NHS
Barnsley
Clinical Commissioning Group

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 8th July 2020 via MS Teams**

**MEMBERS:**

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| 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) |
| Dr Rebecca Hirst | Palliative Care Consultant (Barnsley Hospice) |
| Sarah Hudson | Lead Pharmacist (SWYPFT) |
| Dr Kapil Kapur (up to 20/109.2) | Consultant Gastroenterologist (BHNFT) |
| Dr Abdul Munzar | General Practitioner (LMC) |
| Mike Smith | Chief Pharmacist (BHNFT) |

**IN ATTENDANCE:**

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| 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 Jeroen Maters | General Practitioner (LMC) |

**ACTION BY**

**APC 20/98 QUORACY**

The meeting was quorate.

**APC 20/99 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 20/100 DRAFT MINUTES OF THE MEETING HELD ON 10th JUNE 2020**

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

**APC 20/101 MATTERS ARISING AND APC ACTION PLAN**

20/101.1 <u>Anticoagulation for Stroke Prevention in Non-Valvular AF Guidance – DOACs in extremes of body weight</u>

As discussed at the last meeting, clarification was required from the specialists 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. The Head of Medicines Optimisation gave some background to the reason for needing to fast track this work, noting that due to COVID and receiving guidance about delaying monitoring, there is now a significant backlog with a high number of patients on DOACs. The Committee were advised that a letter has gone out to Primary Care to prioritise reviewing those patients and those on other

high risk medicines, and in order to support clinicians in practices undertaking the reviews, we need clarification on the local consensus around the upper and lower body weight limit so that across Barnsley, all are taking a similar approach accepting that there always needs to be an individual patient decision made.

The Lead Pharmacist, BHNFT would take this back for urgent clarification.

**Agreed action: -**

- The Lead Pharmacist, BHNFT to seek urgent clarification from the specialists. **GT**

20/101.2 Communication of antibiotic prescribing from ED attendances

The Lead Pharmacist to follow up with Medway to clarify if 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 follow up with Medway. **GT**

20/101.3 Antiplatelet Guidance

Following feedback from the LMC at the last meeting that it was felt to be a particular challenge around knowing diagnosis and receiving the information in primary care, the Lead Pharmacist, BHNFT noted that no change was required to the guidance but clear diagnosis on the discharge letter was needed. The degree to which primary care challenge this if not documented as per the guidance would be taken back to the LMC.

**Agreed action: -**

- The Head of Medicines Optimisation to take this back to the LMC. **CL**

20/101.4 Rubifacients Position Statement

At the last meeting there was a query relating to Movelat Relief® cream/gel and Difflam® cream being non-steroidal. The Medicines Management Pharmacist had sought clarity from PrescQIPP who advised that some products had changed their ATC codes to go under the NSAID category.

It was agreed to document in the position statement that Difflam® cream is classified as a non-steroid for topical use, however benzydamine has physicochemical properties and pharmacological activities which differ from those of the aspirin-like NSAIDs (e.g. it is only a weak inhibitor of prostaglandin synthesis), hence it has been included as a rubefacient within this guidance with a non-formulary grey classification.

Subject to adding the above information, the Committee approved the position statement.

**Agreed action:**-

- Additional information above to be included in the position statement. **JH**

20/101.5 NICE TAs May 2020

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

- TA629 Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab

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

- TA630 Larotrectinib for treating NTRK fusion-positive solid tumours

20/101.6 Omeprazole oral suspension - feedback from paediatricians

Following discussion at the last meeting, the paediatricians confirmed they were in agreement with the assigned classification of formulary green for administration via feeding tubes only and grey for all other indications. The paediatric pharmacist would monitor prescribing.

**Agreed action: -**

- This would be annotated on the formulary. **GT**

20/101.7 Gliclazide MR

At the last meeting, clarity was required around the formulary status due to conflicting information on the traffic light list and formulary. It was agreed to classify Gliclazide MR formulary grey on the traffic light list and formulary.

Action Plan – other areas

20/101.8 Discharge letter audit – BHNFT action plan

The Head of Medicines Optimisation noted that the D1 Audit Report was taken to the Quality and Patient Safety Committee on 2nd July 2020 and was well received. It was noted that the D1 e-form had been withdrawn at the beginning of the COVID pandemic and the Medway system introduced.

There would be a discussion at the next Governing Body meeting around any amendment to the risk register but given the introduction of the new Medway system, the risk score may not change.

20/101.9 Draft Melatonin Guidance

Discussed under formulary review section below at 20/107.2.

**APC 20/102 VEDOLIZUMAB SUBCUTANEOUS**

The Lead Pharmacist, BHNFT presented the paper, noting that vedolizumab infusion is currently used by BHNFT for the management of moderately to severely active inflammatory bowel disease (both Ulcerative Colitis and Crohn's Disease) patients. This summary is to provide information on the availability of a new subcutaneous formulation of vedolizumab for the same indications.

The benefits and effectiveness of using the subcutaneous formulation were highlighted.

BHNFT colleagues confirmed that they plan to use the subcutaneous formulation instead of IV only where they would have normally used vedolizumab, which was in a small number of patients. Vedolizumab

IV infusion is currently fourth line after infliximab, adalimumab and ustekinumab and there would be no change to place in therapy.

Assurance was given that district nurses would not be picking up administration in the community, the homecare company would provide nursing staff should the patient require administration; however it was noted that the majority of patients would be trained to administer this themselves.

The Committee approved the proposal to use the subcutaneous formulation instead of IV where they would have normally used vedolizumab.

**APC 20/103 LIDOCAINE PATCHES**

In response to an APC report, the Senior Interface Pharmacist, (BHNFT) submitted a request, on behalf of a Care of Elderly Consultant, to change the classification of Lidocaine 5% Medicated Plasters to 'red' for use post rib trauma/fractures and post falls in older frail patients with the intention that they should only be used on a short term basis (around 2-4 weeks) until rib fractures heal. It was felt they are better tolerated and have fewer systemic side effects than systemic analgesia, and controlling pain better enables for deeper breaths, easier movement and hopefully a reduced risk of secondary bacterial pneumonia from immobility related to pain. The team are asked to document on the TTO that they should be for short term use only.

There was concern raised that primary care would be asked to continue prescribing after 4 weeks and it was requested that there be a mechanism for GPs to refer patients back to the specialist in these instances. The Palliative Care Consultant advised that any request to prescribe lidocaine patches for palliative care patients should be referred to specialist palliative care. Any request to primary care to continue prescribing for this indication after 4 weeks should be reported via APC reporting.

The Committee agreed to change the classification of Lidocaine 5% Medicated Plasters for use post rib trauma/fractures and post falls in older frail patients to 'red' with direction around 2-4 weeks use post fracture.

20/103.1 <u>Increased activity from Secondary Care to Primary Care</u>

There were concerns raised and a lengthy discussion took place around the significant increase in ordinarily secondary care activity moving to primary care i.e. increase in requests for blood tests/checks/prescriptions etc as a result of COVID.

These concerns have been raised with the CCG and the LMC and APC reports may start to capture issues.

The Head of Medicines Optimisation advised that discussions have taken place in COVID Pharmacy Leads meetings about how to coordinate getting supplies to patients from outpatient appointments, with acknowledgement that for those managed by outpatient services, processes and systems were put in place. However as services are

starting to re-open, additional and new work is coming through to primary care and discussions need to take place around how this is managed.

The Head of Medicines Optimisation agreed that this issue would be escalated to the Planned Care 'cell' to take forward as a piece of medicines management work to look at systems and processes and agree a collaborative approach. The Chief Pharmacist would also escalate this issue to the Trust Outpatient Modernisation Steering Group.

Trust colleagues advised that the majority of staff were working from the hospital to try and deliver services to patients but it was noted that there is currently no electronic prescribing facility at the Trust resulting in possible patient flow to the GPs to issue prescriptions.

The Chief Pharmacist advised that electronic prescribing should be available in outpatients this month.

It was agreed to expand APC reporting to capture wider interface issues around requests for tests or procedures to be undertaken which are felt to be inappropriate.

**Agreed actions: -**

- The Head of Medicines Optimisation to escalate this issue to the Planned Care 'cell' to take forward as piece of work to look at systems and processes and agree a collaborative approach. **CL**
- The Chief Pharmacist to escalate to the Trust Outpatient Modernisation Steering Group **MS**
- Discuss further at the next APC meeting. **NB**

**APC 20/104 PRESCRIBING AND DISPENSING GUIDELINES**

The guidelines, previously been presented to the APC as 'Gold Standards' were presented with tracked changes to highlight amendments made. These have been produced to improve and support the quality, communication and working between GP practices and community pharmacies, and have been approved by the LMC and LPC.

Subject to the addition of Barnsley Hospice under 'Prescribing Requests made by other Healthcare Professionals', the Committee approved the guidelines.

**Agreed action:**

- In the Prescribing Guidelines, Barnsley Hospice to be added under 'Prescribing requests made by other Healthcare Professionals'. **JH**

**APC 20/105 ALIMEMAZINE POSITION STATEMENT**

The Medicines Management Pharmacist presented the new alimemazine position statement produced following the change of the classification to non-formulary grey.

The Committee approved the position statement.

**APC 20/106 PRESCRIBING OF SODIUM-GLUCOSE COTRANSPORTER-2 INHIBITORS (SGLT2 INHIBITORS) DURING THE COVID-19 PANDEMIC**

The Medicines Management Pharmacist presented the guidance which has been developed following feedback from the specialists that the use of dapagliflozin in type 1 diabetes should cease during the pandemic, hence the change of classification of dapagliflozin in type 1 diabetes from amber-G to red.

The specialist was contacted to seek advice on the management of patients taking dapagliflozin for type 1 diabetes during the pandemic and the reply noted that she would require assistance from the hospital pharmacy to identify these patients but would then be able to offer advice and provide support with stopping dapagliflozin in type 1 patients. Specialist support would also be provided for the small number of patients identified in the community.

It was noted that the draft guidance presented has been sent to the specialists numerous times with no feedback provided. Feedback was shared from the Lead Nurse for Diabetes at The Healthcare Federation around needing a more definite answer on whether to initiate in type 2 diabetes patients. As there is no national guidance stating not to initiate, the Committee were unable to provide any additional information within the guidance. A formal response would be required about how to change the guidance should issues be raised.

The use of SGLT2 inhibitors in type 2 diabetes should continue during the pandemic if the patient is well.

The Committee approved the guidance.

**APC 20/107 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES**

There were no guidelines to review.

**APC 20/108 FORMULARY REVIEWS**

20/108.1 <u>Formulary Review Plan (for information)</u>

The Lead Pharmacist (DC) advised that some changes have been made to extend review dates due to COVID.

20/108.2 <u>Melatonin</u>

The Head of Medicines Optimisation discussed issues faced in primary care when prescribing melatonin and the requirement for a clinical need letter when specifying an unlicensed liquid brand. The Colonis melatonin liquid preparation contains propylene glycol which may be problematic in children and it is not licensed for use in those under 18. At present, prescribers are advised specify preferred brand Kidmel or Neomel as the unlicensed Kidmel or Neomel products are better suited to the paediatric population.

There was an urgent need to produce guidance given risks to patients not getting hold of medications in a timely manner and financial pressures as a result of increased costs.

The Lead Pharmacist, SWYPFT confirmed that they were also experiencing the same issues with requests to provide a letter of clinical intent from prescribers asking why they're requesting other brands as the Colonis product is a licensed product, although not suitable for children.

The Lead Pharmacist (DC) advised that the current shared care guideline advises to crush Circadin® tablets first line and only use a liquid if it needs to be administered via a feeding tube. There have been reports of patients being started on both modified release capsules and liquid which may be adding to the increase in costs. It was agreed that issues including inappropriate requests for the liquid should be reported via APC reporting.

It was agreed that draft melatonin guidance would be produced and brought back to the next meeting.

**Agreed action:**

- Draft Amber G guidance to be brought to the next meeting. **DC/SH**

20/108.3 Chapter 4: CNS (Mental Health Section)

The Lead Pharmacist, SWYPFT presented the formulary review.

It was agreed that draft melatonin guidance would be produced and brought back to the next meeting.

Other than the melatonin in flux, there were no major changes to note and the Committee accepted the CNS (Mental Health Section) formulary review.

20/108.4 Chapter 5: Infections

The Senior Pharmacist, Interface (BHNFT) presented the formulary review and the following amendments were agreed: -

- Fosfomycin - classification to be changed to red
- Colomycin - classified Amber with shared care guidance issued by specialist centre initiating
- Streptomycin – red classification on TLL and formulary
- Ciprofloxacin – grey classification agreed
- Ofloxacin - grey classification on TLL and formulary
- Sodium Fusidate – classification to be changed to red
- Moxifloxacin – grey classification agreed noting that it is also included in the primary care formulary as 2nd line option for pelvic inflammatory disease in line with NICE

Subject to the above changes, the Committee accepted the Infections formulary review section. **LC**

**APC 20/109 NEW PRODUCT APPLICATION LOG**

Noted.

**APC 20/110 BARNSLEY APC REPORTING JULY 2020**

20/110.1 APC Reporting July 2020

Report received but due to time pressure, it was agreed to bring the July report back for discussion to the next meeting. **CA**

20/110.2 APC Reporting July 2020 Key Themes

The Lead Pharmacist (CA) presented the key themes report noting a significant issue relating to a dispensing error.

There was a discussion around the process for APC reporting to escalate significant issues but there was assurance that each organisation has its own reporting and investigation mechanisms i.e. CCG Quality Committee and GpHC. It was acknowledged that there are other investigation routes that patients can follow if unhappy with internal investigations.

It was noted that community pharmacy have started using some of the incidents as learning experiences through newsletters and BEST events which is one of the purposes of APC reporting.

There was discussion around the mechanisms in place to gather intelligence to identify incident trends and sharing of information with colleagues and the Head of Medicines Optimisation spoke of the Primary Care Quality Committee, for which she would check if the Committee had been reinstated in light of COVID.

**Agreed action: -**

- The Head of Medicines Optimisation to check if the Primary Care Quality Committee has been reinstated in light of COVID. **CL**

**APC20/111 NEW NICE TECHNOLOGY APPRAISALS (JUNE 2020)**

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

- TA633 Ustekinumab for treating moderately to severely active ulcerative colitis

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

- TA626 Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure
- TA631 Fremanezumab for preventing migraine
- TA632 Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer **(not applicable but used at Weston Park Hospital and this would be clearly stated on the formulary)** **GT**
- TA634 Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma (**terminated appraisal**)
- TA635 Ramucirumab with erlotinib for untreated EGFR-positive metastatic non-small-cell lung cancer (**terminated appraisal**)
- TA636 Eculizumab for treating refractory myasthenia gravis (**terminated appraisal**)
- TA637 Ranibizumab for treating diabetic retinopathy (**terminated appraisal**)

20/111.1 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing significant to report.

20/111.2 Feedback from SWYPFT NICE Group
The Group had not met and therefore there was nothing to report.

**APC 20/112 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

20/112.1 Primary Care Quality & Cost Effective Prescribing Group
Routine monitoring and finance discussions took place.

20/112.2 BHNFT
The Group are due to meet next week.

20/112.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.

20/112.4 Wound Care Advisory Group
Item deferred due to time pressure, therefore issues will be discussed at the August meeting. **CL**

**APC 20/113 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**
It was agreed to escalate outpatient supply and DOACs (weight) to the Q&PSC. **CL**

**APC 20/114 HORIZON SCANNING DOCUMENT (JUNE 2020)**
Horizon Scanning – June 2020
The Committee assigned the following classifications to the products listed below: -
**Vedolizumab** 108 mg solution for injection in pre-filled syringe or pen (Entyvio®, Takeda) – **already formulary red restricted**
**Darolutamide**300mg film coated tablets (Nubeqa®▼, Bayer plc) – **non-formulary provisional red**
**Tramadol hydrochloride** 200 mg prolonged-release tablet (Brimisol®, Bristol Laboratories) – **non-formulary provisional green**
**Esketamine hydrochloride** 5 mg/ ml & 25 mg/ ml solution for injection/infusion (Sintetica Limited) – non-formulary provisional red
**Nitrofurantoin** 25 mg/5ml oral suspension (Aspire Pharma Ltd) – **already formulary green**
**Brinzolamide/timolol** 10mg/ml + 5mg/ml eye drops (Aspire Pharma Ltd) – **already formulary green**
**Amlodipine** 2.5 mg tablets (Bristol Laboratories Ltd) – **non-formulary provisional grey**
**Mitomycin** 40 mg powder for solution for injection/infusion (Accord) – **already formulary red restricted**
**Amoxicillin** 1000 mg dispersible tablets (Sigma) – **non-formulary provisional grey** - *Amoxicillin is formulary green and which formulations of amoxicillin are green would be clarified on the formulary* **JH**

**APC 20/115 MHRA DRUG SAFETY UPDATE (JUNE 2020)**
The update was noted with the following information highlighted: -
Cyproterone acetate: new advice to minimise risk of meningioma
Risk of meningioma with cyproterone acetate increases with increasing cumulative dose. Use of cyproterone is contraindicated in patients with previous or current meningioma (for all indications) and should only be considered for control of libido in severe hypersexuality or paraphilias in adult men when other interventions

are inappropriate

Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents
Remain vigilant for signs and symptoms of bleeding complications during treatment with DOACs (apixaban, dabigatran, edoxaban, rivaroxaban), especially in patients with increased bleeding risks. Specific reversal agents are available for dabigatran (Praxbind▼, idarucizumab), and apixaban and rivaroxaban (Ondexxya▼, andexanet alfa).

The Lead Pharmacist, BHNFT advised that the bleeding guideline is currently being reviewed.

**APC 20/116 BRANDED/GENERIC SYB ICS POSITION STATEMENT**

The position statement was received and noted.

**APC 20/117 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**

Nothing to report.

**APC 20/118 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES**

No minutes available.

**APC 20/119 ANY OTHER BUSINESS**

APC Report
The Lead Pharmacist, BHNFT advised the Committee of a recent controlled drug incident. The Lead Pharmacist (CA) confirmed that this is currently being investigated and a summary will be brought to the next meeting. **CA**

**APC 20/120 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 12th August 2020 at 12.30 pm via MS Teams.