NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 10th July 2019 in the Edith Perry Room, BHNFT

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)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (from 19/151.2)	Consultant Gastroenterology (BHNFT)
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)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Tom Bisset	Community Pharmacist (LPC)
Dr Mehrban Ghani	Chairman, Barnsley Healthcare Federation CIC
Dr Jeroen Maters	General Practitioner (LMC)

ACTION BY

APC 19/148 QUORACY

The meeting was quorate.

APC 19/149 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/150 DRAFT MINUTES OF THE MEETING HELD ON 12th JUNE 2019

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

150.1 Low Molecular Weight Heparin During Pregnancy

Following approval of the updated dalteparin amber G referral form, it was agreed that the existing dalteparin shared care guideline would be reviewed and updated making reference to the dalteparin amber G referral form specifically for use during pregnancy.

Agreed action: -

- The dalteparin shared care guideline to be reviewed and updated with reference to the amber G guideline/referral form specifically for use during pregnancy. **JH**

APC 19/151 MATTERS ARISING AND APC ACTION PLAN

19/151.1 Triptan (5-HT1 Agonist) Section of the Barnsley Formulary - clarification around the inclusion of sumatriptan injections

It was queried at the last meeting why Sumatriptan injections had not been included on the Barnsley formulary. It was reported back that Eclipse prescribing data indicated a significant amount of prescribing in primary care during 2018. There was no record of a traffic light classification listed for neighbouring CCGs but the Committee agreed on a green traffic light classification with a note to be added that if a non-oral preparation is indicated, to consider the nasal sprays as a more cost effective first line option. **JH**

19/151.2 Trientine

It was confirmed that Trientine was not used at the Trust and would remain as non-formulary and be removed from traffic light list. **JH**

Action Plan – other areas

19/151.3 Co-amoxiclav usage in secondary care

The Head of Medicines Optimisation provided feedback from the LMC meeting where it was clarified that the LMC were concerned about the greater volume of co-amoxiclav being used in BHNFT ED compared with other boundary hospitals.

The Trust felt that this was an internal issue in terms of not adhering to the antimicrobial stewardship guidelines which would need to be fed back to the consultant microbiologists around adherence to guidance; however this did affect primary care in terms of the increased risk of C difficile and other resistant infections. NICE guidance was referenced noting that …"they found that penicillin combination antibiotics, such as co-amoxiclav and piperacillin-tazobactam, were associated with a statistically significant (1.5 times) increase in the risk of hospital-associated *C. difficile* infection..."

Reference was made to the use of co-amoxiclav pre packs in A&E and Committee members queried the appropriateness of this.

It was agreed that this would need to be flagged within the Trust as a risk and it was also agreed to discuss this further with Dr Rao via the post infection review group highlighting the need to provide more detailed information back to GPs regarding antibiotics given in hospital to avoid risk of exposing patients to another course within a short timeframe.

Agreed actions: -

- It was agreed to share these concerns and discuss the gaps in information communicated to GPs in the discharge letter with the post infection review group. **CA/DC**
- The Lead Pharmacist, BHNFT to contact the microbiologists and ED for comment around co-amoxiclav usage and circumstance for its use with a reminder of the importance of adherence to the antimicrobial stewardship guidelines **GT**
- It was agreed to remove review of usage data from the action plan **NB**

19/151.4 Guidelines for Treatment of Dry Eye

The guideline has been updated to incorporate the amendments/ additional information agreed at the April 2019 meeting and the final

version would be emailed to all members.

The Head of Medicines Optimisation noted that reference needed to be included in the guidance on self-care for dry eyes in line with the NHS England guidance on Over the Counter (OTC) Prescribing (published 29th March 2018), which is being fully implemented from 1st August 2019 in Barnsley. It was noted that self-care does not apply where the patient's condition falls under the general exceptions within the NHS England and local guidance, for example patients with pre-existing long term conditions affecting the eyes or more severe dry eye symptoms.

Agreed actions: -

- Information to be incorporated into the guidance highlighting when self-care may be considered appropriate. **JH/DC/CL**
- The final version of the Dry Eye Guidance to be emailed to members for any further comment. **JH**

19/151.5 BHNFT Discharge Letter Audit

The primary care discharge letter audit report was taken to the Quality & Patient Committee (Q&PSC) in June 2019 and they have requested that it be discussed at the Clinical Quality Board in September 2019. The Head of Medicines Optimisation would email colleagues at the Trust, including the Medical Director to summarise the discussion, outcome and recommendations from the Q&PSC meeting.

The Trust advised that finalising the BHNFT discharge letter audit report would be prioritised to ensure it is available for the August APC meeting.

Agreed action: -

- The Head of Medicines Optimisation to email BHNFT colleagues following the Q&PSC meeting. **CL**

APC 19/152 VALPROATE PATHWAY

The SWYPFT Valproate Review Pathway was presented to the Committee.

The Task and Finish Group have developed the guidance in consultation with stakeholders from all local CCGs and the national guidance documents included have previously been shared with the APC and the LMC.

The pathway guidance is for use across all services and will be shared widely.

Agreed action:-

- The guidance would be shared with RMOC and SY&B Leads and a link would be included on the BEST website. **CL/DC**

APC 19/153 ASTHMA TREATMENT ALGORITHM FOR ADULTS AND INHALER TABLE (MINOR UPDATE)

The updated algorithm was presented with minor changes to the low dose ICS and LABA first line treatment following queries and concern regarding the unlicensed dose at that step. This has been circulated

to specialists for feedback and any comments/objections received would be brought back to the Committee for discussion.

The first line choice for low dose ICS and LABA is now Combisal 50/25 2 puffs bd (for primary care) and Seretide 50/25 2 puffs bd (for BHNFT).

The Committee endorsed the updated algorithm and this would be hosted on the BEST website. **JH**

APC 19/154 NEW PRODUCT APPLICATION LOG

Noted.

APC 19/155 INDEPENDENT REVIEW - Zolmitriptan nasal spray (Zomig nasal spray®▼)

At the last meeting, recommended changes to the Triptan section of the formulary were discussed. The independent review was presented in relation to the addition of Zolmitriptan 5mg nasal spray to the formulary as 3rd line choice triptan where an oral triptan is not suitable due to vomiting. This would have a green traffic light classification. As Zolmitriptan 5mg nasal spray is only licensed in adults over 18 years, Sumatriptan nasal spray, licensed in adolescents, would remain on the formulary (12-17 years).

The Committee approved the addition of Zolmitriptan 5mg nasal spray to the formulary with a green traffic light classification. **JH**

APC 19/156 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

19/156.1 Linaclotide Amber-G Guideline

The updated guideline was presented. The current supply issue was noted.

The Committee approved the guideline.

APC 19/157 FORMULARY REVIEW PLAN

The plan was noted with formulary chapter 11 expected to be brought to the August meeting.

The proposed 2019/20 formulary review plan would be brought to the next meeting. **DC**

APC 19/158 BARNSLEY APC REPORTING JULY 2019

Noted for information.

There was discussion around the number of reports relating to the summary care record and reports would continue to be monitored and investigated.

APC 19/159 NEW NICE TECHNOLOGY APPRAISALS (JUNE 2019)

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

- TA583 Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes

- TA586 Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib
- TA587 Lenalidomide plus dexamethasone for previously untreated multiple myeloma
- TA171 (updated from June 2009) Lenalidomide for the treatment of multiple myeloma in people who have received at least 2 prior therapies

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

- TA582 Cabozantinib for previously treated advanced hepatocellular carcinoma (terminated appraisal)
- TA584 Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer
- TA585 Ocrelizumab for treating primary progressive multiple sclerosis

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

- HST9 Inotersen for treating hereditary transthyretin amyloidosis
- TA322 (updated from Sept 2014) Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality

19/159.1 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing significant to report.

19/159.2 Feedback from SWYPFT NICE Group
The June 2019 NICE TAs above were not applicable for use at SWYPFT and there was nothing significant to report.

APC19/160 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/160.1 Primary Care Quality & Cost Effective Prescribing Group
The following work stream areas were discussed: -

- QIPP delivery
- 2019/20 growth in costs
- Biosimilar work
- Anticoagulation – new developments including patient self-testing and practice testing

19/160.2 BHNFT

19/160.2.1 National Wound Care Formulary
There was discussion around the national wound care formulary and the proposal paper presented at MMC would be circulated to APC members for information. **GT**

19/160.2.2 Akis(® Diclofenac Sodium Injection
The APC were asked if diclofenac sodium injection, Akis® could be added to the formulary for hospital only use for perioperative use. This was slightly more expensive than the ketorolac injection but has a better safety profile and can be used pre, during and post-operative.

Patients would not be discharged from hospital on Akis®.

The Committee approved the request for Akis® to be added to the formulary with a red traffic light classification. **JH**

19/160.3 SWYPFT Drug and Therapeutics Committee

The Committee discussed TCAM at length but there was no decision to report.

19/160.4 Wound Care Advisory Group

The group met at the beginning of July and are due to meet again in September 2019. Work is being undertaken to review/introduce national wound care formulary of different wound care dressing types and there was discussion around how what is done locally in primary care may differ from what is done in secondary care and other providers who have a national direction/procurement.

There were a number of new product applications requested and these would be added to the log and brought to the Committee when available. **CL/NB**

19/160.5 MDS Task and Finish Group

The Head of Medicines Optimisation requested that feedback from this group be added to future agendas. Documents/papers from the MDS group would be circulated to APC members for information. **CL/NB**

APC 19/161 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the Valproate Pathway Guidance to the Q&PSC. **CL**

APC 19/162 HORIZON SCANNING DOCUMENT (JUNE 2019)

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

Bortezomib (generic) 2.5mg/ml solution for injection (Bortezomib STADA®, Thornton & Ross) – **already formulary red restricted**
Bortezomib (generic) 3.5mg powder for solution for injection (Bortezomib, Aspire Pharma) - **already formulary red restricted**
Risankizumab 75mg solution for injection in pre-filled syringe (Skyrizi®▼, AbbVie) – **non-formulary provisional red**
Dasatinib 10mg/ml powder for oral suspension (Sprycel®, Bristol-Myers Squibb) - **already formulary red restricted**
Aprepitant (generic) 80mg & 125mg hard capsules (Aprepitant, Accord-UK) - **already non-formulary provisional red**
Aprepitant (generic) 80mg/125mg hard capsules (3 day combination pack) (Aprepitant, Accord-UK & Zentiva) – **non-formulary provisional red**
Lorazepam (generic) 0.5mg tablets (Lorazepam, Advanz Pharma) – **formulary green**
Arsenic trioxide (generic) 1mg/ml concentrate for solution for infusion (Arsenic Trioxide Phebra®, Flexipharm Austrading Limited) – **already non-formulary**
Insulin glargine 300 units in 1mL solution for injection in a pre-filled pen (Toujeo DoubleStar®, Sanofi) – **formulary Amber G**
Amantadine (generic) 50mg/5mL oral solution (Trilasym®, Fontus

Health) – **formulary amber**
Atomoxetine (generic) 10mg, 18mg, 25mg, 40mg, 60mg, 80mg & 100mg hard capsules (Atomoxetine, Zentiva) – **already formulary amber**
Empagliflozin / linagliptin 10mg/5mg & 25mg/5mg film-coated tablets (Glyxambi®▼, Boehringer Ingelheim) – **formulary Amber G (to be included in SGLT2 amber G guideline)** **JH**

APC19/163 MHRA DRUG SAFETY UPDATE (JUNE 2019)
The update was noted for information and the following updates were highlighted: -

Direct-acting oral anticoagulants (DOACs): increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome
A clinical trial has shown an increased risk of recurrent thrombotic events associated with rivaroxaban compared with warfarin, in patients with antiphospholipid syndrome and a history of thrombosis. Other direct-acting oral anticoagulants (DOACs) may be associated with a similarly increased risk.

GLP-1 receptor agonists: reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued
Diabetic ketoacidosis has been reported in patients with type 2 diabetes on a combination of a GLP-1 receptor agonist and insulin who had doses of concomitant insulin rapidly reduced or discontinued. GLP-1 receptor agonists are not substitutes for insulin, and any reduction of insulin should be done in a stepwise manner with careful glucose self-monitoring. Abrupt discontinuation or reduction in insulin doses can lead to poor glycaemic control, with a risk of diabetic ketoacidosis.

APC 19/164 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)
RMOC newsletter issue 5 2019 was received for information.

APC 19/165 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES
The minutes from NHS Sheffield CCG (18th April 2019) and NHS Doncaster & Bassetlaw CCG (26th April 2019) were received and noted.

APC 19/166 ANY OTHER BUSINESS

19/166.1 Items which should not routinely be prescribed in primary care
NHS England has updated guidance on drugs not routinely prescribed in primary care which includes 7 additional areas and a summary of those areas would be brought to the next meeting. **DC**

19/166.2 Shortage of Disopyramide Capsules
The Lead Pharmacist, BHNFT reported that there was currently a shortage of disopyramide capsules. There was minimal stock at the Trust and there was a patient currently on the ward. Cardiologists have been informed and there was a request to identify the number of primary care patients. Patients requiring disopyramide capsules were potentially complex to manage and cardiologists had been contacted for specialist led management guidance. The Lead Pharmacist would provide feedback to the Committee.

Agreed actions:-

- The Lead Pharmacist to provide feedback from the cardiologists. **GT**
- Primary care patients to be identified and information to be shared with the Lead Pharmacist, BHNFT. **DC**

***Post meeting note**:* Disopyramide 100mg capsules are available as an unlicensed import in the interim, further information is available on the PSNC website.

19/166.3 Myocrisin Injection

The Lead Pharmacist, BHNFT had been contacted by a rheumatology nurse specialist advising that Myocrisin injection was not available in primary care. This has been discontinued but there is an unlicensed import available.

Agreed actions: -

- The Medicines Management Team would identify any patients managed in primary care and gather any background information via the out of stock process and share this with the Lead Pharmacist, BHNFT so that a management plan could be developed.

19/166.4 NPPG Guidance for BNFC Standard Strength of Unlicensed Paediatric Medicines

The Medicines Management Pharmacist referred to the above that was approved at a previous APC meeting, noting that when adding links on the formulary a discrepancy had been identified in the recommended strength for phenobarbital. The strength recommended for paediatrics in the guidance is 50mg/5ml but the 15mg/5ml preparation is currently on the formulary.

It was noted that the Trust have always stocked 15mg/5ml for neonates as it is alcohol free and therefore the Lead Pharmacist needed to check and ensure that the 50mg/ 5ml was also alcohol free.

Agreed action: -

- The Lead Pharmacist to check and inform if the 50mg/5ml is alcohol free before amending the formulary. **GT**

19/166.5 Biosimilar RA Pathway

The Head of Medicines Optimisation had been made aware of use of preparations outside of NICE guidance. In liaison with the specialist, further information would be brought to the Committee for discussion.

APC 19/167 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 14th August 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.