Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 6th December 2017 in the Boardroom, Hillder House

MEMBERS:

Dr Mehrban Ghani (Chair)	Medical Director (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset (from item 235)	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (for items 228 to 240)	Consultant Gastroenterology (BHNFT)
Chris Lawson	Head of Medicines Optimisation (Barnsley CCG)

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)
Umar Patel	Senior Pharmacist - Formulary / Interface (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

ACTION BY

APC 17/224 QUORACY

The meeting was not quorate and therefore any decisions made would need to be ratified at the next meeting. **MG**

APC 17/225 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 17/226 DRAFT MINUTES OF THE MEETING HELD ON 8th NOVEMBER 2017

Members in attendance approved the minutes of the 8th November 2017 meeting but as this meeting was not quorate, the minutes could not be ratified.

Agreed action: -

- To avoid further delay, the minutes would be circulated by email for ratification. **NB**

***Post meeting note**: - Dr Munzar responded by email to ratify the minutes of the November 2017 meeting.*

APC 17/227 MATTERS ARISING AND APC ACTION PLAN

227.1 Acute Kidney Injury (AKI)

The Head of Medicines Optimisation had referred this work into the

Practice Delivery Agreement (PDA) under the clinical aspects of work. Should this not be included in the PDA then a small working group would be formed to take work forward but if it has been included, next steps would be worked up.

Should it be included, then this would provide a contractual agreement with all 33 CCG practices to be able to set targets and measure against achievements.

Agreed action:-

- The Head of Medicines Optimisation to follow up this request. **CL**

***Post meeting note**: AKI has been included within the draft Medicines Optimisation section of the 2018/19 PDA.*

227.2 COPD Algorithm

The Lead Pharmacist (CA), Barnsley CCG was awaiting confirmation from Jacqui Pollington that all the specialists had seen the revised algorithm.

Following a query around the number of combination inhalers still included on the algorithm, it was suggested and agreed that Seretide® could be removed and it was agreed that this would not be prescribed for new patients.

Agreed action: -

- The Lead Pharmacist (CA), Barnsley CCG to circulate the algorithm to specialists for feedback. **CA**

227.3 NICE TAs

October 2017 NICE TAs

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

- TA478 Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma

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

- TA477 Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee
- TA479 Reslizumab for treating severe eosinophilic asthma
- TA481 Immunosuppressive therapy for kidney transplant in adults
- TA482 Immunosuppressive therapy for kidney transplant in children and young people

Action Plan – Other Areas

227.4 Inflammatory Bowel Disease and Autoimmune Hepatitis Shared Care Guideline Monitoring Audit

A report had been drafted but specifics needed to be broken down further before presenting the report to the Committee. This would be presented at the January 2018 meeting.

227.5 NPA Ferric Maltol (Feraccru®)

The traffic light status would be discussed at the January 2018

meeting however it was noted that the trial data that was expected to be available in January 2018 would not be available for at least 12 months.

APC 17/228 FREESTYLE LIBRE® UPDATE

There was a discussion around the guidance relating to the prescribing of the FreeStyle Libre® flash glucose monitoring device and a protocol was presented to the Committee which provided more detail around meeting the criteria for obtaining a device and ensuring that everyone involved in the process was aware of their responsibilities, from patient to clinician.

The Committee agreed to prescribe this in line with the RMOC guidance, which had been presented at the November 2017 meeting, with some small exclusions/amendments. The final guidance would be brought back to the Committee.

It was suggested that a working group be arranged across all partner organisations to agree how to effectively implement the process and to ensure that everyone works to the recommendations.

Agreed action:-

- The final guidance to be brought back at the Committee. **CA**
- A working group to be formed **CA**
- Discussions to take place around the possibility of introducing the IFR process after 6 months' supply **CL/MG**

APC 17/229 HEALTHY START

The updated guidance was presented to the Committee, noting the following changes: -

- Vitamin D supplement is now recommended for breastfed babies from birth (previously recommended from 6 months)
- The recommended daily supplement dose of vitamin D has increased slightly to 8.5-10micrograms. The Healthy Start drops are being reformulated and the new formulation will be available from September 2018.

There should be no prescribing in Primary and Secondary Care as these supplements would be supplied by the Infant Feeding Service, Health Visitors or local Family Centre.

The Committee was happy with the recommendations, which were in line with national guidance.

The Committee queried whether it was possible to monitor uptake of the vitamins and the Lead Pharmacist (DC) agreed to follow this up with the Infant Feeding Coordinator.

Agreed action: -

- The Lead Pharmacist (DC), Barnsley CCG to follow up with the Infant Feeding Coordinator. **DC**

***Post meeting note**: Data is collated from the Family Centres*

regarding quantities which have been collected.

APC 17/230 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

230.1 GLP-1 Agonists Shared Care Guideline (SCG)

There has been an update to the SmPC for liraglutide (Victoza®) following some new trial data, which had produced positive renal and vascular data. As a result, the Amber G Guideline has been updated and an update summary sheet was presented to the Committee.

The SmPC has also been updated with information to show positive cardiovascular outcomes and a summary of the trial data was presented.

It was queried whether liraglutide should now be positioned as a first line GLP 1 agonist. The Committee requested to see the data first in order to look at the cardiovascular benefit before making recommendations regarding the line of therapy.

Following a query around mild/moderate hepatic impairment, it was agreed that guidelines for general awareness of managing hepatic problems would be produced.

There was a discussion around the dosing information and the increase from 1.2mg to 1.8mg of liraglutide (Victoza®) and it was agreed that the evidence base to support use of the higher 1.8mg dose should be brought back to the Committee, with cost comparisons.

Agreed actions: -

- Data to be brought back in order to look at the cardiovascular benefit before recommending the line of therapy. **UP**
- Guidelines for general awareness of managing hepatic problems would be produced. **GT**
- Evidence base to support use of the 1.8mg dose should be brought back to the Committee, with cost comparisons. **UP**

230.2 Zoladex® Amber G Shared Care Guideline

The Lead Pharmacist (CA), Barnsley CCG had been asked by Julia Dicks, Consultant Oncoplastic Breast Surgeon, BHNFT to produce the guidance and the summary was presented for approval.

The Committee were happy to adopt the Amber G guideline but requested further information on details such as when and how this would be administered and the estimated number of patients being prescribed it.

Agreed action: -

- Further information on details such as when and how this would be administered and the estimated number of patients being prescribed it would be brought back to the Committee. **CA**

APC 17/231 NEW PRODUCT APPLICATION LOG – noted.

APC 17/232 NEW PRODUCT APPLICATION

232.1 Review of Application Form

The application form had undergone a routine review and update, and the changes were noted. Comments received from BHNFT and SWYPFT had been incorporated.

The Committee approved the updated new product application form and noted that from January 2018, all applications to be considered by the Committee must be submitted on the updated form.

APC 17/233 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The reports were noted.

It was confirmed that the reporting process was working well and the sub group were discussing the issues reported. It was noted that a senior technician is providing additional support to the APC reporting process to ensure that issues are investigated, resolved and closed in a timelier manner.

It was noted that there was a backlog of historic reports and these are currently being followed up and investigated/closed.

Agreed action: -

- A report from the sub group would be brought back to the Committee. **CA**

APC 17/234 NEW NICE TECHNOLOGY APPRAISALS – NOVEMBER 2017

234.1 Feedback from BHNFT Clinical Guidelines and Policy Group

The Lead Pharmacist, BHNFT confirmed by email after the meeting that the following NICE TAs were applicable for use at BHNFT:-

- TA485 Sarilumab for moderate to severe rheumatoid arthritis
- TA486 Aflibercept for treating choroidal neovascularisation
- TA487 Venetoclax for treating chronic lymphocytic leukaemia
- TA491 Ibrutinib for treating Waldenstrom's macroglobulinaemia
- TA462 (updated from July 2017) Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma

The Lead Pharmacist, BHNFT confirmed by email after the meeting that the following NICE TAs were not applicable for use at BHNFT:-

- TA483 Nivolumab for previously treated squamous non-small-cell lung cancer
- TA484 Nivolumab for previously treated nonsquamous non-small-cell lung cancer
- TA488 Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours
- TA489 Vismodegib for treating basal cell carcinoma
- TA490 Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy
- TA417 (updated from Nov 2016) Nivolumab for previously treated advanced renal cell carcinoma
- TA458 (updated from July 2017) Trastuzumab emtansine for treating HER2-positive advanced breast cancer after

trastuzumab and a taxane

234.2 Feedback from SWYPFT NICE Group
The November 2017 NICE TA's above were not applicable for use at SWYPFT.

APC 17/235 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

235.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)
The Group discussed Primary Care QiPP and monitoring against the delivery plans, which were on target to meet the financial QiPP savings.

235.2 BHNFT
The Lead Pharmacist fed back some of the Trusts concerns with the transfer of intermediate care wards from SWYPFT to BHNFT.

The Chair asked that any issues relevant for the APC be fed back.

235.3 SWYPFT Drugs & Therapeutics Committee (D&TC)
The Varenicline PGD had been discussed following a change to the SPC and the exclusions were reported to the APC.

SWYPFT were hoping to have Refine/Define up and running in the New Year.

APC 17/236 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)
There were no issues for escalation to the Q&PSC.

APC 17/237 HORIZON SCANNING DOCUMENT – NOVEMBER 2017
The Committee agreed to classify the new products as follows on the traffic light list (TLL): - **CA**

Budesonide/formoterol 320/9 inhalation powder (Fobumix® Easyhaler, Orion Pharma) **– PROVISIONAL GREY**
Salmeterol/fluticasone 25/125 & 25/250 micrograms metered dose inhaler (Aloflute®, Mylan) **– PROVISIONAL GREY**
Dupilumab 300 mg solution for injection in pre-filled syringe (Dupixent®▼, Sanofi) **– PROVISIONAL RED**
Parathyroid hormone 25, 50, 75 & 100 micrograms powder and solvent for solution for injection (Natpar®▼, Shire Pharmaceuticals) **– PROVISIONAL RED**
Darunavir/cobicistat/ emtricitabine/tenofovir alafenamide 800 mg/150 mg/200 mg/10 mg film-coated tablets (Symtuza®▼, Janssen-Cilag) **– ALREADY RED**
Entecavir (generic) 0.5 mg & 1 mg film-coated tablets (Entecavir Accord, Accord) **– ALREADY RED**
Acetylcysteine 600 mg effervescent tablets (Nacsys®, Atlantic Pharma) **– ALREADY PROVISIONAL AMBER**
Ethambutol 100 mg & 400 mg tablets (Fannin UK) **– ALREADY GREEN**
Insulin lispro 100 units/mL pre-filled pen (Humalog® Junior KwikPen®, Eli Lilly) **– ALREADY GREEN**

APC 17/238 MHRA DRUG SAFETY UPDATE – VOLUME 11, ISSUE 4, NOVEMBER 2017

Received and noted and summarised below: -

- Gentamicin: potential for histamine-related adverse drug reactions with some batches
- Quinine: reminder of dose-dependent QT-prolonging effects; updated interactions
- Oral tacrolimus products: reminder to prescribe and dispense by brand name only
- Support our second social media campaign for suspected adverse drug reactions
- Antiepileptic drugs: updated advice on switching between different manufacturers' products
- Updates to Public Health England's Green Book chapter on live attenuated vaccines

APC 17/239 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from Rotherham Medicines Optimisation Group (RMOG) (June-September 2017), NHS Doncaster & Bassetlaw CCG (September 2017) and NHS Sheffield CCG (October 2017) were received and noted.

APC 17/240 ANY OTHER BUSINESS

240.1 Summary of items which should not routinely be prescribed in primary care: Guidance for CCGs (NHS England, NHS Clinical Commissioners)

A summary of the guidance issued by NHS England was presented which recommends 18 products which should no longer be routinely prescribed in primary care. The guidance makes a number of recommendations about prescribing the products.

The Committee agreed that all but Liothyronine (classified red) would be classified grey on the traffic light list with clear wording for exceptions for a number of indications.

240.2 Achievements of the Committee

Agreed actions: -

- A report would be presented showing the achievements of the Committee **CL**
- A 'time out' session would be arranged to look at the achievements and to consider the future of the Committee. **CL/NB**

240.3 Epilepsy SCG

The Lead Pharmacist (CA), Barnsley CCG had received feedback from Sheffield with a request to change the Paraldehyde traffic light classification from red to amber. As this was unlicensed, the Committee agreed to keep the red classification.

240.4 Drug Supply Shortages

The Community Pharmacist informed the Committee about issues being incurred across community pharmacies with drug supply shortages and high drug prices. It was acknowledged that this was a national issue but the Committee wished to be kept informed of any local supply issues in the community.

APC 17/241 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th January 2018 at 12.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.