NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 12th August 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)
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:

Nicola Brazier	Administration Officer (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Anne-Marie Firan (agenda item 20/129.3 only)	Consultant Ophthalmologist (BHNFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)

ACTION BY

APC 20/120 QUORACY

The meeting was quorate.

APC 20/121 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 20/122 DRAFT MINUTES OF THE MEETING HELD ON 8th JULY 2020

20/102 should read …"The Palliative Care Consultant advised that any request to prescribe lidocaine patches for palliative care patients should be referred to specialist palliative care…"

Subject to the above amendment, the minutes were accepted as an accurate record of the meeting. **NB**

APC 20/123 MATTERS ARISING AND APC ACTION PLAN

20/123.1 <u>Anticoagulation for Stroke Prevention in Non-Valvular AF Guidance – DOACs in extremes of body weight</u>

The Lead Pharmacist, BHNFT advised that some amendments had been made to the extremes of body weight information. It was noted that guidance and templates have been provided to GP practices to

support patient reviews.

The Medicines Management Pharmacist highlighted that there are slight differences in the frequency of renal function monitoring for DOACs in this guidance and the DOAC shared care guideline for PE/DVT. This would be standardised when the shared care is reviewed.

The Committee approved the guidance which has been endorsed by the LMC.

20/123.2 Communication of antibiotic prescribing from ED attendances

The Lead Pharmacist, BHNFT advised that the Medway system does not have the facility to use a mandatory field to include information regarding antibiotics supplied to a patient. It was confirmed that free text narrative would need to be used by prescribers and the Lead Pharmacist has picked this up with the ED lead clinicians to address in their discharge procedures.

Agreed action: -

- The Lead Pharmacist to confirm when this has been agreed by the ED clinicians. **GT**

Action Plan – other areas

20/123.3 Discharge letter audit – BHNFT action plan

The Head of Medicines Optimisation advised that the CCG Governing Body would continue to monitor the risk and the risk score would remain unchanged given the introduction of the new Medway system.

It was noted that prior to COVID, the Trust were producing a programme of work around audit and re-audit and the Chief Pharmacist, BHNFT agreed to discuss when work on this would resume. There was a discussion as to whether the information would be captured through audit work or monitored through real time reports.

Agreed action: -

- The Chief Pharmacist, BHNFT to raise this in the MMC. **MS**

APC 20/124 DRUGS PROLONGING THE QTC INTERVAL AND PALLIATIVE CARE (UPDATED)

The Palliative Care Consultant presented the guidance which has been endorsed by the LMC, noting minor changes.

The Committee approved the guidance.

APC 20/125 USE OF CALCIUM AND VITAMIN D POST FRAGILITY FRACTURE (NEW)

The Lead Pharmacist, BHNFT presented the protocol which indicates that if vitamin D alone is prescribed post fragility fracture (instead of calcium and vitamin D) that the discharge letter should be annotated with the reason why additional calcium supplementation is not recommended. The protocol has been endorsed by the LMC.

There were no further comments and the protocol was approved by

the Committee.

APC 20/126 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

20/126.1 Colesevelam Amber G Guideline (new)

The Lead Pharmacist, BHNFT presented the Amber G Guideline for colesevelam for the treatment of bile acid malabsorption (unlicensed indication), second line, when patients cannot tolerate colestyramine.

The Committee approved the guidance.

20/126.2 Draft Melatonin Amber G Guideline (new)

The Lead Pharmacist (DC) presented the draft guidance, noting that it was still in the consultation process and yet to be endorsed by the LMC. The draft guidance was presented to the Committee for endorsement of the general approach, which has been produced in line with PrescQIPP as well as Sheffield CCG's approach in terms of preparations they are looking to include on their formulary.

The Committee had previously agreed to move Melatonin to Amber G when a guideline was in place and the proposed formulary preparations together with where they would be positioned on the formulary were discussed.

It was highlighted that previously, there have been requests from suppliers asking community pharmacy for justification why an unlicensed product has been prescribed. It was agreed to include information in the guidance to ensure that where an unlicensed product is considered essential a letter confirming the reason why must be supplied to the community pharmacy to enable them to order the product.

The paediatricians and CAHMS pharmacist supported the draft guidance and this would be taken to the next LMC and shared with the CAHMS consultants for endorsement.

Subject to endorsement by the CAHMS consultants and the LMC, the Committee approved the guidance and this would not need to be brought back unless there were significant changes to be made.

Agreed actions:

- Information to be added around supply of a letter to community pharmacy. **SH**
- Draft guidance to be shared with the CAHMS consultants and the LMC. **SH/JH**

20/126.3 Dalteparin Amber G Guideline (in pregnancy) (updated)

The Lead Pharmacist, BHNFT presented the updated guideline which has been endorsed by the LMC.

Subject to a small amendment, the Committee approved the amber G Guideline. **GT**

20/126.4 Dalteparin Amber Guideline (non-pregnant) (updated)

The Lead Pharmacist, BHNFT presented the guidance which has

been endorsed by the LMC.

Subject to a small amendment, the Committee approved the amber Guideline. **GT**

APC 20/127 FORMULARY REVIEWS

20/127.1 Formulary Review Plan (for information)
Noted.

20/127.2 Chapter 5: Infections
Following review of this chapter at the previous meeting, clarification was required regarding the traffic light classifications for levofloxacin and cefixime

It was agreed that levofloxacin would be classified grey on the formulary in line with other quinolones.

Following a discrepancy identified on the formulary, it was agreed that cefixime would be classified grey.

APC 20/128 NEW PRODUCT APPLICATION LOG

In relation to the Ferric Maltol application, the Lead Pharmacist advised that the full paper expected to be published for the comparative evidence was still awaited. The Committee had approved this as a red drug for the Trust to use, awaiting this data and it was noted that BHNFT consultants have just recently started to use it. It was agreed that feedback would be obtained from the consultant and brought back to the next meeting.

Agreed action: -

- Feedback from the consultant to be brought to the next meeting. **KK**

APC 20/129 NEW PRODUCT APPLICATIONS

20/129.1 Actikerall®
The Lead Pharmacist (DC) presented the new product application and independent review, noting the key study comparing it to Solaraze® (Diclofenac sodium 3% gel) which it did show to be superior to.

Actikerall® is indicated for the topical treatment of slightly palpable and/or moderately thick hyperkeratotic actinic keratosis [AK] (grade I/II) in immunocompetent adult patients and should be applied either until the lesions have completely cleared or for up to a maximum of 12 weeks.

The Lead Pharmacist (DC) provided a comprehensive overview of the product, noting other products currently on formulary; 5-Fluorouracil (Efudix®) and Imiquimod 5% (Aldara®) which are currently red for specialist use only. The APC has previously agreed that these will move to Amber G when the AK treatment pathway guidelines are in place. Diclofenac sodium gel (Solaraze®) is currently Amber G with guidance.

It was noted that Actikerall® was more expensive than Efudix® but

the advantage above Efudix® alone is that it has the keratolytic combined with it so separate treatments would not be required. Dr Baxter advised that it would be used for thicker lesions where a separate keratolytic would not need to be prescribed.

Actikerall® is included in the British Association of Dermatologists Guidance and Primary Care Dermatology Guidelines, either as a good or highly recommended treatment depending on how they have rated it and also accepted for use by the SMC.

The Committee approved the application for Actikerall® and agreed that it would be classified amber G in line with the other AK preparations on the formulary. Actikerall® would be included in the AK treatment pathway which is being developed.

Agreed action: -

- Amber G guideline to be produced. **JH**

20/129.2 Opicapone

The Lead Pharmacist, BHNFT presented the new product application and independent review for opicapone which is a COMT inhibitor similar to entacapone but only needs to be taken once a day. It is a relatively new drug and the application is for this to be 2nd line in therapy to entacapone where there are compliance or intolerance issues as an add-on to Parkinson's treatment.

There was discussion around a SY&B collaborative shared care for Parkinson's Disease which was in the process of being updated and the Medicines Management Pharmacist agreed to follow this up with Sheffield for a progress update.

It was agreed to bring this back to the next meeting and to invite Dr Madi to attend.

Agreed actions: -

- An update to be obtained on progress of the SY&B collaborative shared care guidance for Parkinson's Disease **JH**
- Data on patients numbers to be obtained and brought back **GT**
- Dr Madi to be invited to attend the next meeting to discuss his application **GT**

20/129.3 Beovu®

Miss Firan, Consultant Ophthalmologist was in attendance to discuss the new product application for Beovu® for addition to the formulary.

The Senior Interface Pharmacist gave an overview of the product which is a new intravitreal injection licensed for use in adults for the treatment of neovascular (wet) age-related macular degeneration (AMD) to be administered by a qualified ophthalmologist experienced in intravitreal injections. There is a NICE TA but publication is currently delayed until October 2020 due to COVID.

Reference was made to the trial data and the advantage of reducing the number of outpatient visits for patients after the initial 3 months loading dose (every 4 weeks) to every 12 weeks rather than every 4-

6/8 weeks for patients on Lucentis® and Eylea®. There was no intention to change all patients over to Beovu®.

The Committee considered all the points discussed but agreed to wait for publication of the NICE Guidance, expected October 2020. Miss Firan was thanked for attending the meeting.

20/129.4 VisuXL® gel

The Lead Pharmacist, BHNFT presented the new product application and independent review, which is a cross linked carmellose preparation. It was noted that there does not appear to be any trial data on cross linked carboxymethylcellulose (VisuXL® gel) although it is a registered medical device in the UK. There is data for the cross linked VisuXL® drops (sodium hyaluronate).

It was noted that this is not positioned in neighbouring organisations guidelines and it was raised that this was only more cost effective if VisuXL® gel was compared to the combined cost of the alternative plus additionalnight time preparation. It was queried whether patients prescribed an alternative product always required an additional night time preparation.If patients were prescribed VisuXL® gel and an additional night time preparation it would make this potentially more expensive.

In light of the lack of evidence available and clarification about the night time preparation, it was agreed to defer a decision until more information was provided.

Agreed action: -

- Any additional information/evidence available on the product, and clarification about the night time preparation to be obtained from the applicant. **GT**

APC 20/130 BARNSLEY APC REPORTING JULY & AUGUST 2020

20/130.1 Expansion of APC Reporting

There was a lengthy discussion at the last meeting around secondary care opening up remote working and putting additional pressure on primary care services. The Head of Medicines Optimisation escalated this issue to the 'all Barnsley silver cell' and it was agreed that we would seek information from BHNFT on how during the opening up of services post COVID and with remote working, how the associated functions such as medicines supply and shared care sign up documentation would be delivered.

It was also agreed to temporarily expand APC reporting to capture wider issues. This has been taken to the LMC and the CCG 'silver' group for discussion and this was supported. This has been communicated in newsletters and all providers were asked to communicate this within their organisations. This process would capture information to look at trends and incidences to identify where conversations may need to be targeted.

The Lead Pharmacist, BHNFT raised concern around the impact on workload for the Senior Interface Pharmacist who follows up and investigates APC reports and it was agreed that any non-medicine

related reports would be captured separately and these would not be expected to be given the same amount of follow up and investigation time. It was agreed that these would be recorded and categorised separately when presented to the APC who would decide if any further action needed to be taken.

The Associate Medical Director (Medicines Optimisation), BHNFT discussed the issues raised with fellow clinicians and had received feedback that any additional pressure on primary care services from secondary care was not intentional.

20/130.2 APC Reporting July & August 2020 (for information)

The reports were received and noted.

The Lead Pharmacist, SWYPFT highlighted a recurring issue with a service user who had experienced delays with obtaining medication. No feedback has yet been received and the Head of Medicines Optimisation agreed to follow this up and provide feedback.

Agreed action: -

- Feedback to be provided on the recurring issue discussed. **CL**

20/130.3 APC Reporting July & August 2020 Key Themes

The Lead Pharmacist (DC) presented the key themes report, noting that the number of APC reports received this year has exceeded the number received at the same point last year.

The key themes related to medication supply, D1 communications and prescribing errors. Reference was made to the significant issues section of the report and the changes to systems and processes which had been implemented as a result of this
It was fed back that a snapshot audit was undertaken in primary care looking at a sample of D1s and any potential medicine issues. 127 D1s were processed and 9 were found with errors as detailed on the report.

Agreed action: -

- It was agreed that the anonymised key themes report would be shared wider with the LMC and LPC. **CA**

APC20/131 NEW NICE TECHNOLOGY APPRAISALS (JULY 2020)

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs **were not** applicable for use at BHNFT but the drugs will be stocked in the hospital for use in the Weston Park outreach clinics at BHNFT and this would be clearly stated on the formulary:-

- TA638 Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer
- TA639 Atezolizumab with nabpaclitaxel for untreated PDL1-positive, locally advanced or metastatic, triple-negative breast cancer

20/131.1 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing significant to report.

20/131.2 Feedback from SWYPFT NICE Group
There was nothing significant to report.

APC 20/132 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

20/132.1 Primary Care Quality & Cost Effective Prescribing Group
The Group has been reinstated and discussions have focussed on COVID and understanding what is happening with prescribing and budget positions. Work is underway looking at 2021 MOS and any decisions made would be shared with the APC.

20/132.2 BHNFT
The Chief Pharmacist advised that the Trust had taken the decision to suspend the introduction of electronic prescribing in outpatients until assurance was provided by NHS Digital on the isosec virtual smartcard for NHS authentication. The APC would be kept updated on a monthly basis.

20/132.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.

20/132.4 Wound Care Advisory Group
The group have met and a number of new product applications were expected to be brought to the Committee for consideration.

APC 20/133 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the expansion of APC reporting to the Q&PSC. **CL**

APC 20/134 HORIZON SCANNING DOCUMENT (JULY 2020)

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

Insulin lispro 100 units/mL solution for injection in vial, cartridge, pre-filled pen, & junior pre-filled pen. 200 units/mL pre-filled pen (Lyumjev®▼, Eli Lilly and Company Limited) – **non-formulary provisional grey**

Dexamethasone sodium phosphate 10 mg/5 ml , 20 mg/5 ml oral solution (Synchrony Pharma Ltd) – **already formulary green**

Naloxone / oxycodone 20mg/10mg, 40mg/20mg, 10mg/5mg, 5mg/2.5mg prolonged release tablets (Myloxifin®, Zentiva) – **already non-formulary grey**

Enoxaparin sodium (biosimilar) 30,000 IU (300 mg)/3 mL solution for injection in multidose vial (Inhixa®▼, Techdow Pharma) – **already non-formulary provisional amber**

Bevacizumab (biosimilar) 100 mg/4 ml, 400 mg/16 ml concentrate for solution for infusion (Zirabev®▼,Pfizer Limited) – **non-formulary provisional red**

Fostamatinib 150 mg and 100 mg film coated tablets (Tavlesse®▼, Grifols UK Ltd) – **non-formulary provisional red**

Daratumumab 1,800 mg solution for injection (Darzalex®▼, Janssen-Cilag) – **already formulary red**

Nitisinone (generic) 2 mg, 20 mg hard capsules (Nitisinone Dipharma®, Logixx Pharma Solutions Ltd) – **already non-formulary provisional red**

Tenofovir disoproxil fumarate (generic) 163 mg film-coated tablets

(Aurobindo Pharma - Milpharm) – **already formulary red restricted**
Turoctocog alfa pegol 500 IU, 1000 IU, 1500 IU, 2000 IU, 3000 IU powder and solvent for solution for injection. (Esperoct®▼, Novo Nordisk Limited) – **non-formulary provisional red**
Isatuximab 100 mg/5mL, 500 mg/25mL Concentrate for solution for infusion (Sarclisa®▼, Sanofi Genzyme) – **non-formulary provisional red**
Onasemnogene abeparvovec 2×10^{13} vector genomes/mL solution for infusion (Zolgensma®▼,AveXis EU Ltd (UK Branch)) – **non-formulary provisional red**

APC 20/135 MHRA DRUG SAFETY UPDATE (JULY 2020)
The updated was noted with no issues relating to primary care.

APC 20/136 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)
Nothing to report.

APC 20/137 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES
The minutes from NHS Sheffield CCG (20th February 2020) and NHS Doncaster & Bassetlaw CCG (27th February 2020) were received and noted.

APC 20/138 ANY OTHER BUSINESS

20/138.1 Barnsley Guidance on Alternatives to Ranitidine Liquid for GORD in Babies and Children
A minor amendment had been made to include information about licensed omeprazole oral suspension, advising that it's available and the classifications given (green for administration by feeding tubes and grey for other indications). This is available on the BEST website.

20/138.2 Updated Position Statement on using standardised strengths of unlicensed liquid medicines in children
The Neonatal and Paediatric Pharmacists' Group (NPPG) and the Royal College of Paediatrics and Child Health (RCPCH**)** joint statement on using standardised strengths of unlicensed liquid medicines in children (previously endorsed by the Committee) has been updated The The updated position statement is available on the BEST website.

APC 20/139 DATE AND TIME OF THE NEXT MEETING
The time and date of the next meeting was confirmed as Wednesday, 9th September 2020 at 12.30 pm via MS Teams.