NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 11th November 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 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)
Dr Shobha Sivaramakrishnan (item 20/191 only)	Community Consultant Paediatrician/Clinical Lead (SWYPFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)

ACTION BY

APC 20/184 QUORACY

The meeting was quorate.

APC 20/185 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. It was noted that one of the rebates was relevant to agenda item 20/195.2, Nutrition and Blood Formulary Review but it was acknowledged that the rebate is not associated with any line of therapy choices.

APC 20/186 DRAFT MINUTES OF THE MEETING HELD ON 14th OCTOBER 2020

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

20/186.1 <u>NICE Consultation on Draft Atrial Fibrillation & Prescribing of DOAC's</u>

There was no feedback received from APC members but a response to the consultation has been submitted to NICE. The Eclipse report has not yet been received and due to pressures on the hospital system, the VTE Committee meetings were cancelled. The Head of

Medicines Optimisation plans to attend the January 2021 VTE Committee.

APC 20/187 MATTERS ARISING AND APC ACTION PLAN

20/187.1 AMAC unit discharge information

It was agreed to defer this to February 2021. **NB**

20/187.2 NICE September 2020 - TA651 Naldmedine for treating opioid-induced constipation

It was confirmed to be applicable for BHNFT and SWYPFT and would need adding to the formulary.

It was agreed that guidance would be brought back to outline line of therapy and that existing guidance could be adapted/updated.

Agreed action: -

- Guidance to be updated to include naldmedine for treating opioid-induced constipation. **GT**

Post meeting note: *- Naldemedine to be added to the formulary with an amber G classification.*

20/187.3 Anaphylaxis Work

Following discussion at the last meeting around school nursing teams not delivering care plans within schools, the Head of Medicines Optimisation advised that there had appeared to be some miscommunication and that subsequent information has since been issued to clarify the position, advising that Dr Kerrin and the specialist services will be providing care plan templates, for children actively under their care, that they will be completing for parents that can be shared with schools.

It was felt that with regards to the content, it didn't appear to be necessary for any GP input to populate the care plan templates. Communication between the school nursing team and the LMC continues.

20/187.4 Discharge of Medically Stable Patients

The Head of Medicines Optimisation confirmed that the issues raised at the last meeting had been escalated to the Chief Nurse and taken back to the CCG 'silver cell' and all Barnsley 'bronze cell'. No feedback had been received.

20/187.5 Action Plan – other areas

D1 Audit

Reference was made to the November 2020 APC reporting document to be discussed at 20/197, noting continued D1 communication issues being reported. The programme of work around the D1 audit was with the D1 Task and Finish Group but acknowledging pressures at the hospital due to the impact of COVID-19, it was agreed to defer this until February 2021 on the action plan. **NB**

There was a request to defer the Inflammatory Bowel Disease and Autoimmune Hepatitis Shared Care Guideline re-audit to March 2021. **NB**

APC 20/188 GLUTEN FREE REGIONAL GUIDANCE

The Head of Medicines Optimisation updated on the Committee on the regional work being undertaken by the SY&B ICS Medicines Optimisation Steering Group. The group have been looking at gluten free prescribing across different CCGs and noted the very different positions and levels of prescribing. The detail around the differences in prescribing across the CCGs was noted.

The regional communications teams have undertaken an engagement exercise with patients across SY&B and the results of that exercise were taken to the reginal scrutiny committee, who have endorsed that the JCCCG can make a decision and consider bringing all CCGs in line observing the feedback from patients. This will be looked at by the JCCCG over the next few months and we may therefore need to consider our CCG position and come in line with the SY&B position.

It was noted that through COVID an increase in prescribing has been seen due to the reduction of supermarket stock of gluten free products.

It was agreed that the reviewing of the Barnsley guidance would be put on hold until a decision is made by the JCCCG.

APC 20/189 NIFEDIPINE COST COMPARISON

The enclosure reviewing nifedipine once daily and twice daily MR preparations was presented by the Lead Pharmacist (DC). This has been produced following discussion at the September 2020 APC meeting where it was highlighted that the Adalat® retard preparation that we had on formulary has been discontinued and also that there are a number of availability issues with other preparations. It was therefore agreed to produce a cost comparison of once and twice daily nifedipine preparations for discussion at the APC, along with stock availability information, with a view to reviewing the nifedipine preparations on the Barnsley formulary

The preparations currently on formulary were highlighted and a stock issue with Adalat® LA was noted, therefore leaving currently only Coracten® XL as the once daily product choice.

It was confirmed that Coracten® XL and Coracten® SR are being used in the Trust due to ongoing stock issues with other brands, noting that the Trust have been able to consistently obtain Coracten®.

It was felt that in terms of availability and those with low acquisition costs, that Adipine® XL and Coracten® XL (once daily), and Coracten® SR and Tensipine® MR (twice daily) should be included on the formulary (all equal in terms of line of therapy).

APC 20/190 OVERACTIVE BLADDER (OAB) ALGORITHM (UPDATED)

The Lead Pharmacist (DC) presented the updated algorithm, advising that the main changes include adding additional information before starting drug treatment, advice on offering a treatment break if patients have been on an antimuscarinic drug for at least 6 months where clinically appropriate and changes to lines of therapy.

In line with NICE guidance, should the first line option not be effective or well tolerated then another drug with a low acquisition cost should be offered, either from the list of first line options listed, or one of the drugs listed under second line treatment options. As a result of patent expiries and prices changes there have been some changes to the first and second line treatment options and these were noted below.

Changes to the OAB treatment algorithm include:-

- Solifenacin is now a first line treatment option when a once daily preparation is required (previously second line).
- Tolterodine immediate release and tolterodine MR once daily (Neditol®XL) are now second line treatment options (previously first line).
- Solifenacin oral solution 1mg/ml SF has been added to the formulary with a green classification as a second line option if the patient has swallowing difficulties or is unable to tolerate a solid formulation (oxybutynin patch 3.9mg/24 hours (Kentera®) is first line).
- Oxybutynin MR 5mg and 10mg tablets (Lyrinel® XL) have been removed from the algorithm and are now non-formulary
- Darifenacin MR 7.5mg and 15mg tablets have been removed from the algorithm (for new patients only – no immediate plans to change over existing patients).

As part of the consultation process, feedback had been received from the specialist nurses that in practice they find that if the first line treatment fails or there are side effects then the second line anticholinergic usually has the same effect and therefore had requested that Mirabegron (Betmiga®) be changed from third line to second line. However, in line with NICE guidance this currently remains positioned third line on the algorithm.

The Committee approved the algorithm.

APC 20/191 MELATONIN

Dr Shobha Sivaramakrishnan, Community Consultant Paediatrician/ Clinical Lead, SWYPFT was in attendance to contribute to the melatonin discussion.

There was a lengthy discussion around the complexities of prescribing medication for children and adolescents with special needs and the need for consistency and routine with their medication regime. With this in mind, Dr Sivaramakrishnan requested that the MR 3mg capsule be included in the Melatonin Amber G Shared Care Guideline to enable the service to continue its use for a small cohort of patients that are unable to switch and tolerate an alternative licensed or off label product.

It was acknowledged that the aim was for all patients to be prescribed a licenced medication where possible and that a decline would be seen in the use of the MR 3mg capsule as new patients would be started on licensed products.

There was discussion around the benefits of commissioning a dedicated sleep service in Barnsley for children with autism and the Head of Medicines Optimisation agreed to discuss this further with CCG colleagues and feedback to Dr Sivaramakrishnan separately.

Dr Sivaramakrishnan was thanked for attending the meeting.

The Lead Pharmacist (DC) presented enclosure E, highlighting the proposed formulary positions. It was proposed that Circadin® PR tablets remain the first line melatonin preparation for children/ adolescents without ASD and/or Smith-Magenis syndrome (off label use) and it was suggested that Slenyto® prolonged release (PR) tablets could be used off label in patients with swallowing difficulties but who needed an MR preparation. It was proposed that Slenyto® be added to the formulary for use in its licenced indication.

In light of discussions with Dr Sivaramakrishnan, it was agreed to include MR 3mg capsules for restricted use only in exceptional circumstances where other preparations are not tolerated, and the line of therapy would be made explicit to ensure MHRA guidance was followed. Following earlier discussions, it was agreed to include a section in the guidance to document what other preparations have been prescribed before needing to switch back to the MR 3mg capsules.

Subject to these amendments, the Committee approved the guidance.

Agreed actions: -

- The guidance to be updated as above. **DC**
- The Head of Medicines Optimisation to discuss a dedicated sleep service with CCG colleagues and provide feedback. **CL**

APC 20/192 TERMS OF REFERENCE

The terms of reference were presented unchanged and were endorsed by the Committee.

APC 20/193 SERIOUS SHORTAGE PROTOCOL (SSP) - FOR INFORMATION

20/193.1 Fluoxetine 30mg Capsules

Noted for information.

20/193.2 Salazopyrin® EN-Tabs 500mg

Noted for information.

APC 20/194 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

20/194.1 Insulin Aspart (FIASP®) Amber-G guideline

The Senior Interface Pharmacist (BHNFT) presented the updated guideline which has been approved by clinicians, noting the addition of the PumpCart® device and information around its use in children and whilst breast feeding.

There were no further comments received and the Committee approved the Insulin Aspart (FIASP®) Amber G guideline.

20/194.2 Entresto® in the Management of Chronic Heart Failure Shared Care Guideline

The Senior Interface Pharmacist (BHNFT) presented the updated guideline which has been approved by clinicians, noting only minimal changes.

There were no further comments received and the Committee approved the shared care guideline.

Agreed action: -

- The Medicines Management Pharmacist to add the approved wording around accessing full shared care guideline on the website. **JH**

20/194.3 Amber-G Guideline for Rifaximin 550mg tablets (Targaxan®▼)

The Senior Interface Pharmacist (BHNFT) presented the updated guideline which has been approved by clinicians, noting only minimal changes.

There were no further comments received and the Committee approved the Amber-G Guideline for Rifaximin 550mg tablets (Targaxan®▼).

20/194.4 Sodium Clodronate (Bonefos) Shared Care Guideline for the treatment and prevention of bone disease in multiple myelom

The Senior Interface Pharmacist (BHNFT) presented the updated guideline which has been approved by clinicians, noting only minimal changes.

Out of stock issues being experienced at present were noted.

Agreed action: -

- The Medicines Management Pharmacist to add the approved wording around accessing full shared care guideline on the website. **JH**

20/194.5 Ivabradine (Procoralan®) Amber-G guideline

The Senior Interface Pharmacist (BHNFT) presented the updated guideline which has been approved by clinicians, noting only minimal changes.

There were no further comments received and the Committee approved the Ivabradine (Procoralan®) Amber-G guideline.

20/194.6 Sheffield Riluzole Shared Care Protocol

The Lead Pharmacist (DC) advised the Committee that the Sheffield Shared Care Guideline has recently been updated and we have been informed that Sheffield Teaching Hospitals wish to transfer a small number of long standing patients to primary care and they have asked for all South Yorkshire CCGs to consider adopting this guideline. Riluzole is currently red on the Barnsley formulary, although the classification in the organisation that initiated the medication is taken

into consideration.

It was agreed that the guideline would be taken to the LMC and brought back to the December 2020 APC meeting.

Agreed actions: -

- The guideline would be taken the LMC and brought back to the December 2020 APC meeting. **DC**

APC 20/195 FORMULARY REVIEWS

20/195.1 Formulary Review Plan (for information)

Noted for information.

20/195.2 Iron Preparations

There was an issue raised around oral iron preparations and the line of therapy being used in hospital and primary care and a query around the referral pathway for people who require IV infusions. The Trust advised that a switch policy for oral iron is in place at the Trust allowing pharmacists to change this on admission and counsel patients if switched. This has previously been to the APC and it was suggested that this be reviewed and publicised again.

Agreed action: -

- Switch policy to be reviewed and circulated within primary and secondary care. **GT**
- Referral pathway for people who require IV infusions to be picked up outside of the meeting. **CAL**

20/195.3 Chapter 9: Nutrition and Blood

The Head of Medicines Optimisation highlighted a declaration of interest, noting that one of the rebates signed on behalf of the CCG was relevant to this agenda item but it was acknowledged that the rebate is not associated with any line of therapy choices.

The Lead Pharmacist, BHNFT presented the nutrition and blood formulary review, noting that due to a change to the structure of this chapter, there are significant differences with the book and online sections, making it a difficult chapter to review. Contact has been made with net formulary around the formatting differences.

It was noted that Sodium polystyrene Sulphonate Resins (Resonium A®) should be changed to Amber G in line with other cation exchange resins and that an Amber G guideline was therefore required.

The recommendations from dietetics for additional products to be added were noted and it was agreed that new product applications would need to be submitted to the Committee.

It was clarified that a new product application was not required for the repackaged Aymes shake compact, which was currently on formulary.

The Committee approved the nutrition and blood formulary review.

Agreed actions: -

- New product applications to be submitted to the Committee for **DC**

consideration.

- Amber G guideline required for Sodium polystyrene Sulphonate Resins (Resonium A®). **LC/GT**
-

APC 20/196 NEW PRODUCT APPLICATION LOG

The Lead Pharmacist, BHNFT to discuss at a future MDT meeting regarding the use/experience of using Ferric Maltol (Feraccru) ®. **GT**

The Lead Pharmacist, BHNFT to have internal discussions around taking forward the application for Ensure Plus Advance. **GT**

APC 20/197 BARNSLEY APC REPORTING NOVEMBER 2020

20/197.1 APC Reporting November 2020 (for information)

The Lead Pharmacist (DC) presented the enclosure, noting 31 reports had been received, with 16 of the reports relating to D1/hospital communication issues.

The pressures across the board in this unprecedented situation were acknowledged. The Chief Pharmacist, BHNFT advised the Committee that significant staff absence due to COVID-19 was having an impact on patient flow and discharge but it was felt that the links with the embedded Clinical Pharmacists receiving information and contacting the pharmacy team at the Trust was key to mitigation going forward.

20/197.2 APC Reporting November Key Themes

The Lead Pharmacist (DC) presented the summary of key themes highlighting reports with significant issues.

The breakdown of the reports was received was noted.

APC20/198 NEW NICE TECHNOLOGY APPRAISALS (SEPTEMBER 2020)

20/198.1 September 2020

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

- TA649 Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma
- TA651 Naldemedine for treating opioid-induced constipation

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

- TA645 Avelumab with axitinib for untreated advanced renal cell carcinoma
- TA650 Pembrolizumab with axitinib for untreated advanced renal cell carcinoma

The following NICE TAs are **terminated appraisals: -**

- TA646 Glasdegib with chemotherapy for untreated acute myeloid leukaemia (terminated appraisal)
- TA647 Eculizumab for treating relapsing neuromyelitis optica (terminated appraisal)
- TA648 Dupilumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal)

20/198.2 October 2020

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

- HST13 Volanesorsen for treating familial chylomicronaemia syndrome
- TA653 Osimertinib for treating EGFR T790M mutationpositive advanced non-smallcell lung cancer
- TA654 Osimertinib for untreated EGFR mutation-positive nonsmall-cell lung cancer
- TA655 Nivolumab for advanced squamous non-small-cell lung cancer after chemotherapy

The following NICE TA was a **terminated appraisal: -**

- TA652 Alpelisib with fulvestrant for treating hormone-receptor positive, HER2-negative, PIK3CA-positive advanced breast cancer (terminated appraisal)

20/198.3 Feedback from BHNFT Clinical Guidelines and Policy Group

The group have not met therefore there was nothing to report.

20/198.4 Feedback from SWYPFT NICE Group

There was nothing to report

APC 20/199 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

20/199.1 Primary Care Quality & Cost Effective Prescribing Group

There was nothing to report.

20/199.2 BHNFT

There was nothing to escalate.

20/199.3 SWYPFT Drug and Therapeutics Committee

There was nothing to escalate.

20/199.4 Wound Care Advisory Group

The minutes of the meeting held on 7 July 2020 were received and noted for information.

APC 20/200 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate APC reporting and the Terms of Reference to the Q&PSC. **CL**

APC 20/201 HORIZON SCANNING DOCUMENT (OCTOBER 2020)

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

Bempedoic acid 180 mg film-coated tablets (Nilemdo▼®, Daiichi Sankyo UK Limited) – **non-formulary provisional grey**

Bempedoic acid / ezetimibe 180 mg/10 mg film-coated tablets (Nustendi▼®, Daiichi Sankyo UK Limited) – **non-formulary provisional grey**

Bevacizumab (biosimilar) 25 mg/mL concentrate for solution for infusion (Aybintio®▼, MSD) (Zirabev®▼, Pfizer) – **non-formulary provisional red**

Estradiol 10 micrograms vaginal tablets (Vagirux®, Gedeon Richter (UK) Ltd) – **non-formulary provisional green**
Estradiol (generic) 10 micrograms vaginal tablets (Advanz Pharma) – **already formulary green**
Melatonin 3 mg film coated tablets (Syncrodin®, Pharma Nord UK) – **non-formulary provisional grey**
Arsenic trioxide (generic) 10 mg/10 ml concentrate for solution for infusion (Mylan) – **already non-formulary provisional red**
Atorvastatin (generic) 30 mg, 60 mg film coated tablets (Zentiva) – **non-formulary provisional grey**
Fulvestrant (generic) 250 mg solution for injection in pre-filled syringe (Cipla EU Ltd) – **already formulary red**
Cefiderocol sulfate tosylate 1 g powder for concentrate for solution for infusion (Fetcroja®▼, Shionogi) – **non-formulary provisional red**
Calcitriol 0.25 microgram, 0.5 microgram capsules (Rocaltrol®, Atnahs Pharma UK Ltd) – **already non-formulary**
Baclofen (generic) 5 mg, 10 mg, 20 mg tablets (Advanz Pharma) – **already formulary green**
Dexmedetomidine (generic) 100 micrograms/ml concentrate for solution for infusion (Accord Healthcare Limited) – **already formulary red**
Glasdegib maleate 25 mg, 100 mg film-coated tablets (Daurismo▼®, Pfizer Limited) – **non-formulary provisional red**
Rituximab (biosimilar) 500 mg,100 mg concentrate for solution for infusion (Ruxience▼®, Pfizer Limited) – **non-formulary provisional red**
Letermovir 240 mg concentrate for solution for infusion (Prevymis▼®, Merck Sharp & Dohme Limited) – **already non-formulary provisional red**
Trastuzumab (biosimilar) 150 mg powder for concentrate for solution for infusion (Zercepac®▼, Accord) - **already non-formulary provisional red**
Change from: Phosphates (rectal) (Phosphate Enema (Formula B), Fleet® Ready to use Enema)
to : ***Phosphates (rectal)*** *with First line choice: Cleen® ready to use Enema 133ml*
Gamolenic acid (evening primrose oil) - *add as non-formulary grey with specific wording as noted*
Isotretinoin (Isotrex®) gel - *remove from formulary as discontinued*
Tretinoin (Retin-A® gel) - *remove from formulary as discontinued*
Adapalene (Differin®) cream/gel - *already formulary green - remove brand name as generic available*

APC 20/202 MHRA DRUG SAFETY UPDATE (OCTOBER 2020)
The update was noted.

APC 20/203 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)
There was nothing to report.

APC 20/204 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES
The minutes from NHS Sheffield CCG (16th July 2020) were received and noted.

APC 20/205 ANY OTHER BUSINESS

20/205.1 Denosumab

Following advice in the MHRA Drug Safety Alert that denosumab should not be paused for a significant period of time, the Associate Medical Director, BHNFT offered support from the Rheumatology team where needed to ensure the continuation of denosumab.

The Head of Medicines Optimisation advised that pre-COVID, primary care were undertaking a review to look at the follow up of patients in primary care and identify any gaps in the system. The Head of Medicines Optimisation would follow up with the Chief Nurse regarding any decision made how to change systems and processes.

Agreed action:

- The Head of Medicines Optimisation to discuss with the Chief Nurse the systems and processes in place for follow up of patients on denosumab. **CL**

APC 20/206 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 16th December 2020 at 12.30 pm via MS Teams.