



## **Prescribing Information**

from the Bedfordshire and Luton Joint  
Prescribing Committee

**July/August  
2017 Number  
66**

A summary of the Joint Prescribing Committee (JPC) key recommendations<sup>1</sup> following the 28<sup>th</sup> June 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](http://www.gpref.bedfordshire.nhs.uk/referrals/bedfordshire-and-luton-joint-prescribing-committee-(jpc).aspx)

BULLETIN / PAPER	RECOMMENDATIONS / INFORMATION
<b>PRIMARY CARE OR INTERFACE PRESCRIBING ISSUES</b>	
<b>COPD and ACOS Guidelines – request for review</b> <i>“Recommendations updated and now confirmed by the Bedfordshire RIG”</i>	As advised in the last newsletter, the JPC agreed to some changes to COPD and ACOS guidelines but that these recommendations were subject to confirmation of the Bedfordshire RIG which has now occurred.
<b>Osteoporosis Treatment Guidelines</b>	The guidelines were last reviewed in 2014 and have been updated to reflect information contained in recent NICE Clinical Guidelines and the views of local specialists. In addition, as strontium ranelate is to be discontinued in August 2017, this drug has been removed from the guidelines. With amendments agreed at the meeting (including the addition of the latest MHRA advice on denosumab – see later), the updated guidelines were approved by the Committee. <b>Post meeting note:-</b> NICE issued (9/8/17) <b>unexpected updates to</b> Technology Appraisal Guidance relating to bisphosphonates. The Osteoporosis Guidelines will be reviewed against this guidance before publication on GPref.
<b>Fiasp® – A New Formulation of Insulin Aspart</b> <i>“New formulation approved in specific patient groups”</i>	The Committee agreed the following recommendations:- <ul style="list-style-type: none"> <li>• Support the use of Fiasp® for the treatment of the following patient groups:-                             <ul style="list-style-type: none"> <li>• T1 on CSII pump</li> <li>• T1 on basal bolus needing tight control or has rapid post-meal BG rise (especially dawn phenomenon)</li> <li>• Pregnant DM (T1 and also T2 or GDM) on insulin as in this group typically they have very rapid post-meal BG rise especially after breakfast with high peaks 1hr post-meal BG, not well captured even by Novorapid taken 30min before meal.</li> </ul> </li> <li>• Recommendations to be reviewed if a biosimilar insulin aspart is manufactured and licensed and/or when more experience was gained with the product (recommended patient groups may need to be expanded.)</li> <li>• Prescribers are reminded that all insulins should be prescribed by brand name.</li> </ul> <p><b>Glossary</b>                      BG – Blood Glucose                      T1 – Type 1 Diabetes mellitus                      T2 – Type 2 Diabetes mellitus                      DM – Diabetes mellitus                      CSII – Continuous Subcutaneous Insulin Infusion                      GDM – Gestational Diabetes Mellitus</p>

<sup>1</sup> The recommendations have been ratified by BCCG but are interim and awaiting formal ratification by LCCG Clinical Commissioning Committee

<p><b>Wound Care Formulary Update</b>  <i>"Additions to the Formulary approved"</i></p>	<p>The Committee ratified the following amendments to the Wound Care Formulary:-</p> <ul style="list-style-type: none"> <li>• Activa Leg Ulcer Hosiery Kit &amp; Actilymph Hosiery Kit have been added to the formulary. This is a cost saving product both in terms of acquisition cost and reduced clinic time. The use of the product is only suitable for about 25% of patients in wound healing, however patients are able to remove and reapply it allowing self-caring of the skin and empowering patients to manage their own wound. In addition patients have a better adherence to hosiery post healing, this may be due to the fact hosiery healed the initial wound. This results in a lower rate of recurrence.</li> <li>• Kerracel dressings have replaced Aquacel extra as a cost effective hydrofiber dressing.</li> </ul>
<p><b>East of England Priorities Advisory Committee (EoE PAC)</b></p>	
<p><b>Oxygen in cluster headaches</b>  <i>"Bulletin and recommendations ratified"</i></p>	<p>The Committee ratified the attached PAC bulletin and recommendations.</p>  <p>Oxygen for Cluster Headaches - Bulletin 2</p>
<p><b>Drug Safety Updates (DSU) and Patient Safety Alerts</b>  <i>"Important safety updates"</i></p>	<p>The MHRA Drug Safety Updates for May and June 2017, were noted by the Committee for information and action.</p> <p><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/615844/FINAL_DSU_May_pdf.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/615844/FINAL_DSU_May_pdf.pdf</a></p> <p><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/620777/DSU-June_PDF.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/620777/DSU-June_PDF.pdf</a></p> <p><b>Action :-</b></p> <p><b>Denosumab</b> - all current JPC information on denosumab will be updated to include the warnings.</p> <p><b>Brimonidine gel</b> - although the JPC/CCGs have a negative policy on the use of this preparation a warning has been added to scriptswitch as a precaution.</p>
<p><b>SECONDARY CARE PRESCRIBING/COMMISSIONING ISSUES</b></p>	
<p><b>Bedfordshire and Hertfordshire Priorities Forum (Interim Statement) on Hyperhidrosis.</b></p>	<p>As the CCG has ratified this statement, it came to the Committee for information and implementation. The following actions were agreed:-</p> <ul style="list-style-type: none"> <li>• Amend the Botulinum Toxin Proforma to bring it into line with interim Priorities Forum Statement.</li> <li>• Amend the Botulinum Toxin Policy to include a link to the Priorities Forum Statement.</li> </ul>
<p><b>PDT with verteporfin for Chronic Serous Retinopathy.</b>  <i>"Change in recommendations agreed"</i></p>	<p>The Committee agreed the following recommendation:-</p> <ul style="list-style-type: none"> <li>• To support the use of PDT with verteporfin for the treatment of <b>Chronic</b> Central Serous Retinopathy.</li> <li>• Approval is subject to patient outcomes being provided (via Blueteq reauthorisation process).</li> </ul>
<p><b>Rheumatoid Arthritis – proposal for 3<sup>rd</sup> biologic agent within the locally agreed Biologic Treatment Pathway</b>  <i>"Change in recommendations agreed"</i></p>	<p>The Committee agreed the following:-</p> <ul style="list-style-type: none"> <li>• To support the addition of tocilizumab +/- methotrexate as a 3<sup>rd</sup> line biologic agent in patients who have tried one of the alternative second line regimens as they cannot have the rituximab + methotrexate option. (subset of patients). (NICE advised that this was acceptable and in line with NICE Technology Appraisal Guidance 247).</li> <li>• To retain the option to try an alternative TNF inhibitor if a patient has an adverse event to a TNF inhibitor within the first 6 months of treatment unless it was deemed to be a class effect reaction.</li> <li>• To include the addition of etanercept (Benapali®) as the preferred 1<sup>st</sup>-line biologic.</li> </ul>

	<ul style="list-style-type: none"> <li>To remove the references to review the effectiveness of certolizumab at 3 months as per previous guidance as it is no more cost effective than the other agents even with the 3 months free scheme that it currently offered by manufacturer.</li> </ul> <p>It was further agreed that the additional treatment algorithm which covers the select group of patients with a specific set of comorbidities e.g. SLE would be updated to reflect the agreed changes as required.</p>
<b>Additional Papers/issues considered by the Committee</b>	
<b>JPC Annual Report 2016/17</b>	The report was ratified by the Committee and will shortly be available on GPref.
<b>Proposed addition of Chiltern Vale GP Representative to the Committee (and change to JPC Terms of Reference).</b>	The BCCG Chiltern Vale Locality had asked if they could have representation on the JPC. This was agreed subject to confirmation from the LCCG Prescribing Committee (obtained). The JPC Terms of Reference will be amended to reflect this change.
<p><b>NICE Guidance</b>  The JPC 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):-</p> <p><b>Ixekizumab for treating moderate to severe plaque psoriasis</b>  Technology appraisal guidance [TA442] Published date: 26 April 2017  <a href="https://www.nice.org.uk/guidance/ta442">https://www.nice.org.uk/guidance/ta442</a>  As the draft Ixekizumab NICE Guidance was available when we discussed the Severe Plaque Psoriasis Pathway with the local Dermatology Specialists we discussed the likely place of Ixekizumab in the pathway. Local Specialists advised that it would sit alongside other biologic agents. The Severe Plaque Psoriasis Pathway has therefore been updated to reflect this.</p> <p><b>Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs</b>  Technology appraisal guidance [TA445] Published date: 24 May 2017  <a href="https://www.nice.org.uk/guidance/ta445">https://www.nice.org.uk/guidance/ta445</a></p> <p>The JPC noted the following NICE Guidelines (Medicines related and CCG Commissioned where there was a JPC action):-</p> <p><b>Osteoporosis, Quality standard [QS149] Published date: April 2017,</b>  <a href="https://www.nice.org.uk/guidance/qs149">https://www.nice.org.uk/guidance/qs149</a>  Information from this Quality Standard has been included in the updated Osteoporosis Guidelines.</p> <p><b>Type 2 diabetes in adults: management, NICE guideline [NG28] Published date: December 2015 Last updated: May 2017.</b> <a href="https://www.nice.org.uk/guidance/ng28">https://www.nice.org.uk/guidance/ng28</a>  The JPC approved diabetes treatment algorithms have been updated to reflect the changes to the guideline and were ratified by the Committee.</p> <p><b>Vitamin D: increasing supplement use in at-risk groups, Public health guideline [PH56] Published date: November 2014 Last updated: May 2017.</b> <a href="https://www.nice.org.uk/guidance/ph56">https://www.nice.org.uk/guidance/ph56</a>  The JPC does not have Guidelines on Vitamin D use but the CCGs do. It was suggested that the CCGs review their current guidance against the updated NICE Guidance. BCCG has confirmed that this has been completed and approved by the BCCG Prescribing Committee. LCCG guidelines were currently under review.</p>	

**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](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](mailto:Jacqueline.clayton@bedfordshireccg.nhs.uk) or [Sandra.McGroarty@bedfordshireccg.nhs.uk](mailto: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](mailto:Jacqueline.clayton@bedfordshireccg.nhs.uk) and [sandra.mcgroarty@bedfordshireccg.nhs.uk](mailto:sandra.mcgroarty@bedfordshireccg.nhs.uk)