

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 11th September 2019 in the Edith Perry Room, BHNFT**

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Abdul Munzar (from 19/197.4)	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Nicola Brazier	Administration Officer (Barnsley CCG)
Anila George	Senior Pharmacist, Formulary/Interface (BHNFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)

**ACTION
BY**

APC 19/194 QUORACY

The meeting was not quorate and therefore any decisions made
would be ratified by email.

JH/NB

APC 19/195 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/196 DRAFT MINUTES OF THE MEETING HELD ON 14th AUGUST 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.*

APC 19/197 MATTERS ARISING AND APC ACTION PLAN

19/197.1

Co-amoxiclav Usage in Secondary Care

The Lead Pharmacist, BHNFT has followed up with the
microbiologists for comment around co-amoxiclav usage and it was
agreed that a plan would be developed to improve the process to

reduce usage.

Reference was made to the RMOG newsletter noting that the Midland and East RMOG are leading on antimicrobial resistance and have identified a number of potential areas to focus on.

Agreed action: -

- The Lead Pharmacist, BHNFT to bring back the agreed plan.

GT

19/197.2

NICE TAs June 2019

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

- HST9 Inotersen for treating hereditary transthyretin amyloidosis

19/197.3

NICE TAs July 2019

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

- TA588 Nusinersen for treating spinal muscular atrophy
- TA589 Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity
- TA591 Letemovir for preventing cytomegalovirus disease after a stem cell transplant

The Lead Pharmacist, BHNFT would advise if the following NICE TA was applicable for use at BHNFT:-

- TA590 Fluocinolone acetonide intravitreal implant for treating recurrent noninfectious uveitis

GT

19/197.4

BHNFT D1 Audit Report

The Head of Medicines Optimisation had fed back comments on the report after the last meeting and reminded members to provide any feedback to Nisha Pounj-Taylor.

ALL

The report would be an agenda item for the September 2019 meeting of the Clinical Quality Board.

19/197.5

Eye Formulary Review - Ranibizumab

Following a query at the last meeting, it was agreed that reference to the patient access scheme would be removed from the formulary.

GT

19/197.6

SWYPFT Melatonin Guidance

The Lead Pharmacist, SWYPFT had shared information outside of the meeting with the Head of Medicines Optimisation around newly licensed melatonin preparations. It was suggested that guidance be produced to include all the listed liquid formulations, detailing the lines of therapy and factors to be taken into consideration when prescribing, and it was suggested to include the tablet formulations from the Circadin® and Slenyto® ranges and combinations of them.

Pressures around melatonin preparations were being noticed in primary and secondary care, noting that clinical justification and a signature from the prescriber was being requested when ordering unlicensed preparations for historical scripts which is difficult if the prescriber is not on site.

SWYPFT have produced a standard form to resolve this which can be attached to the prescription and this would be shared with the Trust and CCG.

Agreed actions: -

- Guidance to be produced by Katie Crowe, Senior Clinical Pharmacist at SWYPFT, incorporating the recommendations above. **SH**
- The form produced by SWYPFT to be shared with the Trust and CCG. **SH**

19/197.7
197.7.1

Action Plan – other areas

Dry Eye Guidance

The Head of Medicines Optimisation provided feedback from the LMC regarding issues relating to Evolve eye drops. Patients are requesting supplies more frequently as they are using larger quantities than stated dose, possibly due to the container. This would be fed back to the specialists. **GT**

APC 19/198 BISPHTHONATES/CALCIUM PRODUCTS

The Head of Medicines Optimisation spoke of ongoing issues being highlighted in primary care around the separate prescribing of calcium and vitamin D supplementation, and wanted to understand the specialist's rationale and clinical reasons for his approach. The Lead Pharmacist, BHNFT would discuss this with the specialist and asked for examples including patient details to be shared so that individual cases could be discussed.

The Lead Pharmacist (CA), Barnsley CCG to email the MMT asking them to report any instances where calcium and vitamin D are prescribed separately via APC Reporting. **CA**

It was agreed that following discussion with the specialist and after checking against the evidence base, that prescribing guidance should be produced for primary care taking into account secondary care approach to prescribing. It was suggested that once guidance has been produced, that a piece of work be undertaken to improve compliance by taking into consideration what is easier for patients to comply with.

Agreed action:

- The Lead Pharmacist, BHNFT to meet with the specialist to understand the reasons for separate prescribing of calcium and vitamin D **GT**
- The Lead Pharmacist (CA), Barnsley CCG to email the MMT asking them to report any instances where calcium and vitamin D are prescribed separately via APC Reporting. **CA**

APC 19/199 PRIMARY CARE DILTIAZEM PLAN

It was agreed at the December 2018 APC meeting that patient's should be initiated on a 'twice daily' or 'once daily' diltiazem preparation. Angitil® SR is the brand of choice in Barnsley when a twice daily diltiazem preparation is indicated and Zemtard® XL is the brand of choice when a once daily diltiazem preparation is indicated.

Diltiazem (Tildiem®) three times daily preparation should only be initiated in exceptional circumstances.

It was agreed that a plan would be developed for primary care outlining how patients would be reviewed and prioritised for changing to a formulary preparation where appropriate and that the BHNFT pharmacy team would produce guidance on switching.

Preliminary Diltiazem prescribing data has been collected from two practices and the findings were summarised in the table and the plan was presented.

The Committee accepted the plan.

Agreed actions: -

- If possible, alerts to be added to Scriptswitch for prescribing of once daily and twice daily formulations at unlicensed dose frequencies

JH

APC 19/200 SWITCHING DILTIAZEM PREPARATIONS

The initial draft guidance which has been sent to the cardiologists for comment was presented.

There are many different preparations of oral diltiazem available on prescription, and many different dosing schedules depending on the indication for prescribing and the preparation being used. Historically this has caused confusion amongst prescribers, nursing staff and pharmacists alike in ensuring that patients are given the most effective preparation. This can result in patients being given, for example, a twice daily preparation for a once daily dose, which means that blood pressure and angina control will not be optimal for a full 24 hour period.

The Trust is working jointly with Barnsley CCG to rationalise the brands used across the Barnsley area with the aim of minimising confusion and reducing the risk of inappropriate prescribing and/or dispensing.

The cardiologists have agreed to only initiate diltiazem BD doses in hospital, not TDS doses. Once the cardiologists have agreed the approach, the pharmacists can manage it.

It was noted that when patients bring in their own medication they would continue to use that supply however, as the majority of patients do not bring in their own medication, and as the majority of patients have their blood pressure and heart rate checked at least once a day, they would be switched safely to an alternative brand.

It was stated that the difficulty is with patients coming into hospital on in-effective doses and these patients will need to be highlighted.

Agreed action:-

- The final guidance would be taken to the LMC when approved by the cardiologists and brought back to the APC for approval.

APC 19/201 SWITCHING FROM WARFARIN TO DOACS

The Lead Pharmacist, BHNFT informed the Committee of reports that GPs are referring patients into the anti-coagulation clinic to switch from warfarin to a DOAC.

Following discussion, it was agreed that a guidance document would be produced to support the process following decision that it's clinically appropriate to switch; and this would be included in the AF Guidance.

Agreed action:-

- BHNFT to produce a guidance document to be incorporated into the AF Guidance.

GT

APC 19/202 NEW PRODUCT APPLICATION LOG

Noted.

APC 19/203 NEW PRODUCT APPLICATIONS

The Head of Medicines Optimisation informed the Committee that a new pathway was being developed for separate Tissue Viability protocol 9 and Podiatry/Diabetes protocol 9 on the wound care formulary. A copy of the pathway will be brought to the Committee when complete.

19/203.1

Acticoat flex 3 and 7

This product is part of the podiatry protocol 9 which is an antimicrobial barrier dressing and is conformable. It is a new dressing and would be reviewed after 1 to 2 weeks. The product has been trialled locally and there is evidence base to support the use of Acticoat flex 3 and 7. On the basis that the draft protocol 9 pathways will be brought to the next APC meeting which will show its place in therapy to other products, and as there aren't many products that are as effective, it was agreed to support the approval of the new product application.

Agreed action:

- The updated new product application template form would be sent to the Tissue Viability Nurses to ensure the correct paperwork is being completed and submitted.

NB

19/203.2

Lomatuell Pro

This product has been trialled in the community setting on a variety of wound types and the benefits of using the dressing were noted.

The Committee approved the new product application which would replace Adaptic Touch and Urgo Tul on the formulary.

APC 19/204 GUIDELINES FOR THE CHOICE OF BLOOD GLUCOSE TESTING STRIPS AND METERS

The updated guidance was presented. Comments from the specialists have been incorporated into the guidelines and the LMC had no further comment.

A summary of the changes are shown below: -

- GlucoRx Q added as a formulary choice for Type 2 diabetes

stable on insulin/sulfonylureas/glinides. Glucomen Areo was removed from the list as more expensive than other formulary choices and no superiority.

- Glucomen Areo 2k referenced as first line for ketone testing in line with local guidance - note added to the effect that if a single meter is required for ketones and glucose then Glucomen Areo 2k is first line but patients should be offered separate meters where appropriate). Contour USB meter changed to Contour Next USB (which is the updated version).
- Contour XT removed from list of approved meters for Type 1/2 diabetes on insulin with unstable glycaemic control as it does not have sufficient storage capacity.
- Wavesense Jazz added for gestational diabetes at the specialist nurses request.
- Changes to Lifescan (One Touch range) and Glucomen ranges documented.
- Freestyle Libre sensors added.
- Information about insulin pods and pumps used in Barnsley added at request of specialist nurses.
- Frequency of testing guidelines re-formatted and updated with information from NICE NG 3, 17, 28 and DVLA requirements - this information has been included in this document as was previously not part of this document but in the general diabetes guidelines.
- Information added from PresQipp bulletin.

The Committee approved the guidelines.

Agreed action:-

- As the meeting was not quorate, approval would be ratified by email.

JH/NB

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

APC 19/205 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

19/205.1

Shared Care agreements for existing patients taking amber drugs

Following a number of issues regarding shared care responsibilities, it was clarified that GPs and consultants have a responsibility to provide shared care if they have started it; still providing medicines to the patient or are still providing care to the patient.

The Head of Medicines Optimisation advised that the specialist drugs scheme has been reviewed and it has been recommended, in light of negotiations with SWYPFT about wanting to discharge patients that have been stable for a number of years and therefore not carrying out annual reviews, to introduce another level of management in primary care which is an extension of shared care. This will be introduced soon and will be optional whether GPs accept the discharge following a risk base assessment to provide assurance to GPs that the patient is safe enough to be managed in primary care and doesn't pose any particular risk.

19/205.2

Aripiprazole

The Head of Medicines Optimisation spoke of a number of patients

being prescribed aripiprazole for management of prolactinemia. It was agreed that as this was being prescribed for a different indication, more evidence based advice and guidance should be produced for primary care to be clear of the risk benefit to aid their decision making.

Agreed action:-

- The Lead Pharmacist, SWYPFT to produce interim guidance prior to the full review of the unlicensed medication list.

SH

APC 19/206 FORMULARY REVIEW PLAN
19/206.1 Formulary Review Plan 2018/19
Noted.

APC 19/207 BARNSELY APC REPORTING SEPTEMBER 2019
The report was received and noted.

19/207.1 BAPC19/09/02
Reports have been submitted regarding the Memory Team requesting a GP signature to take over prescribing of Donepezil. This is an Amber G drug which doesn't require sign up from the GP, but following discussion the Committee agreed that it could be changed back to Amber Shared Care.

Agreed action: -

- The Lead Pharmacist, SWYPFT to discuss this further with the Memory Team and advise the APC.

SH

19/207.2 BAPC19/09/06
The Committee raised serious concerns around this incident and agreed it should be escalated to GpHC.

Agreed action: -

- The Lead Pharmacist (CA), Barnsley CCG to escalate the incident to GpHC.

CA

19/207/3 Medication Management Service (MMS)
The Head of Medicines Optimisation asked that reports relating to MMS referrals be removed from the APC report as these are not interface issues. These would be escalated within the CCG MMT.

CA

APC 19/208 NEW NICE TECHNOLOGY APPRAISALS (AUGUST 2019)
The Lead Pharmacist, BHNFT confirmed that the following **was not** applicable for use at BHNFT:-

- HST10 Patisiran for treating hereditary transthyretin amyloidosis

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

GT

- TA592 Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma
- TA593 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer
- TA594 Brentuximab vedotin for untreated advanced Hodgkin

- lymphoma (terminated appraisal)
- TA595 Dacomitinib for untreated EGFR mutation-positive non-small-cell lung cancer
- TA596 Risankizumab for treating moderate to severe plaque psoriasis
- TA597 Dapagliflozin with insulin for treating type 1 diabetes
- TA598 Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy

19/208.1 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing significant to report.

19/208.2 Feedback from SWYPFT NICE Group
The August 2019 NICE TAs were not applicable for use at SWPFT.

APC19/209 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/209.1 Primary Care Quality & Cost Effective Prescribing Group

The group discussed the financial growth which was due to a number of factors, noting that a piece of work was being undertaken to look where efficiencies can be found.

It was reported that the local QIPP work was going well and the work around biosimilars/high cost drugs has been really effective.

19/209.2 BHNFT

19/209.2.1 Wound Care Report

It was explained that as part of the national wound care work being progressed, dressings are being categorised in secondary care and rather than prescribing a particular dressing by name, secondary care would for example prescribe a type of dressing i.e. a non-adherent dressing, allowing the Trust to interchange the most cost effective products. It was noted that the Trust may use slightly different products to the formulary choices but this should not impact on primary care.

It was noted that primary care would select products by brand, transferring to the most cost effective primary care brand and secondary care were asked to be aware of what products are being prescribed in primary care, in line with the wound care formulary. It was confirmed that the Specialist Lead at BHNFT was a member of the Wound Care Advisory Group and therefore would be kept fully informed of products being used.

19/209.3 SWYPFT Drug and Therapeutics Committee
There was discussion around implementation of TCAM and drug costs.

19/209.4 Wound Care Advisory Group
The Head of Medicines Optimisation noted that it was proving very valuable to meet, noting the national work being progressed.

Prescribing data was presented to the group and it was noted that prescribers are and will be challenged on the products they are prescribing. Currently in primary care, there is high prescribing of

Kliniderm dressings and prescribers are being asked why formulary products are not being used.

The new Medicines Management Team Wound Care Nurse is due to start in post in September and she will progress with the work of the Wound Care Advisory Group.

The next meeting is planned for November 2019.

19/209.5 Monitored Dosage System (MDS) Working Group
There was nothing to report.

APC 19/210 HORIZON SCANNING DOCUMENT (AUGUST 2019)

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

Estriol 0.03mg pessary (Imvaggis[®], Besins Healthcare UK Ltd) – **non-formulary provisional grey**
Cemiplimab 350mg concentrate for solution for infusion (Libtayo[®]▼, Genzyme Therapeutics) - **non-formulary provisional red**
Influenza vaccine (Surface Antigen, Inactivated) 0.5ml dose suspension for injection in pre-filled syringe (Adjuvanted Trivalent Influenza Vaccine, Seqirus UK Limited) – **already formulary green**
Dolutegravir/lamivudine 50mg/300mg film-coated tablets (Dovato[®]▼, ViiV Healthcare UK Ltd) - **non-formulary provisional red**
Lopinavir/ritonavir (generic) 200mg/50 mg film-coated tablets (Lopinavir/ritonavir, Mylan) – **already formulary red restricted**
Ravulizumab 300mg concentrate for solution for infusion (Ultomiris[®]▼, Alexion Pharma UK Ltd) - **non-formulary provisional red**
Galcanezumab 120mg solution for injection in pre-filled pen (Emgality[®]▼, Eli Lilly and Company Limited) - **non-formulary provisional grey**
Gefitinib (generic) 250mg film-coated tablets (Gefitinib, Cipla EU Ltd) – **already formulary red restricted**
Alitretinoin (generic) 10mg & 30mg soft capsules (Alitretinoin[▼], Ennogen Healthcare Ltd) - **already formulary red restricted**
Cefoxitin 1g & 2g powder for solution for injection or Infusion (Renoxitin[®], Renaissance Pharma Ltd) - **non-formulary provisional red**
Enzalutamide 40mg & 80g film-coated tablets (Xtandi[®], Astellas Pharma Ltd) - **non-formulary provisional red**
Hydroxycarbamide 100mg/ml oral solution (Xromi[®], Nova Laboratories Ltd) - **non-formulary provisional red**
Bortezomib (generic) 1mg powder for solution for injection (Bortezomib, Aspire Pharma Ltd) - **already formulary red restricted**
Colecalciferol (generic) 20,000 IU Soft Capsules (Strivit-D3[®], Strides Pharma UK Ltd) - **non-formulary provisional green**
Fluvastatin 80 mg prolonged-release tablets (Dorisin XL[®], Aspire) - **non-formulary provisional grey**

Agreed action:-

- As the meeting was not quorate, the classifications would be ratified by email.

JH

Post meeting note: the suggested formulary classifications were

ratified by email.

APC19/211 MHRA DRUG SAFETY UPDATE (AUGUST 2019)

The update was noted for information.

APC 19/212 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The RMOC newsletter, issue 6 was received and noted with reference to the antimicrobial resistance work that the Midland and East RMOC are leading on and have identified a number of potential areas to focus on.

Information relating to the first two national PGDs was noted.

APC 19/213 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the Diltizem review and plan of work to the Q&PSC.

CL

APC 19/214 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

There were no minutes to note.

APC 19/215 PROPOSED 2020 MEETING DATES

The Committee approved the dates and it was agreed that to avoid a clash to the BEST meeting, the December 2020 meeting would take place on 16th December 2020.

APC 19/216 ANY OTHER BUSINESS

19/216.1

Vitamins in Pregnancy

The Lead Pharmacist, BHNFT asked on behalf of the midwives about obtaining vitamin supplies for women admitted antenatally who do not bring in their 'Healthy Start' vitamins recommended and issued by Public Health. Following discussion it was advised that as 'Healthy Start' vitamins are issued to individuals via completion of an application form, they should be encouraged to bring in their own supply. Alternatively the Trust would have to look at an equivalent to supply in hospital.

19/216.2

Pastures New - Anila George and Alison Evans

As this was their last meeting, Anila and Alison were thanked for their contribution to the work of the Area Prescribing Committee and wished all the best in their new roles.

APC 19/217 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th October 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.