Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 13th May 2015 in the Boardroom at Hillder House

MEMBERS:

Dr M Ghani (Chair)	**Medical Director (Barnsley CCG)**
Mr T Bisset	**Community Pharmacist (LPC)**
Mrs S Hudson	**Lead Pharmacist (SWYPFT)**
Professor H Jones (from item APC 15/76.1)	**Consultant Physician in Endocrinology & Diabetes**
Dr K Kapur (from item APC 15/77)	**Consultant Gastroenterology**
Ms C Lawson	**Head of Medicines Optimisation (Barnsley CCG)**
Ms K Martin	**Deputy Chief Nurse (Barnsley CCG)**
Dr J Maters	**General Practitioner (LMC)**
Dr A Munzar	**General Practitioner (LMC)**
Dr K Sands	**Associate Medical Director (SWYPFT)**
Mr M Smith	**Chief Pharmacist (BHNFT)**

ATTENDEES:

Mrs C Applebee	**Medicines Management Pharmacist (Barnsley CCG)**
Miss N Brazier	**Administration Officer (Barnsley CCG)**
Ms D Cooke	**Lead Pharmacist (Barnsley CCG)**
Ms A Meer	**Specialist Interface Pharmacist (BHNFT)**
Ms G Smith	**Lead Pharmacist, Medicines Information (BHNFT)**
Mr R Staniforth	**Lead Pharmacist (Barnsley CCG)**

APOLOGIES:

Dr Chari	**Associate Medical Director (SWYPFT)**
Dr R Hirst	**Palliative Care Consultant (Barnsley Hospice)**
Dr R Jenkins	**Medical Director (BHNFT)**

ACTION

APC 15/74 DECLARATIONS OF INTEREST

No declarations of interest were received.

APC 15/75 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meeting held on 15th April 2015 were agreed as an accurate record.

Actions from the previous meeting were checked and the following feedback was given on outstanding actions: -

39.1 Methotrexate Injections

The Deputy Chief Nurse had received communication about possible concerns raised around waste disposal. The Chief Pharmacist (BHNFT) noted that patients had not been transferred over the last couple of weeks due to resistance being

encountered from primary care about unresolved waste disposal issues.

The Head of Medicines Optimisation requested further details to resolve this issue. The Chief Pharmacist (BHNFT) agreed to follow this up as it was reported in the meeting that at least one patient had been seen in primary care that had been transferred. The Chief Pharmacist (BHNFT) had informed the service that the APC had no outstanding issues around methotrexate injection waste disposal in primary care and details were documented in the shared care guideline and mechanisms were in place for disposal of waste. It was suggested that an article be included in the Medicines Management monthly newsletter. **MS/CL** **MS** **RS**

51.1 Bridging Protocol

The Chief Pharmacist (BHNFT) noted receipt of 3 examples of bridging that had been inappropriately referred to primary care. These had been investigated. Internal discussions were taking place to establish where this service would sit within the Trust. The named contact will be Sue Spencer as well as support from Amina Meer and Gowardhan Kotra. As this was a 7 day service, it was felt that there would be no further inappropriate referrals. Following a request from LMC to have the protocols made available on the website, the Chief Pharmacist (BHNFT) confirmed that these could be added to the CCG website and would ensure that the VT Committee communicate any updates to the CCG. **NB**

69 Horizon Scanning Document – New Products

Further to discussion at the last meeting about the introduction of insulins at various concentrations, it was noted that the MHRA are producing guidance which summarises ways to minimise the risk of medication errors with high strength, fixed combination and biosimilar insulin products already on the market. This was highlighted in the April 2015 MHRA Drug Safety Update with a link to the consultation.

72.1 Community Pharmacy Dispensing

The Head of Medicines Optimisation confirmed that community pharmacies had been asked to confirm which inhaler device a patient normally uses or has been counselled on when presented with a script for a budesonide/formoterol combination inhaler to avoid patient confusion. This was circulated in the April APC memo.

APC 15/76 MATTERS ARISING AND APC ACTION PLAN

76.1 Testosterone Shared Care Guideline Re-audit in Primary Care

The Lead Pharmacist, Barnsley CCG (RS) confirmed that the audit was complete.

It was agreed that the Committee would undertake another audit in 12 months. It was agreed that the Lead Pharmacist, Barnsley CCG (RS) would formally communicate this to Professor Jones. **RS**

Following a discussion about areas outside of Barnsley not requiring shared care for testosterone, it was agreed to obtain further information on how the drug is classified in other local areas to inform the decision on whether this would change in Barnsley in the future. **CA**

76.2 Dexamethasone Injection

The Lead Pharmacist, Medicines Information (BHNFT) reminded the Committee that this had been originally raised by the Hospice regarding the strength of the preparation available having changed from 4mg/ml to 3.8mg/ml.

No response had been received from the Hospice to determine which preparation should be used across Barnsley and the Lead Pharmacist (SWYFPT) agreed to follow this up with the Hospice and agree a response deadline. **SH**

76.3 Inflammatory Bowel Disease Shared Care Guideline

Following agreement to incorporate mycophenolate into the shared care guideline, the Consultant Gastroenterologist had confirmed with the Chief Pharmacist (BHNFT) that the frequency of monitoring would be monthly for the first 12 months, followed by 3 monthly thereafter.

After discussion, it was agreed that primary care felt that monthly and 3 monthly monitoring was acceptable and it was agreed that this information would be included and highlighted within the shared care guideline. **GS**

The Head of Medicines Optimisation agreed to feed this back to the LMC. This would be included in the primary care specialist drugs scheme. **CL**

Before the Committee could approve the guideline, the Lead Pharmacist, Medicines Information (BHNFT) needed to clarify with the Consultant Gastroenterologist (KK, BHNFT) when patients would move into primary care. **GS/KK**

76.4 BHNFT D1 Audit Action Plan

The Chair had written to Chris Hunton to obtain a progress update on the BHNFT D1 audit action plan. Chris Hunton had escalated this to the Medical Director who confirmed that further internal work needed to be undertaken before an action plan could be shared with the APC. **RJ**

It was noted that meetings had also taken place between CCG and BHNFT colleagues to discuss the content of the D1. The Head of Medicines Optimisation and Lead Pharmacist, Barnsley CCG (DC) had met with a BHNFT pharmacist to look at the D1 and medicines reconciliation process.

The Head of Medicines Optimisation noted that suggestions had been made, and agreed to forward information to the Chief Pharmacist (BHNFT). It was confirmed that outcomes from these meetings would be fed directly to the Medical Director by Chris Hunton.

ACTION

76.5 Action Plan – Other Areas

76.5.1 Magnesium supplementation

Guidance was required about how renal patients in primary care, who may have been started on magnesium supplementation some time ago, are reviewed and changed. The Lead Pharmacist, Medicines Information (BHNFT) agreed to chase a response from the renal physicians. **GS**

76.5.2 Treatment Algorithm for Asthma

The treatment algorithm for asthma was approved at the March 2015 APC meeting but the Medicines Management Pharmacist had shared the stepping down guidance with practice nurses for comment. No feedback had been received by the given deadline and therefore the Committee approved the guidance.

76.5.3 NICE TAs

The Lead Pharmacist, Medicines Information (BHNFT) confirmed that the following NICE TAs were applicable to use at BHNFT: -

- TA329 Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262)
- TA330 Sofosbuvir for treating chronic hepatitis C
- TA331 Simeprevir in combination with peginterferon alfa and ribavirin for treating genotypes 1 and 4 chronic hepatitis C

These would be classified red drugs on the formulary. **CA**

The Lead Pharmacist, Medicines Information (BHNFT) confirmed that the following was not applicable to use at BHNFT: -

- TA333 Axitinib for treating advanced renal cell carcinoma after failure of prior systemic treatment. **CA**

76.5.4 Fitness for Purpose Action Plan

The Head of Medicines Optimisation was still awaiting feedback from BHNFT and Barnsley Hospice to complete the communication map. **RV**
The Chief Pharmacist (BHNFT) noted that this was to be discussed at the BHNFT Medicines Management meeting on 14 May 2015. **MS**

The Head of Medicines Optimisation confirmed that the APC Time Out Session had been arranged and would take place on Thursday 2 July 2015 at Shaw Lane Rugby Club. All were asked to protect this time in diaries. **ALL**

76.5.5 Audit of Warfarin Dose Information included on BHNFT Discharge Letters

The Lead Pharmacist, Medicines Information (BHNFT) confirmed receipt of patient specific information for those warfarin patients that had not been dosed but had been seen by a pharmacist and confirmed that she was in the process of writing up the action plan which would be brought to the next meeting. **GS**

The Chief Pharmacist (BHNFT) informed the Committee that as part of the safe practice work stream for anticoagulation back in 2009/10, an anticoagulant warfarin checklist had been produced for use at the point of discharge. The Lead Pharmacist for anticoagulation was to roll this out with communication to junior doctors.

76.5.6 Guidelines for the Treatment of Nausea and Vomiting in Pregnancy
The Lead Pharmacist, Medicines Information (BHNFT) confirmed that these were in the process of being updated but noted that ondansetron shouldn't be used any earlier than 4th line. The guidelines would come to a future APC meeting. **GS**

APC 15/77 NOACS
The Medicines Management Pharmacist presented enclosures C1-3 and highlighted some slight changes that had been made. Following discussion, the Committee agreed to amend the algorithm at C2 as follows: -

- CrCl<40 to CrCl<30
- >80 to >80 years
- To expand the list of interacting drugs to include drugs which are more commonly prescribed and include interacting drugs which may be used with caution as well as those which are contraindicated.
- Make it clear which drugs are contraindicated with NOACs and make reference to the BNF for the full list of interactions.
- Include information on the interaction of clarithromycin.

It was agreed that the first, second and third line information relating to the NOACs would be removed from the guidance. **CA**

Further to the updates as detailed above, the Committee endorsed enclosures C2 and C3. **CA**

APC 15/78 FORMULARY REVIEW
78.1 CNS
The Lead Pharmacist, Barnsley CCG (DC) took the Committee through the Mental Health section of the CNS formulary review. The following points were raised: -

- The Lead Pharmacist (SWYPFT) noted that Chlordiazepoxide capsules were not currently available and this could potentially have a cost implication.

- The Lead Pharmacist, Medicines Information (BHNFT) noted that BHNFT very occasionally use Secobarbital for sedation in children off license, prescribed by the hospital as a one-off for procedures. The Lead Pharmacist, Medicines Information (BHNFT) to provide the information for inclusion. **GS**

- Clonazepam is not in SWYPFT guidance but is in the palliative

care formulary and the traffic light classification was clarified as green for palliative care. This was amber for Epilepsy. It was acknowledged that this is also prescribed in dental services.

Other recommendations were in line with guidance already approved.

The Lead Pharmacist (SWYPFT) confirmed that this had been agreed at the SWYFT Drugs and Therapeutic Committee.

The recommendations detailed in enclosure D were accepted by the Committee.

78.2 Endocrine

The Medicines Management Pharmacist took the Committee through the Endocrine formulary review. The following points were discussed:-

- Request from GP to change the traffic light status for dapagliflozin and canagliflozin to green was rejected. It was agreed that the Medicines Management Pharmacist would produce an information sheet to replace the existing shared care guideline. **CA**

- Following a request to add Exenatide twice daily to the formulary and following a lengthy discussion, it was agreed to wait until the diabetes review had been completed before making a decision on this. **KS/CA**

- The Committee considered whether Alogliptin should be included on the formulary as a 3rd gliptin. This is similar to other gliptins but has lower acquisition costs. It was agreed to add Alogliptin to the formulary with a green classification. It was agreed that sitagliptin and linagliptin would remain on the formulary. It was noted that the TECOS study was due to be published later on in the year and this was expected to provide further information regarding the cardiovascular safety of sitagliptin. Following discussion it was agreed that the alogliptin & metformin, sitagliptin & metformin and linagliptin & metformin combination preparations would also be added to the formulary with a green classification. **CA**

- It was agreed to include a list of recommended test strips, lancets and needles on the formulary. **CA**

- It was agreed to add Solu-Cortef® to the formulary as Green. **CA**

- It was agreed to keep testosterone injection (Sustanon®) and testosterone implant on formulary as Amber.

- It was noted that Nutropin® and Norditropin® brands ofgrowth hormone are most commonly used.

- It was agreed to leave Insulin glulisine (Apidra®) as provisional

green non-formulary. Cost savings will be discussed at the diabetes review. **CA**

- It was confirmed that Raloxifene was included in the NICE TA and should be added to the formulary with a green classification. **CA**

- It was confirmed that Etidronate was included in the NICE TA and should be added to the formulary with a green classification. **CA**

- It was agreed to remove Glibenclamide from the formulary and to replace with glimepiride as it's easier to titrate with less risk of hypoglycaemia. **CA**

- It was agreed that Desmopressin Melt tablets should remain as Green.

Subject to the changes listed above, the recommendations in enclosure E1 were accepted by the Committee. **CA**

Professor Jones raised concerns arising in secondary care with prescribing in general practice. When a patient with Addison's disease has an infection they are advised to double their dose of hydrocortisone and Professor Jones explained that some patients have encountered difficulties in obtaining additional supplies of medication.

Professor Jones referred to a significant event and it was agreed that details would be provided to the Medicines Management Team in order to investigate and make contact with the practice involved. **HJ**

It was agreed that a reminder would be published in the Medicines Management Newsletter to ensure practice support and the LMC would also be informed of this issue. **DC/CL**

APC 15/79 SMOKING CESSATION GUIDELINES – PROVISION OF STOP SMOKING MEDICATIONS

The updated guideline was presented to reflect the acceptance of Varenicline and the development of the PGD. It was noted that Appendix 2 now includes product choices.

No further comments were received and the Committee accepted the guidelines.

APC 15/80 CONTINENCE SERVICE AUDIT

The Lead Pharmacist (SWYPFT) informed the Committee that a report had been submitted to her by Gill Smith, Continence Nurse but this did not reflect what had been requested. This was fed back to the service by the Lead Pharmacist (SWYPFT) but due to reduced staffing levels, a request to undertake the audit again was refused.

Given the repeated recommendations from the continence nurse specialists to start patients on solifenacin against the recommendations within the shared care guideline and the NICE guidance, the Chair agreed to write to Pat Hunter, Service Manager, copied to the Associate **MG**

Medical Director (SWYPFT), to request that action be taken to resolve this serious issue.

The Deputy Chief Nurse would also raise the issue at the next Quality and Performance meeting with SWYPFT. **KM**

APC 15/81 APC TERMS OF REFERENCE

At the March 2015 meeting, it was agreed that the terms of reference and committee membership would be discussed to ensure communication mechanisms were in place to inform new providers of our local guidelines.

It was agreed that contact would be made with the following providers to invite them to attend future meetings: - **CL**

- Spectrum Health
- BMBC Public Health representatives
- BMBC/CCG – joint Public Health Consultant appointment

It was agreed that the new Head of Quality for Primary Care (Barnsley CCG) would be invited to attend in addition to the Deputy Chief Nurse. **CL**

APC 15/82 SHARED CARE/AMBER G

82.1 Nalmefene Shared Care Guideline for Treatment of Alcohol Use Disorders without Physical Dependency

The Lead Pharmacist (SWYPFT) presented information previously seen by the Committee in the format of an information guidance sheet.

The Committee accepted the Amber G supporting information.

82.2 Prostate Cancer – LHRH Analogues/bicalutamide/cyproterone

The Medicines Management Pharmacist presented guidance with the inclusion of bicalutamide/cyproterone in the format of an information guidance sheet.

Further to clarification around the monitoring frequency of cyproterone and blood count, the Committee accepted the Amber G supporting information. **CA**

APC 15/83 NEW PRODUCT APPLICATION

83.1 Naloxone (Prenoxad®)

It was acknowledged that this was not a new drug but the new product application was for Naloxone with a new device for self administration by patients/carers.

The Lead Pharmacist (SWYPFT) informed the Committee that the 3 organisations that provide substance misuse services in Barnsley, commissioned by Public Health England, (Addaction, SWYPFT and Phoenix Futures) have come together and are going to be part of a pilot scheme, funded by Public Health England, for people that are opiate users to be issued with naloxone.

It was noted that there will be a training package including full basic life

support for service users and carers, a PGD to enable SWYPFT nurses to give out the naloxone to suitably trained service users and carers and a standard patient specific direction to allow doctors to issue naloxone for other health care professionals to give out. A condition of receiving naloxone will be that the full basic life support and additional training around the use of naloxone must be carried out by service users and carers.

The Lead Pharmacist (SWYPFT) would feed back the suggestion to have a PGD for use in community pharmacy. **SH**

The Committee approved the application for Naloxone (Prenoxad®) for use by the Substance Misuse Services (green classification).

APC 15/84 NEW PRODUCT APPLICATION LOG

There were no new product applications awaiting consideration by the Committee.

APC 15/85 DUORESP SPIROMAX® (BUDESONIDE AND FORMOTEROL)

The Lead Pharmacist, Barnsley CCG (DC) presented enclosure L following discussions at the April meeting. This is the first hybrid generic of Budesonide and Formoterol which has the same drug combination as Symbicort®. It is available in two strengths and has been shown to be therapeutically equivalent to Symbicort®. DuoResp Spiromax® has a lower acquisition cost than Symbicort® and it was noted that significant cost savings could be made if prescribing as Duoresp Spiromax® instead of prescribing generically or as Symbicort®.

Concerns from the Community Pharmacist were noted about the expanding formulary which impacts on pharmacies stock levels. However the feedback which had been received suggested that Duoresp Spiromax® was stocked by a number of pharmacies already as patients who had previously received Symbicort® against a generic script had subsequently received DuoResp Spiromax® without the necessary inhaler training being provided to the patient. As the inhaler device is different this could cause confusion and potential risk to the patient.

Following a lengthy discussion it was agreed that DuoResp Spiromax would be added to the formulary with a green classification and included in the asthma and COPD guidelines. It was also agreed that budesonide and formoterol combination inhalers should be prescribed by brand to ensure that patients receive the brand intended by the prescriber. **CA**

APC 15/86 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The Committee noted the report. The Lead Pharmacist, Barnsley CCG (RS) highlighted report BAPC15/05/03 and requested that information be included in the revised SWYPFT Guidance on Unlicensed Use of Medicines document. Sarah Hudson agreed to revise the document. **SH**

ACTION

APC 15/87 NEW NICE TECHNOLOGY APPRAISALS

87.1 Feedback from BHNFT Clinical Guidelines and Policy Group
This group had not met therefore there was nothing to report.

87.2 Feedback from SWYFT NICE Group
There was nothing to report.

APC 15/88 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

88.1 BHNFT
This group had not met therefore there was nothing to report.

88.2 SWYFT NICE Group
Sarah Hudson noted that there was nothing to report.

APC 15/89 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

The Committee agreed to escalate Continence & Urology Service Prescribing Audit and Testosterone Shared Care Audit to the Quality & Patient Safety Committee. **NB**

APC 15/90 HORIZON SCANNING DOCUMENT – APRIL 2015

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

Cholic acid 50 mg and 250 mg capsules (Orphacol®▼, Laboratoires CTRS) – **PROVISIONAL RED**
Nintedanib esilate 100 mg and 150 mg soft capsules (Ofev®▼, Boehringer Ingelheim Ltd) – **PROVISIONAL RED**
Valerian tincture 1.5 mL/5 mL Oral liquid (Nytol Herbal Simply Sleep & Calm Elixir®, Omega Pharma Ltd) – **PROVISIONAL GREY**
Duloxetine (generic) 20 mg, 30 mg, 40 mg, 60 mg hard capsules (Duloxetine, Caduceus Pharma Ltd, Actavis UK Ltd) – **DULOXETINE IS CURRENTLY GREY ON THE TRAFFIC LIGHT LIST**
Ketoconazole (generic) 200 mg tablets (Ketoconazole HRA ™▼, HRA Pharma UK & Ireland Limited) – **KETOCONAZOLE IS CURRENTLY RED**
Lenalidomide 20mg hard capsules (Revlimid®▼, Celgene Ltd) – **LENALIDOMIDE IS CURRENTLY RED**
Betamethasone (generic) 4 mg/mL solution for injection (Focus Pharmaceuticals Ltd) – **PROVISIONAL RED**
Brinzolamide (generic) 10 mg/mL eye drops, suspension (Brinzolamide Sandoz, Sandoz Ltd) – **PROVISIONAL GREEN**

APC 15/91 MHRA DRUG SAFETY UPDATE – APRIL 2015

The Committee received and noted the April 2015 MHRA Drug Safety Update which included advice for medicines users summarised below: -

- **Hydroxyzine (Atarax, Ucerax): risk of QT interval prolongation and Torsade de Pointes**
  The maximum adult daily dose of hydroxyzine is now 100 mg. Do not prescribe hydroxyzine to people with a prolonged QT interval or risk factors for QT interval prolongation.

- **Codeine for cough and cold: restricted use in children**

Do not use codeine-containing medicines in children under 12 as it is associated with a risk of respiratory side effects related to opiate toxicity. Codeine is not recommended for adolescents (12 to 18) who have problems with breathing.

- **High strength, fixed combination and biosimilar insulin products: minimising the risk of medication error**
  Several new insulin products are now on the market. It is likely that further such insulin products will come to market over the next few years. The draft guidance summarises ways to minimise the risk of medication errors with high strength, fixed combination and biosimilar insulin products already on the market.
  Public consultation
  The consultation is open until 14th June 2015 to comment on the risk minimisation strategy for high strength and fixed combination insulin products being developed by the European Medicines Agency.

APC 15/92 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from Sheffield CCG and Doncaster & Bassetlaw CCG Area Prescribing Committee meetings were received and noted.

The Lead Pharmacist, Barnsley CCG (DC) referred to the Sheffield CCG minutes, which documents that they have updated their formulary and replaced Laxido® with Cosmocol®.

The Lead Pharmacist, Barnsley CCG (DC) was looking into this for Barnsley and will feed recommendations into the GI formulary section review. **DC**

APC 15/93 ANY OTHER BUSINESS

93.1 Prescribing queries related to secondary care prescribing requests

LMC GPs raised prescribing queries relating to a request to prescribe a non formulary inhaler and a request to prescribe two interacting medicines. It was agreed that these would be discussed outside of the meeting with BHNFT pharmacists. The Lead Pharmacist, Barnsley CCG (RS) was asked to capture the details for inclusion in the next APC report. **JM/AM** **RS**

93.2 Buprenorphine

The Community Pharmacist had received a letter from Dr Ashby regarding the introduction of around 8 or 9 different strengths of Buprenorphine and highlighted the concern over potential confusion which might arise with prescribers. The Head of Medicines Optimisation agreed to follow this up. **CL**

APC 15/94 DATE AND TIME OF THE NEXT MEETING

Wednesday, 10 June 2015 at 12.30 pm in the Boardroom, Hillder House.