

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 9th August 2017 in the Boardroom at Hilder House**

MEMBERS:

Ms C Lawson (Chair)	Head of Medicines Optimisation (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 (up to 17/153.2)	Consultant Gastroenterology (BHNFT)
Dr A Munzar	General Practitioner (LMC)

IN ATTENDANCE:

Ms N Brazier	Administration Officer (Barnsley CCG)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Mr U Patel	Acting Formulary/Interface Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Dr S Enright	Interim Medical Director, BHNFT
Dr M Ghani	Medical Director (Barnsley CCG)
Mr M Smith	Chief Pharmacist (BHNFT)

ACTION BY

APC 17/142 QUORACY – the meeting was quorate up to 17/153.2.

APC 17/143 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA
No declarations of interest to note.

APC 17/144 DRAFT MINUTES OF THE MEETING HELD ON 12th JULY 2017
The minutes were accepted as an accurate record of the meeting.

In addition, the following points were agreed and a post meeting note will be included in the July minutes: -

NB

APC17/122 Infant Formula Guidance

Preparations included within the guideline would be assigned the following traffic light classification and formulary status :-

CA

Infant formula first line and second line – classify Green (formulary)
Infant formula which should not be routinely started in primary care – classify Amber G (formulary)
Formulas not recommended for prescribing – classify Grey (non-formulary)

Post meeting note: *A minor amendment has been made to the infant formula guidance to clarify that high energy formulas should not be routinely started in primary care.*

APC17/124.3 Glucodrate®

Amber G information sheet to be produced.

UP

APC 17/145 DECISIONS/APPROVALS TO BE RATIFIED FROM 12th JULY 2017 MEETING

145.1 Commissioning for Value (Zeroveen® Emollient)

The Lead Pharmacist, BHNFT confirmed that Kay Baxter, Lead Consultant Dermatologist at BHNFT supported the switch from Aveeno® to Zeroveen® as 1st line choice of emollient.

The Committee approved the switch to Zeroveen® and this would be added to Scriptswitch.

Agreed actions: -

- The switch from Aveeno® to Zeroveen® to be added to Scriptswitch.

DC

145.2 Testosterone Map of Medicine

A testosterone local map of medicine pathway had been developed in collaboration with Professor Jones and Dr Guntamukkala with input from Dr Sands and was approved at the last meeting.

The Committee ratified and approved the implementation of the map of medicine pathway between primary and secondary care.

Agreed action: -

- The testosterone local map of medicine to be sent to the Commissioning and Transformation Team (CAT) to upload.

CA/CL

145.3 Shared Care Guidelines - Linaclotide (Constella®) Amber G

The guidelines were brought back for ratification.

It was agreed to include a list of formulary recommended first line, second line and combination laxatives in the guideline. Subject to this addition, the Committee approved the Amber G Shared Care Guideline for Linaclotide (Constella®).

Agreed actions:-

- A list of formulary recommended laxatives to be added the guideline.
- The updated guideline to be shared with the LMC.

UP

DC/CA

APC 17/146 MATTERS ARISING AND APC ACTION PLAN

146.1 ONS policy

At the last meeting, it was agreed that BHNFT representatives would take a proposal back to the Trust to consider implementing the same policy as SWYPFT which only allows ONS to be prescribed/issued by a dietitian. It was confirmed that the Lead Pharmacist, BHNFT would discuss the proposal with the dietitians before discussing it at the August BHNFT MMC meeting.

It was noted that there could be a potential increase in workload for dietitians with requests for dietitians to visit patients on the wards and the Lead Pharmacist, BHNFT would discuss this with Dominic Bullas, Clinical Lead for Nutrition.

Agreed actions: -

- The Lead Pharmacist, BHNFT to feedback following discussions at the August MMC meeting. GT
- The Lead Pharmacist, BHNFT to discuss potential increase in requests for dietitians to visit patients on the wards. GT

146.2

June 2017 NICE TAs

The following NICE TA was not applicable for use at BHNFT: -

- TA448 Etelcalcetide for treating secondary hyperparathyroidism

Following cancellation of the BHNFT Clinical Guidelines and Policy Group meeting, feedback would be provided on the following NICE TAs at the next APC meeting: - GT

- TA446 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma
- TA447 Pembrolizumab for untreated PDL1-positive metastatic non-small-cell lung cancer
- TA449 Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease
- TA450 Blinatumomab for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia
- TA451 Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia

Action Plan – Other Areas

146.3

Discharge Letter Audit – BHNFT Action Plan

Following discussion at the last APC meeting where Committee members were asked to feedback any comments on the tabled enclosure around the suggested criteria to be used in the discharge letter audit in primary care, the Head of Medicines Optimisation informed the Committee that Dr Jenkins had requested that the primary care audit be audited against a reconciled list of medicines in secondary care and suggested this list could be accessed in secondary care.

The Lead Pharmacist, BHNFT confirmed that the reconciled list is only available in the patient notes following medicines reconciliation by secondary care and that this was not held electronically and therefore not easily accessible to primary care.

As there appeared to be some confusion around the action required from BHNFT, clarity around the BHNFT audit was required. Ideally, the primary and secondary care audits should be carried out at the same time, covering the same time period.

Agreed actions: -

- The Head of Medicines Optimisation to forward copies of the emails mentioned to the Lead Pharmacist, BHNFT. CL
- The Lead Pharmacist, BHNFT to obtain clarity around the BHNFT audit. GT

APC 17/147 PRIMARY CARE ANTIMICROBIAL TREATMENT GUIDELINES – UTI SECTION

The Lead Pharmacist, Barnsley CCG presented Enclosure D and informed the Committee that the antibiotic element of the CCG Antibiotic Premium has been updated and includes a reduction in inappropriate prescribing of antibiotics for urinary tract infections (UTIs) to try and reduce the incidence of gram negative bacteraemias. Specific measures include looking for a reduction in inappropriate prescribing of Trimethoprim. Public Health England have recently updated their guidance and there is now an increased focus on using Nitrofurantoin first line.

It was noted that whilst the antibiotics in this section of the guideline hadn't changed, the order in which they should be considered had and trimethoprim should now only be used if there is a low risk of resistance. Information on risk factors for increased resistance has been included within the guideline. The full antibiotic guideline is due a routine update but in the meantime this section of the policy and the treatment options within appendix B have been updated in liaison with Dr Pang.

The Committee endorsed the updated UTI section of the primary care antimicrobial treatment guidelines.

APC 17/148 FORMULARY REVIEW

The following extensions to review dates were agreed: -

- 4.0 CNS (Mental Health) would be deferred to September 2017
- 4.0 CNS (Neurology and pain) would be given a 3 month extension
- 7.0 Obstetrics, gynaecology and urinary tract disorders would be deferred to September 2017
- 9.0 Nutrition and blood would be deferred to September/October 2017

Agreed actions: -

- The formulary review table to be updated with the new review dates
- The Lead Pharmacist, BHNFT to advise which pharmacist(s) will lead on reviewing some of the sections given staff changes. The formulary review table to be updated when pharmacy leads are confirmed.

NB

GT

NB

APC 17/149 NEW PRODUCT APPLICATION LOG – noted

APC 17/150 NEW PRODUCT APPLICATIONS

The Head of Medicines Optimisation presented 3 new product applications from the Barnsley Wound Care Advisory Group, for information:-

- Kliniderm® Superabsorbent Dressing
- Prontosan®
As no costing information had been provided, the Head of Medicines Optimisation would request this from Lynne Hepworth, along with clarification as to whether this was intended to replace Octenalin®
- Avelle®

CL

The new product applications, classified green, were approved by the Committee.

APC 17/151 BARNLEYAPCREPORT@NHS.NET FEEDBACK

As agreed at the July meeting, a sub-group was being established to look at the APC reports to bring back trends and shared learning.

Agreed action:-

- The July APC report would be circulated to the group for information.

NB

APC 17/152 NEW NICE TECHNOLOGY APPRAISALS – JULY 2017

The following NICE TAs were terminated appraisals: -

- TA452 Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation (terminated appraisal)
- TA453 Bortezomib for treating multiple myeloma after second or subsequent relapse (terminated appraisal)
- TA454 Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)

The following NICE TAs were applicable for use at BHNFT: -

- TA455 Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people
- TA456 Ustekinumab for moderately to severely active Crohn's disease after previous treatment

Feedback would be provided on the following NICE TAs at the next APC meeting: -

- TA457 Carfilzomib for previously treated multiple myeloma
- TA458 Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane
- TA459 Collagenase clostridium histolyticum for treating Dupuytren's contracture
- TA460 Adalimumab and dexamethasone for treating non-infectious uveitis
- TA461 Roflumilast for treating chronic obstructive pulmonary disease
- TA462 Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma

GT

152.1 Feedback from BHNFT Clinical Guidelines and Policy Group

No meeting had taken place.

152.2 Feedback from SWYPFT NICE Group

The following NICE TA was applicable for use at SWYPFT: -

- TA461 Roflumilast for treating chronic obstructive pulmonary disease

APC 17/153 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

153.1

Barnsley Area Wound Care Advisory Group

The minutes of the meeting held on 23rd May 2017 were received and noted.

There was a discussion around the electronic formulary as per minute item 3.

The Lead Pharmacist, BHNFT confirmed that new sections can be added to the formulary and it was agreed that it would be beneficial to include a Wound Care Formulary section to help address issues around prescribing outside of formulary, as per minute item 8.

The Lead Pharmacist, SWYPFT informed the Committee that the formulary is available via an 'app' and the Head of Medicines Optimisation agreed to take these suggestions back to Lynne Hepworth.

Agreed action: -

- The Head of Medicines Optimisation to take these suggestions back to Lynne Hepworth.

CL

153.2

Primary Care Quality & Cost Effective Prescribing Group (QCEPG)

Primary Care QiPP was going to plan and there were no issues to note.

There were discussions around the introduction of CAT M for Pregabalin and the potential risk that generic brands would become out of stock and be listed as NCSO (No Cheaper Stock Obtainable) drugs. This could result in a growth pressure to the CCG.

The Community Pharmacist raised concerns that due to the reduction in cost, there could be a rise in the prescribing of Pregabalin. The Head of Medicines Optimisation noted that the Medicines Management Team were reviewing and auditing patients started on Pregabalin to mitigate any further growth pressure.

153.3

BHNFT

There was nothing relevant to report.

153.4

SWYPFT Drugs & Therapeutics Committee (D&TC)

There was nothing relevant to report.

APC 17/154 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

The following would be escalated to the Q&PSC: -

- Introduction of CAT M for Pregabalin

CL

APC 17/155 HORIZON SCANNING DOCUMENT – JULY 2017

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

CA

Bezlotoxumab 25 mg/mL concentrate for solution for infusion (Zinplava[®]▼, MSD) – **PROVISIONAL RED**

Nepafenac 3 mg/mL eye drops (Nevanac[®], Novartis) – **CURRENTLY PROVISIONAL RED**
Magnesium glycerophosphate 4 mmol chewable tablets (Neomag[®], Neoceuticals Ltd) – **PROVISIONAL GREY**
Naltrexone/bupropion 8 mg/90 mg prolonged-release tablets (Mysimba[®]▼, Consilient) – **PROVISIONAL GREY**
Ticagrelor 90 mg orodispersible tablets (Brilique[®], AstraZeneca) – **PROVISIONAL GREEN**
Aspirin/dipyridamole 200 mg/25 mg modified release hard capsules (Atransipar[®], Par Laboratories Europe) – **PROVISIONAL GREY**
Etanercept (biosimilar) 25 mg solution for injection in pre-filled syringe (Benepali[®]▼, Biogen Idec) – **CURRENTLY RED**
Rituximab (biosimilar) 100 mg & 500 mg concentrate for solution for infusion (Rixathon[®]▼, Sandoz) – **CURRENTLY RED**
Nusinersen 12 mg solution for injection (Spinraza[®]▼, Biogen Idec) – **PROVISIONAL RED**
Pirfenidone 267 mg, 534 mg & 801 mg film-coated tablets (Esbriet[®]▼, Roche) – **CURRENTLY RED**
Caspofungin (generic) 50 mg & 70 mg powder for concentrate for solution for infusion (Zentiva) – **CURRENTLY RED**
Entecavir (generic) 0.5 mg & 1 mg film-coated tablets (Entecavir Zentiva, Zentiva) – **CURRENTLY RED**
Valganciclovir (generic) 450 mg film-coated tablets (Zentiva) – **CURRENTLY RED**
Live attenuated rotavirus vaccine 1.5 mL oral suspension (Rotarix[®] Tube, GSK) - **PROVISIONAL GREEN**
Meningococcal group B vaccine 0.5 mL suspension for injection (Trumenba[®]▼, Pfizer) – **PROVISIONAL GREEN**

APC 17/156 MHRA DRUG SAFETY UPDATE – JULY 2017
 Received and noted.

APC 17/157 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES
 The minutes from NHS Doncaster & Bassetlaw CCG (25th May 2017) were received and noted.

APC 17/158 ANY OTHER BUSINESS
 158.1 Transgender Shared Care Guidelines
 The Head of Medicines Optimisation had received and would share the guidance with Committee members, produced by Porter Brook Clinic and NHS Rotherham CCG to support GPs currently prescribing and asked for comments back in terms of ease of use, particularly from GP representatives.

There was concern raised regarding the absence of Consultant Endocrinology involvement in the recommendation of hormonal treatment.

Agreed actions: -

- Guidance to be circulated to Committee members
- Committee members were asked to feedback any comments to the Head of Medicines Optimisation in terms of ease of use.

**CL
 ALL**

158.2

DMARD Shared Care Guideline

The Lead Pharmacist, Barnsley CCG noted that the DMARD Shared Care Guideline was currently being updated and following a previous discussion with rheumatology, it was suggested that Nordimet®, as an alternative brand to Metoject®, be included in the Shared Care Guideline. The Committee were asked if a new product application was required for Nordimet®.

It was agreed that a new product application would be submitted to the Committee and the Lead Pharmacist, BHNFT, agreed to liaise with the Rheumatologists regarding this.

GT

158.3

Ivabradine Shared Care Guideline

The Lead Pharmacist BHNFT queried if this had been approved at the LMC. It was confirmed that it had been approved at the LMC and this would be uploaded onto the formulary.

CL/DC

APC 17/159 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 13th September 2017 at 12.30 pm in the Boardroom, Hilder House.

ADOPTED