Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 7th December 2016 in the Boardroom at Hillder 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	Consultant Gastroenterology (BHNFT)
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:

Mr Al-Biatty	Pre-Registration Pharmacist (BHNFT)
Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Mr F Hussain	Lead Pharmacist, Medicines Information & Cardiology (BHNFT)
Mr U Patel	Acting Formulary/Interface Pharmacist (BHNFT)

APOLOGIES:

Mr N Heslop	Lead Pharmacist (Barnsley CCG)
Dr R Jenkins	Medical Director (BHNFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)

ACTION BY AND DEADLINE

APC 16/228 **QUORACY** – the meeting was quorate.

APC 16/229 **DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**
No declarations of interest to note.

APC 16/230 **MINUTES OF 9th NOVEMBER 2016 MEETING**
The wording at 16/211.1 was to be amended and a word to be corrected at 16/212. **NB**

Subject to these changes, the minutes were accepted.

APC 16/231 **MATTERS ARISING AND APC ACTION PLAN**

231.1 NICE TA's (September)
TA409 Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion – **not applicable for use at BHNFT**

231.2 NICE TA's (October 2016)
TA413 Elbasvir–grazoprevir for treating chronic hepatitis C – **is applicable for use at BHNFT**

TA414 Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma – **not recommended by NICE and therefore not applicable for use at BHNFT**

TA415 Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor – **is applicable for use at BHNFT**

TA416 Osimertinib for treating locally advanced or metastatic EGFR T790M mutationpositive non-small-cell lung cancer – **awaiting feedback** **FH**

231.3 The Management of Medicine in Care Homes Guidelines (feedback from Quality & Patient Safety Committee (Q&PSC)

The Q&PSC approved the guidelines and these would be circulated accordingly. **NH**

231.4 Continence Service Audit

The Lead Pharmacist, SWYPFT shared a template letter which will be sent out to GP practices from the continence service following a patient being seen in clinic. The letter refers to the Barnsley Formulary, enabling GPs themselves to select an appropriate anti-muscarinic. The letter, however, will also refer to further information for individual patients where this is appropriate and relevant to do so.

The Committee were happy with the template letter and this action was now complete. **NB**

Another action would be created relating to adherence to guidance across the Trust, and as discussed at the last meeting, Dr Jenkins would be invited to attend a future APC meeting to discuss this further. **NB**

Agreed action: -

- Dr Jenkins, Medical Director, BHNFT to be invited to a future meeting to discuss the Trust's adherence to guidelines. **MG/CL**

APC 16/232 CO-AMOXICLAV USAGE

Information at Enclosure C was presented showing the usage of amoxicillin 500mg and co-amoxiclav 625mg tablets both in A&E and Respiratory Outpatients at BHNFT.

From the data presented it was felt there was a potential issue with high prescribing of co-amoxiclav in A&E when compared to the prescribing of amoxicillin, and therefore it was felt that the Antimicrobial Stewardship Guidance was not being followed.

It was therefore agreed that this would be raised when writing to Dr Jenkins regarding adherence to guidelines as at 16/231.4 above.

Agreed action: -

- The Chair to write to Dr Jenkins, Dr Rao and Rob Atkinson **MG/CL**

at BHNFT to highlight the Committee's concerns with the high prescribing of co-amoxiclav in A&E and ask them to look at antibiotic prescribing, in particular co-amoxiclav, in A&E and assure us and themselves that the prescribing of co-amoxiclav in A&E is appropriate.

APC 16/233 NEFOPAM PRESCRIBING

Information at Enclosure D was presented showing the total usage of Nefopam at BHNFT between April 2015 and October 2016.

It was felt that maybe the consultants were unaware of the significant price increase of Nefopam and it was agreed that this would be communicated and highlighted to them.

Following discussion, it was noted that A&E were happy for this to be removed from their area and it was agreed that this would be followed through.

It was noted that a review of prescribing in primary care was currently being undertaken.

It was shared that after realising the cost implications, Dr Ashby at SWYPFT felt alternatives could be used and it was fed back that the hospice would not be using Nefopam either. It was confirmed that this was not in the chronic pain guidelines and should not be prescribed for chronic pain.

Agreed actions: -

- Nefopam prescribing to be stopped in A&E **FH**
- Consultants to be made aware of the price increase and reminded this this should only be prescribed where relevant and where clinically appropriate. **FH**
- Guidance to be shared when complete regarding acute use and alternatives **CA**

APC 16/234 HYPERTENSION GUIDELINES

The Medicines Management Pharmacist presented the updated guidelines with minor non-clinical changes and updated references.

The Committee approved the guidelines.

Agreed actions: -

- The guidelines to be circulated. **CA**
- Ensure Scriptswitch is up to date to ensure that 2.5mg indapamide is the first line option in primary care. **CA**

APC 16/235 NEW PRODUCT APPLICATION LOG

235.1 <u>Tiotropium</u>

It was raised that a generic was now available and the Committee asked that this be brought back to the next meeting.

Agreed action: -

- Lead Pharmacist, Barnsley CCG to bring a summary regarding generic tiotropium, with the relevant discussion points and potential savings, to the January 2017 APC. **NH**

APC 16/236 NEW PRODUCT APPLICATIONS

236.1 Ulipristal Acetate (Esmya®)

This item was deferred to the next meeting. **FH**

236.2 Dulaglutide (Trulicity®)

The new product application, independent review and declaration of interest were received for consideration.

There was support from Committee members for this product as it was a once weekly preparation and had a much better injection device and would be easier to use than Bydureon®.
The Committee approved the application.

Agreed action: -

- The Committee agreed to add Dulaglutide (Trulicity®) to the formulary for new patients (Amber G classification). **CA**
- The existing Amber G guidance would be updated and circulated. **CA**
- The Committee agreed to remove Bydureon® from the formulary (patients already on this would remain on it). Both preparations of exenatide (Byetta® and Bydureon®) are now non-formulary (other than for patients already stabilised on these) **CA**
- It was agreed that patients on Victoza® 1.8mg would be reviewed. A dose of 1.8mg offers no additional benefit compared to the 1.2mg dose. **CA**

APC 16/237 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

Enclosure I was received and noted.

Following a discussion around the process for submitting APC reports, it was agreed that Datix reports could be submitted, by BHNFT and SWYPFT and it was agreed that a report category would be identified when submitting each report.

Agreed actions: -

- It was agreed that trends would be reviewed and brought back to the Committee in April 2017. **NH**
- It was agreed that the APC reports would not be circulated with the APC memo but the trends report shared when available in 2017. **NH**
- The Medicines Management Team to be reminded of the importance and good practice of advising pharmacies of product switches. **NH**
- The Senior Interface Pharmacist, BHNFT to speak to consultants regarding BAPC16/12/12 and the continuing requests to prescribe. **FH**

APC 16/238 NEW NICE TECHNOLOGY APPRAISALS – NOVEMBER 2016

238.1 Feedback from BHNFT Clinical Guidelines and Policy Group

No meeting had taken place.

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

- TA288 Updated, Dapagliflozin in combination therapy for treating type 2 diabetes
- TA417, Nivolumab for previously treated advanced renal cell carcinoma
- TA418 (replaces TA288), Dapagliflflozin in triple therapy for treating type 2 diabetes
- TA419 (replaces TA368), Apremilast for treating moderate to severe plaque psoriasis

Agreed actions: -

- Feedback to be provided on the applicable use of NICE TA288, TA417, TA418 and TA419. **FH**

238.2 Feedback from SWYPFT NICE Group
It was confirmed that NICE TA288 and TA418 were applicable for use at SWYPFT and the guidance had been updated to include these.

APC 16/239 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

239.1 Primary Care Quality & Cost Effective Prescribing Group
No meeting had taken place.

239.2 BHNFT
No meeting had taken place.

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

APC 16/240 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

Agreed action: -

The following would be escalated to the Q&PSC:- **CL**

- Hypertension Guidelines
- Co-amoxiclav use
- Alzain prescribing – potential problem – community pharmacy not keeping stock

APC 16/241 HORIZON SCANNING DOCUMENT – NOVEMBER 2016

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

Deferasirox 90 mg, 180 mg and 360 mg film-coated tablets (Exjade®▼, Novartis Pharmaceuticals – **ALREADY RED ON TLL**
Botulinum toxin type a 100 units powder for solution for injection (Bocouture®, Merz Pharma) – **ALREADY RED ON TLL FOR DIFFERENT INDICATION**

APC 16/242 MHRA DRUG SAFETY UPDATE – NOVEMBER 2016

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

1. Brimonidine gel (Mirvaso): risk of exacerbation of rosacea
   Some patients may have exacerbation or rebound symptoms of rosacea. It is important to initiate treatment with a small

amount of gel and increase the dose gradually, based on tolerability and treatment response.

APC 16/243 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Rotherham CCG (5th October 2016) and NHS Sheffield CCG (20th October 2016) were received and noted.

APC 16/244 ANY OTHER BUSINESS

244.1 Blood Testing for Ketones

The Clinical Lead, SWYPFT presented an information leaflet for patients taking sodium glucose co-transporter 2 (SGLT2 inhibitors) and this was welcomed and endorsed by the Committee.

Agreed action: -

- This would be shared with LMC. **CA**

244.2 Rifaximin

This would be discussed further at the January 2017 meeting as BHNFT feel there is a place for this in the hospital but the TLL classification is currently Amber. A request has been received to amend this traffic light classification. **FH/KK**

APC 16/245 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th January at 12.30 pm in the Boardroom, Hillder House.