NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 10th October 2018 in the Boardroom, Hillder House

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Sarah Hudson (from item 201.6)	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
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)
Anila George	Senior Interface Pharmacist
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)

ACTION BY

APC 18/198 QUORACY

The meeting was quorate from 201.6.

APC 18/199 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 18/200 DRAFT MINUTES OF THE MEETING HELD ON 12th SEPTEMBER 2018

185.3 Chapter 9: Nutrition Formulary Review

It was noted that the ONS Guidance is in the process of being reviewed by the CCG dietitian and she has been asked to make reference to the Amber G products.

The minutes were accepted as an accurate record of the meeting.

Agreed action: -

- As the meeting was not quorate for this item, the minutes would be circulated to the SWYPFT representative for ratification. **NB**

Post meeting note: *the minutes were ratified by email.*

APC 18/201 MATTERS ARISING AND APC ACTION PLAN

201.1 Ticagrelor

The Lead Pharmacist, Barnsley CCG presented prescribing data for ticagrelor 60mg and 90mg which shows a gradual increase in the use of 60mg.

The Eclipse Live data shows that currently there are 337 patients on the 90mg and 31 patients on 60mg.

The Lead Pharmacist, BHNFT tabled guidance used in Sheffield, 'South Yorkshire and North Derbyshire guidelines for the duration of treatment with ticagrelor following acute coronary syndromes'. It was noted that the guidance had no authorship or date approved but essentially this follows the DRAMA criteria.

Agreed action: -

- The Lead Pharmacist, BHNFT agreed to produce guidance which would be shared with the cardiologists for comment. This would be brought back to the Committee. **GT**

It was noted that an update had been received from the Cardiology Clinical Nurse Specialist to confirm that the ticagrelor audit has been discussed with and set up through the clinical audit department and the data collection has started. The outcome would be brought back to the Committee when complete.

201.2 Dispersible Ondansetron Preparation

At the last meeting, clarification was required around which dispersible ondansetron preparation should be on the formulary. It was confirmed that Setofilm®, which is the most cost effective option, could be stocked within BHNFT. It was agreed to add Setofilm® to the formulary with a green traffic light classification.

201.3 Budenofalk® (budesonide)

Following approval of the new product application, the Lead Pharmacist, BHNFT was awaiting clarity from the specialists regarding the intended position in therapy of Budenofalk® (budesonide) and Colifoam®. This would be brought back to the next meeting. **GT**

It was confirmed that the Committee's intention was to replace Predfoam® with the addition of Budenofalk® (budesonide) and it was noted that Sheffield were also considering removing Predfoam®.

201.4 Chlorthiazide

As the regional Heads of Medicines Management (HOMM) meeting had been cancelled, the action regarding the possibility of agreeing a standardised concentration across South Yorkshire and Bassetlaw for the prescribing and dispensing of chlorthiazide, furosemide and spironolactone liquids would be taken to the next HOMM meeting. **CL**

The Chief Pharmacist, BHNFT was awaiting responses back from Yorkshire Chief Pharmacists and would provide an update at the next meeting. **MS**

It was noted that BHNFT only stock chlorthiazide 250mg/5ml.

201.5 NICE TAs (July 2018)

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

- TA537 Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs. This would be added to the formulary with a red traffic light classification.

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

- TA535 Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine
- TA536 Alectinib for untreated ALK-positive advanced non-small-cell lung cancer
- TA538 Dinutuximab beta for treating neuroblastoma
- TA539 Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours

201.6 Flu Vaccine Supply

It was noted that stocks of the adjuvanted trivalent flu vaccine (aTIV) for people aged 65 years will be delivered to GP practices and pharmacies in a phased approach. The CCG Medicines Management Team have put a process in place to be able to advise which GP practices and pharmacies currently hold stock. Up to date stock information is available on the BEST website.

Action Plan – other areas

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

It was confirmed that this action would form part of the BHNFT D1 audit action and would therefore be merged. **NB**

201.8 Medicines Interface Action Plan

SWYPFT and Barnsley Hospice were thanked for providing their updates. BHNFT were reminded to submit their progress update and the report would be brought back to the next APC meeting. **GT**

APC 18/202 MEDICINES OPTIMISATION SCHEME (MOS) 2018/19 – PROPOSED ADDITIONAL QIPP AREAS

The Lead Pharmacist, Barnsley CCG presented the paper, proposing that three additional QIPP areas be included in the MOS 2018/19. The recommended alternatives are bioequivalent and branded prescribing is appropriate, safe and cost-effective. It was noted that this has been through an agreed process which included the team undertaking significant cost saving calculations and checking stock availability.

For the suggested products, email correspondence has taken place with the manufacturer to confirm:

- That there be sufficient quantities of stock available if we change all patients
- Which wholesalers stock the product
- How long the current price is guaranteed for

- If prices be reviewed in line with drug tariff price changes or introduction of other cost effective brands

Confirmation has been received from all companies that there are no stock issues, sufficient stock will be available, and products are available from major wholesalers.

It was noted that there are ongoing issues with a wide range of products being out of stock and the MMT continue to deal with this as best they can and make changes where necessary to ensure that patients do not go without medication.

202.1 <u>Fluticasone/Salmeterol 50micrograms/25micrograms, Fluticasone/Salmeterol 125micrograms/25micrograms & Fluticasone/Salmeterol 250micrograms/25micrograms MDI/Seretide® 50, 125, 250 evohaler to Combisal® 50, 125, 250 MDI</u>

It was noted that Combisal® was licensed for use in children and adolescents and was significantly more cost effective than Seretide® evohaler which was the only alternative fluticasone/salmeterol inhaler licensed for use in this age group. The estimated annual savings were noted.

Following a suggestion to remove Seretide® evohaler from the formulary, the Lead Pharmacist, Barnsley CCG would obtain feedback from the paediatricians and the Lead Pharmacist at BHNFT would check the purchase contract.

Agreed actions: -

- Obtain feedback from the paediatricians regarding the replacement of Seretide® evohaler on the formulary with Combisal®. **DC**
- Purchase contract at BHNFT to be checked. **GT**

202.2 <u>Duloxetine 30mg & 60mg capsules to Depalta® capsules</u>

The estimated annual savings were noted.

202.3 <u>Metformin/Glucophage® SR 500mg, 750mg & 1000mg MR Tablets to Yaltormin® MR Tablets</u>

The estimated annual savings were noted.

It was raised that community pharmacy had noticed an increase in prescribing of Metformin MR. It was noted that the MR preparation should be reserved for patients who were unable to tolerate the standard release formulation. Any examples of prescribing outside of this could be submitted to the MMT for further investigation.

It was also noted that savings could be made by prescribing 1000mg rather than 2x500mg. It was suggested that data could be obtained from Eclipse Live to look at this.

There was concern raised around the Category M price but the MMT were confident that assurance has been given to maintain position against tariff price.

Subject to the above agreed actions, the Committee approved the

additional QIPP areas and the products would be included on the formulary with a green classification. To provide enough notice of changes to be communicated to community pharmacy, it was agreed that the proposed timescales for completion would be moved on accordingly. **DC**

APC 18/203 FORMULARY REVIEWS

203.1 Formulary Review Plan

The plan was received and noted. It was agreed to change the date for Chapter 8: Malignant disease and immunosuppression to December 2018. **DC**

203.2 Chapter 2 – Cardiovascular

The formulary review was presented and the following points were discussed: -

- Page 2, Propafenone Hydrochloride, disopyramide: agreed this would change to red on formulary for new patients. It was agreed that it was appropriate for primary care to continue prescribing for existing patients.
- Page 3, Hydralazine Hydrochloride (heart failure): agreed green classification.
- Page 5, Isosorbide mononitrate: it has been highlighted at the Trust that GPs are prescribing XL formulations on a regular basis, and then on admission patients are switched as the XL is not stocked within the hospital. It was noted that primary care are currently updating the review protocol and angina guidance is also in development.
- Page 6, Adrenaline auto injectors: due to current shortages it was agreed to add the suggested preparations to formulary with clarification around which preparation should be used for which cohort of patients.
- Page 10, Prasugrel: agreed to change to green on formulary.

Agreed action: -

- It was agreed that the Lead Pharmacist, BHNFT would produce a paper around prescribing of Diltiazem. **GT**

APC 18/204 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

204.1 Dementia Amber G Shared Care Guideline

Following the change from Amber to Amber G, the new guideline was presented.

Subject to the updated version including QIPP brands being sent to the MMT, the Committee approved the guideline. **SH**

204.2 Dapsone Amber Shared Care Guideline

Subject to a couple of small amendments (on page 2 and 4), the Committee approved the guideline. **GT**

204.3 Mood Stabilisers Amber Shared Care Guideline

The guideline was presented with information included about the pregnancy prevention programme. There were no further updates to note.

The Committee approved the guideline.

APC 18/205 NEW PRODUCT APPLICATION LOG

Noted.

APC 18/206 NEW PRODUCT APPLICATIONS

206.1 Saxenda® (Liraglutide)

Dr Uchegbu, Consultant Endocrinologist was in attendance to share her clinical view in support of the new product application submitted. An updated independent review was presented to include further outcome information and additional points to consider.

There were concerns raised at the August 2018 meeting when considering the application and Dr Uchegbu was invited to attend to explain how she plans to use it in practice.

This would be used for patients not suitable for bariatric surgery and would be used according to the product license for a maximum of 2 years.

It was noted that if a patient doesn't achieve the required weight loss after 3 months then treatment would stop and the weight management service would continue to provide alternative support.

The application was for this to be a red drug which would be managed within the hospital and only initiated and managed by the weight management service team. It was felt that this would be for a small cohort of patients and its use could be monitored and audited to check the benefits.

Dr Uchegbu was thanked for attending and the Committee would communicate its decision regarding the new product application.

In summary it was noted that there were modest weight reductions and the trial data shows some benefits around sleep apnoea but there is currently no benchmark to measure outcomes against. It was noted that there is no NICE TA and in surrounding areas, this is blacklisted.

As this would have financial implications for BHNFT, the Chief Pharmacist would need to discuss this further at the Medicines Management Committee (MMC) although it was felt that there should be some commitment to continue to manage patients already started on Saxenda® (Liraglutide).

It was agreed that it was not appropriate to prescribe or initiate Saxenda® in primary care and this would be communicated to primary care prescribers. **DC**

Agreed action:-

- The Chief Pharmacist, BHNFT to discuss the financial cost implication at the next MMC and advise the Committee of the outcome. The Committee agreed that a decision would be made about the new product application when this **MS**

information was available

206.2 Menthoderm®
The Committee considered the application noting that the product was slightly more cost effective than Dermacool® which is currently used at the Trust. The Committee approved Menthoderm® with a green traffic light classification.

APC 18/207 BARNSLEY APC REPORTING OCTOBER 2018
A summary of the reports was received and noted.

The Sub Group had met and discussed the previous 9 months reports and it was agreed that a highlight report would be produced and brought to the next APC meeting with actions identified and plans to resolve the issues. **CA**

It was noted that there has been an increase in APC reports which was seen to be a positive and may be due to reports being effectively investigated which therefore maybe encouraging people to report issues as a result.

APC18/208 NEW NICE TECHNOLOGY APPRAISALS (SEPTEMBER 2018)
The Lead Pharmacist, BHNFT would advise if the following NICE TAs were applicable for use at BHNFT:- **GT**

- TA540 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma
- TA541 Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia

208.1 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing to report back to the Committee.

208.2 Feedback from SWYPFT NICE Group
There was nothing to report back to the Committee but it was confirmed that NICE TAs 540 and 541 were not applicable for use to SWYPFT.

APC18/209 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS
209.1 Primary Care Quality & Cost Effective Prescribing Group
The Group focussed on QIPP which was on target. Data had been received from a GP practice undertaking polypharmacy reviews and the amount of time taken to undertake this work would be obtained.

209.2 BHNFT
There was nothing to report to the Committee.

209.3 SWYPFT Drug and Therapeutics Committee
The Committee discussed work of the Task & Finish Group looking at Valproate and Pregnancy Prevention Programme where it was agreed that patients need to be seen by a consultant. A process has started to identify who is at most risk of becoming pregnant with a view to reviewing all females under the age of 60 years including children. A flowchart, checklist and guidance will be produced.

Drug shortages and drug budget were also discussed.

APC 18/210 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

The items from the last meeting (feedback from D1 Pharmacy Medicines Audit meeting and update on the prescribing of thickeners) were to be taken to the next Q&PSC as no meeting had yet taken place. **CL**

Although not discussed in the APC meeting, it was noted that an issue around MDS had been escalated to the Chief Nurse and the Chair would check whether this should be raised at Q&PSC. **CL**

APC 18/211 HORIZON SCANNING DOCUMENT – SEPTEMBER 2018

Padeliporfin 183mg and 366mg powder for solution for injection (Tookad®▼, Steba Biotech) – **PROVISIONAL RED**
Influenza virus surface antigens (inactivated) (haemagglutinin and neuraminidase) (Influvac sub-unit Tetra®▼, Mylan) (Influenza vaccine Tetra MYL®▼, Mylan) (Influenza Vaccine 2018-2019®, Mylan) – **GENERAL ENTRY ON THE GREEN LIST FOR INFLUENZA VACCINES (and agreed wording regarding referring to national guidance).**
Diclofenac sodium (generic) 75mg solution for injection (AKIS®, Flynn Pharma) – **PROVISIONAL RED**
Cariprazine 1.5mg, 3mg, 4.5mg and 6mg hard capsules (Reagila®, Recordati Pharmaceuticals) – **PROVISIONAL GREY**
Palonosetron (generic) 250 micrograms solution for injection (Palonosetron, Flynn Pharma) – **PROVISIONAL RED**
Ospemifene 60mg film-coated tablets (Senshio®, Shionogi) – **PROVISIONAL GREY**
Galantamine (generic) 4mg/ml oral solution (Galzemic®, Creo Pharma) – **AMBER SHARED CARE – ONLY FOR PATIENTS WITH SWALLOWING DIFFICULTIES.** ***Post meeting note:*** *Amber G classification in line with other dementia drugs*.
Levofloxacin (generic) 5mg/ml solution for infusion (Levofloxacin, Consilient) – **PROVISIONAL RED**
Axicabtagene ciloleucel 0.4-2x10^8 cells dispersion for infusion (Yescarta®▼, Gilead Sciences) – **PROVISIONAL RED**
Dinutuximab beta 4.5mg/ml concentrate for solution for infusion (Qarziba®▼, Eusa Pharma) – **PROVISIONAL RED**

There was an additional product discussed which had not previously been classified: Sayana® Press (Medroxyprogesterone acetate 160mg/ml) 104mg/0.65ml suspension for injection pre-filled disposable devices for subcutaneous administration, with a suggested traffic light status green. Following discussion, it was agreed that guidance for GPs would be produced and brought back to the Committee with a view to adding to formulary with a green traffic light classification. To avoid any confusion, it was recommended that this be prescribed by brand.

Agreed action: -

- Guidance for GPs would be produced and brought back to the Committee. **JH**

APC18/212 MHRA DRUG SAFETY UPDATE (SEPTEMBER 2018)

The update was received and noted, with information highlighted around Valproate Pregnancy Programme and Daclizumab.

APC 18/213 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from Rotherham RMOG (6th June, 4th July & 1st August 2018), NHS Sheffield CCG (19th July 2018) and NHS Doncaster & Bassetlaw CCG (30th August 2018) were received and noted.

213.1 Regional Medicines Optimisation Committee (RMOC)

It was noticed in the minutes that RMOC has produced guidance around insulin and free of charge medicines which haven't been received at this Committee. These would be added to the next agenda and RMOC would be added as a standing agenda item for future APC meetings. **NB**

213.2 NHS Sheffield CCG

In relation to Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation guidance update, this would need to be looked at and shared with the cardiologists. **JH/GT**

APC 18/214 ANY OTHER BUSINESS

214.1 2018 meeting dates

The November 2018 APC meeting clashes with the BEST meeting and therefore the next APC meeting would not be quorate due to no LMC representation. It was suggested that we change the date to 7th November 2018 should members be available to attend.

***Post meeting note**: Given member and room availability, it was agreed that the next meeting would take place as scheduled on 14th November 2018.*

214.2 Proposed 2019 meeting dates

As a number of meeting dates clashed with either BEST or BHNFT MMT meetings, this would be brought back to the next meeting. It was also suggested that the March and April 2019 meetings could possibly be replaced with one meeting towards the end of March 2019. **NB**

214.3 DMARD Shared Care

The Medicines Management Pharmacist informed the Committee that the DMARD Shared Care Guideline has been updated to include the 'sharps bin disposal' location opening times. This has been uploaded to the BEST website.

APC 18/215 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 14th November 2018 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.