

# Prescribing Information Newsletter

May 2019, Number 75

Summary of the Key Recommendations from  
The Bedfordshire and Luton Joint Prescribing Committee (JPC)  
24<sup>th</sup> April 2019

Bedfordshire Clinical Commissioning Group  
Luton Clinical Commissioning Group

Output from the Bedfordshire and Luton Joint Prescribing Committee  
Links to updated/ new documents are included within this newsletter on [GP Ref](#) unless otherwise stated – these remaining documents will be uploaded and available on the GP Ref website shortly.

## PRIMARY CARE OR INTERFACE PRESCRIBING ISSUES

### TREATMENT GUIDELINES

#### ANTIMICROBIAL GUIDELINE

UPDATED

The antimicrobial guideline has been reviewed and updated. A summary of the changes are as follows:

- New section on Acute Cough following review of NICE guideline February 2019 NG120  
<https://www.nice.org.uk/guidance/ng120>
- Revised section on Chlamydia following review of BASHH guidance update September 2018  
<https://www.bashhguidelines.org/media/1191/update-on-the-treatment-of-chlamydia-trachomatis-infection-final-16-9-18.pdf>
- Revised section on Gonorrhoea following review of BASHH guidance January 2019  
<https://www.bashhguidelines.org/media/1208/gc-2019.pdf>
- Revised section on Pelvic Inflammatory Disease following issue of 2019 interim guidelines  
<https://www.bashhguidelines.org/media/1217/pid-update-2019.pdf>
- Revised section on Sore Throat following review of NICE guideline January 2019 NG84  
<https://www.nice.org.uk/guidance/ng84>

The updated guideline can be accessed by clicking [here](#).

#### CAMOUFLAGE CREAMS GUIDELINE

NEW

The committee approved new local guidance produced for the use of camouflage creams and criteria for patient access via NHS prescription:

- Prior to prescribing, **self-care options** should be considered.  
**If NHS Prescribing is required, the following recommendations apply:-**
- The prescribing of camouflage creams by clinicians is only supported if the patient has a disfiguring facial condition that is causing distress, impacting in a restrictive way on the patient's life.  
**Prior to prescribing:-**
- The patient should be referred to a Secondary Care Specialist for advice on optimal management and investigation of any underlying cause.

- The patient should be referred to a trained skin camouflage practitioner for colour matching

The updated guideline can be accessed by clicking [here](#)

## OSTEOPOROSIS GUIDELINE

UPDATED

The choice of oral bisphosphonates was reviewed by the committee. Based on local expert opinion, with regards the choice of oral bisphosphonates, the guidelines have been amended to say:

- Use either alendronic acid 70mg weekly tablets or risedronate sodium 35mg weekly tablets (N.B: ibandronic acid 150mg monthly tablets can be used as an alternative if compliance is an issue)

## SHARED CARE GUIDELINES AND TREATMENT PATHWAYS

### SHARED (AND TRANSFER OF) CARE GUIDANCE FOR THE MANAGEMENT OF ALZHEIMER'S DISEASE (BCCG ONLY)

UPDATED

The publication of NICE NG97 June 2018 and update of NICE TA 217 resulted in potential change in practice of prescribing cognitive enhancing drugs (CEDs). The key point following the update of the shared care guideline are as follows:

- Primary care clinicians may start treatment with memantine as an adjunct to acetylcholinesterase (AChE) inhibitors without taking advice from a specialist clinician. This only applies to those clinicians who have received training and are comfortable to manage this addition.

The shared care guideline will be published on the [GP Ref](#) website in due course.

### TREATMENT OF SEVERE PSORIASIS PATHWAY

UPDATED

BCCG and LCCG have reviewed the biologic pathway and have made the following changes:

- BCCG and LCCG now routinely commission third line biologic therapy for the treatment of psoriasis on recommendation of a consultant dermatologist with expertise in biologics.
- Tildrakizumab and certolizumab endorsed by NICE for treatment of psoriasis in April 2019 have also been incorporated into the pathway.

To access the updated pathway, click [here](#)

### PRIMARY CARE HEADACHE PATHWAY (BCCG ONLY)

NEW

The committee approved a new pathway based on national guidance led by the BCCG Planned care commissioning team for the management of headache and migraine for use in primary care with the aim of empowering GPs to manage patients in Primary Care and reduce first outpatient appointments, resulting in a shorter 'Referral To Treatment' rates. The pathway will be published on the [GP Ref](#) website in due course.

### **BULLETIN 260: ADDITION OF ADJUVANT BISPHOSPHONATE THERAPY FOR THE MANAGEMENT OF EARLY BREAST CANCER FOR POST-MENOPAUSAL WOMEN TO IMPROVE BREAST CANCER SURVIVAL**

UPDATED

The bulletin has been updated to reflect the CCG current position in relation to bisphosphonate choices:

- BCCG endorses the use of zoledronic acid injection, with patients offered oral ibandronic acid as an alternative in patients who are not suitable for zoledronic acid. Sodium clodronate is the oral bisphosphonate of choice recommended by the NICE guideline (NG101). Local current practice indicates that oral ibandronic acid is commonly used. Patient individual factors such as adherence, patient preference and side-effect profile should be taken into consideration when choosing the most appropriate oral bisphosphonate.
- LCCG endorse the recommendations of the NICE guideline NG101, zoledronic acid injection or oral sodium clodronate as an alternative to the injection.
- Both BCCG and LCCG recommend maximum treatment duration of 3 years.

The bulletin can be accessed by clicking [here](#)

### **ANTIBIOTIC PROPHYLAXIS TO PREVENT EXACERBATIONS FOR NON-CYSTIC FIBROSIS BRONCHIECTASIS – FOCUS ON THE USE OF INHALED/NEBULISED TOBRAMYCIN AND COLISTIMETHATE**

NEW

The committee agreed to support use in line with criteria to be developed in conjunction with the Specialists and there would be no CCG funding until the criteria were agreed and proformas set up. Specialist initiation, GPs to continue prescribing of colistimethate but prescribing of tobramycin to be retained by specialists.

## RECENT PUBLICATIONS

### **Drug Safety Updates (DSU) and Patient Safety Alerts**

The MHRA Drug Safety Update for March 2019 was noted by the Committee for information and action. Both CCGs are actively engaging with the relevant teams and taking action where required. [Click here for the March 2019 MHRA DSU newsletter.](#)

The main drug safety updates to note:

- Fluoroquinolone antibiotics: new restrictions and precautions for use due to very rare reports of disabling and potentially long-lasting or irreversible side effects.
- Onivyde (irinotecan, liposomal formulations): reports of serious and fatal thromboembolic events.
- Medicines with teratogenic potential: what is effective contraception and how often is pregnancy testing needed?

## SECONDARY CARE PRESCRIBING/ FORMULARY/ COMMISSIONING ISSUES

## FORMULARY

The Bedfordshire and Luton Joint Formulary (a combined medicines formulary for use by BCCG, LCCG, Bedford Hospital and the Luton and Dunstable University Hospital) is due to 'go live' in June 2019.

### FORMULARY REVIEW OF TESTING STRIPS AND METERS FOR SELF-MONITORING OF BLOOD GLUCOSE IN PATIENTS WITH DIABETES

UPDATED

The committee approved BCCG and LCCG proposal to remove 'True Result' Blood Glucose Testing Meter/strips from the Formulary (and the corresponding JPC Bulletin) as the testing strips are now no longer considered to be cost-effective as lower acquisition cost products are now available.

### WOUND CARE FORMULARY

UPDATED

The committee approved a formulary change request from LCCG. LCCG have changed from the Profore system to the Jobst Comprifore range. BCCG currently use the K range.

## Additional Papers / issues considered by the Committee - for information

### New Update

#### FreeStyle Libre Update

The committee noted that BCCG and LCCG had agreed to support the national criteria for funding of Flash Glucose Monitoring (FreeStyle Libre®) System. The committee endorsed the changes i.e. previous bulletins retired and replaced by the national guidance. The new information can be accessed [by clicking here](#). The JPC secretary updated the committee on the policy implementation. The initial supply of the Flash Glucose Monitoring (FreeStyle Libre®) System will be made by the Specialist Service with the GP being asked to continue prescribing on the advice of the Specialist, in line with national funding arrangements. Most patients will be reviewed by the Specialist Team at 6 months and annually thereafter. The GP will be advised by the Specialist Team on whether it is appropriate for a patient to continue to receive FreeStyle Libre®, after each review. In addition, that the CCGs had agreed funding for 2 years (from 1<sup>st</sup> April 2019) and that continuation of funding would be reviewed before April 2021.

#### Vitamin D Patient Information Leaflet

The committee virtually approved a new local BCCG and LCCG Vitamin D Patient Information Leaflet developed to complement the current guideline implementation, promoting patient education and self care agenda. GPs are advised to recommend generic 'vitamin D supplements' rather than branded products to patients for purchase from their local community pharmacy. This will help community pharmacy team to make provision for supply and recommend the supplements they have available. The vitamin D patient information leaflet will be published on the [GP Ref](#) website and including within the guidelines in due course.

#### Regional Medicines Optimisation Committee (RMOC)

The latest RMOC meeting update is available here [via this link](#)

### NICE Guidance issued/updated

**Guidance/ CCG Commissioned Technology Appraisals where JPC action is required**

- **Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal)**  
Technology appraisal [TA568] Published date: 13 March 2019,  
<https://www.nice.org.uk/guidance/ta568>
- **Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes**, Technology appraisal guidance [TA572] Published date: 27 March 2019,  
<https://www.nice.org.uk/guidance/ta572>.
- **Certolizumab pegol for treating moderate to severe plaque psoriasis**, Technology appraisal guidance [TA574] Published date: 17 April 2019  
<https://www.nice.org.uk/guidance/ta574>
- **Tildrakizumab for treating moderate to severe plaque psoriasis**  
Technology appraisal guidance [TA575] Published date: 17 April 2019,  
<https://www.nice.org.uk/guidance/ta575>

### Forthcoming 2019 JPC Meetings

- **Wednesday 19<sup>th</sup> June**
- **Wednesday 18<sup>th</sup> September**
- **Wednesday 4<sup>th</sup> December**

If you would like to be included in the consultation for future agenda items please contact either [Jacqueline.clayton@nhs.net](mailto:Jacqueline.clayton@nhs.net) or [sandra.mcgroarty@nhs.net](mailto: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](mailto:jacqueline.clayton@nhs.net) and [sandra.mcgroarty@nhs.net](mailto:sandra.mcgroarty@nhs.net)