Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 8th March 2023 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (SYICB, Barnsley)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Jeroen Maters (up to 23/41)	General Practitioner (LMC)
Dr Munsif Mufalil	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (SYICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SYICB, Barnsley)
Laura Gill (item 23/41 only)	Senior Respiratory Nurse, BREATHE Service (SWYPFT)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Gillian Turrell	Lead Pharmacist (BHNFT)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

APOLOGIES:

Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Madhavi Guntamukkala	Medical Director (SYICB, Barnsley)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Abdul Munzar	General Practitioner (LMC)

ACTION BY

APC 23/37 QUORACY

The meeting was quorate.

APC 23/38 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting agenda. The Head of Medicines Optimisation declared that she signs a variety of rebate agreements on behalf of the South Yorkshire ICB (Barnsley), none of which were applicable to today's agenda, noting that there is no personal financial gain and all savings from rebate schemes are re-invested into other local health services. The rebates are all in line with the recommended PrescQIPP guidance and the full list is available on the website. There were no further declarations of interest to note.

APC 23/39 DRAFT MINUTES OF THE MEETING HELD ON 8th FEBRUARY 2023

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

APC 23/40 MATTERS ARISING AND APC ACTION PLAN

23/40.1 Ikervis® (ciclosporin eye drop) Amber G Guidance

The Lead Pharmacist, BHNFT to follow up internally for a response from the specialists to proceed with the guidance. **GT**

23/40.2 Methenamine and Otigo® ear drops

The Head of Medicines Optimisation referred to discussions at the last meeting when the APMO and HCAI report was presented, advising that methenamine and Otigo® ear drops would be discussed and progressed at the South Yorkshire AMR/IPC Steering Group, which has good Barnsley representation. It was agreed to add this to the APC action plan to discuss progress in 6 months. It was noted that discussions had also taken place regarding incorporating methenamine and Otigo® into 2023-24 Medicines Optimisation Scheme plans.

In terms of establishing a Barnsley specific group to look at the AMR aspects of the report, the Head of Medicines Optimisation advised that thoughts from the other areas across South Yorkshire would be gathered at the SY AMR/IPC Steering Group about how they wish to progress specific workstreams and working groups.

Agreed action: -

- Progress update to be brought back in September 2023. **CL**

23/40.3 NICE TAs (January 2023)

The Lead Pharmacist, BHNFT to advise if the following NICE TA is applicable for use at BHNFT: - **GT**

- TA860 Maribavir for treating refractory cytomegalovirus infection after transplant

Action Plan – other

23/40.4 Empagliflozin for chronic heart failure with reduced ejection fraction Amber-G Guidance

This item was deferred to the next meeting. **GT**

23/40.5 Combination anticoagulant and antiplatelet treatment for patients with concomitant AF and ACS Guideline

This item was deferred to May 2023. **GT**

23/40.6 Dalteparin Shared Care Guidance

This item was deferred.

23/40.7 Lurasidone®

This item was deferred to May 2023. **MP**

APC 23/41 OXYGEN INCIDENTS

Laura Gill, Senior Respiratory Nurse in the BREATHE service was welcomed to the meeting.

The Head of Medicines Optimisation noted that through the APC reporting over the last few months, a number of oxygen incidents had been reported, with varying issues, with communication seemingly at the route of the problem.

The Head of Medicines Optimisation advised that she is the home oxygen lead for the commissioner and the BREATHE service is the lead clinical service supporting oxygen over Barnsley.

Laura Gill expanded that when the BREATHE service was recommissioned almost 2 years ago, the service was pulled out of the

hospital, leaving no hospital provision for patients being discharged. There is a small team within the hospital supporting oxygen however, it was felt that knowledge and education on the wards to refer patients to the appropriate teams within the hospital could reduce/prevent the issues being reported. Examples of common themes were shared, noting approximately 20 incidents in the last 12 months, which required the BREATHE service to step in and try to prevent readmission to hospital and keep patients at home safely. It was noted that out of the 20 incidents referred to, only 1 resulted in a patient being readmitted to hospital. It was confirmed that these incidents have been reported back to the hospital's risk management/patient safety team, and feedback is received regarding individual incidents.

The Lead Pharmacist, BHNFT to liaise with the risk management team and obtain details of the reports, which would be taken to the next Medicines Operational Group for a more robust plan to be agreed to resolve the issues going forward, including process, education/training/resource needs and safety alert.

Laura Gill to share information about the 20 oxygen incidents reported with the Head of Medicines Optimisation and Administration Officer to cross reference and include the details with the APC reporting information.

The Head of Medicines Optimisation advised that although the service has moved out of the hospital, in terms of the investment, the commissioned service remains the same.

Laura Gill was thanked for attending the meeting.

Agreed actions: -

- The Lead Pharmacist, BHNFT to liaise with the risk management team and take details regarding the oxygen incidents reported to the Medicines Operational Group. **GT**
- Laura Gill to share information about the 20 oxygen incidents with the Head of Medicines Optimisation/Administration Officer. **LG/CL**
- Meeting to be arranged with the Head of Medicines Optimisation, Lead Pharmacist, BHNFT and Laura Gill. **NB**
- Progress update to be brought back to the May 2023 meeting. **GT/CL**

APC 23/42 ***"…EDOXABAN IS TO BE USED FIRST LINE FOR PATIENTS WITH NVAF UNLESS THERE IS A SPECIFIC CLINICAL REASON NOT TO DO SO ..."*** **PRESCRIBING GUIDELINE (UPDATE)**

The Medicines Management Pharmacist presented the guideline, which has been further amended since being presented at the February 2023 APC meeting. The minor amendments to note were on page 2 with regards to calculating the renal function.

It was noted that following removal of the SPS reference 7 from the SPS website, which had been used as a resource when developing the prescribing guideline, the guidance has now been updated using PrescQIPP resources. Information has been included from PrescQIPP and the MHRA regarding calculating creatinine clearance and weights used by MDCalc to help inform the clinical decision by the clinician. The range can then be used to inform dosing decisions.

If the calculated range crosses a level where a dose change is warranted, then individual patient factors need to be considered (e.g. benefit for treatment/bleeding risk) by the clinician when making a dosing decision. If the clinician feels this is outside their area of expertise, then they should consider seeking specialist advice.

With regards to the report of an old referral template being used, the Lead Pharmacist, BHNFT confirmed that the prescriber concerned has been contacted, and it was agreed that reference to using the 'live' version of the referral template would be included when sending communications out within the Trust. The Lead Pharmacist, SY ICB Barnsley advised that no further reports had been received but would feedback on receipt of any.

The GP representative (MM) raised concerns that hospital consultants are starting patients on apixaban and other DOACs instead of edoxaban, which results in additional workload for GPs. The Lead Pharmacist, BHNFT advised that on approval of this guidance, communication would be sent out to reiterate that edoxaban is to be used first line for patients with NVAF unless there is a specific clinical reason not to do so.

The GP representative (MM) spoke of inappropriate switches that have been identified, and this would be discussed outside of the meeting.

The Committee approved the updated guidance.

Agreed actions: -

- The Lead Pharmacist, BHNFT to take the guidance and communications information to the Medical Staff Committee before sharing across the Trust. **GT**
- The Head of Medicines Optimisation/GP representative (MM) to discuss inappropriate switches identified. **CL/MM**

APC 23/43 WHAT IS A BIOSIMILAR MEDICINE? (FOR INFORMATION)

The NHS England guidance circulated with the agenda was shared for information, noting the ask from NHS England that we look at implementing biosimilars where we can for the benefit of the health economy with very little risk.

The Lead Pharmacist, SY ICB Barnsley highlighted the interchangeability information, which is in line with MHRA information, where patients can expect the same therapeutic effect and that switching patients has become clinical practice. It was noted that any decision to change should be made in conjunction with the patient as a joint prescriber/patient decision, noting that the product would need to be prescribed by brand.

In terms of the formulary, there is currently a gap with the biosimilar insulins, with most currently not included on the formulary, therefore work could be done to include these, and significant savings made if we moved to using more biosimilars or considering as a first line option, perhaps in new patients. The Head of Medicines Optimisation agreed to request this be discussed at the next Integrated Diabetes Group meeting.

The Lead Pharmacist, BHNFT advised that the Trust can look at and assess the biosimilars when they are licensed for use and would routinely review cohorts of patients on those drugs.

The Head of Medicines Optimisation advised that she had met with the Consultant Ophthalmologist around the use of the newer biosimilars that are coming in including the ranibizumab biosimilar. The Lead Pharmacist, BHNFT advised that the Consultant Ophthalmologist intends to switch patients to faricimab which has a NICE TA rather than to the biosimilars. The Lead Pharmacist, BHNFT would be looking at cost information associated with using faricimab.

Agreed action: -

- The Head of Medicines Optimisation to request biosimilar insulins be discussed at the next Integrated Diabetes Group meeting. **CL**

APC 23/44 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

There were no guidelines to approve this month.

APC 23/45 FORMULARY REVIEWS

23/45.1 Formulary Review Plan

There were no changes to the plan since last month.

APC 23/46 NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

APC 23/47 NEW PRODUCT APPLICATION

23/47.1 Rybelsus® (oral semaglutide)

The Lead Pharmacist, BHNFT presented the new product application, independent review and supporting information for Rybelsus® (oral semaglutide).

The guidance around GLP-1s, and not starting new patients on treatment due to stock shortages had previously been discussed, however the shortages are not currently what they were when initially discussed. The Lead Pharmacist, BHNFT referred to the Primary Care Diabetes Society consensus statement (enclosure F4), which recommends Rybelsus® (oral semaglutide) as an option for initiating GLP-1 receptor agonists or switching from Ozempic (subcutaneous semaglutide) to an alternative GLP-1 receptor agonist owing to supply issue.

In terms of evidence base, Rybelsus® (oral semaglutide) is like other injectable agents with similar costs and side effects. There is some cardiovascular data provided and this is in line with all the injectables with the advantage that it's not an injectable. There are currently no supply issues, and the manufacturer has provided assurance that even though they're expecting an increase in uptake because of shortages with the injectables, they have a very good stock holding and are able to meet demand if it increases significantly.

The Lead Pharmacist, SY ICB Barnsley agreed that Rybelsus® (oral semaglutide) should be added to the formulary, advising that information on the SPS website states that the full resupply date for

injectable semaglutide has been put back to early 2024 and the dulaglutide to July 2023, highlighting the need for an alternative option.

The Committee were in support of adding Rybelsus® (oral semaglutide) to the formulary, with an amber G traffic light classification (same as injectables). Information would be incorporated into the amber G guidance, which is currently being updated, to cover both injectables and tablets. To ensure it is used in line with the NICE recommendations (for the treatment of adults with type 2 diabetes mellitus only), it was agreed that monitoring of its use would be brought back to the Committee.

The Committee approved the new product application for Semaglutide (Rybelsus®) for the treatment of adults with type 2 diabetes mellitus with an amber G classification.

Agreed actions: -

- Information to be incorporated into the guidance to cover both injectables and tablets. **JH**
- Monitoring information to be brought back to the Committee in 12 months. **DC**

APC 23/48 BARNSLEY APC REPORTING

23/48.1 APC Reporting January 2023

The Lead Pharmacist, SY ICB (Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 42 APC reports received for the month of January 2023.

23/48.2 APC Reporting January 2023 Key Themes

The summary report was presented, showing 73 reports in total, including 42 received directly into the APC reporting mailbox and 31 interface queries received directly to the BHNFT pharmacy team for the month of January 2023.

From the category breakdown, there were a number of reports associated with D1 communication (duplicates, medication changes being unclear, D1s not received); other hospital communication; formulary related; shared care and other GP communication.

Details relating to some of the significant issues from APC reports were shared and highlighted.

In relation to D1 communication, the Head of Medicines Optimisation referred to the BHNFT led group that has been meeting to look at the issues, noting that although the last meeting was stood down, email conversations suggest that outcomes from the BHNFT group should be reported through to the APC and that the Associate Medical Director and Chief Pharmacist would report on any updates. There is a strong commitment from the MMT and BHNFT teams to try and minimise wherever possible these incidents occurring.

The Senior Interface Pharmacist (BHNFT) provided an update regarding the SDEC D1 issues reported, noting that as patients are usually there for a day, medicines reconciliation is not undertaken for the patient, therefore the D1 will not have a medication list on the

discharge letter. If there are any medication changes, the information will be included in the medication changes section, with a dose documented in another part of the D1, with supplies put on an outpatient script which is dispensed from the outpatient pharmacy. It was noted that adding the dose information on the D1 needed to be reinforced with the clinicians as a number of reports had been received where the dose information was missing from the D1.

The nature and volume of reports that continue to be reported was discussed, noting the these are often long standing similar recurring issues; and awareness that issues are underreported. It was hoped that as part of the action plan and ways of resolving these issues would be through digitalisation and integrated/joint working.

The Lead Pharmacist, BHNFT noted that the number of reports received has increased in line with the number of practice pharmacists in post, however the Trust pharmacy team remains the same, who are trying to manage the higher volume of queries/reports sent to them.

It was noted that in terms of digital systems, although EPMA is digital within the hospital, the transfer of the information around medication changes is still manual and must be manually inputted onto the D1. As previously advised, a business case is currently in progress to be able to recruit additional pharmacists to complete the TTOs and medicines reconciliation sections, which would see improvements within 6-12 months.

In terms of collaborative working, there are a small number of practice pharmacists that have been given access to EPMA and MediViewer. This allows access to the clinical notes when scanned in, all prescribing records, medication reconciliations and notes that the pharmacy have done whilst the patient has been an inpatient. This would be rolled out wider if trialled successfully.

The Head of Medicines Optimisation confirmed that positive feedback had been received from the practice pharmacists trialling this, however there had been various issues around system access, which would be followed up and progressed.

23/48.3 <u>APC Reporting January 2023 Interface Issues</u>
The enclosure detailing the interface queries received directly within BHNFT pharmacy team was received and noted.

APC 23/49 NEW NICE TECHNOLOGY APPRAISALS (FEBRUARY 2023)

23/49.1 <u>NICE TAs February 2023</u>
The Lead Pharmacist, BHNFT advised that the following NICE TAs **were** applicable for use at BHNFT (red formulary classification): -

- TA861 Upadacitinib for treating active non-radiographic axial spondyloarthritis
- TA870 Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma

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

- HST22 Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene
- TA862 Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments
- TA864 Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted
- TA865 Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma
- TA866 Regorafenib for previously treated metastatic colorectal cancer
- TA867 Mitapivat for treating pyruvate kinase deficiency (**terminated appraisal**)
- TA868 Vutrisiran for treating hereditary transthyretin-related amyloidosis
- TA869 Teclistamab for treating relapsed or refractory multiple myeloma after 3 or more therapies (**terminated appraisal**)

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

- TA863 Somatrogon for treating growth disturbance in people 3 years and over
- TA872 Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies

23/49.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.

23/49.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 23/50 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

23/50.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

23/50.2 BHNFT
There was nothing additional to report.

23/50.3 SWYPFT Drug and Therapeutics Committee
The Lead Pharmacist, SWYPFT referred to daridorexant, which went through licensing in 2019, noting there is a NICE TA process in place which is likely to be concluded around October 2023. It was agreed to check if the APC assigned a classification for daridorexant, bringing it back if assignment of classification was required.

The Lead Pharmacist, SWYPFT had received some information for a new form of melatonin which he would share with the Lead Pharmacist, SYICB Barnsley, for consideration around its inclusion in existing shared care guidance.

Agreed actions: -

- Check if a classification was assigned for daridorexant. **DC**
- Information for the new form of melatonin to be shared. **MP**

23/50.4 Community Pharmacy Feedback
There was nothing additional to feedback other than the known out of stock and stock shortage position.

23/50.5 Wound Care Advisory Group
The meeting was cancelled.

APC 23/51 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

23/51.1 SYICB IMOC Minutes (January 2023 and February 2023)
The minutes from the first 2 meetings were shared for information.

23.51.2 Traffic Light Criteria
The IMOC have worked through the agreement of the traffic light criteria which has been quite challenging, with some issues identified e.g., approach to adopting shared care guidelines from out of area. The IMOC are developing a process to work through the criteria to harmonise the traffic light lists across South Yorkshire ICB, starting with the grey classifications.

23.51.3 Efmody®
The Head of Medicines Optimisation shared the first new product application presented to the IMOC, for the addition of Efmody® (modified release hydrocortisone) to primary care formulary, to be classified on the Traffic Light Drug List (TLDL) for Adults and Children across South Yorkshire (SY) ICB at the next meeting.

23.51.4 Shared care proformas and protocols
The IMOC have discussed shared care proformas and protocols and the Head of Medicines Optimisation advised these were similar to the Barnsley documents and there was nothing to be raised from the Barnsley APC perspective.

Due to limited time on the agenda, IMOC would be discussed further at the next APC meeting. **CL**

APC 23/52 FORMULARY ACTIONS

23/52.1 Barnsley APC formulary actions
Metformin (formulary green) – additional wording to be added to the formulary to the standard release entry.

23/52.2 SPS New Medicines Newsletter January 2023
Received for information.

23/52.3 Horizon Scanning March 2023
The Committee assigned the following classifications to the products listed in the January 2023 SPS newsletter (including new indications, licences changes and new formulations) as below: -

- Bupivacaine 133mg in 10mL and 266mg in 20mL vials *(new indication)* – non-formulary provisional red

- Durvalumab 120mg in 2.4mL and 500mg in 10mL vials *(new indication)* – non-formulary provisional red
- Eptinezumab 100mg in 1ml vial for infusion *(new medicine)* – non-formulary provisional red
- Human C1-esterase inhibitor 2,000unit and 3,000unit vials *(new SC formulation)* – non-formulary provisional red (IV formulary red).
- Ibrutinib 140mg, 280mg, 420mg and 560mg tablets *(license change)* – formulary red
- Maribavir 200mg tablet *(new medicine)* – non-formulary provisional red
- Olipudase alfa 20mg vial *(new medicine)* – non-formulary provisional red
- Relugolix 120mg tablet *(new medicine)* – non-formulary provisional red
- Upadacitinib 15mg, 30mg and 45mg tablets *(new indication)* – formulary red
- Vandetanib 100mg and 300mg tablets *(licence change)* – non-formulary provisional grey
- Vestronidase alfa 10mg in 5mL vial *(new medicine)* – non-formulary provisional red
- Zanubrutinib 80mg capsule *(new indication)* – non-formulary provisional red

The Medicines Management Pharmacist advised that NICE TAs would not be included in the Horizon Scanning document, which is being developed for IMOC, and that NICE TAs 855,856,857 and 858 were discussed at the last APC meeting.

APC 23/53 MHRA DRUG SAFETY UPDATE (FEBRUARY 2023)

The update was received and noted.

APC 23/54 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Sheffield (21st January 2023) and NHS South Yorkshire ICB Doncaster & Bassetlaw (25th January 2023 and 23rd February 2023 were received and noted.

APC 23/55 ISSUES FOR ESCALATION TO THE BARNSLEY PLACE QUALITY & SAFETY COMMITTEE

It was agreed to escalate the SY IMOC update to the Barnsley Place Quality & Safety Committee. **CL**

APC 23/56 ANY OTHER BUSINESS

No items raised.

APC 23/57 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 12th April 2023 at 12.30 pm via MS Teams.