NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 10th June 2020 via MS Teams

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)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Nicola Brazier	Administration Officer (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)

ACTION BY

APC 20/77 QUORACY

The meeting was quorate.

The Chair reflected on the new COVID world, noting that licensing of products, MHRA alerts etc haven't stopped and neither has the need for this Committees work, put on hold to get through COVID. The Chair welcomed members back acknowledging the pressures we continue to work under during the pandemic and the constraints of the current position, adapting and reviewing decisions as the position changes. There is a real recognition to be made about integrated working with every patient contact, fewer face to face contacts and development of remote working.

APC 20/78 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Head of Medicines Optimisation declared that she signs rebate agreements on behalf of the CCG, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. A full list is available on the website.

APC 20/79 DRAFT MINUTES OF THE MEETING HELD ON 11th MARCH 2020

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

ADOPTED

APC 20/80 MATTERS ARISING AND APC ACTION PLAN

20/80.1 Anticoagulation for Stroke Prevention in Non-Valvular AF Guidance (Updated)

The guidance would be taken to the next LMC meeting and brought back to the APC. Copies of, or links to any guidance used at BHNFT relating to anticoagulation for any indication to be sent to the Head of Medicines Optimisation to ensure accurate referencing in the primary care anticoagulation guidance.

Following a number of queries in primary care around the extremes of body weight information and at what point to consider warfarin instead of a DOAC, clarity from the specialists was needed regarding the use of DOACs in patients at extremes of body weight to ensure that the upper and lower weight limits in the guidance reflect local practice

Agreed action:

- A list of guidance used at BHNFT relating to anticoagulation for any indication to be sent to the Head of Medicines Optimisation. **GT**
- The guidance to be taken to the next LMC meeting. **JH/CL**
- Clarity from the specialists to be obtained regarding the use of DOACs in extremes of body weight to ensure that the upper and lower weight limits in the guidance reflect local practice. **GT**

20/80.2 Co-amoxiclav – Communication of antibiotic prescribing from ED attendances

The Lead Pharmacist advised that Medway was put on hold as a result of COVID but was expected to go 'live' at the beginning of July 2020. Confirmation would be sought from Medway that the system has the facility to include information regarding antibiotics supplied to a patient, either in a mandatory field or free text.

Agreed action:

- The Lead Pharmacist to confirm that the Medway system has the facility to include the information regarding antibiotics supplied and confirm the importance is communicated to the ED Team **GT**

Action Plan – other areas

20/80.3 Discharge letter audit – BHNFT action plan

The final report is due to be presented to the next Quality & Patient Safety Committee and the Trust would be advised of the next meeting date.

The Chief Pharmacist advised that the Trust stopped using the E-form D1 (not Medway) and reverted back to using ICE during COVID and may continue to use this platform going forward.

Agreed action: -

- The Trust to be advised of the date for the next Quality and Patient Safety Committee. **NB**
- The Chief Pharmacist, BHNFT to ensure a copy of the final report is submitted to the Quality and Patient Safety Committee.

ADOPTED

***Post meeting note**: the D1 Audit Report will be presented to the Quality and Patient Safety Committee on 2nd July 2020.*

20/80.4 Draft Melatonin Guidance

The Lead Pharmacist, SWYPFT to provide timescales for completion of the guidance which other SWYPFT colleagues were producing in order to inform/direct the production of interim Barnsley amber G guidance.

Agreed action: -

- The Lead Pharmacist, SWYPFT to provide timescales for completion of the guidance. **SH**

APC 20/81 COVID-19 MEDICINES AND PRESCRIBING INFORMATION

The Head of Medicines Optimisation advised that during the COVID-19 pandemic, a level 4 NHS England command and control structure has been in place with lots of new guidance being shared for use around medicines. In response, the MMT have been sharing local guidance to support primary care with interpreting the guidance. An example of further guidance produced was shared, to support primary care prescribers in their approach to reviewing patients when changing from warfarin to a DOAC and information to take into consideration.

The Committee were advised that all the guidance has been collated and is hosted on the BEST website.

It was acknowledged that the Trust and SWYPFT have also received new guidance and organisations may wish to share and host these documents.

It was recognised that guidance issued during the pandemic will need a programme of review in the future through the APC but it was all relevant now.

APC 20/82 ANTIPLATELET GUIDANCE (UPDATED)

The updated guidance was presented and feedback from the LMC shared. It was felt to be a particular challenge around knowing diagnosis and receiving the information in primary care.

The Lead Pharmacist, BHNFT asked that APC reports be submitted should full diagnosis not be provided to primary care.

Subject to satisfactory action to the LMC feedback, the Committee approved the guidance.

Agreed action: -

- A copy of the email detailing feedback from the LMC to be shared with the Lead Pharmacist, BHNFT. **JH**
- The Lead Pharmacist, BHNFT to pick up concerns around communicating diagnosis to Primary Care with the cardiologists. **GT**

APC 20/83 RUBEFACIENTS POSITION STATEMENT (NEW)

The position statement has been produced to support work around

ADOPTED

the NHS England guidance 'Items which should not routinely be prescribed in Primary Care'.

It was recognised that further work around communication and implementation of the guidance in primary care would be required post COVID but it was agreed that no new patients should be initiated on rubefacients. It was noted that some patient reviews were undertaken last year as part of the primary care Medicines Optimisation Scheme.

There was a query relating to Movelat Relief® cream/gel and Difflam® cream being non-steroidal but the statement had been produced in line with PrescQIPP. This would be clarified with PrescQIPP.

Subject to clarification of above, the Committee approved the position statement.

Agreed action: -

- Clarification to be sought from PrescQIPP. **DC/JH**
- Information to be circulated to primary care advising that no new patients should be initiated on rubefacients. **JH**

APC 20/84 SSP FLUOXETINE 40MG CAPSULES (FOR INFORMATION)

Received for information.

There was discussion around the significant workload and pressure on primary care during COVID with out of stocks and this would be highlighted and escalated to the Quality & Patient Safety Committee (Q&PSC).

The Head of Medicines Optimisation advised that she was linking in with LRF on medicines issues through webinars and LRF are taking action and trying to understand what the issues/complications around out of stocks are. They also recognise the workload on community pharmacies and are also working with them to try and improve the position on the out of stocks.

Agreed action: -

- Out of stock issues and significant workload and pressure on primary care to be escalated to Q&PSC. **CL**

APC 20/85 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

20/85.1 <u>Cabergoline Amber G guidance (updated)</u>

The Medicines Management Pharmacist presented the updated guidance with tracked changes. This has been endorsed by Professor Jones.

No comments received and the Committee approved the guidance.

20/85.2 <u>Goserelin Amber G guidance (updated)</u>

The Medicines Management Pharmacist presented the updated guidance with minor amendments.

ADOPTED

No comments received and the Committee approved the guidance.

20/85.3 Dapagliflozin for Type 1 Diabetes Amber G guideline

The Medicines Management Pharmacist advised that a draft guideline had been produced and sent to the specialists. The feedback received from the specialists advised that this should not be considered at this time as national guidance says to cease the use of SGLT2 inhibitors in type 1 diabetes during the pandemic.

The Committee were asked if this should be classified as red for type 1 diabetes along with sotagliflozin. The Committee agreed.

As there may be patients on dapagliflozin for type 1 diabetes in the community, urgent guidance was required from the specialists about how to manage these patients effectively during the pandemic response.

Agreed actions: -

- Urgent guidance was required from the specialists about how to manage effectively patients with type 1 diabetes on dapagliflozin during the pandemic response. **GT**
- Patient data to be gathered and shared with specialists. **DC**

APC 20/86 FORMULARY REVIEWS

20/86.1 Formulary Review Plan (for information)

The Lead Pharmacist (DC) advised that some changes had been made to review dates due to COVID. The CNS second review is now complete and some dates were yet to be confirmed.

20/86.2 Formulary Review – Chapter 12: ENT

The Senior Pharmacist, Interface (BHNFT) presented the ENT formulary review.

Chloramphenicol ear drops are currently listed but the Trust use the Chloramphenicol eye drops and not the ear drops. It was agreed to change the formulary to off-license use of eye drops.

It was agreed that Ciprofloxacin 0.2% EAR drops (Cetraxal®), now licensed for Otis Externa would be added to the formulary (green classification) as a licensed product.

Clarity was required around the status of Tranexamic acid 5% mouthwash which was red on formulary and green on the traffic light list.

Subject to the above amendments and clarity around Tranexamic Acid Mouthwash, the Committee accepted the ENT formulary review.

Action required: -

- Clarity was required around the status of Tranexamic acid 5% mouthwash. **DC**

***Post meeting note**: the APC agreed on 11 July 2018 that the traffic light list and formulary status should be red for Tranexamic Acid Mouthwash.*

ADOPTED

APC 20/87 NEW PRODUCT APPLICATION LOG

The Lead Pharmacist was waiting to obtain a copy of the full paper in relation to Ferric Maltol to be published to be able to do a review. The Consultant Gastroenterologist (BHNFT) to discuss the use of Ferric Maltol (formulary red) at the next IBD MDT.
Ensure Plus Advance to be discussed at the next meeting.

An update to be obtained in relation to the wound care product Cutimed Sorbact Gel. **NB**

APC 20/88 BARNSLEY APC REPORTING APRIL, MAY AND JUNE 2020

Received and noted for information.

It was agreed that information would be included in the MMT newsletter around rotation of antibiotics for use for no longer than 6 months with reference to the antibiotic guidelines and referral to the urologist if issues after that. **CA**

APC20/89 NEW NICE TECHNOLOGY APPRAISALS (MARCH, APRIL AND MAY 2020)

20/89.1 <u>NICE TAs March 2020</u>

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

- TA464 (updated July 19) Bisphosphonates for treating osteoporosis

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

- TA625 Recombinant human parathyroid hormone for treating hypoparathyroidism (terminated appraisal)

20/89.2 <u>NICE TAs April 2020</u>

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

- TA627 Lenalidomide with rituximab for previously treated follicular lymphoma

20/89.3 <u>NICE TAs May 2020</u>

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

- TA628 Lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer

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

- TA629 Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab
- TA630 Larotrectinib for treating NTRK fusion-positive solid tumours – awaiting feedback

20/89.4 <u>Feedback from BHNFT Clinical Guidelines and Policy Group</u>

There was nothing significant to report.

20/89.5 <u>Feedback from SWYPFT NICE Group</u>

There was nothing significant to report.

ADOPTED

APC 20/90 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

20/90.1 Primary Care Quality & Cost Effective Prescribing Group

The Group have not met during the COVID-19 pandemic.

20/90.2 BHNFT

For information, the Lead Pharmacist advised the Committee that the Trust were starting to use Remdesivir, an investigational antiviral compound undergoing clinical trials as a potential treatment for COVID-19. This will be on the early access medicines scheme.

The Chief Pharmacist advised that the Trust is looking to implement electronic prescribing in outpatients. This is currently at the testing stage and the APC will be updated on progress. **MS**

20/90.3 SWYPFT Drug and Therapeutics Committee

There was nothing significant to report.

APC 20/91 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

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

- APC meetings reinstated
- D1 Audit Report
- Out of stock issues and the significant workload and pressure on primary care

APC 20/92 HORIZON SCANNING DOCUMENT (MARCH, APRIL, MAY 2020)

20/92.1 Horizon Scanning – March 2020

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

Omeprazole (generic) 2 mg/mL 4 mg/mL powder for oral suspension (Rosemont) – **formulary green for administration via feeding tubes only and grey for all other indications.** GT to feedback views from paediatricians. **GT**

Tofacitinib 11 mg prolonged-release tablets (Xeljanz®▼, Pfizer) – **already formulary red**

Exenatide 2 mg prolonged-release suspension for injection in pre-filled pen (BCise) (Bydureon®, AstraZeneca) - **already non-formulary provisional amber-G**

Methylphenidate 10 mg, 20 mg, 30 mg, 40 mg & 60 mg prolonged-release hard capsules (Ritalin XL®, Novartis) - **non-formulary provisional amber**

Mifepristone & misoprostol 200mg oral tablet & 0.2 mg vaginal tablets (Medabon®, Ranbaxy) - **non-formulary provisional red restricted**

Benzylpenicillin benzathine (generic) 1.2 & 2.4 million IU powder & solvent for suspension for injection (Brancaster Pharma) - **formulary red**

Arsenic trioxide (generic) 1 mg/mL concentrate for solution for infusion (Accord) - **non-formulary provisional red**

Trazodone (generic) 50 mg & 100 mg tablets (Accord) - **already formulary green**

Ivabradine (generic) 2.5 mg film-coated tablets (Advanz Pharma) - **already formulary amber-G restricted**

Captopril (generic) 5 mg/5 mL & 25 mg/5 mL oral solution (Ten Pharma) - **already formulary green**

ADOPTED

20/92.2 Horizon Scanning – April 2020

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

Polatuzumab vedotin 140 mg powder for concentrate for solution for infusion (Polivy ®▼, Roche Products Ltd) **- non-formulary provisional red**
Tafamidis 61 mg soft capsules (Vyndaqel ®▼, Pfizer) - **non-formulary provisional red**
Brolucizumab 120 mg /ml solution for injection in pre-filled syringe (Beovu®▼, Novartis) - **non-formulary provisional red**
Azelastine 0.5mg/ml eye drop solution (Brown and Burk UK Ltd) - **non-formulary provisional green**
Rurioctocog alfa pegol 250 IU, 500 iU, 1000 IU & 2000 IU powder and solvent for injection (Adynovi®, Shire Pharmaceuticals) - **non-formulary provisional red**
Disulfiram (generic) 200mg tablets (Brown and Burk) - **already formulary amber-G**
Mogamulizumab 4 mg/mL concentrate for solution for infusion (Poteligeo®▼, Kyowa Kirin Ltd) - **non-formulary provisional red**
Estradiol1.53 mg/actuation transdermal spray Lenzetto®, Gedeon Richter Plc) - **non-formulary provisional grey**
Methylthioninium chloride (generic) 10 mg/ml sterile concentrate for solution for injection (Flexipharm Austrading Limited) - **formulary red**
Human Fibrinogen 1g powder and solvent for solution for injection / infusion (Fibryga®▼, Octapharma Limited) - **already formulary red**
Erlotinib hydrochloride (generic) 25 mg & 150 mg film coated tablets (Zentiva) - **already formulary red restricted**
Noradrenaline 0.08 mg/mL & 0.16 mg/mL solution for infusion (Sinora®, Sintetica Ltd) - **non-formulary provisional red**
Galantamine 8 mg, 16 mg, 24 mg prolonged-release capsules (Gaalin®, Aurobindo) - **non- formulary provisional amber-G**

20/92.3 Horizon Scanning – May 2020

The Committee assigned the following classifications to the products listed below: -
Tobramycin 300 mg/5 ml nebuliser solution (Munuza®, Aristo Pharma Limited) - **already formulary red restricted**
Octreotide (generic) 200 microgram/ml & 50 microgram/ ml solution for injection (Ranbaxy) - **already formulary amber**
Cinacalcet (generic) 30 mg, 60 m & 90 mg film-coated tablets (Accord Healthcare Ltd) - **already formulary red restricted**
Voriconazole (generic) 50 mg, 100 mg & 200 mg film-coated tablets (Aristo Pharma Limited) - **already formulary red**
Aflibercept 40 mg/ml solution for injection in pre-filled syringe. (Eylea®, Bayer plc) - **already formulary red**
Posaconazole (generic) 40 mg / mL oral suspension (Accord Healthcare Limited) - **already formulary red**
Treosulfan 1 g & 5 g powder for solution for infusion (Trecondi®, medac GmbH) - **non-formulary provisional red**
Tamsulosin / dutasteride 400mcg / 500 mcg hard capsules (Dutrozen®, Zentiva) - **non-formulary provisional grey**

20/92.4 Other

Liquid paraffin ocular lubricant - Change formulary green entry

from VitA-POS® to HYLO NIGHT® as the product has undergone a name change. The Dry Eye Treatment guidelines have been updated with a minor amendment and will be added to the BEST website. **JH**

APC 20/93 MHRA DRUG SAFETY UPDATE (MARCH, APRIL, MAY 2020)

20/93.1 March 2020 Drug Safety Update

The update was noted with the following information highlighted: -

Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression

Benzodiazepines and opioids can both cause respiratory depression, which can be fatal if not recognised in time. Only prescribe together if there is no alternative and closely monitor patients for signs of respiratory depression.

20.93.2 April 2020 Drug Safety Update

The update was noted with the following information highlighted: -

Coronavirus (COVID-19): latest guidance for medicines safety

The CCG has incorporated relevant information into the primary care signposting document on the BEST website.

During the pandemic, healthcare professionals, patients, and caregivers are asked to submit all suspected side effect reports electronically to enable us to process reports while working remotely. If you sent a Yellow Card by post after 17 March 2020, and you have not received an acknowledgement of your report, you may wish to resubmit your suspected side effect electronically.

20.93.3 May 2020 Drug Safety Update

The update was noted with the following information highlighted: -

Coronavirus (COVID-19): new dedicated Yellow Card reporting site for medicines and medical devices

Reporting to the new site will enable the MHRA to rapidly identify new and emerging side effects and medical device incidents in COVID-19 treatment, including side effects for medicines taken by patients to manage long-term or pre-existing conditions.

Valproate Pregnancy Prevention Programme: temporary advice for management during coronavirus (COVID-19)

Guidance has been published to support initiation of valproate in female patients and for annual review and pregnancy testing during the coronavirus pandemic.

There is a link to this guidance on the BEST website and the SWYPFT COVID section on the intranet includes a summary of this for consultants with a link to the full guidance. This has been sent to all consultants.

The Committee were advised that sodium valproate products are now classed as Special Containers with a sub pack of 10. This means that from 1st June 2020, all supplies will be in multiples of 10 to the nearest 10.

ADOPTED

APC 20/94 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The Head of Medicines Optimisation provided an update following attendance at NEY meetings during the pandemic advising that she would be linking with pharmacy leads in Barnsley and HOMMs for CCGs across the SYB region, taking forward a networking plan.

APC 20/95 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

No minutes available.

APC 20/96 ANY OTHER BUSINESS

20/96.1 Gliclazide MR

Clarity was required around the formulary status and this would be brought back to the meeting. **JH**

20/96.2 Amber G guidance

The Lead Pharmacist, BHNFT asked the Committee if a discharge letter was adequate communication to the GP to advise that an amber G drug had been started during an in-patient admission. It was agreed that this would be discussed further outside of the meeting. **GT/DC/ JH**

20/96.3 Vedolizumab Subcutaneous

The Lead Pharmacist, BHNFT advised that Vedolizumab subcutaneous was now available and in light of COVID, the gastroenterologists wished to change to subcutaneous to help reduce hospital attendance.

It was agreed that a briefing paper would be brought to the next meeting or circulated to members by email to progress this as soon as possible.

Agreed action: -

- The Lead Pharmacist, BHNFT to produce a briefing paper. **GT**

20/96.4 Antibiotic Guidance

The Medicines Management Pharmacist advised that minor amendments had been made in the gonorrhoea section and the guidance was available on BEST.

APC 20/97 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th July 2020 at 12.30 pm via MS Teams.

ADOPTED