NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 12th June 2019 in the Edith Perry Room, BHNFT

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo (from 19/119)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)
Fatima Zulfiqar	Senior Clinical Pharmacist (SWYPFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)

ACTION BY

APC 19/115 QUORACY

The meeting was quorate.

APC 19/116 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/117 DRAFT MINUTES OF THE MEETING HELD ON 8th MAY 2019

Subject to a spelling correction on the attendance list, the minutes were accepted as an accurate record of the meeting. **NB**

117.1 <u>19/101.1 - Formulary Review of Chapter 11</u>

Guidelines for treatment of dry eye were approved at the April 2019 APC meeting pending alternations/additions by the Lead Pharmacist, BHNFT. This would be added to the action plan as the final version was not yet available. It was noted that the guidance was urgently required by primary care. **GT** **NB**

117.2 <u>19/102.1 Ranolazine</u>

It was confirmed that the LMC GP representative had approved the re-wording of the guidance and the final version would be sent to the Medicines Management Pharmacist. **GT**

APC 19/118 MATTERS ARISING AND APC ACTION PLAN

19/118.1 NICE TA's (April 2019)

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

- TA573 Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma
- TA574 Certolizumab pegol for treating moderate to severe plaque psoriasis
- TA575 Tildrakizumab for treating moderate to severe plaque psoriasis

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

- TA576 Bosutinib for untreated chronic myeloid leukaemia (terminated appraisal)
- TA577 Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma

Action Plan – other areas

19/118.2 Triamcinolone Hexacetonide Amber G Guidance

In February 2019 the APC approved the new product application for Triamcinolone Hexacetonide with a red traffic light classification, until the amber G guidance was produced.

The amber G guidance was taken to the LMC in May 2019 and the comments received were shared with the Committee.

It was confirmed that Triamcinolone Hexacetonide was licensed for use in adults, adolescents and children and as other injectable steroids had a green traffic light classification, the Committee agreed that Triamcinolone Hexacetonide would be classified green in line with other injectable steroids.

19/118.3 Co-amoxiclav usage in secondary care

The prolonged review of co-amoxiclav usage data would be taken to the next LMC meeting to establish if historical prescribing issues continue to be seen in primary care. **CL**

APC 19/119 TICAGRELOR AUDIT

Daniel Kay, Nurse Specialist presented the Ticagrelor Audit Report.

At the April 2018 meeting, the Committee were informed that an internal audit at the Trust would be undertaken to look at the information documented on discharge paperwork over a 3 month period, focussing on whether sufficient advice on ticagrelor treatment is being communicated effectively.

Dual anti-platelet therapy is the recommended standard in post MI care and this therapy can vary in duration from 12 months and up to 3 years, and the duration of this therapy is expected to be communicated to primary care at the time of discharge, documented on the D1.

Daniel took the Committee through the report findings which showed that overall future care of the patient is communicated well which provided assurance that most of the standards audited are embedded into practice and operating effectively. No major weaknesses or unmanaged risks were identified; or changes in patient care needed.

It was agreed that the duration of therapy must be documented and it was recommended that a mandatory drop down window should be introduced on ICE to enable clinicians to indicate when prescribing ticagrelor either 12 months or extended therapy. The Trust would work with IT to progress this recommendation. The timeframe for introducing these changes was unknown and the completion date of April 2020 was questioned by the Committee. It was agreed to bring this back to the APC in 4 months' time to provide an update regarding progress.

The Lead Pharmacist, BHNFT did advise that it would be difficult to add mandatory fields to the discharge letter as it is currently a free text box for drug information. It was noted that pharmacy endorse the review date on the card which is then transferred onto the D1 but the audit findings were inconsistent when looking if the pharmacists were changing the review date and therefore there was potential that information would not be documented on the D1 regarding extending therapy/stop dates.

The GP representative (AM) noted that he would have expected to see higher numbers of patients on the extended treatment therapy which was echoed by Dr Negahban, Cardiology Consultant has requested a follow up audit for that reason. This is being undertaken with the intention to identify how many patients are on extended therapy and how many should be on extended therapy. It was noted that the Clinical Pharmacists in Primary Care would continue to follow up any queries with cardiologists via the advice and guidance service if duration of therapy is not stated for a patient.

Additional assurance was provided as all patients are followed up in post MI clinic where cardiac nurses review the D1 and communicate appropriate with follow up letters if required, reiterating in letters the recommended duration of treatment.

The Committee thanked Daniel Kay for attending and presenting the audit report.

Agreed action: -

- An update would be brought back to the Committee in October 2019 and Dr Negahban would be invited to attend the meeting if he wishes to. **CL**

APC 19/120 PRIMARY CARE DISCHARGE LETTER AUDIT REPORT

The report presented the findings from the discharge letter re-audit undertaken in primary care by the CCG Medicines Management Team at the request of the APC during a consecutive two week period in November/December 2017, also making reference at appropriate points to the provisional findings of the BHNFT audit undertaken in November 2018, acknowledging that in parts this makes the report

read incomplete.

It was felt that improvements have been made since the audit was undertaken with improved systems in place and changes to the D1 to improve the accuracy of information recorded.

It was agreed that education and sharing of information at the Trust must continue to ensure that all information is captured on the D1. This would be communicated to staff via induction, in newsletters, at audit meetings etc.

It was noted that primary care were still noticing that information was missing and although clinical pharmacists were reviewing patient discharges, the percentage of discharges reviewed by them was not known. It was noted that a considerable amount of the Trusts Interface Pharmacists time was taken up with dealing with the volume of queries from Primary Care. The Lead Pharmacist, BHNFT noted that having no TTO section is potentially a reason why the discharge hasn't been seen by pharmacy as there are no drugs to check and therefore it isn't flagged to pharmacy teams before being authorised.

It was agreed that narrative would be added to the report to acknowledge that time has passed and improvements in practice and to the D1 have been introduced at the Trust via the Task And Finish Group. The report will be shared at the CCG's Quality & Patient Safety Committee in June 2019 and any comments/changes to the data should be submitted as soon as possible.

The secondary care audit report was expected to be finalised and ready for the July 2019 APC meeting.

There was discussion around capturing in the report the significant input the pharmacists were having into some of the improvements being seen as they are investing a lot of time in follow up to populate the changes section if not completed. This would be followed up within the Trust to ensure this is detailed in the secondary care report. **GT**

Further work plans would be discussed on receipt of the BHNFT report.

APC 19/121 RECOMMENDED CHANGE TO THE TRIPTAN (5-HT1 AGONIST) SECTION OF THE BARNSLEY FORMULARY (MOS 2019-20)

The Medicines Management Pharmacist presented the recommended changes to the Triptan (5-HT1 agonist) section of the Barnsley formulary to support one of the MOS 2019-20 workstreams on oral triptan prescribing.

In relation to the addition of Zolmitriptan 5mg nasal spray to the formulary, feedback was awaited from the Lead Pharmacist (DW) at BHNFT and any relevant clinicians on whether they agree with the addition. If they are in agreement with the addition, an independent review will be produced and brought back to the Committee.

It was queried why Sumatriptan injections had not been included and this would be checked outside of the meeting.

Subject to clarification around Sumatriptan injections, the Committee approved the recommended changes.

Agreed action: -

- Clarification around the inclusion of Sumatriptan injections to be sought. **JH**

APC 19/122 FREESTYLE LIBRE® IN ADULTS AND CHILDREN

The protocols for initiating FreeStyle Libre ® for glucose monitoring in adults and children had been to the LMC and were presented with tracked changes.

The LMC had fed back that information in the children's protocol around FreeStyle Libre® being considered for children and young people who exercise regularly or who are trying to lose weight but fearful of the hypoglycaemic effects of exercise, should also be included in the adult guidance. This was agreed by the Committee.

The community pharmacist asked that counselling the patient to ensure they stop the other BGTS be included within the 'responsibilities' section.

Information would also be included following issues with disposing of the sensors as they can only be disposed of using the 3 litre bins.

The Committee were informed that Sheffield specialists are now asking GPs to prescribe FreeStyle Libre® following the initial 2 months' supply with patients attending the specialist clinic to ensure reviews are being undertaken. The Head of Medicines Optimisation informed the Committee that funding (capped) was available from NHS England to reimburse primary care for any prescribing undertaken following hand over from secondary care. Following discussion the Committee agreed that this approach would be discussed with the specialist service to obtain their views, which could then be taken to the LMC.

Agreed actions:

- Information around exercise to be included in the adult protocol. **JH**
- Information to be added within the 'roles and responsibilities' section around counselling the patient and information to be added around disposing of the sensors. **JH**
- The specialist service would be contacted to discuss the possibility of handing over prescribing to primary care after 2 months **JH**
- The views from the specialist service to be taken to the LMC **CL**

APC 19/123 SELF-CARE GUIDANCE

Guidance on conditions for which over the counter items should not routinely be prescribed in primary care went 'live' nationally in 2018 and following the CCG Governing Body's request to provide resources to support Barnsley patients with the implementation of the national guidance, this is part of a suite of resources that have been developed along with local resources/leaflets which will be launched

at the beginning of July 2019. The local resources will be shared and clinicians will be asked to use them.

There was a query regarding iron tablets not being included and the NHS England guidance would be checked.

The Lead Pharmacist, BHNFT noted that the only topical non-steroidal listed on the formulary was piroxicam which was not in line with this guidance. It was noted that a significant number of patients admitted to hospital were on ibuprofen gel and the Committee agreed that should it be more cost effective than piroxicam then the formulary would be updated for BHNFT use.
The Committee accepted the guidance.

Agreed actions:-

- NHS England guidance would be checked regarding the inclusion of iron tablets. **JH**
- The Lead Pharmacist, BHNFT would check the cost of the topical non-steroidal and should it be more cost effective than piroxicam, then the formulary would be updated for BHNFT use. **GT**

APC 19/124 RHEUMATOID ARTHRITIS PATHWAY

The Committee received the rheumatoid arthritis pathway for endorsement which relates to the Blueteq implementation system.
The Committee endorsed the pathway.

APC 19/125 GUIDANCE FOR REPEAT PRESCRIBING ORDERING APPS

The guidance was presented and comments from the community pharmacist were noted.

The NHS app has now arrived and the CCG advises patients be signposted to the NHS App.

The Committee approved the guidance.

APC 19/126 NEW PRODUCT APPLICATION LOG

Noted.

APC 19/127 NEW PRODUCT APPLICATION

19/127.1 <u>Levosert®</u>

The Lead Pharmacist, BHNFT provided the number of Mirena coils fitted during May 2019 within the hospital which the consultant felt was a fairly standard month. However without checking could not specify which were for the indication not licensed for Levosert®, progestogen element in HRT, but would very rarely be treated with Mirena®. The Trusts intention was to change all appropriate patients to Levosert®, first line but if not applicable would use Mirena®.

The information received provided the required clarifying to the Committee and the Committee approved the new product application with a green traffic light classification.

19/127.2 <u>Jorveza®</u>

The new product application was presented and discussed. This is

the first and only drug licensed for the treatment of Eosinophilic Esophagitis in adults for hospital use only. It was expected that this would be used for a small number of patients.

The Committee approved the new product application for Jorveza® with a red traffic light classification.

APC 19/128 TERMS OF REFERENCE

Following discussion, slight additions would be made to the membership, underlined as follows: -

- Medical Director – NHS Barnsley CCG (Chair) - delegated to Head of Medicines Optimisation, BCCG
- Medical Director / Associate Medical Director – BHNFT
- Barnsley Healthcare Federation to be added to the core membership
- Medicines Information/Interface Pharmacist(s)

Under Structure of Meeting: -

- Receive and endorse pathways for use of specialist medicines

The above changes would be made and shared with the Committee by email. Subject to the above amendments, the Committee approved the terms of reference. Any additional amendments should be fed back by email.

***Post meeting note**: - further comments were received as follows: -*

- *Clinical Lead(s) or Deputies - BHNFT*
- *Chief Pharmacist /Lead Pharmacist Barnsley BDU– SWYPFT*

APC 19/129 SAYANA® PRESS GUIDANCE

The guidance was presented showing changes made to incorporate comments received.

The Committee accepted the Sayana® Press (Medroxyprogesterone acetate 104mg/0.65ml) guidance with a green traffic light classification but as Sayana® Press has been designed to allow patients to self-administer the injection subcutaneously at home with an annual clinical review, it was agreed that Appendix 1 should include a patient signature box to confirm that they will administer the injection when the clinician is confident in the patient's competence to take over the responsibility to administer their own injections.

Agreed action: -

- Appendix 1 to be updated to include a patient signature box and the form to be added as a template to the GP system. **JH**

APC 19/130 CO-PROXAMOL POSITION STATEMENT

The position statement was presented and discussed. Views were sought in relation to the information added when concerned that a patient who has been taking co-proxamol regularly for a long period of time may suffer opioid withdrawal symptoms if switched to paracetamol alone.

The Committee agreed to include this information and comments

would be obtained from Humankind®. The Committee approved the position statement.

Agreed action:-

- Comments to be obtained from Humankind®. **JH**

***Post meeting note**:- The Clinical Lead, Humankind® agreed with supporting information when managing patients with opioid withdrawal symptoms when co-proxamol is stopped. Contact details for Humankind® have been added to the position statement to provide support to GPs and service users.*

APC 19/131 PALLIATIVE CARE GUIDANCE: KETAMINE

The ketamine guideline has received minor updates, including a minor change to the title to make it clear that this is a palliative care guideline. The guidance was approved by the LMC and the Committee.

APC 19/132 LOW MOLECULAR WEIGHT HEPARIN DURING PREGNANCY

It was fed back that the LMC were happy with the referral form subject to clarification being documented around the duration of treatment to clearly state that this includes the 28 day initial supply of dalteparin; and that a tick box be added to document that when dalteparin is to be administered by patient or carer, that they have been counselled and trained. Subject to these amendments, the referral form was approved.

The Lead Pharmacist, BHNFT advised that the referral form had been approved by the VT Committee and would be discussed with Maternity Governance.

Agreed action: -

- The Lead Pharmacist to amend the referral form as above. **GT**

APC 19/133 ORAL MEDICATION ALTERATIVE PRESCRIBING

The guidance with minor changes was presented and approved by the Committee.

APC 19/134 POSSIBLE ALTERNATIVES TO AVOID PRESCRIBING UNLICENSED SPECIALS

The guidance with highlighted additions was presented noting the additional sentence around taking into consideration that unlicensed liquid specials are not routinely stocked by pharmacies and requires ordering which may take a few days to arrive.

The Committee accepted the guidance.

APC 19/135 TOUJEO

There was a request to add the DoubleStar® pen to the formulary as well as the Solostar® pen. The strengths and costs are the same but the DoubleStar® pen has more units and dials up in 2 unit increments rather than single unit increments. The only difference is the pen device and assurance was provided that there were no safety issues for patients.

The Committee approved the request to add the DoubleStar® pen to the formulary.

Agreed action:- **JH**

- The Amber G Guideline would be updated to include the DoubleStar® pen.

APC 19/136 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

19/136.1 Nalmefene Amber G Shared Care Guideline

The updated guideline was presented with minor updates. It was noted under the cautions section of the guideline that patients requiring intermittent opiate analgesia for a recurring problem will need to temporarily discontinue nalmefene in order for the opiate to be effective.

The guideline was approved by the Committee.

APC 19/137 FORMULARY REVIEW PLAN

Received for information noting that Chapter 11 is now with the second reviewer and Chapter 14 was being reviewed.

APC 19/138 BARNSLEY APC REPORTING JUNE 2019

Noted for information.

APC 19/139 NEW NICE TECHNOLOGY APPRAISALS (MAY 2019)

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

- TA578 Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation
- TA579 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (Weston Park Oncologists hold outreach clinic at BHNFT and applicable to this Sheffield service).
- TA580 Enzalutamide for hormone-relapsed nonmetastatic prostate cancer (not recommended)
- TA581Nivolumab with ipilimumab for untreated advanced renal cell carcinoma

19/139.1 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing else significant to report.

19/139.2 Feedback from SWYPFT NICE Group

NICE TAs 578 to 581 were not applicable for use at SWYPFT and there was nothing else significant to report.

APC19/140 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/140.1 Primary Care Quality & Cost Effective Prescribing Group

The focus of discussions was around QiPP delivery and there was nothing else significant to report.

19/140.2 BHNFT

There was nothing significant to report.

19/140.3 SWYPFT Drug and Therapeutics Committee

The Valproate Pathway was finalised and will be shared with the APC. **SH**

APC 19/141 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

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

- Ticagrelor Audit
- Primary Care Discharge Letter Audit Report

APC 19/142 HORIZON SCANNING DOCUMENT (MAY 2019)

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

Zanamivir 10 mg/mL solution for infusion (Dectova®, GlaxoSmithKline UK) – **NON-FORMULARY PROVISIONAL RED**

Rucaparib 200mg, 250mg, & 300mg film-coated tablets (Rubraca®▼, Clovis Oncology UK Ltd) – **NON-FORMULARY PROVISIONAL RED**

Iloprost (generic) 100 micrograms/ml concentrate for solution for infusion (Iloprost, Colonis Pharma Ltd) – **NON-FORMULARY PROVISIONAL RED**

Sodium zirconium cyclosilicate 5g & 10g powder for oral suspension (Lokelma®▼, AstraZeneca UK Ltd) – **NON-FORMULARY PROVISIONAL RED**

Clozapine 12.5mg, 25mg, 50mg, 100mg & 200 mg orodispersible tablets (Zaponex®, Leyden Delta BV) – **FORMULARY RED RESTRICTED (for use when tablets are not suitable)**

Trientine 150mg film-coated tablets (Cuprior®, GMP-Orphan UK Ltd) – **ALREADY FORMULARY RED – Lead Pharmacist to advise if this is used at the hospital** **GT**

Ceritinib 150mg film-coated tablets (Zykadia®▼, Novartis Pharmaceuticals UK Ltd) – **ALREADY NON-FORMULARY PROVISIONAL RED**

Magnesium sulfate 20% w/v solution for infusion (Magnesium sulfate, Synchrony Pharma Ltd) **– ALREADY FORMULARY GREEN**

Fentanyl citrate (generic) 200, 400, 600, 800, 1200, and 1600 microgram lozenges with integral oromucosal applicator (Cynril®, Fontus Health Ltd) – **NON-FORMULARY PROVISIONAL GREY**

Labetalol hydrochloride (generic) 5mg/ml solution for injection (Labetalol, Synchrony Pharma Ltd) – **ALREADY FORMULARY GREEN**

Ondansetron (generic) 4mg & 8mg orodispersible tablets (Ondansetron, Healthcare Pharma Ltd) – **NON-FORMULARY PROVISIONAL GREY**

Febuxostat (generic) 80mg & 120mg Film-Coated Tablets (Febuxostat, Dr Reddy's & Accord) – **ALREADY FORMULARY GREEN**

APC19/143 MHRA DRUG SAFETY UPDATE (MAY 2019)

The update was noted for information with a brief discussion around 'yellow card reports'.

APC 19/144 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

RMOC newsletter issue 2 2019 was received and noted.

APC 19/145 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (28th March 2019) were received and noted.

APC 19/146 ANY OTHER BUSINESS

19/146.1 Primary Care Shared Care Prescribing

The Head of Medicines Management noted that work was being undertaking around shared care prescribing after being made aware of the provider/specialist care service not being aware of patients under their management and GPs in primary care prescribing drugs assuming that secondary care are fulfilling their responsibilities.

It was suggested that when undertaking audits in primary care that secondary care be approached with audit criteria to undertake a small audit to provide assurance that secondary care responsibilities are upheld. Subject to workload, secondary care agreed to this request.

APC 19/147 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th July 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.