Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 14th January 2015 in the Boardroom at Hillder House

MEMBERS:	
Dr M Ghani (Chair)	**Medical Director (Barnsley CCG)**
Mrs S Hudson	**Lead Pharmacist (SWYPFT)**
Dr R Jenkins	**Medical Director (BHNFT)**
Dr K Kapur	**Consultant Gastroenterologist (BHNFT)**
Mr M Smith	**Chief Pharmacist (BHNFT)**
Mr T Bisset	**Community Pharmacist (LPC)**
Dr A Munzar	**General Practitioner (LMC)**
Dr R Vedder	**Consultant in Palliative Care (Barnsley Hospice)**

ATTENDEES:	
Mrs C Applebee	**Medicines Management Pharmacist (Barnsley CCG)**
Prof. H Jones	**Consultant Endocrinologist (BHNFT)**
Ms G Smith	**Medicines Information Pharmacist (BHNFT)**
Mr R Staniforth	**Lead Pharmacist (Barnsley CCG)**

APOLOGIES:	
Ms D Cooke	**Lead Pharmacist (Barnsley CCG)**
Ms C Lawson	**Head of Medicines Optimisation (Barnsley CCG)**
Ms K Martin	**Deputy Chief Nurse (Barnsley CCG)**
Dr J Maters	**General Practitioner (LMC)**
Dr K Sands	**Associate Medical Director (SWYPFT)**
Dr R Hirst	**Palliative Care Consultant (Barnsley Hospice)**

ACTION

APC 15/1 DECLARATIONS OF INTEREST

No declarations of interest were received.

APC 15/2 MINUTES OF THE PREVIOUS MEETINGS

Gillian Smith asked for the action on page 6 relating to a decision made at the meeting be removed as she was not in attendance. Dr Ghani asked if Chris Lawson could inform Dr Gupta of the outcome of the new product application for Racecadotril (Hidrasec®). **CL**

The minutes of the meeting held on 10th December 2014 were agreed as an accurate record subject to the above amendment.

APC 15/3 MATTERS ARISING AND APC ACTION PLAN

3.1 Methotrexate Injection

Following on from discussions at previous meetings around the safe disposal of syringes and needles for patients self-administering subcutaneous methotrexate, Mike Smith confirmed that patients are able to return full sharps bins to the clinic when attending the hospital.

ACTION

Richard Staniforth confirmed that patients are able to take full sharps bins to LIFT centres for disposal. The shared care guideline is to be updated to include information around disposal and can then be circulated. **CA**

Dr Ghani asked if a review could be undertaken in 3 month time to assess if there is any movement of patients. **RS**

3.2 Testosterone Shared Care Guideline Re-audit in Primary Care

Professor Jones informed the Committee that the notes from 160 patients had been reviewed. 45 of these had signed shared care documentation in their notes and shared care had been requested for all remaining patients. Professor Jones stressed the desire within the Endocrinology Department for the issues around shared care to be resolved.

From the primary care perspective, Richard Staniforth reported there are 102 patients who have a shared care proforma in their records which need returning to the secondary care service.

Following discussion around the issues relating to shared care it was decided that the following steps would be taken:

- Cross reference the list of patients from secondary care (115 patients) with those from primary care (102 patients) with a view to identifying those patients where shared care still needs to be formally requested. **RS/HJ**
- Ensure the remaining patients have shared care requested from secondary care. **HJ**
- Test the fax number to ensure this is working properly – Richard Staniforth agreed that this and liaison about the outstanding Shared Care Arrangements could be undertaken by members of the Medicines Management Team. **RS**

***Post meeting note**: Cross referencing has identified a list of 63 Barnsley patients for whom secondary care will request shared care agreements.*

3.3 Ticagrelor Review in Primary Care

Dr Ghani provided feedback from Chris Lawson on how other areas within South Yorkshire are managing the monitoring requirements for patients newly started on ticagrelor. Doncaster and Bassetlaw have no information included within their guidance but do refer to the need for monitoring on their APC website.

Richard Staniforth advised that Sheffield CCG do not provide specific guidance around this issue but have undertaken audits at regular intervals to ensure monitoring is being undertaken.

Dr Ghani asked if a Scriptswitch prompt could be added to highlight the need for monitoring of U&Es with ticagrelor. **CA**

ACTION

Gillian Smith confirmed that information has been circulated to all BHNFT Pharmacists requesting that specific review dates are endorsed on all prescriptions of ticagrelor, and that these are transcribed onto the D1 at discharge.

3.4 Review of TIA Clinical Referral Proforma – Draft clopidogrel position statement

Gillian Smith advised this action is ongoing. Dr Iqbal has been contacted to ask for feedback. Both Gillian Smith and Sarah Hudson agreed to chase Dr Iqbal for comments. **GS/SH**

***Post meeting note**: Dr Iqbal has confirmed he is happy with the content of the document. The clopidogrel position statement will be circulated.* **CA**

3.5 Barnsley APC Report

Sarah Hudson has met with Gill Smith (Continence Nurse) to discuss the use of solifenacin following the feedback from GPs to suggest solifenacin is being used first line. The outcome of the meeting was that Solifenacin is being prescribed for patients intolerant of, or with a contraindication to, oxybutynin. Solifenacin is currently included within the Barnsley treatment algorithm for overactive bladder, but is not first line.

Dr Ghani asked if an audit could be undertaken by the continence service to highlight the prescribing recommendations being made. An audit of the next 30 letters would provide some information on whether or not the prescribing is appropriate. Sarah Hudson agreed to take this forward. **SH**

3.6 Action Plan – Other Areas

Gillian Smith confirmed she has received the treatment algorithm for NOACs that was referred to at the December meeting by Dr Sands. Gillian will circulate this document to members prior to the next meeting. The algorithm, to determine the most appropriate choice of anti-coagulant, will be considered at the next meeting. **GS**

No further evidence has been provided by BHNFT cardiologists in relation to changing the classification of Ranolazine. The Committee decided it will remain red on the traffic light list and confirmed this could be removed from the action plan until further evidence is submitted. **CA**

APC 15/4 **DEXAMETHASONE INJECTION (Palliative care)**

Dr Vedder raised an issue around the use of dexamethasone injection. The strength of the preparation available has changed from 4mg/ml to 3.8mg/ml. Dr Vedder advised that the difference in dose between the two preparations is not clinically significant and that doses to be prescribed could be in multiples of 3.8 rather than 4.

Gillian Smith advised that in BHNFT the preparation of dexamethasone used is 3.3mg/ml which differs significantly from the original 4mg/ml dexamethasone. Dr Ghani suggested using the 3.8mg/ml preparation

would be simpler than the 3.3mg/ml, with respect to calculating doses when prescribing.

Dr Vedder and Gillian Smith agreed to liaise with each other to determine which preparation should be used. When this has been agreed, this information should be included on the Palliative Care Formulary and cascaded. It was suggested that a scriptswitch prompt should also be included once the choice of preparation has been finalised. **RV/GS** **CA**

APC 15/5 BHNFT DISCHARGE LETTER REVIEW REPORT

Richard Staniforth presented the findings from a snapshot audit of medication discharge information provided on D1s undertaken within primary care. There were a number of issues raised from this audit and these were reported to the Committee. In summary, 35% of discharge letters were missing information, 12% included incorrect doses, 6% included other discrepancies. The timeliness of receiving the discharge summaries, however, was very favourable with 85% being received the day after discharge and this increased to 97% if received within one week.

Dr Jenkins acknowledged the concerns with the above points, but also questioned the process by which the audit was undertaken. For example, the patient reported list of medication on admission may not be a true representation of what is included on the GP record, therefore, the discharge medication may differ too. This should not be seen entirely as a failing of the hospital but a failing in communication in general.

Dr Kapur suggested a review is undertaken of what information is actually needed on the D1s. Dr Jenkins advised that an action plan would be produced by BHNFT and will be brought back to this Committee in the future. **RJ**

Sarah Hudson asked if a similar audit was planned to review discharge information received from SWYPFT. Dr Ghani agreed that this could be undertaken in the future.

APC 15/6 LIPID MANAGEMENT ALGORITHM

Professor Jones provided his feedback on the lipid management algorithm. The following points were raised:

- Target levels should be included
- Clarify the information on page 3 in relation to statin intolerance. Include a sentence to advise clinicians that if a patient is intolerant of a statin then a different statin should be tried. Often patients who are unable to take simvastatin or atorvastatin are able to take pravastatin or, for those at high risk of cardiovascular complications, rosuvastatin at a low dose (5mg).
- Amend the title to clarify that familial hypercholesterolaemia is not covered by the guideline.

Gillian Smith agreed to make the changes and to circulate to members. **GS**

ACTION

APC 15/7 NEW PRODUCT APPLICATIONS

The New Product Application log was reviewed.

Gillian Smith advised that nepafenac and bromfenac eye drops applications would be reviewed with a view to submitting just one of these applications. Gillian Smith will liaise with Mr Hassan to agree on which application is to be taken forward. An application for Gaviscon® Advance should be available for the committee in February and Simbrinza® and Tiopex® in March. **GS**

The algorithm to support the prescribing of rivaroxaban for DVT under shared care is still in development. Gillian agreed to bring the completed algorithm to the meeting in April. **GS**

APC 15/8 SHARED CARE GUIDELINES

8.1 Valproate Semi-sodium Shared Care Guideline

Sarah Hudson presented a new shared care guideline for the prescribing of semi-sodium and sodium valproate in the treatment of manic episodes associated with bipolar disorder.

Item 15/10 (see below) was also discussed at this point in the meeting and it was agreed that lamotrigine and carbamazepine, for mood stabilisation, could be included within the above shared care guideline. Sarah Hudson agreed to incorporate these in to one guideline and to bring back to a future meeting. **SH**

8.2 Inflammatory Bowel Disease Shared Care Guideline

Gillian Smith presented an updated shared care guideline for the treatment of inflammatory bowel disease.

Dr Kapur suggested the inclusion of mycophenolate within the guideline. Members of the Committee agreed that prior to the inclusion of mycophenolate, information should be presented to the Committee to determine the impact of including this drug within the guideline. Gillian Smith agreed to bring further information around mycophenolate prescribing back to the February meeting. **GS**

8.3 Parkinson's Disease Shared care Guideline

Caron Applebee presented an updated shared care guideline for the management of patients with Parkinson's Disease. The guideline has been produced in consultation with Dr Grunewald (Consultant neurologist) and Sue Slater (Parkinson's Disease specialist nurse).

No significant changes, from the previous guideline have been made to the drugs included. The process for initiating shared care differs to the previous guideline and will closely resemble that of the epilepsy shared care guideline.

Caron Applebee presented a request to include modafinil for the treatment of daytime hypersomnolence within the guideline. The Committee agreed that modafinil should not be included within the

shared care guideline, due to this being an unlicensed indication.

The guideline was approved.

8.4 Ivabradine Shared Care Guideline

Gillian Smith presented an updated shared care guideline for ivabradine. The main change to the guideline is the inclusion of the indication for use in heart failure. Caron Applebee asked if reference to the NICE TA on the use of ivabradine in heart failure could be included within the document.

Gillian Smith informed the committee that the information within the recent drug safety update around the use of ivabradine has been included within the guideline already.

The guideline was accepted subject to the above amendment. **GS**

8.5 Eplerenone Shared Care Guideline

Gillian Smith advised that eplerenone is currently Amber-G on the traffic light list and asked for the Committees views on changing this to green as GPs are now more familiar with the drug. It was agreed that a green traffic light classification is appropriate for eplerenone.

The traffic light list and formulary will be updated. **CA**

APC 15/9 GENERIC ARIPIPRAZOLE

A letter has been received from a chain of Community Pharmacies advising clinicians of the licensing differences between generic Aripipazole and the branded product, Abilify®.

The Committee were concerned that such issues should not cause delay in patients receiving their treatment nor affect the relationship between prescriber and patient. The Committee agreed that generic prescribing should be encouraged where possible.

APC 15/10 LAMOTRIGINE AND CARBAMAZEPINE FOR MOOD STABILISATION

This item was discussed along with item 15/8.1 above.

APC 15/11 BARNSLEYAPCREPORT@NHS.NET

The log of APC reporting actions was noted.

APC 15/12 NICE TA325 (NALMEFENE FOR REDUCING ALCOHOL CONSUMPTION IN PEOPLE WITH ALCOHOL DEPENDENCE)

Sarah Hudson confirmed Nalmefene is not currently applicable to the alcohol service provided by SWYPFT, which is commissioned to provide in-patient detoxification and abstinence therapy. However, in order to support GP colleagues, she has produced a prescribing guideline for Nalmefene in conjunction with Dr Ashby's team.

Sarah Hudson advised the Committee that NICE states Nalmefene should only be prescribed if appropriate psychosocial support is also

available. Currently the CCG do not commission psychosocial support, therefore the use of Nalmefene cannot be recommended.

Dr Ghani asked Sarah Hudson to email the prescribing guidelines to him and he will take this issue to the Quality and Patient Safety Committee. **MG/SH**

APC 15/13 NEW NICE TECHNOLOGY APPRAISALS – DECEMBER 2014

Two new NICE TAs were discussed:

- TA327 – Dabigatran for the treatment and secondary prevention of DVT and/or PE.
- TA328 – Idelalisib for treating follicular lymphoma – TERMINATED APPRAISAL

13.1 Feedback from BHNFT Clinical Guidelines and Policy Group

Gillian Smith confirmed TA327 (Dabigatran) was applicable to BHNFT. Previous TA's still awaiting decisions from BHNFT were discussed. Gillian Smith confirmed:

- TA321 Dabrafenib for melanoma - Not applicable to BHNFT
- TA326 Imatinib for gastrointestinal stromal tumours – Not applicable to BHNFT
- TA325 Nalmefene for reducing alcohol consumption – Not applicable to BHNFT

Gillian Smith asked about TA324 and whether this should also be included. Caron Applebee agreed to add this to the TA spreadsheet. **CA**

13.2 Feedback from SWYFT NICE Group

Sarah Hudson confirmed TA327 was applicable to SWYPFT.

APC 15/14 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

BHNFT

Mike Smith reported a meeting had taken place the previous week. BHNFT are in the process of re-writing the inpatient treatment chart. Changes relating to the information around drug history taking is being updated which may have an impact on medicines reconciliation.

The Medicines Discharge information audit was also discussed.

SWYFT Drug and Therapeutics Committee

Sarah Hudson stated a discussion had taken place around the use of a new antipsychotic (Lurasidone). A decision was made to not apply for this drug to be included on the formulary.

APC 15/15 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

The following items will be taken to the Quality and Patient Safety Committee:

- Medicines Discharge information audit
- The need for psychosocial support for patients prescribed Nalmefene in order to comply with NICE and this being out of the scope of commissioned services

- Further report on progress with the Testosterone audit

APC 15/16 HORIZON SCANNING DOCUMENT (PREVIOUSLY NEW PRODUCT BULLETIN) – DECEMBER 2014

Indacaterol/glycopyrronium, 110/50 micrograms and 85/43 micrograms inhalation powder hard capsules, (Ultibro®▼ Breezhaler®, Novartis) – **PROVISIONAL AMBER**

Insulin degludec, 100 units/mL + 3.6 mg/mL solution for injection in a pre-filled pen, (Xultophy®▼, Novo Nordisk) – **PROVISIONAL RED**

Rivastigmine (generic), 13.3 mg/24h transdermal patch, (Voleze®, Focus Pharmaceuticals) – **PROVISIONAL AMBER**

Levodopa/carbidopa/ entacapone, Film-coated tablets ranging from 50/12.5/200 mg to 200/ 50/200 mg, (Sastravi®, Actavis) – **PROVISIONAL AMBER**

Posaconazole, 300 mg concentrate for solution for infusion, (Noxafil®, MSD) – **PROVISIONAL RED**

Misoprostol, 200 micrograms vaginal delivery system, (Mysodelle®, Ferring Pharmaceuticals) – **PROVISIONAL RED**

Ledipasvir/sofosbuvir, 90 mg/400 mg film-coated tablets, (Harvoni®▼, Gilead Sciences) – **PROVISIONAL RED**

Darunavir/cobicistat, 800 mg/150 mg film-coated tablets, (Rezolsta®▼, Janssen-Cilag) – **PROVISIONAL RED**

Zinc/copper/manganese/ sodium/potassium/ chromium/ferrous gluconate, Concentrate for solution for infusion, (Nutryelt®, Aguettant Ltd) – **PROVISIONAL RED**

APC 15/17 MHRA DRUG SAFETY UPDATE – DECEMBER 2014

The MHRA Drug Safety Update from December 2014 was noted. Gillian Smith confirmed that the issues relating to the safe prescribing of Ivabradine have already been included in the updated shared care guideline.

APC 15/18 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG and NHS Doncaster & Bassetlaw CCG Area Prescribing Committee meetings were received and noted.

APC 15/19 ANY OTHER BUSINESS

19.1 Formulary updates

Caron Applebee informed the Committee that due to illness within the Medicines Management Team the formulary updates for the CNS section and the respiratory section will be delayed by one month and two months respectively.

19.2 Shared Care drugs

Richard Staniforth raised discussions at the LMC around shared care. Increasingly patients may be discharged from a service when they are prescribed a shared care drug. Following discussions around how these patients should be managed it was decided that it would be acceptable for patients whose disease and medication are stable to be discharged from the service but the clinical responsibility and responsibility for support for the patient remain with the specialist.

ACTION

Should these patients need specialist input in the future, for the same indication, then GPs should be able to access advice from the respective service promptly.

Dr Munzar expressed concern about shared care drugs being requested without the appropriate paperwork. There are times when a drug is requested and the GP doesn't always know if it is a shared care drug.

It was agreed to add scriptswitch prompts for all shared care drugs. **CA**

19.3 Varenicline PGD

Tom Bisset informed the Committee that two training sessions are planned for community pharmacists in January to provide varenicline on a PGD. The aim is for the service to be available from the start of February.

19.4 LHRH analgoues

Dr Ghani asked the Committee for their views on changing the traffic light status of the LHRH analogues for the treatment of prostate cancer from Amber to Amber-G. The reasons being:

- GPs much more familiar with the prescribing and administration of these drugs.
- The monitoring required is simple.
- There is a move to transfer the care of these patients to primary care after 2 years from initial diagnosis.

The Committee agreed these could now be Amber-G. The traffic light status and formulary will be updated accordingly. An Amber-G guideline will be produced to provide GPs with guidance around the use of these drugs. **CA**

APC 15/20 DATE AND TIME OF THE NEXT MEETING

Wednesday 11th February 2015 at 12.30 pm in the Boardroom, Hillder House