Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 16th March 2016 in the Boardroom at Hillder House

MEMBERS:

Ms B Hirst	Palliative Care Consultant (Barnsley Hospice)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Ms C Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Ms K Martin (from 16/23.4)	Head of Quality for Primary Care (Barnsley CCG)
Dr A Munzar	General Practitioner (LMC)
Mr M Smith	Chief Pharmacist (BHNFT)
Dr J Waldock	Consultant in Palliative Medicine (Barnsley Hospice)

ATTENDEES:

Ms N Brazier	Administration Officer (Barnsley CCG)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)

APOLOGIES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Mr T Bisset	Community Pharmacist (LPC)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Dr M Ghani	Medical Director (Barnsley CCG)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Dr K Sands	Associate Medical Director (SWYPFT)

ACTION

APC 16/44 DECLARATIONS OF INTEREST

No declarations of interest were received.

APC 16/45 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 17th February 2016 were accepted and agreed as an accurate record.

APC 16/46 MATTERS ARISING AND APC ACTION PLAN

46.1 Switching from Quetiapine XL

The Head of Medicines Optimisation presented information to the Lead Pharmacist, SWYPFT which had also been emailed outside of the meeting. The comments were accepted but the Lead Pharmacist, SWYPFT needed to provide some clarity around exclusions; how recent to admission to hospital. Timescales for implementation would also be clarified. **SH**

46.2 Melatonin Shared Care Guideline

Further to discussions at the February 2016 meeting, the Lead Pharmacist, BHNFT noted some confusion as one of the consultants understood that Circadin® could not be crushed. It was confirmed that it can be crushed but once crushed would no longer be modified release.

The Lead Pharmacist, BHNFT noted that BHNFT currently use modified release capsules for children with swallowing difficulties. The

Lead Pharmacist, BHNFT also noted that a syrup (not modified release) was included in the guideline which could be an alternative to use in children.

It was agreed at the February 2016 meeting that the BHNFT paediatricians would be asked to contact the Chair with any information that we may not currently have been aware of which validates their concern and the Lead Pharmacist, BHNFT agreed to provide a response on their behalf to the APC by the end of the month. **GT**

If the consultants were unable to provide any additional evidence to challenge this change, the Committee agreed to adopt the change, in line with the rest of South Yorkshire.

46.3 Prucalopride and Lubiprostone Shared Care Guideline (Amber)
The guideline had been updated and sent to LMC.

46.4 Sodium Clodronate Shared Care Guideline (Amber)
The guideline had been updated and sent to LMC.

46.5 Minoxidil Amber G & Clonidine Amber G Guidance Sheet
The Lead Pharmacist, BHNFT fed back that the cardiologists approved the Minoxidil Amber G Guidance Sheet. A change within the contact details was required and the Lead Pharmacist would send details to the Medicines Management Pharmacist, Barnsley CCG to update. **GT** **CA**

The Lead Pharmacist, BHNFT fed back that the cardiologists were happy with the Clonidine Amber G Guidance sheet but following discussion it was recognised that Clonidine was not used very often and it was therefore agreed to change its status to red on the traffic light list and remove the guidance sheet. **CA/GT**

The Lead Pharmacist, BHNFT noted that Moxonidine, an alternative to clonidine, was preferred by the consultants but this is currently not listed on the traffic light list. As a result, it was suggested that its status be reviewed to be added to the traffic light list.

Following discussion, it was agreed that the Lead Pharmacist would refer back to the feedback from the Cardiology formulary review regarding moxonidine and liaise with the Medicines Management Pharmacist, Barnsley CCG regarding shared care. **GT**

46.6 Tamoxifen and Raloxifene (Evista®) Amber G Guidance Sheet
The Lead Pharmacist confirmed that the BHNFT approved the Tamoxifen and Raloxifene (Evista®) Amber G Guidance Sheet. **CA**

Action Plan – Other Areas

46.7 Continence Service Audit
The Lead Pharmacist, SWYPFT had followed this up with Tim Breedon and Pat Hunter and the Chair had been updated on progress. It was agreed that this would be escalated to the Quality & Patient Safety Committee. **CL**

46.8 NICE TAs

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs were not applicable for use at BHNFT: -

- NICE TA374 Erlotinib and gefitinib for treating nonsmall-cell lung cancer that has progressed after prior chemotherapy
- NICE TA376 Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases
- NICE TA377 Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated
- NICE TA379 Nintedanib for treating idiopathic pulmonary fibrosis

APC16/47 OSTEOPOROSIS DRUG HOLIDAY GUIDELINES AND PROTOCOL

Dr Jha attended to discuss Enclosures E1 and E2.

47.1 Management of Osteoporosis and Fragility Fracture Risk

Enclosure E2, Management of Osteoporosis and Fragility Fracture Risk Guidelines was presented following the need for an update and following NICE guidance around fracture risk.

Dr Jha highlighted the information presented at page 3 around drug choices and highlighted the inclusion of Alendronic acid Effervescent (Binosto®).

The Committee agreed that given the high cost of Alendronic acid Effervescent (Binosto®) a new product application should be submitted to the Committee with an independent review in order the look at the evidence for its use. The Lead Pharmacist, BHNFT agreed to coordinate this with the Lead Pharmacist, Barnsley CCG. **GT/DC**

It was agreed that Dr Jha would send Enclosure E2 to Dr Simon Lee and include authorship and details of those involved with the consultation. **Dr Jha**

47.2 Osteoporosis Drug Holiday Guidelines for GPs

Dr Jha drew attention to the pathway treatment algorithm and explained the drug holiday recommendations.

Dr Jha noted that there was no strong clinical consensus to support this pathway but this was based on consensus across the country from recent guidance, so developed for Barnsley based on the same.

It was noted that this would generate some work for primary care once the guidance was agreed to look at reviewing patients on the drugs for longer than 5 years. Dr Jha was happy to lead on the audit with pharmacy colleagues and the Head of Medicines Optimisation confirmed support from her team.

It was noted that there would be no drug holiday for Denasumab but patients would have a 5 year review.

It was also acknowledged that patients on zoledronic acid would need to be identified to manage the service for administration of zoledronic acid.

APC16/48 CALCIUM AND VITAMIN D SUPPLEMENTATION AND ADULT VITAMIN D GUIDELINE

48.1 Adult Vitamin D Guideline

Dr Jha noted that a large number of licenced products are now available for adult Vitamin D and strongly asked the APC to switch from unlicensed products to licensed products.

The Committee agreed that the costing table previously presented at APC would be reviewed and revised to review preparations and costs. It was felt that all unlicensed products should be removed and only licensed products be prescribed to ensure safe practice.

This would be brought back to the Committee. **CA**

48.2 Calcium and Vitamin D Supplementation

Dr Jha informed the Committee that a number of his patients had been switched from Adcal D3 to Accrete D3 and it was felt that the tablet was much bigger in size making it difficult for patients to swallow.

The Head of Medicines Optimisation, Barnsley CCG noted that no negative feedback had been reported.

The Committee acknowledged the tablet size difference as presented by Dr Jha. It was agreed that patients happy with Accrete D3 should remain on them but agreed that patients preferring to remain on or take Adcal D3, could be prescribed it.

It was agreed that the cost differentials would be looked at again. **DC/CA**

This would be brought back to the Committee. **CA**

APC16/49 VITAMIN D GUIDANCE FOR CHILDREN

The Head of Medicines Optimisation, Barnsley CCG noted that following a number of GP queries for guidance around vitamin D for children, Sheffield had given permission for Barnsley to use the guidance presented at Enclosure G. The Committee were happy to adopt the guidance. It was agreed that this guidance would be publicised. **CA**

APC16/50 NOAC THROMBOTIC RISK/BLEEDING RISK GUIDELINE CHECKLIST

The Lead Pharmacist, BHNFT presented the updated guideline which included on page 3, an update to the information around risk assessment for long term treatment, with HASBLED being the chosen tool for use by GPs. Dr Chan, Consultant, BHNFT felt that HASBLED was the easiest tool to use as the GPs are already familiar with it. It was noted that it would be specified to GPs that it was not validated for non AF patients.

The Lead Pharmacist, BHNFT noted that the thrombosis risk information had been taken from the VTE assessment tool used for patients on admission to hospital but adjusted to highlight the major risk factors. Following discussion it was agreed that only the risk factors would be included in the guidance and it was agreed to remove the scoring system. **GT**

It was agreed to include further information around it not being recommended for use in pregnancy or women who have given birth in the last 6 weeks and breastfeeding. **GT**

Subject to these amendments, the Committee approved the guideline.

APC 16/51 APC MEDICINES INTERFACE PLAN UPDATE

The Head of Medicines Optimisation, Barnsley CCG presented Enclosure I which provided a summary of the revised action plan and summary of completed progress to help put into context the provider reports that will be presented at the April 2016 meeting.

It was noted that a number of actions have been completed and the key actions outstanding are to be worked through with providers around gaps in service, if any, and address those gaps in service.

The Committee received and noted the plan.

APC16/52 DISCHARGE LETTER AUDIT – BHNFT ACTION PLAN

The Lead Pharmacist, BHNFT presented Enclosure J which included information previously gathered as well as additional data such as the quality, relevance and accuracy of information recorded.

The information presented showed some slight improvements but it was acknowledged that there were a number of issues to address and it was noted that mandatory information was still not being completed. Revisit junior doctor training.

The Head of Medicines Optimisation, Barnsley CCG felt that given the low numbers used within the audit compared with the September 2014 primary care audit, that standard deviations should be included so as to compare the results.

The recommendations of the report were discussed and the Lead Pharmacist, BHNFT noted that the D1 meeting group were no longer meeting and she was looking into reinstating this group.

It was agreed that the report and its recommendations would be fed back to the Medical Director, Barnsley CCG to escalate to the Quality & Patient Safety Committee. **CL/MG**

APC16/53 MAGNESIUM SUPPLEMENTATION GUIDANCE

The Lead Pharmacist, BHNFT presented Enclosure K. It was agreed that a sentence would be added around ‘prices true at a specific date’. **GT**

Subject to this change, the Committee accepted the guidance.

APC 16/54 SHARED CARE AND AMBER G GUIDELINES

54.1 <u>Ranolazine Shared Care Guideline (Amber) and Algorithm</u>

The Lead Pharmacist, BHNFT confirmed that the consultants were happy with the change on page 2 under the responsibilities of the specialist initiating treatment ‘to prescribe for a minimum of 12 weeks of treatment initially or until the patient has been titrated to the maximum tolerated dose and remains stable at that dose’.

The monitoring information on page 4 was highlighted around renal function and clarity was required in relation to specific patients at risk of renal impairment of with pre-existing renal impairment. The Lead Pharmacist, BHNFT asked for advice regarding the CrCl. The licence states between 30-80 and following discussion it was agreed to state 30-60 in the guidance.

Subject to this change, the Committee accepted the guidance. **GT**

The updated algorithm was presented. It was agreed that an amendment would be made to state that atorvastatin is first line. This would be amended and circulated to junior doctors. **GT**

54.2 Dermatology Immunosuppressant Shared Care Guideline
This was deferred to the April 2015 meeting. **GT**

54.3 Vortioxetine (Brintellix▼®)
As agreed at the February 2016 meeting, the Lead Pharmacist, SWYPFT presented an Amber G information sheet for Vortioxetine (Brintellix▼®).

The Committee approved the guidance.

54.4 Midodrine information sheet update
The Lead Pharmacist, BHNFT noted that the information sheet was due to be updated but wanted advice from the Committee before doing so. Previously it had been an information sheet, not shared care guidance but it was noted that Midodrine was now a licenced product and therefore confirmation of the traffic light classification was required.

Following discussion, it was agreed that this would be classified Amber G and would come back to the April 2016 meeting. **GT**

APC 16/55 NEW PRODUCT APPLICATIONS

55.1 Pivmecillinam (Selexid®)
The new product application and independent review were presented to the Committee for consideration.

Dr Rao submitted this request with the aim of reducing the use of co-amoxiclav and cephalosporins and offers an alternative treatment.

The Committee approved the application for Pivmecillinam (Selexid®) as 3rd line treatment (classified green).

55.2 Toujeo®
The new product application and independent review were presented to the Committee for consideration.

The Lead Pharmacist, BHNFT took the Committee through the independent review noting that this was a different formulation to Lantus but has advantages.

Risks were highlighted around different strengths/concentrations but it was that felt that there was some degree of mitigation with the

formulation.

The Committee approved the application for Toujeo® (classified amber G).

55.3 Praxbind

The new product application and independent review were presented to the Committee for consideration.

Idarucizumab (PraxBind) is a specific reversal agent for dabigatran and is indicated in adult patients when rapid reversal of its anticoagulation effects is required for emergency surgery/urgent procedures or in life-threatening or uncontrolled bleeding.

Dr Chan Lam's declaration of interest was acknowledged which stated that he had supported educational meetings at Boehringer and Bayer.

The Committee approved the application for Praxbind and it was agreed that this would be included in the 'Use of NOACS for the Treatment and Prevention of DVT and PE Management Guideline'. (classified RED) **GT**

55.4 Vesomni

The new product application and independent review were presented to the Committee for consideration.

Following a number of APC reports with GPs being asked to prescribe Vesomni.

It was noted that males prescribed solifenacin and tamsulosin separately could be prescribed the combination preparation Vesomni which would result in cost savings, however it was acknowledged that its use may encouraging appropriate first line solifenacin prescribing instead of Darifenacin 1st line.

It was agreed that if a significant number of patients were taking this combination of medicines then Vesomni should be approved (classified green). This would be brought back to the next meeting. **CL**

APC 16/56 NEW PRODUCT APPLICATION LOG

The Lead Pharmacist, SWYPFT noted that a new product application may be submitted to the Committee for consideration. This was a new medicine for ADHD but this had yet to be discussed at the SWYPFT D&T.

The Lead Pharmacist, BHNFT asked that Alendronic Acid Effervescent (Binosto®) as discussed at APC16/47 be added to the log. **NB**

APC 16/57 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

APC 16/58 NEW NICE TECHNOLOGY APPRAISALS – FEBRUARY 2016

58.1 Feedback from BHNFT Clinical Guidelines and Policy Group

The Lead Pharmacist, BHNFT noted that the group had not yet met and therefore feedback around the following NICE TA's being applicable for

use at BHNFT would be provided at the next meeting. **GT**

- TA383 TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis
- TA384 Nivolumab for treating advanced (unresectable or metastatic) melanoma
- TA385 Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia

58.2 Feedback from SWYPFT NICE Group
The Lead Pharmacist, SWYPFT noted that there was nothing to report back to the APC.

APC 16/59 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

59.1 Primary Care Quality & Cost Effective Prescribing Group
No meeting had taken place therefore there was nothing to report.

59.2 BHNFT
No meeting had taken place therefore there was nothing to report.

59.3 SWYPFT Drugs & Therapeutics Committee
The Committee received and noted the Drugs & Therapeutics Sub Committee Newsletter.

APC 16/60 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

It was agreed to escalate BHNFT D1 Audit and SWYPFT Continence Service Audit to the Quality & Patient Safety Committee. **CL**

APC 16/61 HORIZON SCANNING DOCUMENT – FEBRUARY 2016

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

Brivaracetam 10 mg, 25 mg, 50 mg, 75 mg & 100 mg film-coated tablets. 50 mg/5mL oral solution, 50 mg/5 mL solution for injection (Briviact®▼, UCB Pharma) – **PROVISIONAL AMBER**
Albiglutide 30 mg & 50 mg powder and solvent for solution for injection (Eperzan®▼, GSK) – **PROVISIONAL AMBER**
Linezolid (generic) 600 mg film-coated tablets (Pfizer) – **PROVISIONAL RED**
Linezolid (generic) 600 mg film-coated tablets (Linezolid Dr Reddy's, Dr Reddy's Laboratories UK) – **PROVISIONAL RED**
Cobimetinib 20 mg film-coated tablets (Cotellic®▼, Roche) – **PROVISIONAL RED**
Mepolizumab 100 mg powder for solution for injection (Nucala®▼, GSK) – **PROVISIONAL RED**
Methoxyflurane 3 mL inhalation vapour (Penthrox®▼, Galen Limited) – **PROVISIONAL RED**
Ivacaftor 50 mg & 75 mg oral granules (Kalydeco®▼, Vertex Pharmaceuticals) – **PROVISIONAL RED ALREADY ON TLL**
Buprenorphine 5 mcg/hour, 10 mcg/hour & 20 mcg/hour transdermal patch (Butec®, Qdem Pharmaceuticals) – **PROVISIONAL GREEN**

APC 16/62 MHRA DRUG SAFETY UPDATE – FEBRUARY 2016

The Committee received and noted the February 2016 MHRA Drug Safety Update which included advice for medicines users in relation to secondary care specialist drugs. These were summarised below: -

1. Valproate and of risk of abnormal pregnancy outcomes: new communication materials. In January 2015 we informed you that children exposed to valproate in utero are at high risk of developmental disorders and congenital malformations. To further improve awareness of the risks of valproate in pregnancy we are asking that you use the new communication materials below to support discussion of these risks with women of childbearing potential and girls who take valproate. Hard copies are being sent to relevant healthcare professionals from this week.

2. Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia. Monitoring of blood electrolytes is essential in patients co-prescribed a potassium-sparing diuretic and an angiotensin converting enzyme inhibitor (ACEi) or an angiotensin receptor blocker (ARB) for heart failure.

   The Lead Pharmacist, BHNFT noted that the combination is used routinely in the management of heart failure and was trying to obtain a response in respect of national/European guidelines and may bring this back to the Committee. **GT**

APC 16/63 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (28th January 2016) Area Prescribing Committee meetings were received and noted.

APC 16/64 ANY OTHER BUSINESS

No further items were raised.

APC 16/65 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 13th April 2016 at 12.30 pm in the Boardroom, Hillder House.