Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 9th September 2015 in the Boardroom at Hillder House

MEMBERS:

Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Ms K Martin	Head of Quality for Primary Care (Barnsley CCG)
Dr J Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Mr M Smith (up to item 15/163)	Chief Pharmacist (BHNFT)
Ms Joy Waldock (up to item 15/159)	Palliative Care Consultant, Barnsley Hospice

ATTENDEES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Dr Mahdi (for item 15/162)	Consultant Physician in Respiratory Medicine (BHNFT)
Ms A Meer	Specialist Interface Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)

APOLOGIES:

Mr T Bisset	Community Pharmacist (LPC)
Dr R Jenkins	Medical Director (BHNFT)
Dr K Kapur	Consultant Gastroenterology
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr J Rao	Consultant Microbiologist (BHNFT)

ACTION

APC 15/154 MINUTES OF THE PREVIOUS MEETING

At APC15/135.3, the Lead Pharmacist, BHNFT asked if …"using the HASBLED score"… should be removed from the minutes as it wasn't felt to be relevant to use for patients with ACS. Following discussion, it was decided to remove this from the minutes and it was agreed to include in the guidance, as part of the bleed risk assessment, that any prescriber would be advised to contact their relevant medicines information team before they prescribe Rivaroxaban in ACS. **AM**

At APC15/135.8 …"defined data…" should read …"Define© data…".

Subject to these changes, the minutes of the meeting held on 12th August 2015 were agreed as an accurate record. **NB**

APC 15/155 MATTERS ARISING AND APC ACTION PLAN

155.1 Declarations of Interest

The Chair reminded the Committee that the APC would be as open as possible and maintain high standards with declarations of interest ensuring robust procedures were followed to ensure safeguards were in place. Any association with an organisation or individual with pharma for the previous 2 years and any future meetings booked in

would be held on the declarations of interest register.

The Head of Medicines Optimisation would be working with Richard Walker, Head of Assurance, Barnsley CCG to agree the criteria and this would be brought to the October 2015 APC meeting. Every member of the Committee and anyone submitting an application to the Committee in writing or in person would be required to declare any interest in a company and the Chair and Committee members would then be able to make an informed decision as to whether an individual would partake in the discussion in order to avoid influencing the Committee's final decision.

It was confirmed that the New Product Application form would be updated to include a section to record the company name and this would be circulated as part of the APC Resource Pack shortly. **DC**

155.2 Magnesium Supplementation

The Lead Pharmacist, BHNFT fed back to the Committee that the renal physicians would be starting new patients on aspartate but were not currently switching existing patients from glycerophosphate to aspartate.

The Committee wanted to ascertain if the reason why existing patients were not being switched was clinical or logistical.

If it was a clinical reason, the Committee requested more information to warrant these patients staying on glycerophosphate. However, if it was a workload/capacity issue, the CCG Medicines Management Team would be happy to manage this switch locally within Barnsley in order to reduce the usage of glycerophosphate prescriptions supplied. The Lead Pharmacist agreed to follow this up. **GT**

Post meeting note: the Lead Pharmacist, BHNFT had been advised that once existing stocks of glycerophosphate run down (1-2 months), existing patients would be switched to aspartate.

155.3 Rivaroxaban – Antiplatelet Guidance

This item was discussed at 15/154 and the Specialist Interface Pharmacist, BHNFT agreed to make the changes discussed. **AM**

Action Plan – Other Areas

155.4 Fitness for Purpose

The Lead Pharmacist, Barnsley CCG noted that the Head of Medicines Optimisation had now received comments from the Lead Pharmacist, BHNFT to complete the communication plan and would soon be circulating the final resource pack.

155.5 LHRH Analogues

On behalf of the Head of Medicines Optimisation, the Medicines Management Pharmacist fed back that a business case was to be discussed at the October Clinical Transformation Board and if approved, patients would start moving into primary care.

ACTION

155.6 Implementation of antimicrobial stewardship

The Lead Pharmacist, BHNFT agreed to forward this information after the meeting in order for the Head of Medicines Optimisation to produce a joint report. **GT**

155.7 Co-amoxiclav secondary care guidance

The Lead Pharmacist, BHNFT circulated information showing the Define© data, a specific database used nationally to collect data in secondary care.

The Lead Pharmacist was aware of some issues possibly around de-escalation which was being looked at as part of the antimicrobial guidance update and it was felt that this would reduce the oral prescribing. The microbiologists have looked at the usage data and were breaking it down to identify high users of co-amoxiclav.

The Lead Pharmacist, SWYPFT shared examples of its use in SWYPFT and noted that comparing usage to others may not be the best comparison.

BHNFT representatives felt that there were issues with the quality of the data but acknowledged an issue with inappropriate prescribing of antibiotics. The Chair therefore asked that an action plan be completed and brought to the APC with a breakdown of which departments are using this and a plan to address this. It was agreed that this would be brought to the December 2015 meeting. **GT**

The Lead Pharmacist, BHNFT noted that this was originally raised in terms of primary care prescribing of co-amoxiclav and that BHNFT prescribing should not impact on primary care prescribing as full courses are issued by BHNFT. The Lead Pharmacist, Barnsley CCG noted that Barnsley primary care co-amoxiclav prescribing was less than the England average and agreed to share the primary care data with the Committee. **DC**

155.8 Guidelines for the treatment of nausea and vomiting in pregnancy

The Lead Pharmacist, Barnsley CCG would produce an information sheet with the key information extracted from the guidelines, relevant to primary care and send to the LMC. **DC**

155.9 Guidance on unlicensed use of medicines in mental health

The guidance had been shared with LMC via the APC memo.

155.10 Review of Testosterone Drug Classification

The Medicines Management Pharmacist had looked at surrounding areas and found that the majority have this classified green with specialist initiations, with 1 or 2 areas Amber G with an information sheet. Barnsley currently requires a full Amber Shared Care Guideline to be in place and the Committee were asked if this should be reviewed and re-classified. It was felt to be too early to change the classification following the issues identified during the last audit and it was agreed that the Amber Shared Care Guideline classification should remain at this present time. It was agreed that this could be considered again

sometime in the future.

155.11 Continence Service Audit

The Chair had written to the Service Manager in May 2015 with concerns about repeated recommendations from continence nurse specialists to start patients on solifenacin against the recommendations within the local guideline and the NICE guidance and it was hoped that the audit would start on 1st June 2015. The Lead Pharmacist, SWYPFT had since been advised that due to staff and IT system changes, the audit had not yet been started.

The Chair therefore proposed that he write direct to those involved i.e. the continence nurses to remind them of the local guidance and share the guidance with them. He would inform them that we are monitoring adherence and that they are expected to adhere to the guidance and if they had any issues with the guidance to write back. They would be informed that we are auditing this in primary care and would be following it up with the organisation if this continues to happen. **MG**

The Committee agreed with this suggestion as a way forward.

155.12 Methotrexate Injections

An update would be provided at the October 2015 meeting. **CL**

155.13 Dexamethasone Injection

The Palliative Care Consultant, Barnsley Hospice noted that the guidance was currently being finalised and would be presented at the October 2015 APC meeting. **JW**

APC 15/156 DISCHARGE LETTER AUDIT, BHNFT ACTION PLAN

The Lead Pharmacist, BHNFT noted that end/review dates had now been added to the action plan as requested by the Committee and more medicines specific information had been provided.

The Lead Pharmacist, BHNFT informed the Committee that an internal audit would be carried out within the next couple of months and this would be brought back to the Committee in November 2015. The audit would include discharge letters produced in August 2015 and should provide assurance of improvements. **GT**

The Committee were happy with the action plan received and the Chair proposed that the APC discuss this every quarter with any deviations of the plan brought to the attention of the Committee if and when they occur. The Head of Primary Care Commissioning would ensure that this was also linked to the Quality Board. **KM**

Dr Maters asked if BHNFT were able to send all D1s electronically by 1 October 2015 (new national criteria). It was noted that Maternity and Day Surgery (Endoscopy, ENT and Eye) were not able to comply with this criteria.

The Lead Pharmacist, BHNFT confirmed that plans were in place to comply with this but she would need to check with Pat McLaren at

BHNFT about timescales. The Chair asked for this to be fed back to him before the next meeting in order to share this with the Chief Officer, Barnsley CCG. **GT**

Dr Maters raised a serious issue that Maternity are permanently behind with discharge letters (approximately 6 weeks) and it was agreed that the Head of Primary Care Commissioning would bring this to the attention of Martine Tune, Deputy Chief Nurse, Barnsley CCG. **KM**

In summary, the Committee were happy with the D1 action plan presented and noted that an internal audit would be undertaken shortly and repeated in primary care in the future. The Chair would be reporting to the Governing Body on 10th September 2015 that an action plan was in place, agreed by the Committee.

APC15/157 DMARD SHARED CARE

To ensure that the guideline is in line with the Yorkshire guidelines, it was agreed that this would be deferred to the October 2015 meeting. **CA**

APC15/158 QIPP (ASACOL® TO OCTASA®)

The Chair noted that there had been some concerns raised within BHNFT regarding changing patients from Asacol® to Octasa®. It was noted that PrescQIPP had produced detailed information to support the change and that a number of organisations had already successfully changed over. The Lead Pharmacist, BHNFT noted that the Trust have general concerns about switching brands due to previous experience with a different brand. The Committee were informed that the Lead Pharmacist, BHNFT had received information from an IBD specialist nurse at Leeds about their experience of switching from Asacol® to Octasa® and they had no problems to report. Contact was continuing with other Trusts to provide further assurance for the consultants. In the meantime, the Lead Pharmacist asked that no further changes were made until the consultants had received sufficient assurance.

The Lead Pharmacist, Barnsley CCG, noted that approximately one third of mesalazine was currently prescribed generically and patients could therefore be receiving either brand.

The Chair noted that this was a pressing issue and asked that this be resolved within the next month. Should the consultants at BHNFT be able to provide information, other than anecdotal, that contradicts what has been set nationally, the evidence must be submitted to the Committee for discussion at the October 2015 meeting. **GT**

The Chair asked the Lead Pharmacist, BHNFT if there were any conflicts of interest to declare in relation to Asacol®. The Lead Pharmacist, BHNFT would check this and feedback. **GT**

APC15/159 FORMULARY REVIEW

159.1 <u>Infections</u>

The Lead Pharmacist, BHNFT presented the review and following discussion with the Committee on specific areas agreed to: -

- Amend co-amoxiclav on the electronic formulary so that it no longer says 1st choice and will await the action plan as discussed at 15/155.7 above to deal with any other actions. **GT**

- It was noted that Minocycline was not included in the primary care guidance and it was agreed that this would be looked at and discussed with the dermatologists as part of the skin section review currently being undertaken. **GT**

- The Committee accepted that the IV antibiotics listed on page 2 would be included on the formulary for hospital use only (red classification)

- Linezolid would keep its red classification status with a link to information guidance sheet **GT**

- The Lead Pharmacist, BHNFT to check if Moxifloxacin is included in the secondary care guidance **GT**

- It was agreed that Ciprofloxacin would change from green to grey (for specified indications) on the formulary. This would then correspond with the current traffic light classification. **GT**

- On page 7, it was agreed that streptomycin would be classified red on the formulary and traffic light list **GT**

The Committee accepted the formulary review.

159.2 Eye

The Specialist Interface Pharmacist, BHNFT presented the review and following discussion with the Committee on specific areas, it was: -

- Agreed to check the formulary to ensure that all of the agreed changes had been actioned (including adding a note to prescribe hypromellose 0.3% preservative free as Tear-lac®) **AM**

- Acknowledged that due to aciclovir not being available, Ganciclovir was being used as a substitution and this switch had been agreed with the ophthalmologist. This would be switched back when aciclovir becomes available.

- Noted that Ketorolac had been changed to Amber G and agreed to change the wording on the formulary to reflect that it should only be initiated by a specialist. **AM**

- Agreed that on page 8, where all brands containing bimatropost have changed to non-formulary, that Ganfort® should be listed as formulary as this was included in the glaucoma algorithm. **AM**

- Agreed that a separate summary sheet would be produced with comparative costs on the Xailin® products. The information would be presented to the Committee at a future meeting. **CA**

ACTION

APC15/160 NHS ENGLAND HEPATITIS C GUIDANCE

The Lead Pharmacist, BHNFT presented the guidance produced by NHS England for the Treatment of Chronic Hepatitis C in Patients with Cirrhosis and asked the Committee if the drugs included in the guidance should be added to the formulary given that there were currently no NICE TA's for the drugs recommended (the NICE TA's and NICE guidance for treatment of Hepatitis C were currently in draft format).

Following discussion, it was agreed that the drugs in the NHS England guidance would be added to the formulary for specialist use only (red classification) with a link to the guidance. This would be reviewed when the NICE TAs were available. **CA**

APC15/161 REVIEW PRESCRIBING OF EKLIRA® (ACLIDINIUM) AND SPIRIVA® (TIOTROPIUM)

Prescribing data was presented for primary and secondary care and from the information presented the Committee were assured that Tiotropium was being prescribed as a 1st line LAMA.

APC15/162 NEW PRODUCT APPLICATION (APPEAL) FOR ULTIBRO BREEZHALER® (GLYCOPYRRONIUM/ INDACATEROL)

Dr Mahdi attended the meeting to appeal against the Committee's decision to reject the new product application for Ultibro Breezhaler® at the August 2015 meeting.

The Specialist Interface Pharmacist highlighted the additional information provided in the Independent Review around the QUANTIFY study (a 26 week study) comparing Ultibro® to Tiotropium and Formoterol in combination, looking at the health related quality of life, assessed using St George's Respiratory Questionnaire. Dr Mahdi confirmed that the St George's Respiratory Questionnaire and Transition Dyspnoea Index Score referred to were gold standard measures used in clinical trials.

Dr Mahdi highlighted the benefits of using Ultibro Breezhaler®: -

- Different devices were required as not everyone can use the same one therefore this would provide patients with an alternative
- The once daily dose may aid patient compliance
- Approved in Sheffield and therefore we may see patients coming out of Sheffield Teaching Hospital on Ultibro Breezhaler®
- Study shows some superiority of Ultibro Breezhaler® compared to tiotropium and formoterol combination and this is the first study to show this
- Safety is as good as the separate inhalers (and comparable to other LAMA/LABA combination inhalers)
- Currently more cost effective than using a separate LAMA and LABA inhaler in combination
- Lower respiratory effort for patients than the other LABA/LAMA combination products

- The device is similar to the tiotropium handihaler, which may make it easier for patients who are moving from the tiotropium handihaler to Ultibro®.

Dr Mahdi was asked if there were any conflicts of interest to declare in respect of this application and noted no change from his declaration at the July 2015 meeting. (Dr Mahdi declared that he had recently chaired a meeting for AstraZeneca and was part of Board discussions for Pfizer).

Dr Mahdi was thanked for attending the APC meeting and advised that the Committee would discuss this further and advise him of their decision.

The Committee discussed the benefits presented and noted that the QUANTIFY study was the first one to compare the LABA/LAMA combination inhaler with separate LABA and LAMA inhalers used in combination and noted that at this moment in time had the strongest evidence for its use.

As agreed at the August 2015 APC meeting, it was noted that this application would not alter the first line treatment options in the COPD algorithm and in patients with a FEV1>50% a LAMA or a LABA would still be used first line. Ultibro Breezhaler® would be reserved only for patients that require both products and its use would be monitored.

Taking into account the evidence presented from the study and the benefits highlighted by Dr Mahdi, the Committee approved the application for Ultibro Breezhaler®. It was agreed that it would be made clear on the algorithm in what situations this could be used. **GT/AM**

This would be classified green on the formulary. **CA**

APC15/163 NEW PRODUCT APPLICATION LOG

There was currently one new product application on the log for Alprostadil cream (Vitaros®). This was awaiting signatures before being presented to the Committee.

APC 15/164 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee. It was noted that BAPC15/09/01 was now closed.

APC 15/165 NEW NICE TECHNOLOGY APPRAISALS – JULY & AUGUST 2015

165.1 Feedback from BHNFT Clinical Guidelines and Policy Group

The Lead Pharmacist, BHNFT would need to check if the following NICE TAs were applicable for use at BHNFT and feed back at the October meeting: - **GT**

TA345 - Naloxegol for treating opioid induced constipation
TA346 - Aflibercept for treating diabetic macular oedema
TA347 - Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non-small cell lung cancer
TA348 - Everolimus for preventing organ rejection in liver transplant

TA349 - Dexamethasone intravitreal implant for diabetic macular oedema
TA350 - Secukinumab for treating moderate to severe plaque psoriasis
TA352 – Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy
TA354 - Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism

The following NICE TA's had been terminated: -

TA351 - Cangrelor for reducing atherothrombotic events in people undergoing PCI or awaiting surgery requiring interruption of anti-platelet therapy
TA353 - Bevacizumab for treating relapsed, platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer

165.2 Feedback from SWYPFT NICE Group

The Lead Pharmacist, SWYPFT noted that NICE TA346, 347, 348, 349, 350 and 352 were not applicable to SWYPFT.

NICE TA345, Naloxegol for treating opioid induced constipation, was relevant to SWYPFT and the consultants felt this should have an Amber G classification status. The Lead Pharmacist, SWYPFT had produced an Amber G information sheet which was currently with the consultants for approval. This would be brought to a future APC meeting. **SH**

The Lead Pharmacist, SWYPFT felt that NICE TA354, Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism would be relevant to all.

APC 15/166 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

166.1 Primary Care Quality & Cost Effective Prescribing Group

The group were due to meet later this month.

166.2 BHNFT

The Lead Pharmacist, BHNFT noted that there was nothing further to feedback.

166.3 SWYPFT Drugs & Therapeutics Committee

The Lead Pharmacist, SWYPFT noted that the declarations of interest policy had been discussed and it had been identified that the policy was due for review. This would be updated and taken back to their next meeting.

The Lead Pharmacist, SWYPFT fed back regarding switching from Quetiapine XL to Quetiapine standard release. The consultants had asked if there was any evidence of this being done successfully in other organisations before they would be willing to consider switching. The Lead Pharmacist, Barnsley CCG agreed to look into this but asked that consultants ensure this was only being used 2nd line. **DC** The Lead Pharmacist, SWYPFT agreed to follow this up. **SH**

ACTION

APC 15/167 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

It was agreed that the D1 audit would be escalated to the Quality & Patient Safety Committee. **CL**

APC 15/168 HORIZON SCANNING DOCUMENT – AUGUST 2015

The Committee agreed to classify the new products as follows: -

Insulin glargine 300 units/mL solution for injection in pre-filled pen (Toujeo®, Sanofi) – **PROVISIONAL RED**

Edoxaban 15 mg, 30 mg, 60 mg film-coated tablets (Lixiana®▼, Daiichi Sankyo) – **AMBER G FOR TREATMENT OF DVT AND PROVISIONAL RED FOR AF**

Evolocumab 140 mg solution for injection in pre-filled syringes & pre-filled pens (Repatha®▼ PFS & Repatha®▼ SureClick, Amgen) – **PROVISIONAL RED**

Ciclosporin 1 mg/mL eye drops emulsion (Ikervis®, Santen UK) – **PROVISIONAL RED**

Tafluprost/timolol 15 micrograms + 5 mg per mL preservative-free eye drops (Taptiqom®, Santen UK) – **PROVISIONAL GREY**

Oxycodone (generic) 15 mg, 30 mg, 60 mg & 120 mg prolonged-release tablets (Longtec®, Qdem Pharmaceuticals) – **ALREADY ON THE TRAFFIC LIGHT LIST**

Clobazam (generic) 1 mg/mL & 2 mg/mL oral suspension (Perizam®, Rosemont Pharmaceuticals) - **ALREADY ON THE TRAFFIC LIGHT LIST**

Etoposide (generic) 20 mg/mL concentrate for solution for infusion (Actavis) - **ALREADY ON THE TRAFFIC LIGHT LIST**

Ketamine (generic) 50 mg/mL solution for injection or infusion (Hameln Pharmaceuticals) – **PROVISIONAL RED**

Gentamicin (generic) 10 mg/mL & 40 mg/mL solution for injection or infusion (Wockhardt) – **ALREADY ON THE FORMULARY**

Nivolumab 10 mg/mL concentrate for solution for infusion (Nivolumab BMS, BMS) – **ALREADY ON THE FORMULARY**

Pembrolizumab 50 mg powder for concentrate for solution for infusion (Keytruda, MSD) – **PROVISIONAL RED**

The Medicines Management Pharmacist noted that the drug Bevacizumab (Avastin®) was currently red on the traffic light list and was not recommended by NICE in any of the TA's published (several). The Committee were asked if this could be changed and classified grey. The Lead Pharmacist, BHNFT noted that although there was no

positive NICE TA for Bevacizumab, it was thought that The Northern Cancer Network had guidance on its use in certain situations. It was therefore agreed to keep the red drug classification and the Lead Pharmacist, BHNFT would confirm that The Northern Cancer Network have guidance. **GT**

APC 15/169 MHRA DRUG SAFETY UPDATE – AUGUST 2015

The Committee received and noted the July 2015 MHRA Drug Safety Update which included advice for medicines users summarised below: -

1 **Simeprevir with sofosbuvir: risk of severe bradycardia and heart block when taken with amiodarone**
Avoid concomitant use of amiodarone with simeprevir (Olysio▼) and sofosbuvir (Sovaldi▼) combination therapy, unless other antiarrhythmics cannot be given.

APC 15/170 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (30 July 2015) Area Prescribing Committee meeting were received and noted.

APC 15/171 ANY OTHER BUSINESS

171.1 <u>Ketamine Shared Care Guidance</u>

Before leaving the meeting, the Palliative Care Consultant, Barnsley Hospice informed the Committee that the hospice do have shared care guidance and a patient information leaflet, which has been reviewed in line with latest palliative care formulary guidance and shared with colleagues for comment. It was noted that for those patients sent out from the hospice on ketamine, the shared care guidance and information leaflet would be sent to the GP but noted that this would be a fairly rare occurrence.

As agreed some time ago by the APC Committee, it was agreed that the hospice would continue to use their shared care guidance and send it out each time (available on request).

APC 15/172 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 14th October 2015 at 12.30 pm in the Boardroom, Hillder House.