NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 16th December 2020 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo (from 20/218.2)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset (from 20/220.4)	Community Pharmacist (LPC)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson(from 20/218.2)	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Abdul Munzar	General Practitioner (LMC)
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:

Lauren Clarke	Senior Pharmacist, Interface (BHNFT)

ACTION BY

APC 20/207 QUORACY

The meeting was quorate from APC 20/218.2.

APC 20/208 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Head of Medicines Optimisation declared that she signs rebate agreements on behalf of the CCG, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. A full list is available on the website.

This was relevant to agenda item 20/217, new product application for Aymes Actasolve Smoothie® due to a signed rebate agreement with Aymes, noting that the application has been signed by the Head of Medicines Optimisation on behalf of primary care to acknowledge receipt of the application.

APC 20/209 DRAFT MINUTES OF THE MEETING HELD ON 11th NOVEMBER 2020

The minutes were accepted as an accurate record of the meeting and subsequently endorsed by SWYPFT when the meeting became quorate.

20/209.1 <u>Iron Preparations, 20/195.2</u>

The reviewing of the Trust switch policy and clarity around the referral pathway for people who require IV infusions to be added to the action plan. **NB**

20/209.2 Denosumab, 20/205.1

The Head of Medicines Optimisation has raised the issue within the CCG about follow up of patients in primary care to identify any gaps in the system and is seeking support from the Commissioning and Transformation Team. It was felt that the offer of support from the rheumatology team should to be accepted to ensure the continuation of denosumab.

The Lead Pharmacist, BHNFT has been informed by the rheumatology specialist that a number of GP surgeries are referring patients back in for denosumab and have been doing so for a couple of months. Issues were highlighted with some GP practices accepting shared care but then later declining and referring patients back into the service.

The Lead Pharmacist (DC) advised the Committee that information has recently been collated from GP practices on how many patients are receiving denosumab regularly, identifying if there are any potential gaps. This information is currently being analysed but it does look to indicate that some patients will need following up.

The issues identified at the Trust were noted and it was also acknowledged that referrals back into the service could be from GPs not being able to undertake all the requirements under the specialists responsibilities, therefore requiring specialist follow up. It was agreed to discuss this further outside of the meeting in order to progress and resolve the issues within primary and secondary care.

Agreed actions: -

- Issues to be discussed outside of the meeting and information to be sent out to primary care. **CL/GT**
- Rheumatology specialists/nurses contact details to be shared with the Head of Medicines Optimisation to facilitate discussions. **GT**

APC 20/210 MATTERS ARISING AND APC ACTION PLAN

20/210.1 Action Plan – other areas

It was agreed to defer Roflumilast Traffic Light Classification. **NB**

APC 20/211 DEGARELIX (FIRMAGON®)

Following a request from the specialist to include degarelix in the prostate cancer amber-G guideline, therefore changing the traffic light classification of Degarelix (Firmagon®) from formulary red to amber-G, the Medicines Management Pharmacist presented the summary. The prostate cancer amber-G guideline currently includes LHRH analogues, cyproterone and bicalutamide but there is no increase in hormone levels at the start of treatment with Degarelix (Firmagon®).

It was noted that Degarelix (Firmagon®) was classified amber in a number of other CCGs, usually with the starting dose given in secondary care and then maintenance dose in primary care one month after that. The indication in the SPC is for patients with advanced hormone dependent prostate cancer.Some CCGs restrict the use to the TA indication and others use more widely in line with the SPC. It was noted that Sheffield follows the SPC indication.

The Committee were in support of changing the traffic light classification to amber G and it was agreed that further clarity would be sought regarding the proposed indications before taking the updated summary paper to the LMC for comment and this would be brought back to the APC.

Agreed action:-

- Further information to be obtained regarding the indications. **JH**
- Updated summary paper to be taken to the next LMC meeting for comment and this would be brought back to the APC. **CL**

APC 20/212 PRIMARY CARE CO-PROXAMOL REVIEW REPORT

The Lead Pharmacist (DC) presented the report for information, noting previous APC discussions regarding co-proxamol where reference has been made to work undertaken by the Medicines Management Team together with practices as part of the Medicines Optimisation Scheme. The report shows key outcomes of this work.

It was noted that prescribing of co-proxamol is not supported by Barnsley APC and co-proxamol has a grey non-formulary classification. An APC position statement was issued in June 2019, following NHS England guidance first published in 2017 regarding items which should not be routinely prescribed in primary care: guidance for CCGs (version 2, June 2019) which states that no new patients should be initiated on co-proxamol and patients currently prescribed co-proxamol should have their prescription reviewed and co-proxamol should be de-prescribed in all patients.

A summary of the review work was provided for 2019-20 and 2020-21, noting the current position of 13 patients prescribed co-proxamol across 8 practices. Prescribing has reduced by around 60% from baseline and patient reviews are still ongoing to move closer to the national average.

The format in which the information was presented was well received by the Committee.

APC 20/213 ANTIPSYCHOTIC SHARED CARE PRESCRIBING

The Lead Pharmacist, SWYPFT referred to APC report BAPC20/12/09, giving background details to the issue of a practice not taking on prescribing for a patient discharged from the service.

SWYFPT felt that the patient did not need to be in the service and therefore an unnecessary use of resource to insist that people are seen on a yearly basis when they don't need to be. The issue is around whether it's possible to discharge people who are under shared care bearing in mind the additional support which has been put in place for GPs should they need it if the person has been discharged including a telephone line, generic NHS email account and people can still be referred urgently back into the service via the SPAR mechanism if needs be.

It was expressed that there is still confusion around the need for a new shared care agreement if people move GPs, noting the recent

care home realignments which has seen requests for new shared care agreements, causing additional workload.

It was noted that new shared care guidance for antipsychotics is in the process of being produced and it was agreed to discuss this further when the guidance is presented to the Committee, early 2021. Funding for additional resource and expansion around management would be put in place.

Agreed actions: -

- Issue to be discussed further when the new antipsychotic shared care guidance is available, including the proforma used for practices to complete requesting shared care when patients move practices. **CL**
- Assurance that these issues are to be addressed within the new shared care guidance to be fed back to SWYPFT. **SH**

APC 20/214 SAXENDA® (LIRAGLUTIDE)

The Lead Pharmacist, BHNFT advised the Committee of the positive NICE TA for Saxenda® (Liraglutide), issued 9 December 2020, noting that the audit work being undertaken with patients to present information to the CBU for continued local funding was no longer necessary. As a result of the positive NICE TA, the Trust is looking to go forward with a commissioned service.

It was noted that the audit undertaken has highlighted some issues with the titration schedule and with tolerability issues and how patients were managed and reviewed. The report is due to be seen by the CBU Governance Committee in February 2021.

The Head of Medicines Optimisation acknowledged that we need to ensure that patients have access to it appropriately in line with the NICE TA but that a process around eligibility and access to Saxenda® (Liraglutide) needed to be developed.

It was noted that the Lead Dietitian and the Clinical Lead for the Tier 3 service are re-writing the procedure for management of patients within the service for use of Saxenda® (Liraglutide) and that datasets will be developed to prospectively collect data on patients progress and other health improvements if and as when patients lose weight.

Agreed action: -

- This would be discussed further at the January 2021 meeting. **NB**

APC 20/215 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

20/215.1 <u>Midodrine Amber G Guideline</u>

In light of feedback received, this would be deferred to next month. **GT**

20/215.2 <u>Moxonidine Amber G Guideline</u>

The updated guideline was presented with minor changes and approved by the Committee, and subsequently by SWYPFT when the meeting became quorate.

20/215.3 Tresiba® Amber G Guideline
The updated guideline was presented with minor changes and approved by the Committee and subsequently by SWYPFT when the meeting became quorate.

20/215.4 Dementia Amber G Guideline
The updated guideline was presented with minor amendments to references and contact details only and was approved by the Committee.

20/215.5 Use of Anticonvulsants as Mood Stabilisers Shared Care Guideline
The updated guideline was presented with minor amendments to the references and contact details only.

It was suggested and agreed that the links to the SWYPFT Pregnancy Prevention Programme guidance and the updated guidance on the Pregnancy Prevention Programme during COVID, produced by the MHRA would be included.

Subject to the inclusion of these links, the Committee approved the guideline.

Agreed action:-

- Links to be included to the SWYPFT Pregnancy Prevention Programme and further information produced by MHRA on Pregnancy Prevention Programme during COVID. **SH**

20/215.6 Sheffield Riluzole Shared Care Protocol
As discussed at the last APC meeting, the Medicines Management Pharmacist noted that Sheffield Teaching Hospitals wish to transfer a small number of long standing patients to primary care and they have asked for all South Yorkshire CCGs to consider adopting this guideline. Riluzole is currently red on the Barnsley formulary, although the classification in the organisation that initiated the medication is taken into consideration. It was fed back that the LMC were happy with the guidance and the Committee accepted the guidance with an amber traffic light classification.

The funding of this would be addressed separately via the specialist drugs scheme payment schedule.

APC 20/216 FORMULARY REVIEWS

20/216.1 Formulary Review Plan (for information)
The Lead Pharmacist (DC) presented the review plan for information, noting that 9 sections have now been reviewed, 12 are outstanding with 2 due next month. There have been some deadline changes in line with current work pressures.

APC 20/217 NEW PRODUCT APPLICATION LOG
Noted.

APC 20/218 NEW PRODUCT APPLICATION

20/218.1 Aymes Actasolve Smoothie®
Following the review of the nutrition formulary chapter, the application for Aymes Actasolve Smoothie® was submitted for consideration by

the Committee.

The Lead Pharmacist (DC) presented the application noting that Amyes Actasolve Smoothie® is an oral nutritional supplement and is marketed as a food supplement. It is currently the only juice style option available as a cost effective powdered option. This is currently non-formulary in Barnsley but available as amber G and green in some other CCGs. The proposal was to add this to the formulary with a green classification. It is the first ACBS approved oral nutritional supplement to be suitable for vegans.

It was noted, and previously highlighted to the Committee that when bringing independent reviews for nutritional products, there are generally no clinical trials so comparisons are made between other products currently on formulary and the new product.

Aymes powered milk style supplements are currently on formulary but not juice style options.

The formulary options were listed, noting that Aymes Actasolve Smoothie® is comparable in terms of calories and protein but more cost effective. As with other juice style supplements it would be second line in terms of milk style supplements but where a juice supplement is indicated, the proposal is that this is considered to be the first line option within primary care. Other products used at the Trust would remain on the formulary but primary care would look at potentially switching patients who came out from hospital on juices. This would require additional planning work and details would be brought back to the Committee. It was noted that the ONS guidance is currently being reviewed and this could be incorporated.

Aymes Actasolve Smoothie® should be reserved for those patients in whom a milk based product is either not indicated (lactose intolerant) or a milk based product is not tolerated by the patient.

The Committee approved the application for Aymes Actasolve Smoothie® with a green traffic light classification, with three options available on formulary. This decision was subsequently endorsed by SWYPFT when the meeting became quorate.

APC 20/219 BARNSLEY APC REPORTING DECEMBER 2020

20/219.1 <u>APC Reporting December 2020 (for information)</u>

The Head of Medicines Optimisation wanted to acknowledge again that APC Reporting is a secondary process to the actual incident reporting and management process followed within organisations. It was noted that not all information reflecting the organisation investigations is captured in the report presented to the Committee but assurance was given that investigations were progressed appropriately.

There was confusion around the December data presented but it was clarified that the reports presented to the December meeting are APC reports received in the month of November 2020. It was agreed to make this clearer on the next report. **CA**

20/219.2 APC Reporting November Key Themes

The Head of Medicines Optimisation presented the report noting fewer reports in December 2020 compared with December 2019 but over the year 2020 there were approximately 90 more reports than in 2019, seeing a significant increase. The key themes relate to D1 communication, medication supply and shared care issues.

A number of reports were discussed including BAPC20/12/09 (discussed further at APC 20/213), BAPC20/12/01 and BAPC20/12/15.

APC20/220 NEW NICE TECHNOLOGY APPRAISALS (NOVEMBER 2020)

20/220.1 November 2020

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

- TA657 Carfilzomib for previously treated multiple myeloma
- TA658 Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma
- TA659 Galcanezumab for preventing migraine

Post meeting note: *TA659 will be added to the formulary with a red traffic light classification.*

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

- TA656 Siponimod for treating secondary progressive multiple sclerosis
- TA662 Durvalumab in combination for untreated extensive-stage small-cell lung cancer (**terminated appraisal**)

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

- TA660 Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer
- TA661 Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma

20/220.2 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing to report.

20/220.3 Feedback from SWYPFT NICE Group

There was nothing to report. NICE TAs 656-662 were not applicable for use at SWYPFT.

APC 20/221 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

20/221.1 Primary Care Quality & Cost Effective Prescribing Group

There was nothing to report.

20/221.2 BHNFT

There was nothing to escalate.

20/221.3 SWYPFT Drug and Therapeutics Committee

There was nothing to escalate.

20/221.4 Wound Care Advisory Group

The last meeting was deferred due to COVID. A progress update on the ONPOS pilot would be brought to the January meeting. **CL/EL**

APC 20/222 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate APC Reporting (as agreed at the last meeting) to the Q&PSC. **CL**

APC 20/223 SPS NEW MEDICINES NEWSLETTER – NOVEMBER 2020

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

Acalabrutinib (Calquence®) - **non-formulary provisional red**
Bilastine (Ilaxten®) 2.5mg/ml oral solution **- already non-formulary provisional grey**
Budesonide + formoterol (Symbicort®) 100/3 MDI - **already non-formulary provisional grey**
Cyanocobalamin (Orobalin®) 1mg tablets - **non-formulary provisional grey with an exception for use as per BSH/Barnsley guidance on alternatives to vitamin B12 injections (hydroxocobalamin) during the COVID-19 pandemic**
Dasatinib (Sprycel®) oral suspension - **already formulary red restricted**
Filgotinib (Jyseleca®) - **non-formulary provisional red**
Glycopyrronium + indacaterol + mometasone (Enerzair Breezhaler®) - **non-formulary provisional grey**
Indacaterol + mometasone (Atectura Breezhaler®) - **non-formulary provisional grey**
Ozanimod (Zeposia®) - **non-formulary provisional red**
Volanesorsen (Waylivra®) - **already non-formulary provisional red**

Other

Hydrocortisone (Colifoam®) 10% rectal foam - **remove from formulary as discontinued.**
Change Budesonide rectal foam (Budenofalk® foam) to first line choice of corticosteroid rectal foam.
Leave prednisolone foam enema as non-formulary (add as non-formulary provisional grey for completeness) as significantly more expensive than Budenofalk® foam.
Ketoprofen MR capsules - **formulary green** (to rectify discrepancy between the traffic light list and electronic formulary)

APC 20/224 MHRA DRUG SAFETY UPDATE (NOVEMBER 2020)

The update was received and noted with no specific safety updates relating to primary care.

APC 20/225 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The Head of Medicines Optimisation advised that meetings are set to resume. A request for agenda items for RMOC was shared should the APC wish to refer items up to them for consideration or development.

It was noted that Sheffield has suggested having a unified traffic light classification across the region.

APC 20/226 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (17th September 2020) were received and noted.

The Head of Medicines Optimisation highlighted the discussions around the Cinacalcet Shared Care Guideline and agreed to pick this up outside of the meeting and raise with Sheffield if necessary should this impact on primary care in Barnsley.

APC 20/227 ANY OTHER BUSINESS

20/227.1 Ferric Maltol

It was noted that the new product application for Ferric Maltol had been approved by the Committee in January 2018 as a red drug for use by gastroenterology specialties only. The Trust wanted to look at potentially using across Barnsley with an amber or green classification dependent on patient groups.

The Consultant Gastroenterologist (BHNFT) referred to a summary document from the Northern Treatment Advisory Group and this was shared on screen. The full document with costings from 2018 would be shared.

It was noted that this may be suitable for patients who are seen who don't respond to conventional iron or who are significantly intolerant to oral iron preparations. Ferric Maltol is significantly more expensive than ferrous fumarate and ferrous sulfate; however savings could be made by avoiding patients visiting the hospital, avoiding the need for iron infusion subsequently reducing costs relating to hospital beds and nursing time. This can also be given in primary care therefore reducing visits to secondary care.

It was agreed that the Lead Pharmacist, BHNFT would refresh the paper, updating costs, looking at the cost differences with IV and Ferracru for the Committee to consider changing the classification to amber shared care or green.

Agreed action:-

- The Lead Pharmacist, BHNFT to refresh the paper and bring back to the January 2021 meeting. **GT**

20/227.2 COVID Vaccine

The Head of Medicines Optimisation advised the Committee that she had signed the local protocols to assure regional approval of the safe and secure handling from receipt to administration of the COVID vaccine in primary care clinics. The documents refer to a policy being in place and this would be brought to the Committee when available.

Agreed action: -

- Local policy with the list of SOPs being used for operation of the clinics to be brought to the Committee for endorsement. **CL**

20/227.3 SSRI Section of the Formulary

The Lead Pharmacist (DC) noted that currently within the depression guidance and on the formulary, we've recommended that generic SSRIs are used where one is indicated but not stated a preference for any particular one. Due to supply issues earlier in the year, sertraline has significantly increased in cost and it was suggested to take a similar approach to Sheffield in that, unless there is specific clinical reason to favour sertraline, to recommend citalopram or fluoxetine as preferred SSRIs in new patients. There was no recommendation that stable patients are switched but if a patient was experiencing side effects or still experiencing symptoms, it might be an opportunity to consider one of these. This was discussed and agreed outside of the meeting with the Lead Pharmacist, SWYPFT.

The Committee supported this approach.

APC 20/228 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 13th January 2021 at 12.30 pm via MS Teams.