Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 11th May 2016 in the Boardroom at Hillder House

MEMBERS:

Mr T Bisset	Community Pharmacist (LPC)
Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr K Kapur (from item 88.2)	Consultant Gastroenterology (BHNFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Ms K Martin (for items 86-88 & 94.1)	Head of Quality for Primary Care (Barnsley CCG)
Dr A Munzar	General Practitioner (LMC)
Mr M Smith	Chief Pharmacist (BHNFT)

ATTENDEES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Doriann Bailey (for items 86-88 & 94.1)	Primary Care Quality Facilitator
Ms N Brazier	Administration Officer (Barnsley CCG)
Mr F Hussain	Specialist Interface Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)

APOLOGIES:

Dr Maters	General Practitioner (LMC)
Dr K Sands	Associate Medical Director (SWYPFT)

ACTION

APC 16/86 DECLARATIONS OF INTEREST

No declarations of interest were received.

APC 16/87 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 13th April 2016 were accepted and agreed as an accurate record.

APC 16/88 MATTERS ARISING AND APC ACTION PLAN

88.1 Dermatology Immunosuppressant shared care guideline (standardised monitoring information in line with DMARD SCG)

The Lead Pharmacist, BHNFT confirmed that the guideline had been updated and was now in line with the DMARD shared care guideline. The guideline was approved by the Committee and would be sent to LMC for approval. **CA**

Action Plan – Other Areas

88.2 Continence Service Audit

The Chair informed the Committee that he had raised the issue a number of times with the nurse director at SWYPFT that an audit had not yet taken place. He had been informed that details would be sent to the relevant department.

The Lead Pharmacist, SWYPFT informed the Committee that she had spoken to the manager of the service, Michelle Wright who was

unaware of the request to undertake an audit as she wasn't in post when the original audit request was issued.

The Chair reminded the Committee that an audit was required to show how the prescribing recommendations from the urology nurses were in accordance with the formulary. The Committee were requesting to see an action plan from the service to demonstrate this for an audit to be undertaken within the next 6 months, using the letters the urology service send out to GPs. The action plan would be brought back to the next APC meeting for the Committee to decide when the re-audit should take place. **SH**

88.3 NICE TAs

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

- NICE TA380 Panobinostat for treating multiple myeloma after at least 2 previous treatments (classified red)
- NICE TA383 TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis (classified red)

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

- NICE TA381 Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum based chemotherapy

The Lead Pharmacist, BHNFT to confirm outside of the meeting if the following NICE TA is applicable for use at BHNFT: - **GT**

- NICE TA384 Nivolumab for treating advanced (unrespectable or metastatic) melanoma

88.4 Discharge letter audit – BHNFT action plan

At the last meeting, the Lead Pharmacist, BHNFT agreed to look into the reinstatement of the BHNFT led D1 meeting group. She reported that these meetings are still taking place but without any pharmacy input. This would be raised with Dr Richard Jenkins, Medical Director at BHNFT at tomorrow's Medicines Management meeting. **GT**

The Head of Medicines Optimisation noted that at the May LMC meeting, Dr Gupta, representing BHNFT at the LMC referred to the ongoing D1 work and informed LMC that he was trying to set up a meeting group and was engaging with medicines management. She was concerned about the confusion of a number of different groups working around the same issue and also that similar points were being raised which had historically been discussed and that little progress was actually being made.

It was summarised that the action plan timescale previously submitted to show improvements through the audit has shown no progress or change, resulting in a patient safety issue. This has also resulted in additional workload for primary and secondary care when faced with

correcting the problems when patients present, due to inaccuracies and poor quality drug information recorded on the D1. It was acknowledged that the pharmacy team at BHNFT have completed the medicines reconciliation actions involving clinicians access to summary care records and that this has not resolved this issue.

The Chair noted that this issue was raised at the last Governing Body Development Session and the risk and patient safety issues were acknowledged. Following on from this, the Chairs and Chief Officers at Barnsley CCG and BHNFT have spoken and accepted this is a patient safety issue and a timeline is being pulled together with the Chief Nurse, Barnsley CCG leading on some areas of work. The Chair noted that it is being considered by the CCG's Governing Body about if and what future action needs to be taken.

88.5 Discharge letter audit – primary care

As a result of the issues discussed in 88.4 above, the CCG Governing Body has agreed that the primary care audit be delayed until further work has been carried out.

It was suggested and agreed that during the re-audit, the day of the week and time of discharge would be recorded. **GT/CL**

APC 16/89 XULTOPHY®

The Medicines Management Pharmacist had been asked by the Associate Medical Director, SWYPFT what the formulary status was for Xultophy® (insulin degludec and liraglutide combination) and how much prescribing there was in primary care. The Lead Pharmacist, BHNFT noted that this had a NICE TA and was on formulary (classified red). The Medicines Management Pharmacist would feed this back and check the NICE TA. **CA**

Post meeting note: NICE have not published a Technology Appraisal for Xultophy®. Xultophy® remains non-formulary with a provisional red traffic light status.

APC 16/90 USE OF ALDOSTERONE ANTAGONISTS - POSITION STATEMENT

The Lead Pharmacist, BHNFT had produced a position statement relating to the February 2016 MHRA Drug Safety Update (Spironolactone and renin angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia). The only comments received were from the Associate Medical Director, SWYPFT asking if we should consider including patients who are just on an ACEI or ARB.

The monitoring recommendations were agreed at 1-2 weeks follow initiation and then at 1, 3 and 6 months after achieving a maintenance dose and at least 6 monthly thereafter.

It was suggested and agreed that the last statement …"elderly patients and those with pre-existing renal dysfunction are at increased risk of hyperkalaemia and may warrant increased monitoring..." would state to increase frequency of monitoring to every 3 months. **GT**

Following a discussion about prescribing a 12.5mg dose (half 25mg tablet), the Community Pharmacist raised concerns with prescribing

half tablets for elderly patients and it was agreed to add a sentence to be mindful of people taking half tablets, making sure there are mechanisms in place to ensure that the dose given to the patient is what is intended by the prescriber.

Subject to the changes discussed, the Committee approved the position statement. **GT**

APC 16/91 FORMULARY REVIEW

The Lead Pharmacist, BHNFT noted that the second pharmacist review of the Gastrointestinal and Respiratory chapters was yet to be completed. These would be ready for the June 2016 meeting. **GT**

APC 16/92 SHARED CARE AND AMBER G GUIDANCE

92.1 Aromatase Inhibitors Amber G Guidance

The Medicines Management Pharmacist, Barnsley CCG presented the updated guideline which has been reviewed by Julia Dicks, Consultant Breast Surgeon.

The Committee approved the guideline. **CA**

92.2 Midodrine Amber G Guidance

The Senior Interface Pharmacist, BHNFT presented the guideline noting that this was now a licensed product in the UK.

The Committee approved the guideline. **CA**

92.3 Moxonidine Amber G Guidance

The Senior Interface Pharmacist, BHNFT presented the guideline noting the change from clonidine to moxonidine.

The Committee approved the guideline. **CA**

APC 16/93 NEW PRODUCT APPLICATION LOG

The new product application log was noted and the Head of Medicines Optimisation, Barnsley CCG informed that Professor Jones had contacted her and confirmed that an updated declaration of interest would be submitted to accompany the application for alprostadil cream (Vitaros®). **NB**

APC 16/94 NEW PRODUCT APPLICATIONS

94.1 Vesomni® Appeal

Mr Mitchell, Clinical Lead, Division of General Surgery and Urology attended the meeting to appeal the Committee's decision to decline his new product application for Vesomni®.

The Head of Medicines Optimisation, Barnsley CCG reminded the Committee of the concerns raised at the March 2016 meeting around the potential for confusion with the combination preparation and therefore from a clinical risk issue, the application had been declined.

Mr Mitchell noted a cost saving for 1st line darifenacin and tamsulosin if patients are on both as darifenacin plus tamsulosin is more expensive. The high prescribing of solifenacin was noted and Mr Mitchell felt that darifenacin was not the most effective first line formulation. The Lead

Pharmacist, BHNFT noted that solifenacin use was mostly prescribed from Care of Elderly and Uro-gynaecology opposed to Urology and this was recognised.

Mr Mitchell felt that the clinical risk could be mitigated and removed by providing clear information in letters from clinicians to GPs and Mr Mitchell would be happy to take responsibility for facilitating this.

It was expected that relatively small numbers of patients would be prescribed Vesomni®.

It was felt that if this application was endorsed, then a full review of lines of therapy should be undertaken and this would need to be clearly communicated so that when audit and review is undertaken in primary care, there would be a clear focus on quality and reduced risk.

Mr Mitchell noted that if the application was approved, he would be happy to work with the Committee to put together some clear instructions for sharing information with GPs and would ensure that changes were documented clearly in patient notes if started in clinic and any changes explained to the patients.

It was confirmed that a decision would be communicated back to Mr Mitchell via the Lead Pharmacist, BHNFT. Mr Mitchell left the meeting. **GT**

Given the discussions about 1st line darifenacin and the clinical opinion about its place in therapy, the Committee agreed to consider an algorithm at the next APC meeting before making a final decision about the application for Vesomni®. **CA**

The Head of Medicines Optimisation, Barnsley CCG would also carry out a wider search using Eclipse and present the information at the next APC meeting. **CL**

APC 16/95 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

The Head of Medicines Optimisation, Barnsley CCG spoke of a significant incident as a result of incorrect D1 information which was yet to be reported through the Barnsley APC Reporting system. The Chair asked that this issue be escalated to the Quality Summit meeting. **CL**

APC 16/96 NEW NICE TECHNOLOGY APPRAISALS – APRIL 2016

96.1 <u>Feedback from BHNFT Clinical Guidelines and Policy Group</u>

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

- TA387 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated (classified red)
- TA388 Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction (classified red)

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

TA389 Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer (classified red)

96.2 Feedback from SWYPFT NICE Group
The Lead Pharmacist, SWYPFT confirmed that NICE TA387, TA388 and TA389 were not applicable for use at SWYPFT.

APC 16/97 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

97.1 Primary Care Quality & Cost Effective Prescribing Group
No meeting had taken place therefore there was nothing to report.

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

97.3 SWYPFT Drugs & Therapeutics Committee
The Lead Pharmacist, SWYPFT noted that there was some concern expressed at the D&T following the January 2016 PrescQIPP bulletin regarding neuropathic pain: pregabalin and gabapentin and asked if the branded recommendations applied to GAD or just neuropathic pain. It was confirmed that this applied to neuropathic pain.

APC 16/98 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

It was agreed to escalate the Continence Service Audit to the Quality & Patient Safety Committee. **CL**

APC 16/99 HORIZON SCANNING DOCUMENT – APRIL 2016

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

Desloratadine 0.5mg/ml oral Solution (Desloratadine, Rosemont Pharmaceuticals) – **ALREADY GREY ON FORMULARY**
Voriconazole (generic) 50 mg film-coated tablets, 200 mg film-coated tablets, 200 mg powder for solution for infusion and 40 mg/ml powder for oral suspension (Voriconazole, Pfizer) – **ALREADY PROVISIONAL RED**

APC 16/100 MHRA DRUG SAFETY UPDATE – APRIL 2016

The Committee received and noted the April 2016 MHRA Drug Safety Update which included advice for medicines users in relation to secondary care specialist drugs. The alert is summarised below: -

1. SGLT2 inhibitors: updated advice on the risk of diabetic ketoacidosis. Test for raised ketones in patients with ketoacidosis symptoms, even if plasma glucose levels are near-normal.

   The Medicines Management Pharmacist, Barnsley CCG would check the shared care guideline to ensure this information corresponds. **CA**

2. Natalizumab (Tysabri▼): progressive multifocal leukoencephalopathy: updated advice to support early detection Perform a quantitative serum anti-JCV antibody test, including index value to support risk stratification for progressive multifocal leukoencephalopathy. For high-risk patients, consider more frequent MRI screening. Updated risk estimates are available as a result of an EU review of natalizumab.

3. Dimethyl fumarate (Tecfidera): updated advice on risk of progressive multifocal leukoencephalopathy. Cases of progressive multifocal leukoencephalopathy have been reported in patients taking dimethyl fumarate for multiple sclerosis, who all had prolonged lymphopenia.

4. Fingolimod (Gilenya▼): risks of progressive multifocal leukoencephalopathy, basal-cell carcinoma, and opportunistic infections. Fingolimod (Gilenya) is authorised to treat relapsing-remitting multiple sclerosis in patients whose disease has failed to respond to beta-interferon or is severe and getting worse rapidly. Risk of PML. There have been reports of progressive multifocal leukoencephalopathy (PML) in patients taking fingolimod (none in the UK). PML is a rare, progressive, and demyelinating disease of the central nervous system that can be fatal. It is caused by activation of John Cunningham virus (JCV), which usually remains latent and typically only causes PML in immunocompromised patients.

5. Apomorphine with domperidone: minimising risk of cardiac side effects. Patients receiving apomorphine and domperidone require an assessment of cardiac risk factors and ECG monitoring to reduce the risk of serious arrhythmia related to QT-prolongation.

6. Aflibercept (Zaltrap▼): minimising the risk of osteonecrosis of the jaw. Dental examination and appropriate preventive dentistry should be considered before treatment, especially for patients also treated with an intravenous bisphosphonate.

7. Live attenuated vaccines: avoid use in those who are clinically immunosuppressed. Healthcare professionals working in primary and secondary care should ensure that clinically significant immunosuppression in a patient is identified before administration of a live attenuated vaccine.

8. Meprobamate: licence to be cancelled. Following an EU wide review of meprobamate, the remaining licence holder in the UK has ceased manufacturing and the licence will be cancelled by the end of 2016.

9. Paraffin-based skin emollients on dressings or clothing: fire risk. Smoking or a naked flame could cause patients' dressings or clothing to catch fire when being treated with paraffin-based emollient that is in contact with the dressing or clothing.

APC 16/101 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG Area Prescribing Committee meeting (17th March 2016) were received and noted. The Committee would be interested to look at the approved guideline for Pharmacological Management of Chronic Heart Failure with Left Ventricular Systolic Dysfunction (LVSD) in adults in primary care and maybe adapt this for use in Barnsley. **CA**

The minutes from NHS Doncaster & Bassetlaw CCG (31st March 2016) Area Prescribing Committee meetings were received and noted.

APC 16/102 ANY OTHER BUSINESS

102.1 Karen Martin – Pastures New

As this was her last meeting, the Head of Quality for Primary Care, Barnsley CCG was thanked for her contribution to the Area Prescribing Committee over the last 3 years, in her previous role as Head of Patient Safety/Deputy Chief Nurse and her current role Head of Quality for Primary Care for Barnsley CCG, and the Chair and Committee wished her all the best for her future.

APC 16/103 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th June 2016 at 12.30 pm in the Boardroom, Hillder House.