapid reviews/information**:** this information can be accessed from the NICE website **click here**

MEDICINES SAFETY DRUG UPDATES (DSU) AND PATIENT SAFETY ALERTS

The APC received a Primary Care Medicines Safety Update and an update from the BLMK ICS Medicines Safety Group (MSG).

The Primary Care Medicines Safety Update focussed on the primary care response to the MHRA Drug Safety Updates (March and April 2022). In particular:

Cladribine (Mavenclad): new advice to minimise risk of serious liver injury
Action(s) taken: DSU included in BLMK primary care newsletter to inform primary care to refer in patients to their specialist if they contact the GP with symptoms as described in the DSU and confirm they are on cladribine. Confirmation at next MSG r.e. dissemination of information from acute trust MSOs to neurology team (multiple sclerosis indication) and haematology oncology teams (cancer indication).

Amiodarone (Cordarone X): reminder of risks of treatment and need for patient monitoring and supervision
Actions taken: DSU included in BLMK primary care newsletter to remind primary care clinicians to monitor amiodarone toxicity (through CTs, LFTs and TFTs) to be included as part of the primary care commissioning workstream currently taking place on the prescribing of specialist drugs in primary care and formulary alignment. Commissioning team to review relevant guidance and include link accordingly. To confirm at the next MSG that DSU has been circulated to cardiology and accident and emergency/acute medical teams within BLMK ICS.

Pregabalin (Lyrica): findings of safety study on risks during pregnancy
Actions taken: Pregabalin DSU included in BLMK primary care newsletter to inform primary care clinicians of the study and to counsel patients on use of effective contraception during treatment, to discuss at pre-pregnancy

stage (establish treatment plan) and consider use on risk versus benefit / case by case whereby clinically appropriate in conjunction with specialist teams if required.

The BLMK ICS Medicines safety group (MSG) was last held on Tuesday 8th February 2022.

The BLMK medicines safety website and ICS wide newsletter has now been launched:

Link to website https://medicines.blmkccg.nhs.uk/categories/medicine-safety/

Link to newsletter: https://medicines.blmkccg.nhs.uk/documents/medicines-safety-newsletter-feb-2022/

ANTIMICROBIAL RESISTANCE UPDATE

There was no upate presented to the APC as there have been no meetings since the last APC meeting in March.

ADDITIONAL PAPERS/ISSUES CONSIDERED BY THE COMMITTEE

BLMK Area Prescribing Committee / legacy committees Annual Report

The committee considered the first Annual Report of the BLMK APC, the contents of which reflect the output from the committee meetings in September 2021, December 2021 and March 2022. (NB. Due to Covid 19 staffing constraints, the March 2022 meeting was a combined meeting of the BLMK APC and the BLMK Formulary Subgroup.)

The annual report summarises the role and scope of the APC, the participating organisations, meeting attendance figures, the Committee's activities and achievements and the future work programme.

The output from the legacy Bedfordshire and Luton Joint Prescribing Committee meeting held in June 2021 and the Milton Keynes Priorities Advisory Group meetings held in May 2021 and July 2021 are included in the Appendices.

Click here to access the full report.

BLMK APC MEETING DATES – 2022

Wednesday 29th June 2022
Wednesday 28th September 2022
Wednesday 7th December 2022

OTHER NEWS

Use of Scriptswitch/Optimise Rx

To further enhance the communication of BLMK APC advice to GPs, the BLMK CCG medicine management team **are actively reviewing the messages on NetFormulary, Scriptswitch and Optimise Rx** to highlight when BLMK APC guidance is available and including a hyperlink to the BLMK Medicines Management website. Please advise us if you notice any issues.

Contact Us:- anne.graeff@nhs.net and sandra.mcgroarty@nhs.net