

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 11th April 2018 in the Boardroom, Hilder House**

MEMBERS:

Dr Mehrban Ghani (Chair)	Medical Director (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (left after item 18/69)	Consultant Gastroenterology (BHNFT)
Chris Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Daniel Kaye (item 18/69 only)	Cardiology Clinical Nurse Specialist (BHNFT)
Umar Patel	Senior Pharmacist - Formulary / Interface (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Caron Applebee	Lead Pharmacist (Barnsley CCG)
Dr Chari	Associate Medical Director (SWYPFT)

**ACTION
BY**

APC 18/64 QUORACY

The meeting was quorate up to APC18/69 and therefore any decisions made when the meeting was not quorate (after APC18/69) would need to be ratified.

NB

APC 18/65 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 18/66 DRAFT MINUTES OF THE MEETING

66.1 Draft minutes of the meeting held on 7th February 2018
The minutes were accepted as an accurate record of the meeting.

66.2 Draft minutes of the meeting held on 14th March 2018
The minutes were accepted as an accurate record of the meeting subject to minor amendments in 18/52 and 18/62.3.

NB

APC 18/67 DECISIONS/APPROVALS TO BE RATIFIED FROM 14TH MARCH 2018 MEETING

67.1 Proposal for changes to Gluten Free (GF) Prescribing Policy
The Committee approved the proposed changes summarised in enclosure B which includes limiting prescriptions to bread and mixes only and limiting the number of units prescribed to 8 units per month.

It was noted that some patients may present in primary care requesting GF products due to intolerance rather than an allergy and that this did not meet the criteria for receiving on prescription.

Prescribing of GF foods is only recommended for those with a diagnosis of Coeliac Disease or Dermatitis Herpetiformis.

67.2 Freestyle Libre® Protocol (Adults)

Following the last meeting, the protocol was circulated by email for further comment. Although a comment had been received suggesting that the FreeStyle Libre® sensors be supplied by the specialist team for at least 12 months in line with Sheffield, the Committee approved the Barnsley protocol presented noting that the FreeStyle Libre® sensors be supplied by the specialist team for at least the first 6 months of use.

There was a discussion around managing the cost pressure and this would be discussed outside of the APC meeting.

CL/GT/MS

67.3 Anti-emetic Guidance

The Committee approved the updated guidance.

67.4 Guidance for Safe and Effective use of Proton Pump Inhibitors (PPIs)

The Committee approved the guidance.

67.5 Amiodarone Amber G Shared Care Guideline

The Committee approved the updated guidance.

APC 18/68 MATTERS ARISING AND APC ACTION PLAN

68.1 NICE TAs – December 2017

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

- TA496 Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor positive, HER2-negative, locally advanced or metastatic breast cancer

GT

68.2 NICE TAs – January 2018

- TA503 Fulvestrant for untreated locally advanced or metastatic oestrogen receptor positive breast cancer

It had been identified that fulvestrant had not been used at BHNFT for approximately 6 months.

There were a small number of Weston Park patients on fulvestrant and the consultants had been emailed to find out the clinical reasons for its use.

GT

68.3 NICE TAs – February 2018

The Lead Pharmacist, BHNFT confirmed that the following NICE TA was applicable for use at BHNFT:-

- TA505 Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma

Action Plan

A number of requests were received to extend target dates. These would be amended accordingly.

NB**APC 18/69****TICAGRELOR**

Daniel Kaye, Nurse Specialist was in attendance and his nil declaration of interest was noted.

Committee members were reminded that it had previously been agreed with the cardiologists that if a patient required extended treatment with ticagrelor this would be communicated to primary care either on the D1 or in the letter following review in the post MI clinic. It had been noted at the last meeting that the decision agreed with the cardiologists had not been communicated to the cardiac nurses who run the post MI clinic and Daniel Kaye was invited to attend to discuss this further.

Following a lengthy discussion, it was agreed that cardiology were best placed to make the decision regarding whether extended therapy was indicated. The advice and guidance option on choose and book was highlighted should primary care prescribers have queries about specific patients.

The Committee were informed that an internal audit would be undertaken to look at the information documented on discharge paperwork over a 3 month period, focussing on whether advice on ticagrelor treatment is being communicated. The audit would look at discharge paperwork and medical notes from February, March and April 2018. The findings would be presented to the APC in June or July 2018.

Although Daniel Kaye felt that it should state either 12 months or extended treatment on the discharge paperwork, the Committee were happy to continue with the previous decision that it would be assumed that treatment was for 12 months only unless a longer duration was stated. It was agreed that this could be reviewed following the audit results.

Following a discussion around the duration of therapy being communicated for patients discharged from Sheffield, it was agreed that the Head of Medicines Optimisation would raise this at the next Heads of Medicines Management (HOMM) meeting.

Agreed actions: -

- Audit results to come back to the Committee June/July 2018.
- The Head of Medicines Optimisation to discuss this at the next HOMM meeting.

**DK
CL****APC 18/70****GENDER DYSPHORIA GUIDELINES**

The guidelines have previously been endorsed by the Committee in terms of content and have been consulted on collaboratively across South Yorkshire. Comments had been received from the CCG Membership Council and slight amendments had been made accordingly.

It was noted that NHS Rotherham CCG currently hosts the guidelines on their website which has resulted in a number of queries from GP practices as the guidelines contain the Barnsley logo.

In order to avoid further confusion, it was agreed that NHS Barnsley CCG would host the guidelines on the BEST website with an appropriate disclaimer that these were not formal shared care guidelines but were for use by primary care prescribers who chose to prescribe within their scope of practice.

Post meeting note: - as the meeting was not quorate from 18/70, confirmation was received by email from the Consultant Gastroenterologist, BHNFT to ratify the Committees decision.

Agreed action: -

- The guidelines would be taken to the next Membership Council for approval before hosting on the Barnsley CCG website with the appropriate disclaimer.

CL

APC 18/71 REVISED NATIONAL GUIDANCE ON PRESCRIBING RESPONSIBILITIES

The guidance was noted.

APC 18/72 FORMULARY REVIEW

18/72.1

Formulary Review Plan

The formulary review plan was presented with revised dates. To ensure recommendations are dealt with in a timely manner between first and second reviewer, it was agreed that advance notice would be communicated should any of the dates need to be changed.

GT/UP

18/72.2

Chapter 10.0 Musculoskeletal

The Committee were taken through the proposed changes and all were accepted.

Agreed action: -

- It was agreed that NICE TA466 Baricitinib for moderate to severe rheumatoid arthritis would also be added to the formulary together with NICE TA480 Tofacitinib for moderate to severe rheumatoid arthritis.
- Febuxostat guideline to be updated.

UP
UP/GT

Post meeting note: - as the meeting was not quorate from 18/70, confirmation was received by email from the Consultant Gastroenterologist, BHNFT to ratify the Committees decision.

APC 18/73 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

18/73.1

Midodrine Amber G Shared Care Guideline
Moxonidine Amber G Shared Care Guideline
Ranolazine Amber Shared Care Guideline
Sodium Clodronate Amber Shared Care Guideline
Cabergoline Amber G Guideline

The above shared care guidelines have had routine updates and the tracked changes were noted. The Committee approved the

guidelines subject to a minor amendment to the moxonidine guideline.

Post meeting note: - as the meeting was not quorate from 18/70, confirmation was received by email from the Consultant Gastroenterologist, BHNFT to ratify the Committees decision.

18/73.2

DMARD Amber Shared Care Guideline

The guideline was presented and the changes were highlighted.

The Committee approved the guideline.

Post meeting note: - confirmation was received from the Consultant Gastroenterologist, BHNFT to ratify the Committees decision.

Agreed actions: -

- It was agreed to check that the sharps bin disposal locations at Appendix D had been reviewed and were up to date.
- Guideline review date to be updated to note the update to the methotrexate section of the guideline.

JH

JH

18/73.3

Riluzole Shared Care Guideline (Sheffield CCG)

Sheffield Teaching Hospitals have asked if Barnsley would be prepared to adopt the Shared Care Guideline for riluzole. This was currently red on the Barnsley formulary.

The following information had been provided: -

- Riluzole is a NICE approved treatment for motor neurone disease (MND) and has been in clinical use in the NHS for over 17 years
- Historically riluzole has been prescribed and supplied (through homecare) regionally by the Sheffield MND service with informal primary care help around blood monitoring
- The original NICE guidance noted riluzole would be suitable for shared care and this is the norm in many parts of the UK
- The Rilutek® patent has ceased and generic versions of riluzole became available around 2014 reducing cost
- Deliveries are quarterly and the homecare fee under the regional contract is passed to the CCG
- Shared care was approved in Sheffield in July 2017 and has been adopted by Doncaster, Bassetlaw and Rotherham CCGs.

Shared Care was developed to make modest financial savings and reduce bureaucracy around homecare, formalise arrangements around Riluzole and release specialist nursing time to support patients and clinical teams in primary and secondary care.

Following discussion, the Committee agreed that the practicalities and costings would be considered before adopting the shared care guideline. This would be discussed at the next meeting.

Agreed actions:-

- Practicalities and costings to be considered and brought back

JH

- to the next meeting.
- Potential supply issues to be discussed.

JH/TB

APC 18/74 NEW PRODUCT APPLICATION LOG – noted.

APC 18/75 BARNSELYAPCREPORT@NHS.NET FEEDBACK

The reports were received and noted.

BAPC18/03/28 was highlighted following a time consuming investigation.

APC 18/76 NEW NICE TECHNOLOGY APPRAISALS – MARCH 2018

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs are applicable for use at BHNFT:-

- TA509 Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer
- TA510 Daratumumab monotherapy for treating relapsed and refractory multiple myeloma
- TA511 Brodalumab for treating moderate to severe plaque psoriasis
- TA513 Obinutuzumab for untreated advanced follicular lymphoma

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

- TA512 Tivozanib for treating advanced renal cell carcinoma
- TA514 Regorafenib for previously treated advanced hepatocellular carcinoma
- TA515 Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen (not recommended)
- TA516 Cabozantinib for treating medullary thyroid cancer

The Lead Pharmacist, BHNFT would advise if the following NICE TA was applicable for use at BHNFT:-

- TA508 Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee

GT

18/76.1 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report back to the Committee.

18/76.2 Feedback from SWYPFT NICE Group
There was nothing relevant to report back to the Committee.

APC 18/77 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

18/77.1 Barnsley Area Wound Care Advisory Group
The minutes of the meeting held on 21st November 2017 were received and noted.

18/77.2 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)
The Group discussed: -

- The Medicines Optimisation Scheme which was on target to deliver the required savings.
- Medicines Ordering, Safety & Waste plans.

- Biosimilars (high cost drugs) work, noting recruitment to post at BHNFT.

18/77.3 BHNFT
There was nothing relevant to report back to the Committee.

18/77.4 SWYPFT Drugs & Therapeutics Committee (D&TC)
There was nothing relevant to report back to the Committee.

APC 18/78 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed that the following would be escalated to the Q&PSC: -

MG/CL

- Gluten Free Prescribing Policy
- Guidance for Safe and Effective use of Proton Pump Inhibitors (PPIs)
- Freestyle Libre

APC 18/79 HORIZON SCANNING DOCUMENT

18/79.1 February 2018

The formulary changes discussed at the 14th March 2018 meeting were ratified.

18/79.2 March 2018

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

JH

Enoxaparin (biosimilar) 2,000 IU, 4,000 IU, 6,000 IU, 8,000 IU & 10,000 IU pre-filled syringe (Enoxaparin BECAT, ROVI Biotech Ltd) – **PROVISIONAL AMBER**. Following a query, the Lead Pharmacist, BHNFT agreed to check the price of enoxaparin biosimilar compared with dalteparin.

GT

5-aminolevulinic acid 8 mg medicated plaster (Alacare[®], medac GmbH) – **PROVISIONAL RED**

Anagrelide (generic) 0.5 mg hard capsules (Zentiva) – **ALREADY RED**

Tramadol 75 mg, 100 mg, 150 mg & 200 mg prolonged-release tablets (Zytram[®], Qdem Pharmaceuticals) – **GREEN**. It was noted that Tramulief[®] and Marol[®] were currently the recommended brands of choice within primary care.

Oxycodone 10 mg, 20 mg, 40 mg & 80 mg prolonged-release tablets (Onexila XL, Rivopharm) – **PROVISIONAL GREY**

Tivozanib 890 & 1340 microgram hard capsules (Fotivda[®]▼, Eusa Pharma) – **PROVISIONAL RED**

Dutasteride (generic) 0.5 mg soft capsules (Rivopharm) – **PROVISIONAL GREY**

Hydrocortisone 0.5 mg, 1 mg, 2 mg & 5 mg granules in capsules for opening (Alkindi[®], Diurnal Ltd) – **PROVISIONAL GREEN**

Emicizumab 30 mg/mL & 150 mg/mL solution for injection (Hemlibra[®], Roche) – **PROVISIONAL RED**

Heparin sodium (generic) 5,000 IU/mL solution for injection (Panpharma UK) – **PROVISIONAL RED**

The tadalafil price change was noted and the Scriptswitch would be updated accordingly.

DC

APC 18/80 MHRA DRUG SAFETY UPDATE – VOLUME 11, ISSUE 8, MARCH 2018

Received and noted.

APC 18/81 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (15th February 2018) were received and noted.

APC 18/82 ANY OTHER BUSINESS

82.1 APC Time Out Session, 18th April 2018

A summary of the proposed agenda was shared.

82.2 Trimovate®

It was noted that Trimovate® is now available as a special with a significant price increase. The Lead Pharmacist, BHNFT, agreed to look at potential alternatives when reviewing the dermatology section of the formulary.

GT

82.3 Folic Acid

Following a query around prescribing 400 micrograms daily of folic acid for elderly men, it was agreed that email communication between community pharmacy and a clinical pharmacist would be shared with the Head of Medicines Optimisation.

TB/CL

82.4 Isosorbide Mononitrate MR

It was highlighted that secondary care are seeing an increasing number of patients who have been started on isosorbide mononitrate MR preparations in primary care, rather than on the standard release preparations.

Historically the standard release tablets were recommended first line. However a few years ago there were supply issues with the standard release tablets resulting in a switch to the MR preparations while the issues were ongoing and until the tariff price stabilised. As the issues were now some time ago and the standard release tablets are more cost effective than the MR preparations, standard release tablets should be used in preference to the MR tablets.

Agreed action:-

- Communication to be sent to Primary Care.

DC

82.5 Logos on guidance

Following a query, it would be checked that the CCG, Trust and SWYPFT logos being used on protocols and guidance were correct.

NB/GT/SH

APC 18/83 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th May 2018 at 12.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.