

# Joint Prescribing Group

## Meetings held in March & May 2019

*This bi-monthly newsletter will keep you up to date with the latest recommendations agreed by our Cambridgeshire and Peterborough Joint Prescribing Group.*

### What is the Cambridgeshire and Peterborough Joint Prescribing Group?

The Cambridgeshire and Peterborough Joint Prescribing Group (JPG) is a strategic medicines optimisation advisory committee consisting of representatives from across the Cambridgeshire and Peterborough Health Economy.

Its primary aim is to develop an overview of prescribing policies and pathways across the Cambridgeshire and Peterborough Clinical Commissioning Group and NHS Trusts, to recommend overall policies and practices to participating organisations.

For further information regarding the group functions and terms of reference for this group please visit:

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/prescribing-information/joint-prescribing-group>.

### Are you using netFormulary?

We very much hope you have enjoyed and continue to enjoy using our joint web-based formulary. You can find information and recommendations regarding medication shortages on the netFormulary News Feed and also by checking the appropriate netFormulary drug monograph.

Feedback is very welcome and can be provided directly to the Medicines Optimisation Team via netFormulary using the **FEEDBACK** tab or via [capccg.prescribingpartnership@nhs.net](mailto:capccg.prescribingpartnership@nhs.net).

Please use **netFormulary** to make the **Medicines Optimisation Team** aware of any **formulary queries** you may have and to **ALERT THE TEAM** to any potential **DRUG SHORTAGE** issues that may have a clinical impact on patients so we can investigate these further.

netFormulary can be accessed via: [www.cambridgeshireandpeterboroughformulary.nhs.uk](http://www.cambridgeshireandpeterboroughformulary.nhs.uk).

Please save this as a **FAVOURITE** on your internet browser and download our mobile app available for Apple and Android phones.

### How does the JPG affect my practice?

The recommendations made at the Joint Prescribing Group require final approval by the CCG Integrated Performance and Assurance Committee.

Once these recommendations are approved, netFormulary and OptimiseRx will be updated to ensure you always have the most up-to-date local information when you are prescribing in practice.

The C & P CCG Medicines Optimisation Team will also continue to engage and collaborate with CCG member practices, across 2019/20 and beyond; through direct contact and also through **Prescribing Quality and Engagement Network meetings** with the aim to manage unwarranted variation, improve quality of prescribing and promote safe and effective use of medicines across the system.



# Joint Prescribing Group

## What do the formulary traffic lights mean for my practice?

### Traffic Light Status Information

Status	Description
<b>GREEN</b>	Formulary - Can be prescribed in both secondary and primary care.
<b>GREEN+</b>	Available Over the Counter. Consider Self Care
<b>Hospital</b>	Restricted - Hospital only, not to be prescribed in primary care.
<b>SCG</b>	Formulary - Specialist initiation with shared care guidance.
<b>NO SCG</b>	Formulary - Specialist initiation without shared care guidance.
<b>ADVICE</b>	Formulary - Specialist Advice, secondary care advice provided for primary care initiation.
<b>BLACK</b>	Non-Formulary - Not to be prescribed in primary or secondary care.
<b>GREY</b>	Non-Formulary - No formal application made for addition to the formulary. <a href="#">Full Formulary Submission Application Form</a>

## RECOMMENDATIONS

The following recommendations were made by the Joint Prescribing Group and approved by the Integrated Performance and Assurance Committee in April and June 2019. Unless otherwise stated, the new/updated documents referred to within the Newsletter will shortly be available on our CCG website and netFormulary.

## TREATMENT GUIDELINES

### [Adrenaline Auto-Injectors for Self-Administration](#)

NEW

Due to the recent supply shortages of AAls we recommend that all formulations of the adrenaline auto-injectors are available across the Cambridgeshire and Peterborough health system to ensure that patients can remain on the brand they are familiar and used to.

Where a patient is newly INITIATED on an AAI, EMERADE® is the first line formulary choice.

Epipen® and Jext® are second line formulary choices and can be considered for patients who are unable or unwilling to use the Emerade® device.

### [Allergic Rhinitis](#)

UPDATED

This pathway is for adults and adolescents 12 years and over, and covers both the management of mild and moderate-severe symptoms of allergic rhinitis.

This pathway also encourages self-care where the patient is both willing and able.

### [Management of Vitamin B12 deficiency](#)

NEW

This guideline is aligned to national recommendations on the management of vitamin B12 deficiency.

### [Nausea and vomiting in Pregnancy](#)

NEW

This pathway is to support prescribers caring for women with nausea and vomiting in pregnancy where patients are not dehydrated and can be managed in the community with antiemetics, support, reassurance, oral hydration and dietary advice.

### [Vitamin D Deficiency in Adults](#)

UPDATED

This pathway describes the diagnosis, treatment and prevention of vitamin D deficiency in adults (18 years and above).

It recommends prescribing only for patients who are confirmed as vitamin D deficient. Patients with insufficient levels of vitamin D should be advised to self-care where the patient is both willing and able.



# Joint Prescribing Group

## SHARED CARE GUIDELINES

[Ciclosporin in rheumatic disease](#)

UPDATED

[Ciclosporin in inflammatory dermatoses](#)

UPDATED

[Leflunomide in rheumatic disease](#)

UPDATED

## PRESCRIBING SUPPORT

[Growth Hormone - Paediatrics Prescribing Support](#)

NEW

[Growth Hormone - Adults Prescribing Support](#)

NEW

Acetylcholinesterase inhibitors and Memantine

NEW

## FORMULARY UPDATES

### Formulary - can be prescribed in both secondary and primary care

GREEN

Alendronic acid and alternative bisphosphonate formulations updated to reflect NICE TA464:

- ⇒ Patients should be prescribed EITHER an oral bisphosphonate (once weekly alendronic acid tablets are first line) OR an intravenous bisphosphonate. Patients should NOT be co-prescribed both.
- ⇒ Ibandronic acid 150mg tablets restricted to use as second line option for patients unable to swallow normal tablets for osteoporosis on daily or weekly basis but can manage to swallow a once monthly tablet and are able to remain upright for 1-hour post dosing.
- ⇒ Alendronic acid 70mg effervescent tablets (Binosto) restricted to use as third line option for patients who are unable to swallow normal tablets either daily, weekly or monthly but are able to remain upright for 30 minutes' post dosing.

Discontinuation of aciclovir 3% eye ointment

- ⇒ This product will be replaced with Ganciclovir 0.15% eye gel for acute herpetic keratitis (dendritic and geographic ulcers).
- ⇒ **This is licensed for use in adults and suitable for prescribing in primary care for adults only.**

Vitamin D deficiency in adults

- ⇒ Invita D3 is the preferred brand when prescribed in Primary Care.
- ⇒ Fultium D3 3,200IU capsules are a second line formulary choice for treatment of deficiency in adults 18 years and above including pregnant or breastfeeding women.
- ⇒ The FULL course of treatment should be prescribed as an ACUTE prescription.
- ⇒ Patients requiring maintenance doses of vitamin D for insufficiency should be recommended to SELF-CARE.

### Available Over the Counter - Consider Self Care

GREEN+

Oral cyanocobalamin

- ⇒ Recommended to be purchased **OVER THE COUNTER**, where the patient is willing and able for patients who do not have neurological symptoms of vitamin B12 deficiency in addition to dietary changes.

### Restricted - Hospital ONLY, not to be prescribed in primary care

Hospital

Intensified Infliximab

- ⇒ Infliximab dose intensification for patients with acute severe colitis (CUHFT).

Thalidomide in Crohn's disease

- ⇒ Fourth line option in Crohn's disease after biologics have failed and surgery is contra-indicated (CUHFT).



# Joint Prescribing Group

## Formulary - Specialist initiation with shared care guidance

SCG

### Guanfacine for ADHD in children and young people aged 6-17 years old

- ⇒ Prescribable in primary care after specialist initiation (1 months' supply provided by the specialist at CPFT) for patients in line with the only other licensed non-stimulant for ADHD (atomoxetine).
- ⇒ *Shared Care Guideline being updated currently.*
- ⇒ **Use in adults is outside of the product license and is NOT RECOMMENDED.**

### Slenyto® is licensed only for children with the specific indication of Autism Spectrum Disorder or Smith-Magenis syndrome

- ⇒ This is the only cohort of patients that Slenyto® should be prescribed for.
- ⇒ *Shared Care Guideline being updated currently.*
- ⇒ Existing patients maintained on other brands of melatonin may remain on these where their condition is stable.
- ⇒ Current formulary brand of melatonin tablets for paediatric patients is Circadian® modified release tablets, unless the patient has the specific diagnosis Autism Spectrum Disorder or Smith-Magenis syndrome.
- ⇒ **Prescribing of melatonin in adults for any indication is NOT RECOMMENDED in primary care.**

## Formulary - Specialist initiation without shared care guidance

NO SCG

### Discontinuation of aciclovir 3% eye ointment

- ⇒ This product will be replaced with Ganciclovir 0.15% eye gel for acute herpetic keratitis (dendritic and geographic ulcers). **Use of this product in children is off-label and so will require specialist initiation for this population.**

### Flash Glucose Monitoring - FreeStyle Libre®

- ⇒ Initiation of FreeStyle Libre® should be through secondary care or a consultant led diabetes clinic. Continuation in primary care (FP10) is acceptable once initiation and training in secondary care/a consultant led clinic has been completed, and the patient has agreed to use the sensors as intended.
- ⇒ For more details see our [Think Medicines!- Prescribing Issue 52 Newsletter: FreeStyle Libre®](#).

### Fluorometholone 0.1% eye drops

- ⇒ Indicated for vernal-keratoconjunctivitis and blepharo-keratoconjunctivitis/ocular inflammation.
- ⇒ Specialist initiation for prescribing to continue in primary care.
- ⇒ Patient to remain under ophthalmology for review.

### Glycopyrronium bromide 1mg/5ml SF oral solution (Colonis)

- ⇒ Licensed for symptomatic treatment of severe sialorrhoea in children and adolescents aged 3 years and older with chronic neurological disorders.
- ⇒ *Existing patients currently prescribed Glycopyrronium bromide tablets formulations should be switched to the Colonis oral solution.*

### Safinamide to improve motor fluctuations in idiopathic Parkinson's disease

- ⇒ Prescribable in primary care after specialist initiation (2 months' supply provided by specialist) for patients where existing oral agents (amantadine and other monoamine oxidase-B inhibitors) are contraindicated or have failed to improve motor fluctuations.



# Joint Prescribing Group

## Formulary - Specialist Advice, secondary care advice provided for primary care initiation

ADVICE

### Dymista for moderate to severe allergic rhinitis

- ⇒ Prescribable in primary care after specialist advice, prior to immunotherapy.

### Oxycodone Modified Release Brand in Primary Care: Renocontin®

- ⇒ Renocontin is the new preferred brand in Primary Care.
- ⇒ All patients currently prescribed oxycodone in primary care should be reviewed by a healthcare professional in Primary Care for clinical appropriateness and switched to preferred brand where appropriate, in discussion with the patient.
- ⇒ **For chronic pain (excluding palliative care and cancer pain) strengths above 30mg MR oxycodone should no longer be recommended.**

## Non-formulary - Not to be prescribed in primary or secondary care

BLACK

### Alendronic acid 70mg/100ml oral solution is NOT a preferred formulation

- ⇒ Effervescent tablets (Binosto®) is the preferred formulation of alendronic acid restricted to those unable to swallow normal tablets but are able to remain upright for 30 minutes' post dosing.
- ⇒ Refer for intravenous bisphosphonates if patients are unable to swallow effervescent tablet formulations.
- ⇒ Intravenous bisphosphonates are preferred clinically and more cost-effective than alendronic acid oral solution.

### Bath and shower emollients

- ⇒ Due to lack of evidence these are no longer recommended for prescribing.
- ⇒ Support materials available for patients and for use in your practice to facilitate stopping prescribing.

### Sialanar (Glycopyrronium 320mcg/ml (Glycopyrronium bromide 400mcg/ml)) oral solution

- ⇒ Glycopyrronium bromide 1mg/5ml oral solution Colonis is the preferred brand across the Cambridgeshire and Peterborough Health System.

### Glycopyrronium bromide tablet formulations

- ⇒ Existing patients currently prescribed Glycopyrronium bromide tablets formulations should be switched to the formulary formulation of Glycopyrronium bromide 1mg/5ml Oral Solution (Colonis).

### Mexiletine unlicensed preparation

- ⇒ Patients currently receiving treatment in primary care for cardiac indications on advice of cardiologist must be referred back to RPH via ERS (or other initiating trust) to assist with switching to an alternative product.

### VSL#3 and Vivomixx - Probiotics

- ⇒ In line with national guidance and the Advisory Committee for Borderline Substances these products are no longer recommended for prescribing in primary or secondary care.
- ⇒ Probiotics are available to purchase over the counter, if the patient wishes, but they should be advised about the lack of evidence of clinical benefit.

## Non-formulary - No formal application made for addition to the formulary

GREY

### New Product Namuscla (Mexiletine)

- ⇒ All prescribing for the licensed indications will be through the specialist tertiary service (NHS England).



# Joint Prescribing Group

## OPTIMISE RX™

### What is OptimiseRx™?

OptimiseRx™ is prescribing support software.

OptimiseRx™ is tailored to the medical record and takes into consideration the patient's medications, morbidities, observations and measurements to support prescribers to make the safest, most clinically appropriate prescribing decision. Unlike any other prescribing support system OptimiseRx™ will **only trigger if the message is relevant to the individual patient.**

Approved JPG recommendations are uploaded to OptimiseRx™ to ensure you always have the most up-to-date local information when you are prescribing in practice.

### Why does OptimiseRx™ trigger when I add a HOSPITAL only medication into a patient's medical record?

This occurs when HOSPITAL only medication is added incorrectly as a repeat template for the patient rather than using the appropriate category within the clinical tree.

Ensuring these are added on correctly will prevent OptimiseRx™ triggering inappropriately and avoid any queries regarding prescribing of HOSPITAL only medication in primary care.

**It is important that medicines prescribed and supplied directly by secondary care clinicians are recorded and dated on GP clinical systems.**

How to do this in each clinical system is detailed below:

#### SystemOne

- ⇒ The hospital only medication will be added to the 'Medication View' and to a separate 'Other Medication' section which is displayed under 'Template Details' at the foot of the 'Repeat Template' view.
- ⇒ Retrieve patient record then either:
  - \* Right click 'Medication Node' on clinical tree and select 'Record Other Medication' from the right click menu.
  - \* Right click on an existing issue on the medication view and select 'Record Other Medication' from the right click menu.
- ⇒ Complete the additional prescribing fields, (e.g. dose) and, if appropriate, add a future dated end date then click OK.

#### EMIS Web

- ⇒ The hospital only medication will be displayed beneath the repeat medication in a section headlined as Hospital.
- ⇒ In the patient record select the medication screen;
  - \* Add the medication as though initiating treatment (either acute or repeat).
  - \* Highlight the medication and click 'issue'.
- ⇒ Within the issue screen, click 'change all' and select 'Hospital (no print)'.
- ⇒ Click 'approve and complete'.



# Joint Prescribing Group

## PATIENT SUPPORT MATERIALS

FreeStyle Libre Frequently Asked Questions

NEW

Stopping prescribing of bath and shower emollients - poster and patient information leaflet

NEW

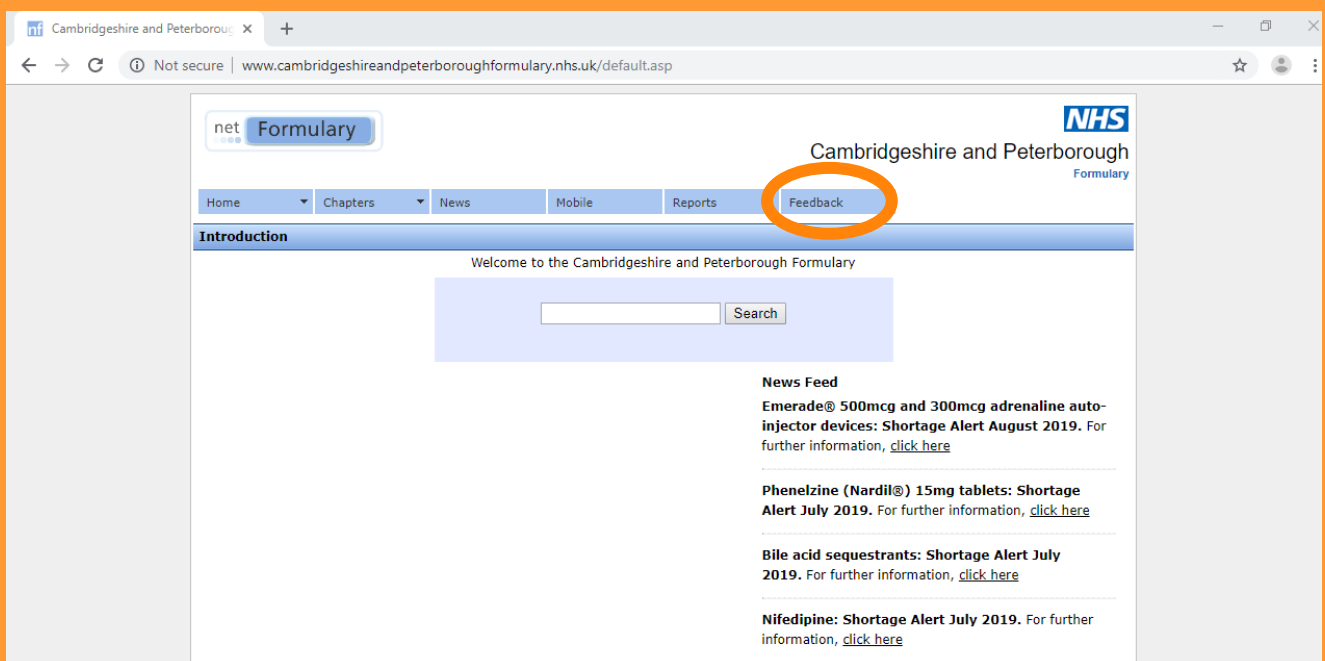
## OTHER NEWS

### Future Dates

JPG Meeting	IPAC Meeting	JPG Information Newsletter
25 <sup>th</sup> July 2019	27 <sup>th</sup> August 2019	w/c 26th August 2019
26 <sup>th</sup> September 2019	29 <sup>th</sup> October 2019	w/c 28th October 2019
21 <sup>st</sup> November 2019	17 <sup>th</sup> December 2019	w/c 16 <sup>th</sup> December 2019

## Any queries?

If you have any queries regarding the content of this newsletter please contact the Medicines Optimisation Team using the FEEDBACK tab on netFormulary or via emailing [CAPCCG.prescribingpartnership@nhs.net](mailto:CAPCCG.prescribingpartnership@nhs.net).



Information in this newsletter is believed to be accurate and true. NHS Cambridgeshire and Peterborough CCG employees accept no liability for loss of any nature, to persons, organisations or institutions that may arise as a result of any errors or omissions.

