Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 8th February 2017 in the Boardroom at Hillder House

MEMBERS:

Mr N Heslop (Chair)	Lead Pharmacist (Barnsley CCG)
Mr T Bisset	Community Pharmacist (LPC)
Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Dr J Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Mr M Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Mr F Hussain	Lead Pharmacist, Medicines Information & Cardiology (BHNFT)
Dr D Kerrin (for item 17/25 only)	Consultant Paediatrician and Allergy Lead (BHNFT)
Mr P McAndrew	Associate Medical Director (BHNFT)
Mr U Patel	Acting Formulary/Interface Pharmacist (BHNFT)

APOLOGIES:

Dr M Ghani	Medical Director (Barnsley CCG)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)

ACTION BY AND DEADLINE

APC 17/20 **QUORACY** - the meeting was quorate.

APC 17/21 **DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**
No declarations of interest to note.

APC 17/22 **MINUTES OF 7th DECEMBER 2016 AND 11TH JANUARY 2017 MEETINGS**
Accepted as an accurate record of the meetings.

APC 17/23 **DECISIONS/APPROVALS TO BE RATIFIED FROM 11TH JANUARY 2017 MEETING**

23.1 Shared Care Guideline for Lithium
The shared care guideline for lithium has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of references and dates. The Committee approved the guideline.

23.2 Shared Care Guideline for Olanzapine
The shared care guideline for olanzapine has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of references and dates. The Committee approved the guideline.

23.3 Shared Care Guideline for the use of Pregabalin in treating GAD

The Committee approved a request to change the traffic light status from Amber (full shared care) to Amber G (guidance document) for the use of pregabalin in the treatment of GAD.

The new Amber-G guideline was presented and discussed at the meeting. Following a comment from Dr Maters, it was agreed to remove reference to TDS doses and changed to state BD doses. The Committee approved the guideline.

23.4 New Product Application – Ulipristal Acetate (Esmya®)

The application for Ulipristal Acetate (Esmya®), for intermittent use, was presented to the Committee in January 2017.

Following further discussion at the February 2017 meeting, it was agreed that Ulipristal Acetate (Esmya®) would be classified red until supporting guidance was produced to consider changing the classification to Amber.

Action required:-

- The Lead Pharmacist, BHNFT to take this back to discuss the amber classification and supporting guidance required to be produced. **FH**

APC 17/24 MATTERS ARISING AND APC ACTION PLAN

24.1 Tiotropium

It was agreed that Braltus® would be added to the traffic light list as green and Spiriva® would be removed. **CA**

It was estimated that the Medicines Management Team would begin switches at the beginning of April 2017 but notice if starting this earlier would be communicated. **NH**

24.2 Nefopam Guidance

The Committee approved the local guidance relating to the prescribing of nefopam. The guidance will be circulated. **CA**

24.3 NICE TA's (December 2016)

Applicable for use at BHNFT: -

- TA420 Ticagrelor for preventing atherothrombotic events after myocardial infarction (green)
- TA425 Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia
- TA426 Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia

Not applicable for use at BHNFT: -

- TA421 Everolimus with exemestane for treating advanced breast cancer after endocrine therapy
- TA422 Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer
- TA423 Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens
- TA424 Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer

Action Plan – Other Areas

24.4 Re-audit of warfarin dose information included on BHNFT discharge letters

This item was due to be discussed at the January 2017 BHNFT Medicines Management Committee meeting but was deferred.

Agreed action: -

- The Chief Pharmacist, BHNFT to report back from discussions at the February 2017 BHNFT Medicines Management Committee meeting. **MS**

24.5 Discharge letter audit – BHNFT action plan

Deferred to March 2017

24.6 Discharge letter audit – primary care

Deferred to March 2017

24.7 Management of Osteoporosis and Fragility Fracture Risk

It was agreed at the October 2016 meeting to continue to monitor the prescribing of Binosto® in primary care on a quarterly basis. It was noted that there had been no change in the prescribing of Binosto®.

24.8 Tresiba®

It was agreed that reviewing the list of insulins on the formulary would be picked up as part of the Diabetes Formulary Review in May 2017.

24.9 Dual Therapy with Anti-Coagulant and Anti-Platelet (Guidance)

The draft guidance has been circulated for feedback. **CA**

APC 17/25 ADRENALINE AUTO INJECTORS

Following the decision at the October 2016 APC meeting to change from Epipen® to Emerade® adrenaline auto injector for children, new information has since been published that the Emerade shelf life is being reduced from 30 to 18 months, which is the same shelf-life as Epipen®.

As a result of this, the Committee agreed that Epipen® (150mg and 300mg) would continue to be used for children. Emerade (500mg) would remain on the formulary for use in adults only.

The Committee were informed that the number of injectors prescribed may reduce following new national guidance and a change in legislation (from October 2017). Local discussions would be taking place with schools to reduce the number of auto injectors across the patch, whilst maintaining safety, and schools would be encouraged to adopt the legislation.

APC 17/26 GUIDELINES

26.1 Management of Low Vitamin D

The guidelines were presented for ratification following the inclusion of Stexerol® tablets.

It was agreed that the treatment regimen: maintenance therapy (1

month after loading) should read 1000 to 2000 IU (occasionally up to 4,000 IU) daily or intermittently at a higher equivalent doses are recommended.

The Committee approved the guidance

Agreed action:-

- The Medicines Management Pharmacist, Barnsley CCG to ensure there is a Scriptswitch alert in relation to Stexerol tablets®. **CA**

26.2 Ketamine

The guideline was presented and approved.

APC 17/27 SHARED CARE GUIDELINES

27.1 Dementia

The shared care guideline for dementia has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of references and dates. The Committee approved the guideline.

27.2 GLP-1 Agonists

The shared care guideline for GLP-1 Agonists had been updated following the removal of exenatide and inclusion of dulaglutide.

Comments had been received from the clinical lead and specialist nurses.

The Committee approved the guideline.

27.3 Testosterone

This was deferred, awaiting comment from consultants. **CA**

APC 17/28 FORMULARY REVIEW

The draft formulary review timetable was presented and the leads from BHNFT and SWYPFT were asked for feedback regarding formulary chapter reviewers and target timeframes. **FH/SH/ CA**

APC 17/29 NEW PRODUCT APPLICATION LOG

Spiolto Respimat® was to be considered at today's meeting.

APC 17/30 NEW PRODUCT APPLICATIONS

30.1 Spiolto Respimat®

The application for Spiolto Respimat® was presented to the Committee for use in COPD. The updated declaration of interest from the applicant was noted.

The Committee agreed that Spiolto® Respimat would be non-formulary until further evidence be presented and discussed at a future APC meeting.

Following discussion, it was agreed that the respiratory team would be contacted to consider removing 1 of the 2 dry powders currently on formulary.

Action required:-

- The Medicines Management Pharmacist to contact the respiratory team for their views on removing 1 of the 2 dry powders and to invite a representative to attend a future APC meeting should they wish to keep both devices. **CA**

APC 17/31 TERMS OF REFERENCE

It was agreed to defer this item and discuss following the Head of Medicines Optimisation's attendance at the Regional Medicines Optimisation Committees Regional Workshop on 13th February 2017 in York. **CL**

APC 17/32 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

Enclosure J was received and noted.

Agreed actions: -

- It was agreed that BAPC17/02/10 would be escalated as a clinical incident to the Medical Director, Barnsley CCG. **NH**
- It would be fed back to the clinical pharmacists that any APC reporting queries relating to BHNFT should go directly to Neermala Sanassee or Faraaz Hussain only. **NH**

APC 17/33 NEW NICE TECHNOLOGY APPRAISALS – JANUARY 2017

- TA427 Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib
- TA428 Pembrolizumab for treating PDL1-positive non-small-cell lung cancer after chemotherapy
- TA429 Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation
- TA430 Sofosbuvir–velpatasvir for treating chronic hepatitis C
- TA431 Mepolizumab for treating severe refractory eosinophilic asthma

33.1 Feedback from BHNFT Clinical Guidelines and Policy Group

No meeting had taken place.

Agreed actions: -

- Feedback to be provided on the applicable use of the January 2017 NICE TA's listed above. **FH**

33.2 Feedback from SWYPFT NICE Group

It was confirmed that NICE TA427, 428, 429, 430, 431 were not relevant for use at SWYPFT.

APC 17/34 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

34.1 Primary Care Quality & Cost Effective Prescribing Group

No meeting had taken place.

34.2 BHNFT

A summary of both meetings held would be fed back at the March 2017 meeting. **MS**

34.3 SWYPFT Drugs & Therapeutics Committee (D&TC)

- SWYPFT are currently piloting in Wakefield E discharges from

Mental Health Services with a planned roll out in the future.

- SWYPFT are currently out to tender for their patient record system including EPMA.

- SYWPFT D&TC have approved documentation to allow health care assistants (Band 4 Associate Practitioners only) in the Neighbourhood Nursing Team to administer medicines.

APC 17/35 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

Following escalation of item 17/32 to the Medical Director, the incident may be escalated to the Q&PSC. **NH/MG**

APC 17/36 HORIZON SCANNING DOCUMENT – JANUARY 2017

The Committee agreed to classify the new products as follows on the traffic light list (TLL): - **CA**

Tiotropium (hybrid) 10 microgram inhalation powder (hard capsule) (Braltus®, Teva) - **GREEN**
Palbociclib 75 mg, 100 mg & 125 mg hard capsules (Ibrance®▼, Pfizer) – **PROVISIONAL RED**
Venetoclax 10 mg, 50 mg & 100 mg film-coated tablets (Venclyxto®▼, AbbVie) – **PROVISIONAL RED**
Idebenone. 150 mg tablets, (Raxone®▼, Santhera) – **PROVISIONAL RED**
Olaratumab, 10 mg/mL concentrate for solution for infusion (Lartruvo®▼, Eli Lilly) – **PROVISIONAL RED**
Metformin (generic), 500 mg/ 5 mL, 850 mg/ 5 mL & 1000 mg/ 5 mL oral solution (Metformin, Colonis Pharma) – **ALREADY ON TLL**
Imatinib (generic), 100 mg & 400 mg film-coated tablets (Imatinib, Actavis) – **ALREADY ON TLL**

APC 17/37 MHRA DRUG SAFETY UPDATE – JANUARY 2017

The Committee received and noted the January 2017 MHRA Drug Safety Update.

APC 17/38 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from Rotherham Medicines Optimisation Group (RMOG) (2nd November 2016), Sheffield CCG (17th November 2016) and NHS Doncaster & Bassetlaw CCG (24th November 2016) were received and noted.

APC 17/39 ANY OTHER BUSINESS

39.1 <u>Gender reassignment</u>

A query was raised regarding maintenance therapy for patients after gender reassignment, in particular testosterone maintenance.

Separate guidance from NHS England, primary care responsibilities in relation to the prescribing and monitoring of hormone therapy for patients undergoing or having undergone gender dysphoria treatments, has previously been brought to the APC where it was agreed to accept the national guidance.

Agreed action:-

- Medicines Management Pharmacist, Barnsley CCG to check the minutes when this was discussed and bring back to the March 2017 meeting. **CA**

39.2 Shared Care

The Lead Pharmacist, SWYPFT asked for some clarity after requests from the Medicines Management Team Clinical Pharmacists have been sent to specialists for shared care guidelines for unlicensed indications to cover the prescribing of certain antipsychotics.

It was discussed and confirmed that the shared care guidelines we have for antipsychotics only cover certain licensed indications and should only be used for these indications.

Agreed action: -

- The Medicines Management Pharmacist, Barnsley CCG agreed to communicate the process to the Clinical Pharmacists **CA**
- The Medicines Management Pharmacist, Barnsley CCG agreed to circulate a document relating to the off label use of antipsychotics, which was produced by SWYFT, and approved by the APC in 2015 **CA**
- The Lead Pharmacist, SYWPFT would be willing to attend a future Clinical Pharmacist meeting to discuss the process **NH/SH**

APC 17/40 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th March 2017 at 12.30 pm in the Boardroom, Hillder House.