NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 10th April 2019 in the Boardroom, Hillder House

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo (from 19/79.3)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset (from 19/80)	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (from 19/79.3 to 19/87.2)	Consultant Gastroenterology (BHNFT)
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:

Dr Jerome Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)

ACTION BY

APC 19/76 QUORACY

The meeting was not quorate and therefore any decisions made would need to be ratified by email or brought back to the next meeting.

APC 19/77 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/78 DRAFT MINUTES OF THE MEETING HELD ON 13th MARCH 2019

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

Agreed action: -

- As the meeting was not quorate, the minutes would be ratified by email. **NB**

Post meeting note: *the minutes were ratified by email and accepted as an accurate record of the meeting.*

19/78.1 <u>19/54.2 Discharge Letter Audit BNHFT</u>

It was fed back that a D1 meeting had been held and it was confirmed that a work plan was in place to prioritise and progress the audit report. Timeframes were to be confirmed to enable a decision to be made around releasing the primary care audit report with reference to provisional data; or whether to wait for the full data to become available.

APC 19/79 MATTERS ARISING AND APC ACTION PLAN

19/79.1 HST8 Burosumab for treating X-linked hypophosphataemia in children and young people

The Lead Pharmacist, BHNFT confirmed that HST8 Burosumab for treating X-linked hypophosphataemia in children and young people **was not** applicable for use at BHNFT.

19/79.2 Ibandronic Acid

It was confirmed that pricing information had been shared with the Lead Pharmacist, BHNFT who was to contact the breast oncologist regarding a way forward. Feedback would be brought back to the next meeting. **GT**

19/79.3 Semaglutide (Ozempic®)

Following discussion at the last meeting, additional information was included in the independent review which had been reformatted to clearly show comparative cost and trial data, including numbers needed to treat.

It was noted that SUSTAIN 3 and SUSTAIN 7 showed a direct comparison with the weekly dulaglutide and exenatide, showing positive outcomes in terms of the effectiveness of semaglutide (Ozempic®).

The adverse effects of semaglutide (Ozempic®) were similar to dulaglutide, , however unlike semaglutide, there were no adverse effects listed for dulaglutide around retinopathy.

It was noted that the least expensive product was lixisenatide.

In terms of the place of therapy, the applicant advised that they did not wish semaglutide to replace any other product on the formulary, adding that they could possibly review dulaglutide at a later date should semaglutide (Ozempic®) be found to be preferable.

The Committee approved the new product application with a traffic light classification Amber G and agreed that prescribing would be on hold until the Amber G guideline had been updated and shared with primary care. The Committee would review the prescribing and effectiveness of semaglutide (Ozempic®) in 6 months with a view to rationalising the GLP-1 agonist section of the formulary.

Agreed actions: -

- As the meeting was not quorate, ratification of this decision would to be sought from primary care representatives. **NB**
- Once ratified, the GLP-1 Agonist Guideline would be updated to include semaglutide (Ozempic®). **JH**

Post meeting note: *the decision was agreed and ratified by email.*

19/79.4 NICE TAs (February 2019)

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

- TA561 Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia
- TA562 Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma

Post meeting note: *TA561* ***is*** *applicable to the Trust and they are compliant. TA562* ***is not*** *applicable.*

19/79.5 Stiripentol

The LMC agreed that stiripentol, included in the SY&B Collaborative Children's Epilepsy Shared Care Guideline should be added to the formulary with an Amber traffic light classification. **JH**

BHNFT fed back that stiripentol was not used at the Trust and primary care data identified that 1 practice had prescribed stiripentol within the last 12 months.

Action Plan – other areas

19/79.6 Low Molecular Weight Heparin During Pregnancy

Following the request from secondary care to transfer the prescribing and monitoring from the hospital to primary care for low molecular weight heparin during pregnancy, therefore changing the classification to Amber G specifically for use during pregnancy, the LMC were happy for only the prescribing to be transferred to primary care. The additional testing and monitoring should continue in secondary care.

Agreed action: -

- The referral form would be amended to comply with the LMC's decision. **GT**

19/79.7 Anticoagulation for Stroke Prevention in Non-Valvular AF – guidance update

The Lead Pharmacist, BHNFT had shared the guidance with the cardiologists and had received 1 response from a registrar. This item would be deferred to the next meeting. **GT**

APC 19/80 DRY EYE GUIDANCE

The updated guidance was presented which now includes Evolve® HA, Hypromellose and Carmellose preservative free products. The Evolve HA 0.2% product has been added second line for moderate severity as it is more cost effective.

It was noted that when VisuXL® was approved in August 2018 it was specified that VisuXL® should not be used first line. It was agreed that it would be reserved for patients with corneal damage in neurotrophic keratitis, corneal trauma, refractory corneal ulcerations or following eye surgery. It can also be used in severe dry eyes where other treatments have not been effective. As anecdotal feedback suggests that an increasing number of requests to prescribe of VisuXL® are being received in primary care, and given the price difference, it was agreed that information on its place in therapy should be included in the guideline in line with the new production application approval.

Due to ongoing out of stock issues, Lacri-Lube® would be removed from the draft guidance and it was noted that the more cost effective Xailin® Night (which was also included in the existing guidance) was used in primary care. It was agreed to include costs in the 'other' column.

As the expiration dates can vary between 3 and 6 months, it was agreed that a footnote would be added as a reminder around frequency of supply.

An issue seen in community pharmacy was shared regarding insufficient quantities being supplied to patients following cataract surgery resulting in patients needing to obtain a further supply from the GP. The Lead Pharmacist, BHFNT would look into this as the issue may be resolved within pharmacy at the Trust.

Subject to the above suggested changes, the Committee approved the guidance.

Agreed action: -

- Amendments discussed to be made to the guidance. **GT**
- As the meeting was not quorate, approval of the guidance would be ratified by email. **NB**
- Once ratified, the updated guidance would be taken to the LMC for approval. **JH/CL**
- The Lead Pharmacist to query supplies issued following cataract surgery. **GT**

APC 19/81 GUIDELINE FOR MANAGEMENT OF SEIZURES/EPILEPSY IN PATIENTS UNABLE TO SWALLOW ORAL MEDICATION

The LMC found the guideline very useful but asked for the title to be clarified in terms of its intended use as a palliative care guideline.

There were no further comments from the Committee and the Committee accepted the guidance.

Agreed action: -

- The guideline title to be amended. **BH**
- As the meeting was not quorate, approval of the guidance would be ratified by email. **JH**

Post meeting note: *approval of the guidance was ratified by email***.**

APC 19/82 CO-AMOXICLAV USAGE IN SECONDARY CARE

In comparison to neighbouring Trusts, usage of oral co-amoxiclav was higher in Barnsley which could be due to several other antibiotic shortages which then impact on co-amoxiclav usage. The Trust continues to work on reducing overall antibiotic usage.

Agreed action: -

- The LMC would be asked if prescribing of oral co-amoxiclav from secondary care was still being seen in primary care. If the LMC felt this was no longer an issue, the monitoring of co-amoxiclav usage in secondary care would be removed from the action plan. **CL**

APC 19/83 FORMULARY REVIEWS

19/83.1 Formulary Review Plan

The updated plan was noted with expected reviewer dates confirmed.

19/83.2 Anaesthetic Formulary Review

The review was presented with minor housekeeping amendments.

The Committee accepted the formulary review.

Agreed actions: -

- As the meeting was not quorate, acceptance of the formulary review would be ratified by email. **NB**
- Once ratified, the Lead Pharmacist, BHNFT would process the changes. **GT**

Post meeting note: *acceptance of the formulary review was ratified by email***.**

APC 19/84 NEW PRODUCT APPLICATION LOG

Noted.

APC 19/85 BARNSLEY APC REPORTING APRIL 2019

The APC Reporting Sub Group met today and a summary of issues discussed would be presented at the next APC meeting. Although this month the number of reports appeared to have reduced, the Trust advised that number of calls and emails received from practice pharmacists did not reflect the number of issues reported and it was suspected that once resolved, the reports are not being submitted via APC reporting. This would be discussed at the next Medicines Management Team meeting. **CA** **CA**

The April 2019 report was received for information.

It was noted that BAPC19/04/07 and BAPC19/04/08 related to the same issue but for 2 different patients. It was noted that the guidance is currently being updated but it is thought that maternity services have started using the test strips prior to the changes being ratified by the Committee.

BAPC19/04/06 was discussed and more information was being requested.

BAPC19/04/10 was also of concern.

APC 19/86 NEW NICE TECHNOLOGY APPRAISALS (MARCH 2019)

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

- TA565 Benralizumab for treating severe eosinophilic asthma
- TA566 Cochlear implants for children and adults with severe to profound deafness

- TA567 Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies

- TA569 Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer

- TA571 Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib

- TA572 Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes

  It was noted that following confirmation from the BHNFT NICE group ertugliflozin would need incorporating into the SGLT2 inhibitor Amber-G guideline and it was agreed that this would be added to the APC action plan in preparation.

Post meeting note: *it was confirmed that NICE TA572* ***is*** *applicable for use at BHNFT and will be added to the formulary with an Amber G classification.*

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

- TA568 Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal)

- TA570 Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (terminated appraisal)

The Head of Medicines Optimisation would raise the following with the Wound Care Group: - **CL**

- MTG17 (updated from March 2014) The Debrisoft monofilament debridement pad for use in acute or chronic wounds.

19/86.1 Feedback from BHNFT Clinical Guidelines and Policy Group
The group were yet to meet and therefore there was nothing to report.

19/86.2 Feedback from SWYPFT NICE Group
The group were yet to meet but it was confirmed that NICE TAs 560 to 564 were not applicable for use at SYWPFT.

APC19/87 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/87.1 Primary Care Quality & Cost Effective Prescribing Group
The Primary Care QIPP savings were reported and various streams of work were all on target. There was nothing else significant to report.

19/87.2 BHNFT

The Chief Pharmacist reported to the APC that anecdotal feedback suggests that in-patients are being inappropriately started on Champix® (Varenicline) as a result of inappropriate communications. It appeared that Smoke Stop advisors have been told that Champix® (Varenicline) is first line which was of real concern.

It was noted that BHNFT QUIT Steering Group were looking at smoking cessation, specifically looking at a cohort of in-patients and this work was ongoing. Concerns were expressed that this therapeutic intervention was outside of the product license and not in line with the existing local guidance and treatment pathway.

The Head of Medicines Optimisation advised that the CCG have commented on the smoking cessation pathway and specification and this issue would be escalated within the CCG regarding what advice is being given to smoking cessation services.

Agreed actions:-

- Concerns to be escalated at the CCG and the Trust. **CL/MS**
- The Chief Pharmacist, BHNFT to email further details to the Lead Pharmacist, SWYPFT who will speak to the smoking cessation team about the concerns raised. **MS/SH**

19/87.3 SWYPFT Drug and Therapeutics Committee

It was fed back that there was a brief discussion regarding a new product formulation of a licensed version of melatonin for children. It was agreed that the APC would discuss this further when the product is listed in the Horizon Scanning document.

A briefing document has been produced for the SWYPFT Drug and Therapeutics Committee which would also be shared with the Horizon Scanning Document. **SH**

APC 19/88 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the following issue to Q&PSC: - **CL**

- Champix® (varenicline)

Following discussion around Brexit, it was important to report in any issues where patients are being compromised so that issues can be escalated.

APC 19/89 HORIZON SCANNING DOCUMENT (MARCH 2019)

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

Midazolam 2 mg/mL oral solution in single-dose container (Ozalin®, Sintetica Ltd) – **non-formulary provisional red**
Everolimus (generic) 2.5 mg, 5 mg & 10 mg tablets (Accord UK) – **already formulary red**
Pegfilgrastim (biosimilar) 6 mg solution for injection in pre-filled syringe (Pelmeg®▼, Napp Pharmaceuticals) – **non-formulary provisional red**
Enoxaparin (biosimilar) 12,000 IU & 15,000 IU solution for injection in pre-filled syringe (Inhixa®▼, Techdow Pharma) – **non-formulary**

provisional amber
Agomelatine (generic) 25 mg film-coated tablets (Accord; Zentiva) – **already non-formulary provisional red**
Carmustine (generic) 100 mg powder and solvent for concentrate for solution for infusion (Carmustine Obvius, Nexcape Pharmaceuticals) – **non-formulary provisional red**
Streptozocin 1 g powder for concentrate for solution for infusion (Zanosar®, Intrapharm) – **non-formulary provisional red**

Agreed action: -

- As the meeting was not quorate, acceptance of the suggested formulary changes would be ratified by email.

Post meeting note: *the suggested formulary classifications were ratified by email***.**

APC19/90 MHRA DRUG SAFETY UPDATE (MARCH 2019)

Noted for information, highlighting the following: -

Fluoroquinolone antibiotics: new restrictions and precautions for use due to very rare reports of disabling and potentially long-lasting or irreversible side effects
Disabling, long-lasting or potentially irreversible adverse reactions affecting musculoskeletal and nervous systems have been reported very rarely with fluoroquinolone antibiotics. Fluoroquinolone treatment should be discontinued at the first signs of a serious adverse reaction, including tendon pain or inflammation.

Onivyde (irinotecan, liposomal formulations): reports of serious and fatal thromboembolic events
Onivyde has been associated with reports of serious thromboembolic events, such as pulmonary embolism, venous thrombosis, and arterial thromboembolism.

Medicines with teratogenic potential: what is effective contraception and how often is pregnancy testing needed?
New guidance on contraceptive methods and frequency of pregnancy testing to reduce inadvertent exposures during pregnancy in a woman taking a medicine of teratogenic potential.

APC 19/91 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

19/91.1 Newsletter 2019 – Issue 2
Noted for information.

APC 19/92 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster CCG (October 2018 – February 2019) and NHS Sheffield CCG (21st February 2019) were received and noted.

APC 19/93 ANY OTHER BUSINESS

19/93.1 Freestyle Libre
The guidance is to be updated as other patient groups have been added to the national criteria. This will be brought to the APC when updated. **CA**

19/93.2 Electronic Prescribing (including Controlled Drugs)

There was a discussion regarding extending electronic prescribing beyond GPs, noting that from April 2020 NHS information cannot be sent by fax.

Interim responses were noted including details of fax plans and bids having been submitted for electronic prescribing.

19/93.3 Pregabalin and Gabapentin Changes

Following the legal classification change to schedule 3 controlled drugs on 1st April 2019, it was confirmed that a significant amount of work had been undertaken in GP practices and pharmacies to ensure all were aware of what the changes meant for their patients and their systems.

19/93.4 Guideline Development Process

It was emphasised by the Chair that all new amber-G/shared care guidelines developed following the amber-G/amber classification of a drug by the Area Prescribing Committee; or new prescribing guideline developed; or existing guideline reviewed and updated by CCG/BHNFT/SWYFT Pharmacist and/or Specialist Clinician must be sent to the Medicines Management Pharmacist, Barnsley CCG to ensure consultation with the LMC prior to consideration by the APC.

Agreed action: -

- As above, guidelines must be shared with the LMC prior to consideration at APC meetings. **ALL**

APC 19/94 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th May 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.