Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 13th January 2016 in the Boardroom at Hillder House

MEMBERS:

Mr T Bisset (from 16/03.5)	Community Pharmacist (LPC)
Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr K Kapur (from 16/03.7 to 16/10.1)	Consultant Gastroenterology (BHNFT)
Ms K Martin	Head of Quality for Primary Care (Barnsley CCG)
Dr A Munzar	General Practitioner (LMC)
Dr J Maters	General Practitioner (LMC)
Mr M Smith	Chief Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)
Dr J Waldock (from 16/05 to 16/13)	Consultant in Palliative Medicine (Barnsley Hospice)

ATTENDEES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Mr M F Hussain	Senior Pharmacist, ED/AMU (BHNFT)
Ms A Meer	Specialist Interface Pharmacist (BHNFT)
Dr Tahir (for item 16/04 only)	Consultant Cardiologist (BHNFT)

APOLOGIES:

Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr K Sands	Associate Medical Director (SWYPFT)

ACTION

APC 16/01 DECLARATIONS OF INTEREST

The Consultant Gastroenterologist, BHNFT declared that he had presented at the Pancreatic Society meeting in November 2015 and would submit an updated declaration of interest form for the register. **KK/NB**

APC 16/02 MINUTES OF THE PREVIOUS MEETING

A post meeting note would be added on page 2, Continence Service Audit: …"the Chair informed the Committee that this had been escalated and will be an agenda item on the next SWYPFT/CCG Contract Quality Board…" **NB**

Subject to the above, the minutes of the meeting held on 9th December 2015 were accepted and agreed as an accurate record.

APC 16/03 MATTERS ARISING AND APC ACTION PLAN

03.1 Co-amoxiclav Prescribing at BHNFT

The Lead Pharmacist, BHNFT had circulated a breakdown of inpatient and outpatient data for co-amoxiclav usage across the Trust, looking at 625mg tablets. The breakdown highlighted high usage within respiratory and there was concern around the appropriateness of this prescribing which would be examined along with other high usage areas. **GT**

It was agreed that the Lead Pharmacist, BHNFT would discuss this with the microbiologists as there was concern that it was potentially not appropriate or in line with the antimicrobial policy. This would be brought back to the next meeting. **GT**

03.2 Draft Warfarin Audit Action Plan

The Lead Pharmacist, BHNFT noted that this would be discussed at the BHNFT Medicines Management Committee first before being circulated to the APC Committee. **GT**

03.3 NICE TA366 Pembrolizumab for advanced melanoma not previously treated with Ipilimumab

The Lead Pharmacist, BHNFT confirmed that this was applicable to use at BHNFT with a red drug classification. **CA**

03.4 Haloperidol Supply Issue

As a result of the shortage of parenteral haloperidol which is likely to continue until the end of 2016, the Consultant in Palliative Medicine, Barnsley Hospice presented guidance produced by Dr Vedder (Consultant in Palliative Medicine, Barnsley Hospice) around the use of levomepromazine for the treatment of nausea/vomiting and delirium/agitation in the last days of life.

It was confirmed that information would be included in the newsletter, circulated with the APC memo and added to the CCG website. **DC**

The Consultant in Palliative Medicine, Barnsley Hospice noted that an information sheet would be used as part of the My Care Plan in primary care so that when parenteral haloperidol was back in stock, the whole plan would not need to be amended.

Action Plan – Other Areas

03.5 Diclofenac use within BHNFT

The Chair noted that the high usage of diclofenac within Obstetrics and Gynaecology had been raised with Dr Richard Jenkins, Medical Director at BHNFT to discuss with the team. Dr Richard Jenkins had mentioned that there was an indication where diclofenac was the preferred choice to ibuprofen within Obstetrics and Gynaecology.

The Lead Pharmacist, BHNFT informed the Committee that a breakdown had been produced which would be circulated after the meeting. From the breakdown (usage October to December 2015), it was reported that the usage within Obstetrics and Gynaecology had reduced considerably but it was felt more could still be done to reduce the use of diclofenac. It was however noted that there had been a peak identified in another area which needed to be examined. It was noted that overall the usage had dropped but not as significantly as hoped. **GT**

The Lead Pharmacist, BHNFT noted that she would be breaking down Quarter 3 data to identify individual prescribers and would continue to monitor usage. **GT**

03.6 Switching from Quetiapine XL

The Lead Pharmacist, SWYPFT noted that this would go to the **SH**

February 2016 D&T meeting.

03.7 GLP-1 Agonists (Exenatide and Liraglutide) Traffic Light Classifications

The Chair informed the Committee that he had received an email from one of the Diabetes Clinical Nurse Specialists about pharmaceutical companies who were willing to provide training on GLP-1 Agonists for practice staff. The Chair had asked if the companies would be willing to pool together their expertise and resources to produce a standardised training package that the CCG could verify and deliver to primary care. The Committee supported this suggestion. **MG**

In terms of timescales, the Chair noted that as part of the Diabetes Review, there will be a change in how diabetes care is delivered which will include upskilling staff in various settings, mainly in the primary care setting, as to how they can deliver more diabetes care in the community. It was felt that any training that other health professionals could benefit from should not be restricted to practice staff and the Chair would support it being delivered to community pharmacists in answer to the Community Pharmacist's query.

The Chair confirmed that the outline had been presented to the Clinical Transformation Board and work was ongoing.

APC16/04 RANOLAZINE TRAFFIC LIGHT CLASSIFICATION

Dr Tahir, Consultant Cardiologist (BHNFT) was in attendance for this item.

The Lead Pharmacist, BHNFT tabled a summary, dated August 2015, with up to date resources and evidence base looking at the effectiveness of ranolazine.

A retrospective study had been carried out using the data submitted to insurance companies in America looking at the effectiveness on outcomes of patients on ranolazine, either in place of or in addition to traditional antianginals. This showed that ranolazine was comparable to other antianginals.

Another paper published in the BMJ in October 2015 based on American research, but cost effectiveness analysis for the UK market, had concluded that although UK specific data on efficacy and safety is lacking, the analysis suggests that ranolazine added to standard care in patients with weekly or daily angina is cost effective from a UK health system perspective.

It was clarified that ranolazine was currently classified red on the Barnsley Formulary and Dr Tahir informed the Committee of its status in surrounding areas with areas having an amber or green status.
Dr Tahir requested that the Committee consider changing the status in Barnsley to be in line with other Trusts in the surrounding area.

Dr Tahir confirmed that ranolazine was a second line drug included in the NICE Guidance 2011. Dr Tahir explained that beta blockers and calcium channel antagonists were first line options, with second line options including nitrates, ivabradine, nicorandil and ranolazine in this order. He noted one issue of safety to be taken into account, namely

dose related QT prolongation, but the BHNFT consultants were happy for initiation in a hospital setting.

Dr Maters asked if there were any significant interactions and the Lead Pharmacist, Barnsley CCG noted that there were a number listed in the SPC but the significance of these would need to be checked. **GT**

The Chair raised his concern with QT interval prolongation and that systems were not in place in the outpatient setting to avoid inappropriate prescribing or contraindicated prescribing and it was felt that a decision tool needed to be in place to help support primary care. The Chair asked colleagues present if they were able to help with any prescribing aids in outpatients. This would need to be looked at. **GT**

Dr Tahir reported that he had not encountered any issues with QT prolongation in practice, but noted that any interactions would be listed in the Shared Care Guideline.

Following discussion, it was agreed that ranolazine would be re-classified amber when a Shared Care Guideline, including an anti-anginal medication algorithm was in place. It was agreed that the red classification would remain until the shared care guideline and algorithm were approved by the Committee and it was reinforced to Dr Tahir that a shared care agreement would need to be sent for every patient on this drug.

The Lead Pharmacist, BHNFT aimed to present the Shared Care Guideline at the February 2016 meeting. **GT**

APC16/05 GUIDANCE FOR THE PRESCRIBING OF SUBCUTANEOUS FUROSEMIDE

The Consultant in Palliative Medicine noted that existing guidance produced by Dr Vedder (Consultant in Palliative Medicine, Barnsley Hospice) around the use of subcutaneous furosemide in the treatment of end stage heart failure has been shared again to include on the CCG website for GPs to access. The guidance was endorsed by the Committee.

Following a suggestion from the Chair, the Consultant in Palliative Medicine confirmed that she would contact Dr Atcha, BEST tutor regarding the new BEST website currently under construction to include such guidance in the palliative care section. **JW**

It was agreed that Dr Atcha's contact details would be shared with Lead Pharmacists at SWYPFT and BHNFT in order to contribute to the new website. **NB**

APC16/06 BRANDED GENERICS OF OXYCODONE AND FENTANYL

06.1 <u>Branded Generics of Oxycodone</u>

The Lead Pharmacist, SWYPFT informed the Committee that patients were being admitted to the hospice on different brands of oxycodone. It was noted that Shortec® and Longtec® had been agreed as the brands of the choice in Barnsley for the immediate release and long acting formulations respectively.

The Lead Pharmacist, BHNFT informed the Committee that a proposal needed to go through the Medicines Management Committee to switch to Shortec® and Longtec®, however this had been delayed. The Lead Pharmacist, BHNFT confirmed that this would be discussed at tomorrow's meeting but agreed to contact the Chair should there be any problems with the proposal. **GT**

The Lead Pharmacist, Barnsley CCG confirmed that most GP practices in Barnsley had either switched or were in the process of switching to Shortec® and Longtec®. She was however aware of one practice prescribing a different brand and it was agreed that details would be shared with the Chair after the meeting. Any further issues identified around prescribing from other practices needed to be fed to the Lead Pharmacist, Barnsley CCG. **DC**

06.2 Branded Generics of Fentanyl Patches

The Lead Pharmacist, SWYPFT noted that there were several different brands of fentanyl patches on the market and patients were being admitted to the hospice on a number of different brands. It was confirmed that both Matrifen® and Fencino® were included on the formulary and in the agreed list of QIPP areas which had previously been endorsed by the Committee.

It was agreed that this item would be discussed further at the February meeting where practice data would be examined. **DC**

APC16/07 INSOMNIA MANAGEMENT GUIDELINE

The Committee received the updated guidance with updated references, an inclusion regarding the increased risk of dementia with benzodiazepines; reference to the Department of Transport Guidance and updated Good Sleep Guidance.

The Lead Pharmacist, Barnsley CCG confirmed that this had been circulated to the Lead Pharmacists at BHNFT and SWYPFT for onward circulation and comment.

The Chair asked that additional information be included in the patient information section regarding the DVLA Guidelines and the increased risk of dementia.

Subject to these changes, the Committee approved the guideline. **DC**

APC16/08 SHARED CARE GUIDELINES

08.1 Prucalopride Shared Care Guideline

The Interface Pharmacist, BHNFT presented the updated guideline and gave details of the small changes made.
It was noted that further comment had since been received from a consultant regarding its use beyond 3 months and therefore a further small amendment was required.

The Lead Pharmacist, Barnsley CCG noted that the NICE TA was for women but it was also now believed to be licenced for use in men but this would be clarified. **DC/AM**

The Lead Pharmacist, Barnsley CCG noted that the algorithm within

the guideline referred to lubiprostone as an alternative and it was understood that a separate shared care guideline was currently being developed for this. The Lead Pharmacist, Barnsley CCG suggested incorporating lubiprostone into this guideline and this was agreed. **AM**

An updated algorithm was tabled and it was agreed that it would be brought back to a future meeting with the amended guideline. **AM**

Any further comments should be sent to the Interface Pharmacist, BHNFT.

08.2 Amiodarone Amber G Guidance

The Medicines Management Pharmacist, Barnsley CCG presented the Amber G Guidance which had been circulated to the cardiologists for comment. The Lead Pharmacist, BHNFT fed back comments she had received from the cardiologists around monitoring and carrying out baseline PFTs, which would only be undertaken if respiratory problems were suspected. It was agreed that other comments received from the cardiologists would be emailed to the Medicines Management Pharmacist, Barnsley CCG. **GT**

Subject to the changes suggested by the cardiologists, the Committee accepted the Amber G Guidance. **CA**

08.3 Sodium Clodronate Shared Care Guideline

The Lead Pharmacist, BHNFT presented the guideline which had been produced by the oncology pharmacists.

Following a query around the monitoring (specialist responsibilities every 4 weeks) the Lead Pharmacist, BHNFT agreed to clarify the ongoing monitoring requirements. Information would also be included within the GP responsibilities section regarding the action which should be taken if the blood results were outside of the defined parameters and within the communication section; the drug name would be populated. **GT**

It was agreed that the traffic light classification would change from Amber-G to Amber. **GT**

It was agreed that the guidelines would be brought back to the Committee with the suggested changes. **GT**

APC16/09 ALGORITHM FOR INHALED THERAPIES IN THE MANAGEMENT OF COPD

The Medicines Management Pharmacist, Barnsley CCG presented enclosures J1 (produced by Dr Mahdi, BHNFT) and J2 (produced collaboratively by the pharmacists at Barnsley CCG and BHFNT).

Following receipt of further comments, an updated enclosure J2 was tabled at the meeting.

The Medicines Management Pharmacist, Barnsley CCG referred to email communications with Dr Mahdi in which he reported that there had been an increase in evidence recently around the use of LABA/LAMA earlier in the process but as most of the trial information

was yet to be published the Committee agreed that national guidance should be followed. It was noted that updated NICE guidance was due to be published in the summer and the local algorithm would be reviewed again in line with this. **CA**

The Committee approved the updated J2 enclosure, which had been updated in line with the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines and it was confirmed that this had been shared with practice nurses.

APC16/10 FORMULARY REVIEW

10.1 Chapter 13: Skin

The Lead Pharmacist, BHNFT presented enclosure K to the Committee.

It was noted that there were quite a number of potential New Product Applications to be submitted to the Committee as a result of this review.

After discussion, the following was agreed: - **GT**

- To add Cavilon to the traffic light list (TLL) and formulary with a green classification
- Dermamist would be added with a red drug classification for use in paediatrics only.
- Solaraze gel – it was noted that this was currently listed as red on the TLL – the Lead Pharmacist, BHNFT to remind clinicians that requests shouldn't be coming out to GPs
- Minocycline – classification to be changed to grey on the TLL
- Immunosuppressant's – traffic light classification will be updated when the dermatology shared care guideline is available. The Lead Pharmacist, Barnsley CCG, noted that the shared care guideline had recently been approved by the Committee subject to standardisation of the monitoring in line with the DMARD shared care guideline. However the Lead Pharmacist, BHNFT, noted that the guideline had not yet been approved by the dermatologists.
  Post meeting note: To be included on the APC action plan **NB**
- Metvix would be added to the formulary with a red classification
- To add Factor 50 sunscreen to the formulary, with advice that primary care prescribers should follow the drug tariff guidance
- To add hydrogen peroxide to the formulary (green classification)

The Lead Pharmacist, BHNFT agreed to clarify the use of Doxepin and whether this referred to the capsules or the cream. **GT**

The Lead Pharmacist, CCG noted that Apremilast was currently listed on the formulary but was not recommended by NICE. It was agreed that this would be changed to non-formulary for existing patients only. **GT**

10.2 Chapter 15: Anaesthesia

The Lead Pharmacist, BHNFT presented enclosure L to the Committee.

The Consultant in Palliative Care noted that Alfentanil injection would rarely be used in community but it would remain green.

In relation to 15.02, it was agreed that the Lead Pharmacist, SWYPFT would check which brand of catheter gel the district nurses use. **SH**

Post meeting note: The district nurses responded to say 50/50 catheter gel/ Instillagel and it is understood that there isn't an 11ml available in the catheter gel so Instillagel is used in men.

APC16/11 NEW PRODUCT APPLICATION LOG

It was noted that a declaration of interest form was yet to be received from Professor Jones, BHNFT as applicant for the new product application for Alprostadil cream (Vitaros®).

APC 16/12 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

In relation to BAPC16/01/01, it was suggested that the Medicines Management Team use a memo to communicate medicines changes to all pharmacies that collect scripts from a particular surgery. The Lead Pharmacist agreed to pick this up. **DC**

It was agreed that further details for BAPC16/01/06 would be sent to the Chair urgently to raise with Dr Richard Jenkins. **DC/KA**

APC 16/13 NEW NICE TECHNOLOGY APPRAISALS – DECEMBER 2015

13.1 <u>Feedback from BHNFT Clinical Guidelines and Policy Group</u>

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

- TA369 Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears (red classification) **CA**

The Lead Pharmacist, BHNFT was awaiting feedback regarding the use of the following NICE TAs at BHNFT: - **GT**

- TA370 Bortezomib for previously untreated mantle cell lymphoma
- TA371 Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane
- TA373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis
- TA374 Erlotinib and gefitinib for treating nonsmall-cell lung cancer that has progressed after prior chemotherapy

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

- TA372 Apremilast for treating active psoriatic arthritis

13.2 <u>Feedback from SWYPFT NICE Group</u>

The Lead Pharmacist, SWYPFT confirmed that all the above NICE TAs were not applicable to use at SWYPFT.

APC 16/14 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

14.1 Primary Care Quality & Cost Effective Prescribing Group
This group had not met therefore there was nothing to report.

14.2 BHNFT
This group had not met therefore there was nothing to report.

14.3 SWYPFT Drugs & Therapeutics Committee
An away day was held therefore there was nothing to report back.

APC 16/15 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

There were no items to escalate to the Quality & Patient Safety Committee.

APC 16/16 HORIZON SCANNING DOCUMENT – DECEMBER 2015

The Committee agreed to classify the new products as follows: - **CA**

Idarucizumab 2.5 mg/50 mL solution for injection or infusion (PraxBind®▼, Boehringer Ingelheim) – **PROVISIONAL RED**
Sacubitril/valsartan24 mg/26 mg, 49 mg/51 mg & 97 mg/103 mg film-coated tablets
(Entresto®▼, Novartis) – **PROVISIONAL RED**
Ceftolozane/tazobactam 1 g/0.5 g powder for concentrate for solution for infusion
(Zerbaxa®▼, MSD) – **PROVISIONAL RED**
Ataluren 125 mg, 250 mg & 1000 mg granules for oral suspension (Translarna®▼, PTC Therapeutics) – **PROVISIONAL RED**
Sodium sulphate/ magnesium sulphate/ potassium sulphate 17.5 g/3.3 g/3.1 g concentrate for oral solution – **PROVISIONAL GREY**
Nefopam 30 mg film-coated tablets (Focus Pharmaceuticals) – **ALREADY GREEN ON FORMULARY, TO BE ADDED TO TRAFFIC LIGHT LIST**
Morphine sulfate 1 mg/mL solution for injection (Morphine sulphate, Hameln Pharmaceuticals) – **GREEN**
Timolol maleate/ bendroflumethiazide 10 mg & 2.5 mg tablets (Beechmere Pharmaceuticals) – **PROVISIONAL GREY**
Rasagiline 1 mg tablets (Rasagiline Milpharm, Aurobindo Pharma-Milpharm) – **ALREADY CLASSIFIED AMBER**
Riluzole 5 mg/mL oral suspension (Teglutik®, Martindale) – **ALREADY CLASSIFIED RED**
Carfilzomib 60 mg powder for solution for infusion (Kyprolis®▼, Amgen) – **PROVISIONAL RED**
Colecalciferol 1,000 IU & 25,000 IU film-coated tablets (Stexerol-D3®, ProStrakan) – **PROVISIONAL GREY**
Elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide 150 mg/150 mg/200 mg/10mg film-coated tablets (Genvoya®▼, Gilead Sciences) – **PROVISIONAL RED**
Blinatumomab 38.5 micrograms powder for concentrate for solution for infusion (Blincyto®▼, Amgen) – **PROVISIONAL RED**
Meropenem 500 mg & 1 g powder for solution for injection or infusion (Aurobindo Pharma) – **ALREADY RED ON FORMULARY**
Isavuconazole 100 mg hard capsules & 200 mg powder for concentrate for solution for infusion (Cresemba®▼, Basilea Pharmaceutica) – **PROVISIONAL RED**

Trametinib 0.5 mg, 1.0 mg & 2.0 mg film-coated tablets (Mekinist®▼, Novartis) – **PROVISIONAL RED**

APC 16/17 MHRA DRUG SAFETY UPDATE – DECEMBER 2015

The Committee received and noted the December 2015 MHRA Drug Safety Update which included advice for medicines users in relation to secondary care specialist drugs. These were summarised below: -

1. Thalidomide: reduced starting dose in patients older than age 75 years
   Use a lower starting dose of thalidomide in patients with untreated multiple myeloma who are older than age 75 years.
2. Mycophenolate mofetil, mycophenolic acid: new pregnancy-prevention advice for women and men
   Mycophenolate mofetil and its active metabolite mycophenolic acid are associated with a high rate of serious birth defects and increased risk of spontaneous abortion.
3. Bisphosphonates: very rare reports of osteonecrosis of the external auditory canal
   Osteonecrosis of the external auditory canal has been reported very rarely (fewer than 1 in 10 000 patients) with bisphosphonates, mainly in association with long-term therapy (2 years or longer).
4. Antiretroviral medicines: updated advice on body-fat changes and lactic acidosis
   With the exception of medicines containing zidovudine, stavudine, or didanosine, product information will no longer include warnings on fat redistribution or lactic acidosis.

APC 16/18 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (15th October 2015) Area Prescribing Committee meeting were received and noted.

The Lead Pharmacist, BHNFT noted that Toujeo® had been classified amber in Sheffield and noted that she had a New Product Application to submit for consideration. **GT**

APC 16/19 ANY OTHER BUSINESS

19.1 Shared Care Guideline for Melatonin

The Lead Pharmacist, SWYPFT had been asked by the Committee to review the Shared Care Guideline for melatonin based on using the licensed product Circadin®, first line. The Lead Pharmacist informed the Committee that the paediatricians at New Street were not in support of this and agreed to summarise for discussion at the next meeting. **SH**

Post meeting note: Summary of discussions sent to the Chair and Lead Pharmacist, Barnsley CCG. To be included on the APC agenda when the actions agreed in the meeting between the Lead Pharmacist, SWYPFT and the paediatricians have been completed.

APC 16/20 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 17th February 2016 at 12.30 pm in the Boardroom, Hillder House.