

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 9<sup>th</sup> November 2016 in the Boardroom at Hilder House**

**MEMBERS:**

Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Mr T Bisset	Community Pharmacist (LPC)
Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr K Kapur (up to item 16/218.2)	Consultant Gastroenterology (BHNFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr J Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Dr K Sands	Clinical Lead (SWYPFT)
Mr M Smith	Chief Pharmacist (BHNFT)

**ATTENDEES:**

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Mr K Ashfaq	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Mr F Hussain	Senior Interface Pharmacist (BHNFT)
Mr U Patel	Clinical Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)

**APOLOGIES:**

Mr N Heslop	Lead Pharmacist (Barnsley CCG)
Dr R Jenkins	Medical Director (BHNFT)

**ACTION BY  
AND  
DEADLINE**

**APC 16/202 QUORACY** – the meeting was quorate.

**APC 16/203 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**  
No declarations of interest to note.

**APC 16/204 MINUTES OF 12 OCTOBER 2016 MEETING** – approved.

**APC 16/205 MATTERS ARISING AND APC ACTION PLAN**

205.1

Physeptone®

The Head of Medicines Optimisation confirmed that she had spoken with Carrie Abbott, Public Health Service Director, BMBC who was keen and committed to address issues and make changes. The service providers would be encouraged to engage and would be informed of the importance from the provider perspective. They will also be informed about the ability to go via the APC for any medicines related issues. A service provision specific suite of meetings would be arranged to address current medicine issues. There would also be representation from BMBC at future Controlled Drug Local Intelligence Network meetings.

205.2

NICE TA

Applicable for use at BHNFT: -

- TA407 Secukinumab for active ankylosing spondylitis after treatment with nonsteroidal anti-inflammatory drugs or TNF-alpha inhibitors

Not applicable for use at BHNFT: -

- TA406 Crizotinib for untreated anaplastic lymphoma kinase-positive advanced nonsmall-cell lung cancer
- TA408 Pegaspargase for treating acute lymphoblastic leukaemia
- TA410 Talimogene laherparepvec for treating unresectable metastatic melanoma
- TA411 Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer (not recommended by NICE)
- TA412 Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases

Awaiting response from Ophthalmologists: -

- TA409 Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion

FH

205.3

Action Plan – Other Areas

Continence Service Audit

There was a lengthy discussion around the way forward to resolve the issue of the service not following the prescribing guidelines.

The Head of Medicines Optimisation, Barnsley CCG noted that in the next Medicines Management Commissioning Intentions Contract, it has been proposed to include a clause around following the medicines formulary as a contractual requirement. It was agreed that the Head of Medicines Optimisation would confirm that it was contractually included and a copy of the contract would be shared with the Lead Pharmacist, SWYPFT.

There were various suggestions of how to address these issues but it was agreed that Dr Jenkins, Medical Director, BHNFT would be invited to a future APC meeting to discuss this further.

**Agreed actions: -**

- It was agreed that the Head of Medicines Optimisation would confirm that it was contractually included and would send a copy of the Medicines Management Commissioning Intentions Contract to the Lead Pharmacist, SWYPFT.
- The Chair to write to Dr Jenkins, Medical Director, BHNFT to invite him to attend a future APC meeting in relation to adherence to prescribing guidelines.

CL

MG/CL

**APC 16/206 CO-AMOXICLAV USAGE**

Information at Enclosure C was presented and it was noted that the concern around the high prescribing of co-amoxiclav had been escalated within the Trust to Dr Jenkins, Medical Director.

**Agreed actions: -**

- Data to be provided to the APC on prescribing of co-amoxiclav in A&E and outpatients (respiratory).
- Dr Jenkins, Medical Director, BHNFT to be invited to a future meeting to discuss prescribing concerns.

**FH**

**MG/CL**

**APC 16/207 TESTOSTERONE SHARED CARE GUIDELINE RE-AUDIT IN PRIMARY CARE**

Information at Enclosure D was presented showing results of the re-audit.

**Agreed actions: -**

- The Chair to write to Professor Jones, Consultant Physician & Endocrinologist, BHNFT to inform him and his team of the outcome of the re-audit and to confirm that a re-audit would be undertaken again in 12 months.
- Ensure that all GP practices, with the help of the Clinical Pharmacists, have a re-call system in place to ensure that they do not sign or prescribe without a Shared Care Guideline in place.

**MG/CA**

**CA**

**APC 16/208 GROWTH HORMONE – item deferred**

**CL**

**APC 16/209 CALCIUM AND VITAMIN D/VITAMIN D PREPARATIONS**

A summary of formulary choices with respect to preparations containing calcium and vitamin D or vitamin D alone was presented to support prescribers in selecting the appropriate preparation.

**Agreed actions: -**

- For Vitamin D choices, it was agreed to include Stexerol® tablets 25,000iu (to provide a loading dose of two tablets weekly for 6 weeks) and Stexerol® 1000iu tablets (to provide a maintenance dose of one tablet daily).
- The Lead Pharmacist, SWYPFT to feed back that SWYPFT are asked to recommend Calci D as the first line option for calcium and vitamin D supplementation.

**CA**

**SH**

**APC 16/210 GLP-1 AGONISTS (EXENATIDE AND LIRAGLUTIDE) TRAFFIC LIGHT CLASSIFICATIONS**

The Clinical Lead, SWYPFT raised this request on behalf of the diabetes nurses who are receiving requests to prescribe/initiate GLP-1 Agonists. A discussion took place about possibly moving the classification to green for those who are able to initiate the treatment. As it was not known how many practice nurses were trained to initiate, it was agreed that this information would be obtained and presented at the January 2017 meeting.

**Agreed action: -**

- The Clinical Lead, SWYPFT to contact Glenn Nicholson, Diabetes Team Leader to find out how many practices nurses are competently trained to initiate GLP-1 Agonists and consider this at the January 2017 meeting.

**KS**

**APC 16/211 SGLT2 INHIBITORS**

211.1

**Ketone Meters**

The Clinical Lead, SWYPFT informed the Committee of a change in the policy following discussion at the Local Diabetes Advisory Group where it was agreed that due to the risk of diabetic ketoacidosis for people on SGLT2 inhibitors, ketone meters would be issued to new patients.

The Committee agreed that an instruction/information sheet should be produced for patients issued with a ketone meter.

**Agreed actions: -**

- An instruction/information sheet would be produced to share with patients, including information around when and how often to test. This would be brought back to the APC.

**KS**

211.2

**Amber SCG versus Amber-G**

A number of queries have been received from both GP practices and secondary care clinicians around the differences between Amber SCG drugs and Amber-G drugs. The following points require highlighting:-

**Agreed actions: -**

- The following points to be highlighted: -
  - Amber SCG (Shared Care Guideline) includes drugs where a full formal sign up to shared care is required. Secondary care clinicians should send a copy of the shared care guideline along with a formal sign up pro-forma that the GP should sign and return to the relevant clinician.
  - Amber-G drugs include those drugs that require much less monitoring than those drugs classified as Amber (SCG). Amber-G drugs are often either relatively new to market, or are prescribed less within primary care and therefore GPs have not had the opportunity to become as familiar with them as they are with other drugs. Formal sign up to prescribing Amber-G drugs is not required; however, secondary care clinicians should send a copy of the information sheet to support GPs in the safe prescribing of these drugs.
- The Medicines Management Pharmacist to complete an APC report in relation to the query emailed by the Clinical Lead, SWYPFT.

**CA**

**CA**

**CA**

**APC 16/212 TRESIBA®**

The Clinical Lead, SWYPFT informed the Committee of a price reduction of Tresiba® (Insulin degludec) which currently has a red traffic light status. The cost is now comparable to Lantus®, however Tresiba® does offer advantages with respect to causing less hypoglycaemia at night.

It was noted that there was some prescribing in primary care and further information would be obtained and presented to the Committee.

**Agreed action: -**

- The Medicines Management Pharmacist, Barnsley CCG to obtain further information regarding Tresiba® being prescribed in practices
- A paper would be presented to the APC to review all insulins

**CA**

**KS/MMT**

**APC 16/213 SYMBICORT® MDI INHALER**

A discussion took place around the possibility of including this product on the formulary. Due to a number of reasons, including issues with the inhaler not being licensed for use with a spacer the Committee rejected this.

**APC 16/214 RIFAXAMIN**

**Agreed actions: -**

- Following discussion around the possible classification change, it was agreed that this would be taken back to the gastroenterologists at BHNFT to establish the number of patients involved and identify any issues. This would be brought back to the meeting in December 2016 for the Committee to look at whether the status would change from Amber Shared Care to Amber-G.

**FH**

**APC 16/215 THE MANAGEMENT OF MEDICINE IN CARE HOMES GUIDELINES**

Enclosure G was presented and discussed. It was noted that BMBC are to follow this guidance and it was documented within the contract.

**Agreed actions: -**

- A short briefing paper would be produced highlighting the change in covert administration process.
- Professionals involved with the consultation process would be documented within the guidelines.
- The guidelines and short briefing paper would be taken to the next Quality & Patient Safety Committee meeting for approval.
- Subject to approval at the Quality & Patient Safety Committee, the guidelines would be circulated to the wider health community, including being shared with the LMC and circulated with the APC memo.

**KA**

**KA**

**KA**

**KA/CA**

**APC 16/216 SHARED CARE GUIDELINES**

216.1

ADHD

The updated guidelines were presented following the approval of Guanfacine Hydrochloride Prolonged release tablets. As requested, the Lead Pharmacist, SYWPFT has provided clarification around the roles and responsibilities around carrying out ECG's.

Concern was raised by one consultant around GP's continuing to refuse to prescribe and it was fed back that they continue to report issues through APC reporting. It was suggested that if practices don't feel adequately trained to do this, training and education can be provided on prescribing for ADHD and the Lead Pharmacist, SWYPFT agreed to feed this back.

**SH**

Further to a consultant comment received, the Committee confirmed that a child needs to be stabilised before starting shared care.

The guidelines were accepted by the Committee.

**APC 16/217 NEW PRODUCT APPLICATION LOG**

The application for Ulipristal Acetate (Esmya®) was awaiting a Declaration of Interest from the applicant. It was agreed that the application would be removed from the log if this was not submitted for consideration at the December 2016 meeting.

**FH**

**APC 16/218 NEW PRODUCT APPLICATIONS**

218.1

Oralieve® Moisturising Mouth Gel

The application for Oralieve Moisturising Mouth Gel was approved for wider indications by the Committee with a Green classification.

**CA**

It was also suggested and agreed that this product be added to the Pharmacy First Minor Ailments Service for palliative care patients only.

**TB/NH**

218.2

Prosource® Plus

The application for Prosource® Plus was approved for patients who require high protein intake but no extra calories. The majority of usage would be in the hospital setting. This was given an Amber G classification, to be initiated by dietitians.

**CA**

**APC 16/219 BARNSELYAPCREPORT@NHS.NET FEEDBACK**

Enclosure L was received and noted.

A new pathway and revised reporting form have been developed and shared with all parties involved in investigating APC reports.

**FH/NH**

**APC 16/220 NEW NICE TECHNOLOGY APPRAISALS – SEPTEMBER 2016**

220.1

Feedback from BHNFT Clinical Guidelines and Policy Group

BHNFT awaiting feedback for the applicable use of the following NICE TA's: -

**FH**

- TA413 Elbasvir–grazoprevir for treating chronic hepatitis C
- TA414 Cobimetinib in combination with vemurafenib for

treating unresectable or metastatic BRAF V600 mutation-positive melanoma

- TA415 Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor
- TA416 Osimertinib for treating locally advanced or metastatic EGFR T790M mutationpositive non-small-cell lung cancer

Following a funding query from the Lead Pharmacist, BHNFT in relation to BHNFT potentially starting to use alirocumab (NICE TA393) and evolocumab (NICE TA394) for treating primary hypercholesterolaemia and mixed dyslipidaemia, it was confirmed that the CCG would provide funding.

The Lead Pharmacist, BHNFT noted that a positive decision for NICE TA419 Apremilast for treating moderate to severe plaque psoriasis was due to be issued on 23 November 2016 and noted that some patients are on a free stock scheme at BHNFT.

The Lead Pharmacist, BHNFT noted that the NICE TA for the use of Apremilast in rheumatology was expected in February 2017. It was agreed that dermatology would be contacted to ensure all patients are reviewed. The Lead Pharmacist, BHNFT to inform the Head of Medicines Optimisation, Barnsley CCG of potential patient numbers when known.

**Agreed actions: -**

- Feedback to be provided on the applicable use of NICE TA 413, 414, 415 and 416. FH
- In relation to NICE TA for Apremilast for rheumatology patients, which is expected in February 2017, the Lead Pharmacist, BHNFT agreed to contact dermatology to ensure all patients are reviewed. GT/FH
- As a result of the NICE TA419 positive decision, the Lead Pharmacist, BHNFT to inform the Head of Medicines Optimisation of potential patient numbers involved, when known. GT/FH

220.2

Feedback from SWYPFT NICE Group

All the above NICE TA's were not applicable for use at SWYPFT.

**APC 16/221**

**FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

221.1

Primary Care Quality & Cost Effective Prescribing Group

The Head of Medicines Optimisation fed back around the rising cost of nefopam.

The use of nefopam at BHNFT and SWYPFT was discussed.

**Agreed actions: -**

- The Senior Interface Pharmacist, BHNFT to bring back costs at BHNFT and how they have potentially increased. FH
- AMU consultants to be reminded of risks in prescribing nefopam FH
- All prescribing in primary care to be reviewed CL/NH
- Consider changing Nefopam to an Amber G shared care CA

drug for cases with substance misuse issues

221.2 BHNFT  
No meeting had taken place therefore there was nothing to feedback.

221.3 SWYPFT Drugs & Therapeutics Committee (D&TC)  
Nothing relevant to feedback.

**APC 16/222 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE**

- The Management of Medicine in Care Homes Guidelines
- Testosterone re-audit

CL

**APC 16/223 HORIZON SCANNING DOCUMENT – OCTOBER 2016**

The Committee agreed to classify the new products as follows on the traffic light list (TLL): -

CA

**Tobramycin** (hybrid) 170 mg/ 1.7 mL nebuliser solution (Vantobra<sup>®</sup>, PARI Pharma) – **ALREADY RED ON TLL**

**Macrogol 3350, sodium chloride, sodium hydrogen carbonate, potassium chloride** 13.125 g/ 0.3508 g/ 0.1786 g/ 0.502 g Ready to take oral solution in a sachet (Movicol<sup>®</sup> Ready to Take, Norgine) – **PROVISIONAL GREY**

**Quinagolide** (generic) 25, 50 and 75 microgram tablets (Quinagolide, Aspire Pharma) – **ALREADY RED ON TLL**

**Buprenorphine** (branded generic) 5, 10 and 20 micrograms/ h transdermal patches (Sevodyne<sup>®</sup>, Aspire Pharma) – **PROVISIONAL GREY**

**Daclizumab** 150 mg/mL solution for injection in pre-filled syringe and pre-filled pen (Zinbryta<sup>®</sup>▼, Biogen Idec) – **PROVISIONAL RED**

**Lenvatinib** 4 mg and 10 mg hard capsules (Kisplyx<sup>®</sup>▼, Eisai) – **ALREADY ON TLL**

**Cabozantinib (S)-malate** 20 mg, 40 mg and 60 mg tablets (Cabometyx<sup>®</sup>▼, Ipsen) – **ALREADY ON TLL**

**Human coagulation factor VIII, turoctocog alfa** 250 IU, 500 IU, 1000 IU, 1500 IU, 2000 IU, 3000 IU powder and solvent for solution for injection (NovoEight<sup>®</sup>▼, Novo Nordisk) – **PROVISIONAL RED**

**Aprepitant** (hybrid) 125 mg powder for oral suspension (Emend<sup>®</sup>, Merck Sharp & Dohme) – **PROVISIONAL RED**

**Opicapone** 50 mg capsules (Ongentys<sup>®</sup>▼, Bial Pharma) – **PROVISIONAL RED**

**Certolizumab pegol** 200 mg solution for injection in pre-filled pen (Cimzia<sup>®</sup>, UCB Pharma) – **ALREADY RED ON TLL**

**Quetiapine** (branded generic) 50 mg, 150 mg, 200 mg, 300 mg and 400 mg prolonged release tablets (Brancico XL<sup>®</sup>, Zentiva) – **PROVISIONAL GREY**

**Dexamethasone** (generic) 4 mg tablets (Dexamethasone, Consilient Health) – **ALREADY GREEN ON TLL**

**Pitolisant** 4.5 mg and 18 mg tablets (Wakix<sup>®</sup>▼, Lincoln Medical) – **PROVISIONAL RED**

**Abacavir/lamivudine** (generic) 600 mg/300 mg film-coated tablets (Lupin Europe Ltd) – **PROVISIONAL RED**



It was shared that TEVA have made available additional strengths of levothyroxine.

**APC 16/224 MHRA DRUG SAFETY UPDATE – OCTOBER 2016**

The Committee received and noted the October 2016 MHRA Drug Safety Update. The summary of the alert is detailed below: -

1. Etoricoxib (Arcoxia): revised dose recommendation for rheumatoid arthritis and ankylosing spondylitis.  
Prescribing information has been updated to introduce a lower recommended dose of 60 mg daily for patients with rheumatoid arthritis or ankylosing spondylitis.

**APC 16/225 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES**

The minutes from NHS Sheffield CCG (15<sup>th</sup> September 2016) and NHS Doncaster & Bassetlaw CCG (29<sup>th</sup> September 2016) were received and noted.

**APC 16/226 ANY OTHER BUSINESS**

226.1

Ticagrelor

It had been highlighted at LMC that requests have been seen coming through from the hospital (Barnsley and Sheffield) for the lower dose and 3 years treatment which is not following the correct process.

**Agreed action: -**

- The Senior Interface Pharmacist, BHNFT to pick this up with the cardiologists.

**FH**

226.2

Taitropin

The Committee were made aware that an alternative to somatropin was expected to be made available in December with a potential cost saving which would be picked up through QiPP.

**CL**

226.3

Lead Pharmacist, BHNFT

Best wishes were given to the Lead Pharmacist, BHNFT as she starts her maternity leave.

**APC 16/227 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 7<sup>th</sup> December 2016 at 12.30 pm in the Boardroom, Hilder House.