NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 8th May 2019 in the Edith Perry Room, BHNFT

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo (from 19/79.3)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset (from 19/98)	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith (from 19/98)	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Caron Applebee (from 19/95-98.5 and 19/105 only)	Lead Pharmacist (Barnsley CCG)
Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Anila George (from 19/98)	Senior Interface Pharmacist (BHNFT)
Gillian Turrell (from 19/98)	Lead Pharmacist (BHNFT)

APOLOGIES:

Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)

ACTION BY

APC 19/95 QUORACY

The meeting was quorate.

APC 19/96 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/97 DRAFT MINUTES OF THE MEETING HELD ON 10th APRIL 2019

19/80 to be amended as the Dry Eye Guidance was awaiting amendments before sharing with the LMC members for ratification. **NB**

19/87.2 – The Head of Medicines Optimisation informed the Committee that concerns raised at the last meeting around Champix® (Varenicline) had been escalated to the CCG Commissioning Lead.

Subject to the amendment to 19/80, the minutes were accepted as an accurate record of the meeting.

APC 19/98 MATTERS ARISING AND APC ACTION PLAN

19/98.1 <u>Ibandronic Acid</u>

It was raised at the March 2019 APC meeting that the Lead

Pharmacist, BHNFT had received reports that patients were unable to obtain Ibandronic Acid 50 mg tablets in primary care. The oncologists had been contacted regarding a way forward and had been informed that due to its high price, community pharmacies did not routinely stock the product which may have caused patients to report supply and dispensing issues/delays.

As it was not known if patients were still experiencing difficulties in obtaining supplies of Ibandronic Acid 50 mg tablets, it was agreed that no further action was required by the APC until reports of further issues be raised by the consultant.

19/98.2 NICE TA's (March 2019)

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

- TA569 Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer

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

- TA566 Cochlear implants for children and adults with severe to profound deafness
- TA567 Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies

The Lead Pharmacist, BHNFT **would advise** if the following NICE TAs were applicable for use at BHNFT:-

- TA565 Benralizumab for treating severe eosinophilic asthma
- TA571 Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib

Post meeting note*: the Lead Pharmacist confirmed by email that NICE TA565 and TA571* ***were not*** *applicable for use at BHNFT.*

Agreed action:

- Following discussion, the Lead Pharmacist, BHNFT would remind the Trust NICE Group that when NICE recommends a treatment 'as an option', the NHS must make sure it is available to offer to patients within 3 months (unless otherwise specified) of its date of publication; and the associate risk of legal challenge should the 3 month timeframe not be met. **GT**

Action Plan – other areas

19/98.3 Anticoagulation for Stroke Prevention in Non-Valvular AF

The Lead Pharmacist, BHNFT fed back that following discussion with the cardiologists, new guidance would be produced incorporating aspects of the current Barnsley guidance and aspects of the new Sheffield guidance.

The Committee were advised that the Triple Therapy Guidance would also be reviewed and it was expected that these would be brought to the July 2019 APC meeting. **GT**

19/98.4 Colesevelam New Product Application and Guidance

Following the formulary review of Chapter 1, Gastrointestinal in July 2018, it was agreed that the Lead Pharmacist, BHNFT would look at existing patients on colesevelam and liaise with the gastroenterologists regarding the submission of a new product application and prescribing guidance. It was confirmed at the August 2018 meeting that these would be brought back to the Committee for consideration, and in the meantime, the Committee agreed that colesevelam would be classified non-formulary provisional Amber G.

As this information had not been submitted to the Committee, following discussion, it was agreed that the Trust pharmacy team would provide support to clinicians to complete the new product application and guidance. It was agreed that the non-formulary provisional amber G classification would remain at this current time but that this may need to be re-classified as provisional red should the Committee not receive the requested information. It was agreed that this would be brought back to the July 2019 meeting.

Agreed action: -

- New product application and guidance to be produced and presented to the July 2019 meeting. **GT**

19/98.5 Tadalafil Once a Day New Product Application

As a result of discussions at the September 2018 meeting around primary care being asked to prescribe Tadalafil 5mg once daily, which was not included on the formulary, it was agreed that the evidence base would be reviewed and a new product application would be submitted to the Committee for consideration. Tadalafil 5mg once daily was currently classified non-formulary provisional grey.

As this information had not been submitted to the Committee, and following the NHS England guidance which does not recommend prescribing Tadalafil 5mg once daily, the Trust were working against national guidance and the Committee were not looking favourably at this action.

It was stressed that should local teams wish to continue using Tadalafil 5mg once daily, instances for its use and the evidence base must be presented to the Committee.

It was acknowledged that there are occasions when specialists may need to manage a patient outside of the national guidance and local formulary but given the number of APC reports submitted and other feedback received, its use was not felt to be infrequent practice and clinicians appeared to be prescribing against the joint formulary classification.

Agreed action: -

- New product application and evidence base to be produced and presented to the July 2019 meeting. **GT**

APC 19/99 PROPOSED QIPP – INSULIN PEN NEEDLES

Enclosure C was presented showing the proposal to replace GlucoRx FinePoint® with GlucoRx CarePoint® as first choice, keeping BD Viva® as second choice.

Assurance of stock was discussed and the Community Pharmacist asked that the MMT continue to liaise with drug companies regularly to ensure they can maintain supply.

It was agreed to change the proposed timescale date for starting the switches to allow 2 full months' notice to community pharmacy.

The Committee endorsed the proposal and it was agreed that GlucoRx CarePoint® would replace GlucoRx Finepoint® as the first line insulin pen needle on the formulary. BD Viva® insulin pen needle will remain on the formulary as a second line option.

It was noted that the choice of insulin safety needles will also be reviewed and brought to a future APC meeting.

Agreed action: -

- BHNFT and SWYPFT to provide contact details to the Head of Medicines Optimisation to progress with the choice of insulin safety needles. **GT/SH**

APC 19/100 INFLAMMATORY BOWEL DISEASE (IBD) AND AUTOIMMUNE HEPATITIS (AIH) SHARED CARE GUIDELINE MONITORING AUDIT

The APC had requested that an audit be undertaken to ensure that the required monitoring within the shared care guideline was up to date.

The Committee were presented with the findings from the audit with data collected from 5 GP practices in Barnsley during March and April 2019. The audit primarily looked to see if the required monitoring was up to date for patients prescribed azathioprine, mercaptopurine, methotrexate or mycophenolate for IBD or AIH; and if a signed shared care agreement was in place for patients who had been initiated on one of these drugs for IBD or AIH by BHNFT and handed over to primary care since 2012.

The recommended monitoring was found to be up to date in 76% of patients. More patients who were started on treatment by the Barnsley service had up to date monitoring in place compared with patients who had been commenced on treatment outside of the area (83% compared with 56%).

97% of patients initiated on treatment by the Barnsley service and handed over to primary care since 2012 had a signed shared care agreement in place.

It was noted that any outstanding monitoring either had been, or was in the process of being followed up at practice level.

It was felt that the findings presented a similar outcome seen in other audits undertaken in that the further services are from patients then there can be a decline seen in the quality of specialist monitoring.

The audit results were positive in terms of the majority of patients under the Barnsley service having a shared care agreement in place.

It was noted that work would be undertaken in primary care to raise further awareness of the monitoring requirements through CCG Medicines Management Team members, APC memo, Medicines Management Team newsletter and ScriptSwitch. The MMT would ensure that the specific issues highlighted were actioned at practice level to improve the quality of the specialist drugs service.

Agreed actions: -

- A re-audit would be undertaken after publicising the changes. **DC**

APC 19/101 FORMULARY REVIEWS

19/101.1 Formulary Review Plan

The updated plan was noted and expected dates for Chapter 11 and 14 would be confirmed. **GT**

19/101.2 Chapter 8: Malignant Disease

The formulary review was presented.

The first reviewer was in agreement with the additional suggestions from the second reviewer and it was confirmed that Rituximab (Truxima®) should be prescribed by brand and this would be included in the immunological formulary review section.

The Committee accepted the Malignant Disease formulary review.

Agreed actions: -

- The Lead Pharmacist, BNHFT to process the agreed formulary changes. **GT**
- The Lead Pharmacist, Barnsley CCG to process the agreed traffic light classification changes. **DC**

APC 19/102 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

19/102.1 Ranolazine Amber-G Guidance

The Lead Pharmacist, BHNFT presented the updated guidance following feedback from the LMC.

In response to the feedback received, the guidance has beenupdated to provide information about prescribing with macrolides, clarifying what the risks are with the different macrolides and advising that the medicines information team at BHNFT can advise on alternative antibiotics if necessary. More information has also been included around renal function monitoring and hepatic

function.

The Committee accepted the Ranolazine Amber-G Guidance.

Agreed actions: -

- The Lead Pharmacist, BHNFT to contact the LMC GP representative to ensure that the re-wording of the guidance provided the clarification required. **GT**
- Once approved, the final version would be sent to the Medicines Management Pharmacist to publish. **GT/JH**

APC 19/103 NEW PRODUCT APPLICATION LOG

The log would be updated to note the NPA 103 had not yet been used at the Trust as they were awaiting further trial data to be published. **NB**

APC 19/104 NEW PRODUCT APPLICATION

19/104.1 Levosert®

The Lead Pharmacist, BHNFT presented the new product application, noting an amendment as the license is now for 5 years.

Levosert® was the most cost effective medicated coil based on the 4 year duration of use included in the independent review and therefore provides additional cost savings with an increase in the licensed duration of use to 5 years.

As it was unclear about its intended use and the number of patients it would be used for, the applicant would be asked to provide clarification to the Committee. The applicant would also be asked if Levosert® would be replacing Mirena® on the formulary if approved.

Agreed action: -

- Further information to be obtained from the applicant for consideration at the next meeting. **GT**

APC 19/105 BARNSLEY APC REPORTING MAY 2019

19/105.1 APC Reporting May 2019

Received for information.

In relation to BAPC19/05/01, support is being provided and they are working towards electronic prescribing.

SWYPFT were still awaiting the outcome of their request for funding to support electronic prescribing.

BAPC19/05/03 was discussed and further information was being obtained.

19/105.2 APC Reporting Sub Group Report

Following the Sub Group meeting in April 2019, a summary of points discussed was presented and it was noted that the number of reports received was significantly lower than the previous summary report period.

It was noted that community pharmacy are now starting to submit reports via PharmOutcomes and the CCG MMT had been reminded of the importance of completing reports where applicable, for example, if contacting the Trust with queries.

Appendix A was discussed which showed a summary of key themes according to area between October 2018 and March 2019.

There was a discussion around reports relating to the summary care record noting that these were information omissions or inconsistencies. The risks associated with medics taking the information within the summary care record as 100% up to date were noted. The reasons why the summary care record might not be up to date would be investigated as part of the APC reporting investigation process. It was agreed that the language used in the summary report needs to reflect the actual reasons behind the issues.

Agreed action: -

- The summary report would be updated to ensure appropriate wording is used. **CA**

APC 19/106 NEW NICE TECHNOLOGY APPRAISALS (APRIL 2019)

The Lead Pharmacist, BHNFT **would advise** if the following NICE TAs were applicable for use at BHNFT:- **GT**

- TA573 Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma
- TA574 Certolizumab pegol for treating moderate to severe plaque psoriasis
- TA575 Tildrakizumab for treating moderate to severe plaque psoriasis
- TA576 Bosutinib for untreated chronic myeloid leukaemia (terminated appraisal)
- TA577 Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma

19/106.1 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report.

19/106.2 Feedback from SWYPFT NICE Group

NICE TAs 573 to 577 were not applicable for use at SWYPFT and there was nothing else relevant to report.

APC19/107 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/107.1 Primary Care Quality & Cost Effective Prescribing Group

The primary care QIPP savings, including workstreams supported through the APC delivered in excess of the 2018/19 target which is available for re-investment in the health economy.

The Group discussed the antibiotic challenge around individual practice targets that were set in line with the national targets as some practices were not able to meet them. The CCG MMT are working with those practices to implement individual action plans.

19/107.2 BHNFT

The Chief Pharmacist noted that the smoking cessation pathway would be scrutinised at the next MMC.

The Lead Pharmacist, SWYPFT fed back that the smoking cessation service had confirmed that they had not been advising to use Champix® (Varenicline) first line.

The Head of Medicines Optimisation had received data showing quit rates and this would be shared with the Chief Pharmacist, BHNFT. **CL**

19/107.3 SWYPFT Drug and Therapeutics Committee

Item discussed at 19/109.

APC 19/108 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the following issue to Q&PSC: - **CL**

- Inflammatory Bowel Disease and Autoimmune Hepatitis Shared Care Guideline Monitoring Audit

APC 19/109 HORIZON SCANNING DOCUMENT (APRIL 2019)

The Committee assigned the following classifications to the products listed below: -

Trastuzumab (biosimilar) 150mg powder for concentrate for solution for infusions (Trazimera®▼, Pfizer) – **Non-formulary provisional red**

Prasugrel (generic) 5mg & 10mg film-coated tablets (Prasugrel, Consilient Health & Thornton & Ross) – **Already formulary green**

Prasterone 6.5mg pessary (Intrarosa®▼, Theramex) – **Non-formulary provisional grey**

Darunavir (generic) 600mg & 800mg film-coated tablets (Darunavir, Dr Reddy's) – **Already formulary red**

Inotersen 284mg solution for injection in pre-filled syringe (Tegsedi®▼, Akcea Therapeutics UK) – **Non-formulary provisional red**

Influenza virus (inactivated split virion) 0.5ml suspension for injection in a pre-filled syringe (Trivalent Influenza Vaccine (Split Virion, Inactivated) High Dose▼, Sanofi Pasteur) – **Already green**

Sucralfate 1g in 5mL oral suspension (Antepsin®▼, Sigma Pharmaceuticals) **– Non-formulary provisional grey**

Topiramate 10mg/ml and 20mg/ml oral suspension (Topiramate, Rosemont Pharma) – **Formulary amber**

Melatonin 1mg & 5mg prolonged-release tablets (Slenyto®, Flynn Pharma) – **Non-formulary provisional amber**

Ibrutinib 140mg, 280mg, 420mg and 560mg film-coated tablets (Imbruvica®▼, Janssen-Cilag) – **Already red**

Perampanel 0.5mg/ml oral suspension (Fycompa®, Elsai) – **Formulary amber**

Melatonin 1mg & 5mg prolonged-release tablets (Slenyto®)

Enclosure M3 was presented by the Lead Pharmacist, SWYPFT which was discussed at length at the last SWYPFT Drugs and Therapeutic Committee.

Slenyto® is indicated for the treatment of insomnia in children and adolescents aged 2-18 with Autism Spectrum Disorder (ASD) and / or Smith-Magenis syndrome, where sleep hygiene measures have been insufficient.

Slenyto® was significantly more expensive that Circadin® which is only licensed for use in adults.

Following discussion, it was agreed that it would be taken as an opportunity to review all melatonin prescribing which may result in avoiding unnecessary appointments/referrals into the service and supporting guidance would be produced to assist with this.

It was agreed that a new product application would not be required to be submitted to the Committee.

It was agreed that Melatonin 1mg & 5mg prolonged-release tablets (Slenyto®) would be classified non-formulary provisional amber.

Agreed actions: -

- A full review of all melatonin prescribing would be undertaken and supporting guidance would be developed. **SH**

APC19/110 MHRA DRUG SAFETY UPDATE (APRIL 2019)

The update was noted for information, highlighting the following: -

- Valproate medicines and serious harms in pregnancy: new Annual Risk Acknowledgement Form and clinical guidance from professional bodies to support compliance with the Pregnancy Prevention Programme
  - Revised Annual Risk Acknowledgement form
  - NICE guidance summary
  - Pan-college guidance
  - Paediatric guidance

Following a number of reports from GPs around the referral process, the Lead Pharmacist, SWYPFT advised that the flow chart around referral and risk assessment has now been finalised which provides advice about how to refer into the service. This would be emailed to the Lead Pharmacist (DC), Barnsley CCG to share with primary care. **SH/DC**

- Pregabalin (Lyrica®), gabapentin (Neurontin®) and risk of abuse and dependence: new scheduling requirements from 1 April.

APC 19/111 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) Newsletter 2019 – Issue 2

Noted for information. The Community Pharmacist highlighted the Polypharmacy and Medicines Compliance Aids updates which could be utilised and incorporated into current work streams. **CL**

APC 19/112 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Rotherham CCG (13th March 2019) and NHS Sheffield CCG (21st March 2019) were received and noted.

APC 19/113 ANY OTHER BUSINESS

19/113.1 Shared Care and Referrals

The Head of Medicines Optimisation noted that there had been a discussion at the CCG MMT meeting about producing some guidance out to primary care around how to manage instances where patients are discharged from the service and when it was appropriate to refer the patient back in.

19/113.2 Freestyle Libre®

The Community Pharmacist shared details of an issue on a repeat prescription and the full details would be shared with the CCG MMT. The updated guidance will be presented at the June 2019 APC meeting. **TB**

APC 19/114 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 12th June 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.