NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 14th October 2020 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (from 20/171.3)	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Elizabeth Lock (item 20/176.4)	Wound Care Nurse (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)

ACTION BY

APC 20/162 QUORACY

The meeting was quorate.

APC 20/163 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. A number of these rebates were relevant to agenda item APC 20/170.8, COPD Guidance.

APC 20/164 DECISIONS TO BE RATIFIED FROM 9th SEPTEMBER 2020

The draft minutes of 12th August 2020 meeting and traffic light classifications assigned to Elecare® and opicapone were ratified by secondary care representatives by email.

APC 20/165 DRAFT MINUTES OF THE MEETING HELD ON 9th SEPTEMBER 2020

APC 20/157 to be amended with a post-meeting note. "…The Lead Pharmacist, BHNFT confirmed that acetylcysteine 200mg and 600mg tablets can be removed from the unlicensed section of the formulary (along with the acetylcysteine in pulmonary fibrosis prescribing guidance)…"

Subject to the above amendment, the minutes were accepted as an accurate record of the meeting. **NB**

APC 20/166 MATTERS ARISING AND APC ACTION PLAN

20/166.1 Antibiotic prescribing from ED (supply)

In light of the COVID pandemic and likely increased usage being reported, it was agreed to defer this item for 6 months.

Action Plan – other areas

20/166.2 Hyperkalaemia Management Guideline

In light of the COVID pandemic a delay in presenting the updated guideline was noted. The expected date would be advised. **GT**

APC 20/167 PRIADEL UPDATE

The update was noted and no immediate action was required.

It was agreed at the September 2020 meeting to add the Liskonum® MR brand to the formulary as amber, due to the withdrawal of Priadel®, however following communication that Essential Pharma have now withdrawn their earlier notice to remove Priadel® from the UK Market whilst they re-start negotiations on price with DHSC, the Committee agreed that Liskonum® MR would be reserved for new patients only.

Agreed action:

- A note would be added to the formulary advising that Liskonum® MR would be reserved for new patients only. **JH**

APC 20/168 NICE CONSULTATION ON DRAFT ATRIAL FIBRILLATION & PRESCRIBING OF DOAC'S

The Head of Medicines Optimisation wanted to raise awareness of the consultation, with responses due by 7 November 2020. The key issues noted were in section 1.6.7 referring to AF patients who are not on apixaban, dabigatran or warfarin, suggesting discussing the option at next appointment of switching to apixaban or dabigatran. Discussions have previously taken place at the APC around the safety of DOACs and the risks emerging from them. Reference was made to an Eclipse report due to be published around associated risks and this would be brought to the Committee when available.

The Head of Medicines Optimisation plans to take the NICE consultation on draft atrial fibrillation & prescribing of DOACs to the Trust's VTE Committee, with the Eclipse report if available.

Agreed actions: -

- Feedback on the draft guideline can be sent to the Head of Optimisation for inclusion in the response. **ALL**
- The Head of Medicines Optimisation to share the Eclipse report when available. **CL**
- The Head of Medicines Optimisation to take the NICE consultation on draft atrial fibrillation & prescribing of DOAC'S to the Trust's VTE Committee, with the Eclipse report if available. **CL**

APC 20/169 SEMAGLUTIDE (OZEMPIC®) PRESCRIBING DATA

The Lead Pharmacist (DC) presented the prescribing data following the addition of semaglutide to the formulary in February 2020 following inclusion in the amber G guideline. It had previously been agreed that with the weekly preparations, semaglutide would be used prior to dulaglutide.

It was noted that data was only available up to June 2020 but it was expected to see a higher increase in semaglutide prescribing than shown in the data.

APC 20/170 PRESCRIBING GUIDELINES

20/170.1 Public Health Nursing 0-19 Service Prescribing Formulary (new)

The Medicines Management Pharmacist presented the document, produced at the request of the service. This aims to advise health visitors what items they can prescribe which are in both the nurse practitioner formulary and Barnsley formulary for the conditions they see, taking into account self-care guidance. Feedback has been received from the paediatricians and microbiologists but no comments have been received from dermatology.

Approval was sought from the Committee to add Dimeticone 4% Lotion for head lice and Mebendazole oral suspension as formulary green. This was approved.

The Committee approved the guidance.

20/170.2 Oral Ranitidine out of stock guidance (new)

The Medicines Management Pharmacist presented the guidance, which has incorporated comments from the gastroenterologists and community pharmacist.

The Committee approved the guidance.

20/170.3 Febuxostat (updated)

The Senior Interface Pharmacist presented the updated guidance with amendments highlighted in red.

A comment was received in relation to a recent trial comparing febuxostat to allopurinol and it was agreed to amend the wording.

Subject to this amendment, the committee approved the guidance.

Agreed action: -

- Guidance to be updated as above. **LC**

20/170.4 Linezolid (updated)

The Senior Interface Pharmacist presented the updated guidance with amendments highlighted in red.

Following comment, it was agreed to remove reference to ‘new class of antimicrobials’ and correct a spelling error identified on page 1.

Subject to these amendments, the Committee approved the guidance.

Agreed action: -

- Guidance to be updated as above **LC**

20/170.5 Orlistat Prescribing and Review Guideline (updated)
The Medicines Management Pharmacist presented the guidance with minor changes which has had input from a Tier 3 weight management dietitian at SWYPFT.

The Committee approved the guidance.

20/170.6 Vitamin B Co and Vitamin B Co Strong Prescribing and Medication Review Guidance (updated)
The Medicines Management Pharmacist presented the guidance which has been updated in line with the RMOC guidance, previously seen by the Committee.

Issues were noted in relation to patients wanting both vitamin B and thiamine on discharge from hospital but it was hoped that this guidance will enable these requests to be challenged. It was noted that the Trust pharmacy team periodically ask pharmacy staff to challenge this at ward level to stop it coming out on discharge. The Lead Pharmacist advised that further communications would be sent out to new junior pharmacists. Primary Care was asked to report repeat instances of non-adherence to the guidance through APC reporting.

The Committee approved the guidance

20/170.7 Guidelines for the treatment of anxiety in primary care (updated)
The Medicines Management Pharmacist presented the guidance which has been to the Lead Pharmacist, SWYPFT and SWYPFT specialists. Comments from the LMC have been incorporated.

No further comments were received and the Committee approved the guidance.

20/170.8 COPD Guidance (updated)
The Medicines Management Pharmacist presented the guidance which has incorporated comments received back from GP colleagues. A full summary of the changes was presented at enclosure M2.

No further comments were received and the Committee approved the guidance.

20/170.9 End of Life Mouth Care Management (updated)
No further comments were received and the Committee approved the guidance.

20/170.10 End of Life Symptom Management (updated)
The guidance was presented and it was agreed to amend information within the table on page 3. Under Morphine and in the notes section, this would read …"a suitable breakthrough dose is usually between 1/6th and 1/10th of the 24 hour dose'…

Subject to the above amendment, the Committee approved the **JH**

guidance.

20/170.11 Prescribing anticipatory subcutaneous medications for the last days of life (updated)
The guidance was presented, noting a comment from the LMC which will be incorporated.

The Committee approved the guidance.

APC 20/171 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

20/171.1 Melatonin Amber-G guidance (new)
The Head of Medicines Optimisation provided feedback from the LMC, noting that all GPs at present are unhappy to dose, titrate or withdraw melatonin in children due to experience to undertake these reviews and withdrawals. They therefore requested that Melatonin retains the amber traffic light classification.

The Lead Pharmacist (DC) advised that the LMC had previously fed back that they felt that it was outside of the scope of normal practice to undertake reviews and withdrawals, and further work was in progress to include more information in the guidance to support GPs with this. It was noted that the guideline will now need to be reworked if retaining the amber status.

The Lead Pharmacist, SWYFPT expressed her concerns around the waiting list times in CAMHS.

It was agreed that further discussions would take place outside of the meeting with Medicines Management Team and SWYPFT colleagues to look at how this can be taken forward in the interim in terms of the traffic light classification and decision on brands and prescribing.

Agreed actions: -

- The Head of Medicines Optimisation to escalate within the CCG for a resolution within the service. **CL**
- The Lead Pharmacist, SWYPFT to discuss internally **SH**
- Medicines Management Team and SWYPFT colleagues to meet to discuss interim arrangements **DC/CL/ SH**

20/171.2 DMARD Shared Care Guideline (updated)
The Medicines Management Pharmacist presented the updated guidance which has been seen by the specialists. A document summarising the changes was shared and noted.

It was agreed to check that Alan Pollard, Lead Specialist Nurse had been involved with reviewing the guideline and subject to this, the Committee approved the DMARD Shared Care Guideline.

Agreed action:

- The Medicines Management Pharmacist would check that Alan Pollard, Lead Specialist Nurse had been involved with reviewing the guideline.

***Post meeting note**: It was confirmed that Alan Pollard, Lead Specialist Nurse had been consulted when reviewing the guideline.*

20/171.3 Naltrexone Shared Care Guidance (updated); Acamprosate Amber G Guidance (updated); Disulfiram Amber G Guidance (updated)
The Medicines Management Pharmacist presented the updated guidance. There were no clinical changes to note.

The Committee approved the Naltrexone Shared Care Guidance Acamprosate Amber G Guidance and Disulfiram Amber G Guidance.

20/171.4 Anastrozole, Tamoxifen and Raloxifene Amber-G Guideline (updated)
The Medicines Management Pharmacist presented the updated guidance which has been approved by Julia Dicks, Consultant Breast Surgeon.

The Committee approved the guidance.

20/171.5 Buccolam Amber G Guidance (updated)
The Medicines Management Pharmacist presented the updated guidance, updated in consultation with the specialists.

The Committee approved the guidance.

APC 20/172 FORMULARY REVIEW PLAN (for information)
It was acknowledged that work was progressing well with formulary reviews. The plan was noted for information.

20/172.1 Chapter 1: GI formulary review
The Medicines Management Pharmacist presented the formulary review, noting the highlighted sections in grey for approval by the Committee. Following feedback from the Palliative Care Consultant, it was agreed that ranitidine injection would remain formulary green.

The Committee approved all suggested changes.

20/172.2 Chapter 10: MSK formulary review
The Senior Interface Pharmacist, BHNFT presented the formulary review, noting minimal changes with updates to links. It was noted that there was no Dantrolene Amber G guideline and it was agreed that a guideline would be produced.

The Committee approved all suggested changes.

Agreed action:
- Dantrolene Amber G Guideline to be produced in consultation with the neurology specialists. **LC**

20/172.3 Chapter 13: Dermatology
The Senior Interface Pharmacist, BHNFT presented the formulary review, noting the addition of the MHRA guidance for severe burns, and a number of products being changed to a grey classification in line with the self-care guidance.

The Committee approved all suggested changes.

APC 20/173 NEW PRODUCT APPLICATION LOG
Noted.

APC 20/174 BARNSLEY APC REPORTING OCTOBER 2020

20/174.1 APC Reporting October 2020 (for information)

The Lead Pharmacist (DC) presented the report, noting 34 reports had been received in October 2020.

The breakdown of the reports received was noted.

20/174.2 APC Reporting October Key Themes

The Lead Pharmacist (DC) presented the summary of key themes and highlighted a number of reports with significant issues.

In relation to BAPC20/10/32, clarity was required around a TTO list not being included on the D1 as a physician associate cannot prescribe medication.

The Trust advised that medication changes and details of treatment are documented on the discharge letters when prescriptions are issued on outpatient prescriptions from the AMAC unit. It was agreed that a standard form of words needed to be added to advise that medication has been started and supplied but a TTO list will not appear on the D1. This would be discussed with the AMAC team and feedback on the agreed process would be brought back to the Committee.

Agreed action: -

- Discussion to take place with the AMAC team and feedback on outcome to be brought back to the Committee. **GT/LC**

APC20/175 NEW NICE TECHNOLOGY APPRAISALS (SEPTEMBER 2020)

The NICE and Clinical Guidelines Group had not yet met and therefore the Lead Pharmacist, BHNFT would advise whether the following NICE TAs were applicable for use at BHNFT. **GT**

- TA645 Avelumab with axitinib for untreated advanced renal cell carcinoma
- TA646 Glasdegib with chemotherapy for untreated acute myeloid leukaemia (terminated appraisal)
- TA647 Eculizumab for treating relapsing neuromyelitis optica (terminated appraisal)
- TA648Dupilumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal)
- TA649 Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma
- TA650 Pembrolizumab with axitinib for untreated advanced renal cell carcinoma
- TA651 Naldemedine for treating opioid-induced constipation

20/175.1 Feedback from BHNFT Clinical Guidelines and Policy Group

The group had not met.

20/175.2 Feedback from SWYPFT NICE Group

The group had not met.

It was agreed that TA651 Naldemedine for treating opioid-induced constipation would be discussed at the next meeting. **NB**

APC 20/176 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

20/176.1.1 Primary Care Quality & Cost Effective Prescribing Group

There was nothing relevant to feedback other than the reviewed MOS section below.

20/176.1.2 Reviewed Section of Medicines Optimisation Scheme (MOS)

The Lead Pharmacist (DC) presented the summary of the revised MOS. It was noted that pre-COVID, a list of branded generics and proposed switches were presented to the Committee which has now been revised with less focus on switches and the areas that are in the scheme are those that continue to add value during this current time. The targeted medication reviews are being reviewed in line with current guidance with areas that will improve quality and reduce risk. It was noted that the melatonin reviews will commence when the updated guidance is in place and/or when the formulary section has been reviewed, as discussed above at 20/171.1.

The Lead Pharmacist, SWYPFT reported that the Trust has seen a significant reduction in the amount of unlicensed melatonin products being prescribed and it was hoped this has translated into primary care.

20/176.3 BHNFT

The Chief Pharmacist advised the Committee that they were working with the Medway team to enable a process to be put in place where necessary to issue an alert to primary care/community pharmacy when patient episode is admitted to Medway. This follows recent incidents where medication has been accessed from both primary care and the Trust, effectively double dosing.

20/176.4 SWYPFT Drug and Therapeutics Committee

It was reported that in terms of cost savings, SWYPFT are meeting reductions against all areas linked with primary care cost savings despite COVID.

20/176.5 Wound Care Advisory Group

The Wound Care Nurse provided an update regarding ONPOS which will be piloted in 3 district nursing teams and the TVN team. The first roll out will be the TVN team in the next few weeks followed by the district nursing teams in January 2021. If the pilot is successful this will be rolled out further.

A paper was presented regarding ongoing out of stock issues with wound care dressings and the Wound Care Advisory Group sought approval from the Committee for Biatain silicone and Kliniderm silicone dressings to be added to the wound care formulary for a period of 6 months to manage through this period. These products have shown to be a more effective or as effective treatment and are comparable or slightly higher in cost, but present other advantages as well.

The Committee approved this request which would be reviewed in 6 months.

APC 20/177 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate Priadel® and discharging medically stable patients to the Q&PSC. **CL**

APC 20/178 HORIZON SCANNING DOCUMENT (SEPTEMBER 2020)

20/178.1 Formulary Changes – September 2020

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

Imipenem / cilastatin / relebactam 500 mg/500 mg/250 mg powder for solution for infusion (Recarbrio▼®, Merck Sharp & Dohme) – **non-formulary provisional red**

Levomepromazine (generic) 6 mg tablets (Morningside Healthcare Ltd) – **already formulary green**

Semaglutide 3 mg, 7 mg, 14 mg tablets (Rybelsus▼®, Novo Nordisk Limited) – **non-formulary provisional amber-G** (TA in progress)

Treprostinil sodium 1mg / ml & 2.5 mg / ml solution for infusion (Tillomed Laboratories) – **already non-formulary provisional red**

Influenza vaccine (surface antigen, inactivated) suspension for injection in pre-filled syringe (Fluad Tetra▼®, Seqirus UK Limited) – **already formulary green**

Alpelisib 50 mg. 150 mg, 200 mg film coated tablets (Piqray▼®, Novartis Pharmaceuticals UK Ltd) – **non-formulary provisional red**

Betamethasone / calcipotriol betamethasone 0.5 mg / calcipotriol 50 microgram ointment (Dalonev®, Mibe Pharm UK Limited) – **non-formulary provisional grey**

Timolol / bimatoprost 0.3 mg/ml + 5 mg/ml eye drops (Eyzeetan®, Aspire Pharma Ltd) – **non-formulary provisional green**

Metaraminol tartrate (generic) 5 mg/ 10 ml prefilled syringe (Aguettant Ltd) – **already formulary red**

Entrectinib 100 mg, 200 mg hard capsules (Rozlytrek▼®, Roche Products Limited) – **non-formulary provisional red**

Vardenafil (generic) 10 mg Orodispersible Tablets (Ridge Pharma Ltd) – **already formulary green**

Hydroxychloroquine (generic) 300mg Film-Coated Tablets (Blackrock Pharmaceuticals Limited) – **already amber-G**

Risperidone (generic) 1 mg, 2 mg, 500 microgram orodispersible tablets (Mylan) – **already amber**

Ivacaftor, tezacaftor, elexacaftor 75 mg/50 mg/100 mg film-coated tablets (Kaftrio▼®, Vertex Pharmaceuticals (Europe) Limited) – **non-formulary provisional red**

Alclometasone dipropionate (generic) 0.05 % w/w Cream (Aspire Pharma Ltd) – **already non-formulary red**

20/178.2 Respimat Cartridges

There was a request made to the Committee for Respimat® cartridges to be added to the formulary. This would significantly help to reduce the carbon footprint Manufacturers have produced some tools for Systm One and EMIS and some of the functions and searches to ensure these are used appropriately were noted.

The Committee approved the request to use the tools and add Respimat® cartridges to the formulary.

APC 20/179 MHRA DRUG SAFETY UPDATE (SEPTEMBER 2020)

The update was noted with the following information highlighted:-

Opioids: risk of dependence and addiction

New recommendations following a review of the risks of dependence and addiction associated with prolonged use of opioid medicines (opioids) for non-cancer pain.

Before prescribing opioids, discuss with the patient the risks and features of tolerance, dependence, and addiction, and agree together a treatment strategy and plan for end of treatment.

Transdermal fentanyl patches for non-cancer pain: do not use in opioid-naive patients

Following a review of the risks associated with use of opioid medicines for non-cancer pain, the Commission on Human Medicines (CHM) has recommended that fentanyl transdermal patches are contraindicated in opioid-naive patients in the UK.

Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing

In autoimmune conditions and some cancer therapies, methotrexate should be taken only once a week; however, we continue to receive reports of inadvertent overdose due to more frequent dosing (including daily administration). New measures have been implemented to prompt healthcare professionals to record the day of the week for intake and to remind patients of the dosing schedule and the risks of overdose.

Insulins (all types): risk of cutaneous amyloidosis at injection site

Cutaneous amyloidosis at the injection site has been reported in patients using insulin and this may affect glycaemic control. Remind patients to rotate injection sites within the same body region.

APC 20/180 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

Nothing to report.

APC 20/181 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

No minutes available.

APC 20/182 ANY OTHER BUSINESS

20/182.1 Anaphylactic care plans for children with adrenaline auto injectors

Communication had been received in Primary Care that school nursing teams were not able to go into schools to deliver training due to COVID, advising that children not currently under the care of Dr Kerrin with regular follow ups would be advised to go to GP practices for their care plans.

The Head of Medicines Optimisation would make contact with the school nursing team to understand what the issues are and look at other ways to possibly deliver the training.

Agreed actions:-

- A copy of the correspondence received to be emailed to the Head of Medicines Optimisation. **MG**
- The Head of Medicines Optimisation to contact the school nursing team. **CL**

20/182.2 BHNFT

There was discussion around patients being discharged from hospital to another facility/provider to continue treatment when medically stable and it was agreed that the concerns raised around the increased complexity and risk in primary and community care would be escalated at the CCG.

Agreed action: -

- The Head of Medicines Optimisation to have internal discussions to ensure this is escalated to the most appropriate meeting. **CL**

APC 20/183 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th November 2020 at 12.30 pm via MS Teams.