Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 11th November 2015 in the Boardroom at Hillder House

MEMBERS:

Mr T Bisset	Community Pharmacist (LPC)
Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr K Kapur (from item 175 to 204)	Consultant Gastroenterology
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Ms K Martin	Head of Quality for Primary Care (Barnsley CCG)
Dr J Maters	General Practitioner (LMC)
Dr J Rao (for item 196.6)	Consultant Microbiologist (BNHFT)
Mr M Smith (up to item 205)	Chief Pharmacist (BHNFT)

ATTENDEES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Ms A Meer	Specialist Interface Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)
Mr K Ashfaq	Medicines Management Pharmacist (Barnsley CCG)

APOLOGIES:

Dr A Munzar	General Practitioner (LMC)
Dr Joy Waldock	Consultant in Palliative Medicine (Barnsley Hospice)

ACTION

APC 15/194 MINUTES OF THE PREVIOUS MEETING

Subject to a product name correction at APC15/192.4, the minutes of the meeting held on 14th October 2015 were agreed as an accurate record. **NB**

APC 15/195 CONFLICTS OF INTEREST

There were no conflicts of interest to declare.

APC 15/196 MATTERS ARISING AND APC ACTION PLAN

196.1 Switching from Quetiapine XL

The Lead Pharmacist (Barnsley CCG) noted that some responses had been received from other local organisations which showed that in general organisations were focussing on switching to a cost effective branded generic XL formulation rather than the standard release. This was is in line with what we have done so far but it was acknowledged that nationally other organisations have switched to the standard release formulation.

The Lead Pharmacist (SWYPFT) noted that SWYPFT had asked for evidence of local switches having taken place safely before switching.

Following a discussion it was noted that reviewing and switching from

the XL once daily formulation to the twice daily tablets was in line with national guidance from PrescQIPP and it was therefore agreed that SWYPFT would be asked to provide evidence to the Committee of any known reports of switches resulting in adverse effects to patients or increased admission rates. If such evidence could be provided to the Committee within the next month, the Committee would consider not switching. Should there be no evidence presented, the switches would be planned for some time in the New Year. **SH**

196.2 NICE TAs (July - September 2015)

Enclosure B was presented to the Committee listing the NICE TAs applicable to BHNFT. The proposed traffic light status for all listed were approved by the Committee. **CA**

196.3 NOACs (thrombotic risk)

Following discussion at the October 2015 meeting around what tool could be used in primary care to assess the thrombotic risk as documented in the Amber G summary sheet, the Lead Pharmacist (BHNFT) had been in touch with the haematologists but had not received a response. The Lead Pharmacist (BHNFT) could not find any evidence of a tool to look at thrombolysis risk versus bleed risk but referred to the guidance available around thrombotic risk in various conditions. Assessing bleeding risk is not that easy as the HASBLED tool has only been validated in patients with atrial fibrillation.

It was agreed that a guideline checklist would be pulled together using the guidelines but it was noted that this would not be a scoring tool like HASBLED and CHADs. **GT**

The Head of Medicines Optimisation (Barnsley CCG) felt that the Eclipse Live Software System may have an appropriate tool and agreed to contact Eclipse about this and would liaise with the Lead Pharmacist (BHNFT) outside of the meeting. **CL/GT**

196.4 Transgender Prescribing

The Head of Medicines Optimisation (Barnsley CCG) informed the Committee that a regional discussion had taken place with representatives from the Porterbrook Clinic, each CCG and NHS England and reported some of the agreed actions.

- The Porterbrook Clinic would be working on a discharge protocol.
- In order to improve communication between the clinic and GP practices, template letters would be used to make it clear what practices would be receiving.
- The group looked at the NHS England service specification which had previously been endorsed. The service specification asked GP practices to prescribe whilst patients were still being managed under the clinics and therefore it was felt that GP practices could see an increase in the number of patients coming through the service.
- It was agreed that CCGs would be looking to have arrangements in place to provide seamless care for patients coming out of

clinics and a clinical pathway was needed.
- Training would be required for GP practices along with learning resources to support the increasing numbers seen in primary care to ensure safe effective prescribing.

The Committee noted the update and that this would be undertaken as a South Yorkshire wide piece of work.

Action Plan – Other Areas

196.5 Interface Group

The Head of Medicines Optimisation (Barnsley CCG) reported that a significant amount of work had been undertaken. All reports from providers had been received and a joint report had been compiled. This had been fed back to providers for a detail and accuracy check to ensure a joint common understanding about the information provided, and a feedback report was being provided to individual providers with suggested recommendations.

The Head of Medicines Optimisation (Barnsley CCG) noted that a summary of all the information collated would be presented at the next APC meeting including a risk report and gap analysis, with the overall report being presented at the January 2016 meeting which would include risks and suggestions about what could be done. **CL**

196.6 Co-amoxiclav Secondary Care Guidance

At the September 2015 meeting, it was acknowledged that there was an issue with inappropriate prescribing of co-amoxiclav at BHNFT and the Chair asked that an action plan be completed and brought to the APC with a breakdown of which departments were using co-amoxiclav and a plan to address this.

Dr Rao (BHNFT) was in attendance for this item and the Lead Pharmacist (BHNFT) told the Committee that the Define© data would be looked at again to ensure that correct information was being captured around the number of tablets used.

Dr Rao (BHNFT) confirmed that co-amoxiclav was included within the secondary care guidance as a first line antibiotic for certain infections. It was however felt that patients attending A&E and outpatients should not be prescribed co-amoxiclav instead of amoxicllin.

It was agreed that the data, with a breakdown of usage across departments, would be brought to the December 2015 meeting. It was agreed that the Lead Pharmacist (Barnsley CCG) would present usage data from a number of practices. **DC**

APC 15/197 DECLARATIONS OF INTEREST

The Committee approved Enclosure D and it was stressed again by the Chair that no New Product Application would be considered by the Committee without the completion of this document, with particular reference to the pharma industry and drug company name.

It was agreed that all Committee members would complete this prior to the next meeting. **ALL**

APC15/198 SHARED CARE

198.1 DMARD Shared Care Guideline

The Medicines Management Pharmacist (Barnsley CCG) presented the guideline which had been amended mostly to be in line with the Yorkshire guidelines and in consultation with Barnsley Consultant Rheumatologists Dr Adebajo, Dr Croot and Dr Bejarano. A summary of changes were shown at Enclosure E2.

The Lead Pharmacist (Barnsley CCG) informed the Committee about feedback that had been received from GP practices regarding the classification of Hydroxychloroquine. This was currently classified Amber with Shared Care in Barnsley as opposed to Amber G or Amber without shared care in surrounding areas. Following requests from surrounding area organisations, some Barnsley GP practices were uncomfortable to prescribe without shared care given the Barnsley guidance. It was noted that there was less monitoring needed with hydroxychloroquine than with the other DMARDS and the Committee agreed that the classification would be changed to Amber G and this would be noted in the guideline. The guideline was accepted by the Committee subject to this change. **CA**

The Community Pharmacist (LPC) raised issue with methotrexate books not always being completed correctly (front and back) and it was agreed that this would be taken back and raised with individuals completing the books but if this was a recurrent concern, it would be brought back to the Committee.

198.2 Dermatology

Following receipt of the DMARD Shared Care Guideline, it was noted that the monitoring in the Dermatology Guideline was slightly different and it was agreed that the guideline would be updated so that the monitoring requirements were the same. The guideline also made reference to gastroenterology rather than dermatology. It was agreed that the Lead Pharmacist (BHNFT) would make the amendments and send to the Lead Pharmacist (Barnsley CCG). The guideline was accepted subject to these changes. **GT**

198.3 Tizanidine Amber G information sheet

The Amber G information sheet was accepted by the Committee.

APC15/199 XAILIN®

The Medicines Management Pharmacist (Barnsley CCG) presented the summary of costs and comparators at Enclosure H. Due to some variation in expiry dates of the preparations, it was agreed that 2 out of the 5 preparations would be added to the formulary: -

XAILIN FRESH® (Carmellose sodium 0.5%) preservative free would be included on the formulary to replace Celluvisc®. **GT**

XAILIN® NIGHT (White soft paraffin, white mineral oil, lanolin alcohols) would be added to the formulary to replace Lacrilube®. **GT**

APC15/200 ALGORITHM FOR INHALED THERAPIES IN THE MANAGEMENT OF COPD

The Specialist Interface Pharmacist (BHNFT) presented Enclosure I2 which had been adapted from GOLD Guidelines January 2015 due to the NICE guidelines having last been updated in 2010. This had been agreed by Dr Mahdi and included an additional table which showed the classification of severity of airflow limitation in COPD from mild to very severe. The change from NICE to GOLD guidelines was also as a result of the addition of the LABA/LAMA, which is not included in NICE and there is also new evidence to show that we are moving away from ICS and using more bronchodilators, resulting in a change to the algorithm.

Following discussion, it was felt that given the move from NICE Guidelines to GOLD Guidelines, training must be provided to practice nurses, COPD nurses and matrons in order to implement effectively. It was agreed that the Specialist Interface Pharmacist (BHNFT) would liaise with the Head of Quality for Primary Care (Barnsley CCG) regarding how best to implement the guidelines.

The Lead Pharmacist (Barnsley CCG) felt that the algorithm could be confusing in its current format and it was therefore agreed that the algorithm would be shared with Andrea Parkin, Practice Nurse to sense-check the algorithm to ensure that it could be followed by fellow practice nurses.

Should the feedback be that the algorithm is workable, the Committee agreed to approve the algorithm and this would be taken to the practice nurse meeting week commencing 16th November 2015. Should there be any issues identified by Andrea Parkin, these would be brought back to the Committee. **AM** **AM**

It was agreed that the prices would be taken from the 2015 Drug Tariff. **AM**

It was agreed that the amended Enclosure I1 would be circulated to Committee members. **NB**

Post meeting note: The algorithm has been further updated in line with the GOLD guidance and will be brought back to the December meeting.

APC15/201 HEALTHY START VITAMINS

The Lead Pharmacist (Barnsley CCG) presented Enclosures J1 and J2 as a reminder to GPs on the availability of the DH Healthy Start vitamins for pregnant or breastfeeding women and infants and young children in Barnsley.

GPs receiving requests to prescribe vitamins for pregnant, or breastfeeding women, young infants and children could refer to midwives or health visitors who will give information on the Healthy Start scheme, give nutritional information and can provide vitamins to eligible families or give details of vitamin availability in Barnsley.

Prescription requests for vitamins for premature babies will continue via GPs until infant is 6 months old at which point they can commence

taking Healthy Start vitamins.

The Committee felt that midwives needed to be more proactive in disseminating this information to GPs given that quite often pregnant women present to the GP 2 months prior to their booking appointment with a midwife.

APC15/202 NOAC DECISION AID

The Medicines Management Pharmacist (Barnsley CCG) presented Enclosure K which had been updated to incorporate Edoxaban following the positive NICE TA.

There was a discussion about possibly changing the traffic light status of rivaroxaban for the prevention of atherothrombotic events after ACS (NICE TA335) from red now that this was included in the antiplatelet guidance. The Committee agreed that this would remain red.

The Lead Pharmacist (Barnsley CCG) informed the Committee that NOAC alert cards were available in the Medicines Management Office and were being distributed to GP practices by the team. It was clarified that NOAC alert cards are issued by those initiating treatment and it was agreed that patients already on NOACs would be given an alert card in primary care by either the community pharmacist or the GP practice. **DC**

The Committee approved the NOAC decision aid with the addition of some reference to the NOAC alert cards. **CA**

APC15/203 FORMULARY REVIEW

203.1 <u>Formulary Review Plan</u>

Committee members were happy with the revised target dates presented at Enclosure L.

203.2 <u>Formulary Review Queries</u>

The Lead Pharmacist (Barnsley CCG) presented enclosure M which detailed a proposed red traffic light classification for Moxifloxacin (Avelox®), Probenecid and Hyaluronidase (Hyalase®) which was different to what had previously been presented to the Committee. The Committee approved the changes. **CA**

Tamoxifen and Raloxifene (Evista®) would be added to the formulary for prophylaxis in women at high risk of breast cancer with an Amber G classification. A supporting information sheet will be produced. **CA**

Blephaclean® wipes and Blephasol® lotion would be added to the grey list along with other sterile eye wipes. **CA**

It was highlighted again that lots of prescribing requests were being received by GPs from opticians for eye drops not included in the local formulary and the Medicines Management Pharmacist (KA) noted that he would be following this up following receipt of reports received via APC reporting and opticians would be made aware of the guidance they were expected to follow. **KA**

ACTION

203.3 Cardiovascular Review

Enclosure N was presented to the Committee with items for discussion highlighted on the first 2 pages.

The Medicines Management Pharmacist (Barnsley CCG) noted that she was currently working on the Amiodarone guidance but asked if propafenone, flecainide, disopyramide, sotalol needed to be included in the guidance. It was agreed that they didn't need to be included in the guidance and would be classified green. **CA**

It was agreed that Mexiletine would be removed from the formulary. **CA**

It was agreed that an Amber G guideline should be produced for Minoxidil. **CA**

Clonidine hydrochloride (Catapres®) would be classified green for symptoms of the menopause but Amber G (with information sheet) for other indications.

Diltiazem brand of choice at BHNFT now Slozem® (more cost effective). This would be looked at separately and cost effective brands identified for new patients only. **CA**

The BHNFT Consultant Cardiologists would like to discuss the status of Ranolazine with the Committee and it was hoped that one of them would be able to attend a future APC meeting. **GT**

It was highlighted that the guideline for the management of bleeding in patients taking NOACs was due to be reviewed and the Medicines Management Pharmacist agreed to follow this up. **CA**

It was agreed that Heparinised saline would be classified red.

The Simvastatin change was agreed.

Subject to the changes discussed, the Committee accepted the formulary review.

203.4 Ear, Nose and Oropharynx

The Specialist Interface Pharmacist (BHNFT) presented Enclosure O to the Committee with a number of items requiring discussion. It was agreed that: -

- Ciprofloxacin eye drops for use as ear drops would be classified red.
- Beclometasone (Beconase®) would be added to the formulary, however it was noted that it was not used at BHNFT.
- Flixonase® brand of Fluticasone Propionate nasal spray would be added to the formulary
- As previously discussed, given the problem with the supply of Bactroban® Nasal ointment, which is used in MRSA decolonisation across the Trust, Octenisan® nasal gel will now be the preferred second line alternative to Bactroban® for MRSA

decolonisation, with Naseptin® cream being used as third line.
- Doxycycline dispersible would remain a red drug for recurrent aphthous ulceration (unlicensed indication).
- Lidocaine Hydrochloride 2%, Chlorhexidine Gluconate Solution 0.25% (Instillagel®)- replace with Hydro-Caine®, it was noted that this was licensed as a device (green classification)

APC15/204 NEW PRODUCT APPLICATION LOG

A new product application for Alprostadil cream (Vitaros®) was awaiting signatures before being presented to the Committee. **GT**

APC 15/205 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

APC 15/206 NEW NICE TECHNOLOGY APPRAISALS – OCTOBER 2015

Feedback from BHNFT Clinical Guidelines and Policy Group

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

- TA359 Idelalisib for treating chronic lymphocytic leukaemia (red)

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

- TA357 Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab
- TA358 Tolvaptan for treating autosomal dominant polycystic kidney disease
- TA360 Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine for previously untreated metastatic pancreatic cancer

Feedback from SWYPFT NICE Group

The Lead Pharmacist (SWYPFT) confirmed that none of the NICE TAs listed at Enclosure R were applicable to SWYPFT.

APC 15/207 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

207.1 Primary Care Quality & Cost Effective Prescribing Group

No meeting had taken place therefore there was nothing to report.

207.2 BHNFT

No meeting had taken place therefore there was nothing to report.

207.3 SWYPFT Drugs & Therapeutics Committee

The Lead Pharmacist (SWYPFT) confirmed that following some email communication outside of this meeting about the off label use of Circadin® in preference to unlicensed melatonin preparations, the SWYPFT Drugs & Therapeutics Committee were happy to support this. It was agreed that the shared care guideline would be updated and brought back to the Committee. **SH**

ACTION

APC 15/208 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

It was agreed to escalate the Formulary Review and DMARD Shared Care Guideline to the Quality & Patient Safety Committee. **CL**

APC 15/209 HORIZON SCANNING DOCUMENT – OCTOBER 2015

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

Vortioxetine 5 mg, 10 mg & 20 mg film-coated tablets (Brintellix®▼, Lundbeck) – **PROVISIONAL RED**
Alendronic acid 70 mg effervescent tablets (Binosto®, Internis Pharmaceuticals) – **ALREADY CLASSIFIED**
Colecalciferol 10,000 IU oral drops & 25,000 IU oral solution (Thorens®, Galen Limited) – **PROVISIONAL GREY (GUIDELINE UNDER REVIEW)**
C1-esterase inhibitor 1500 IU powder and solvent for injection (Berinert®, CSL Behring) – **ALREADY CLASSIFIED RED**
Empagliflozin/metformin 5 mg/850 mg, 5 mg/1000 mg, 12.5 mg/1000 mg, & 12.5 mg/1000 mg film-coated tablets (Synjardy®▼, Boehringer Ingelheim) –**AMBER G**
Glatiramer acetate 40 mg/mL solution for injection in pre-filled syringe (Copaxone®, Teva Pharma) – **ALREADY CLASSIFIED**
Cefpodoxime 100 mg & 200 mg film-coated tablets, 40 mg/5 mL oral solution (Aurobindo Pharma) – **CURRENTLY GREEN BUT CHANGE TO PROVISIONAL GREY**
Asfotase alfa 40 mg/mL & 100 mg/mL solution for injection (Strensiq®▼, Alexion Pharma) – **PROVISIONAL RED**
Sebelipase alfa 2 mg/mL concentrate for solution for infusion (Kanuma®▼, Alexion Pharma) – **PROVISIONAL RED**
Ceritinib 150 mg hard capsules (Zykadia®▼, Novartis) – **PROVISIONAL RED**
Metaraminol 10 mg/mL solution for injection or infusion (Torbay Pharmaceuticals. South Devon Healthcare NHS Foundation Trust) – **PROVISIONAL RED**
Gestodene/ethinylestradiol 75 micrograms/30 micrograms tablets (Sofiperla®, Actavis) – **PROVISIONAL GREY**
Gestodene/ethinylestradiol 75 micrograms/20 micrograms tablets (Juliperla®, Actavis) – **PROVISIONAL GREY**

APC 15/210 MHRA DRUG SAFETY UPDATE – OCTOBER 2015

The Committee received and noted the October 2015 MHRA Drug Safety Update which included advice for medicines users summarised below: -

1 Mirabegron (Betmiga▼): risk of severe hypertension and associated cerebrovascular and cardiac events. Mirabegron is now contraindicated in patients with severe uncontrolled hypertension; advice about regular monitoring is being introduced because of cases of serious hypertension.

The Lead Pharmacist (SWYPFT) confirmed that this had been circulated to the urology nurses.

ACTION

APC 15/211 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (16th July 2015 & 17th September 2015) and NHS Doncaster & Bassetlaw CCG (24th September 2015) Area Prescribing Committee meetings were received and noted.

APC 15/212 ANY OTHER BUSINESS

212.1 Magnesium Supplementation Guidance

The Head of Medicines Optimisation noted that it was raised at LMC that primary care practices are receiving requests to supply patients with magnesium and asked if we could look into producing guidance. **GT**

212.2 Feedback from the South Yorkshire & Bassetlaw Head of Medicines Management Shared Care meeting

The Head of Medicines Optimisation fed back that it was agreed to move towards some common understanding across the patch including some common criteria for the traffic light lists, noting that protocols and prescribing guidelines are already being shared. This work was in progress and would be discussed again at the January 2016 meeting.

212.3 Nefopam (Acupan® discontinued)

The Community Pharmacist noted that the cost of the generic preparations has significantly increased therefore it was expected that the tariff price would increase.

APC 15/213 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th December 2015 at 12.30 pm in the Boardroom, Hillder House.