NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 14th August 2019 in the Edith Perry Room, BHNFT

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)
Tom Bisset (up to 19/180)	Community Pharmacist (LPC)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Dr Mehrban Ghani (up to 19/183.1)	Chair (Barnsley Healthcare Federation CIC, representing the Primary Care Networks)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (up to 19/182.3)	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Nisha Pounj-Taylor (item 19/172)	Principal Pharmacist (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Dr Abdul Munzar	General Practitioner (LMC)

ACTION BY

APC 19/168 QUORACY

The meeting was quorate.

APC 19/169 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/170 DRAFT MINUTES OF THE MEETING HELD ON 10th JULY 2019

The minutes were accepted as an accurate record of the meeting.

APC 19/171 MATTERS ARISING AND APC ACTION PLAN

19/171.1 Co-amoxiclav Usage in Secondary Care

The Lead Pharmacist (DC), BCCG shared the concerns raised at the last meeting, with the Post Infection Review Group around co-amoxiclav usage in A&E, the use of pre-packs and information not being communicated to GPs regarding antibiotic prepacks issued in A&E. Dr Rao would be following this up with A&E and the Lead Pharmacist, BHNFT and prescribing data seen at previous APC meetings had been shared with Dr Rao.

The Lead Pharmacist, BHNFT had discussed co-amoxiclav usage at a recent antimicrobial stewardship meeting noting that it would be difficult to obtain data from ED due to the use of prepacks, meaning

that a patient list was not available to be able to check what indication the co-amoxiclav had been used for. The Lead Pharmacist would be working with the ED Clinical Lead to improve the process to reduce usage.

There was mention of increased resistance but further information around resistance patterns would need to be obtained. **GT**

Agreed action:-

- The Lead Pharmacist, BHNFT to contact the microbiologists and ED for comment around co-amoxiclav usage and circumstance for its use with a reminder of the importance of adherence to the antimicrobial stewardship guidelines. Feedback to be brought to the next meeting. **GT**

19/171.2 NICE TAs June 2019

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

- TA322 (updated from Sept 2014) Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality
- TA171 (updated from June 2009) Lenalidomide for the treatment of multiple myeloma in people who have received at least 2 prior therapies

The Lead Pharmacist, BHNFT **would advise** if the following was applicable for use at BHNFT:-

- HST9 Inotersen for treating hereditary transthyretin amyloidosis **GT**

19/171.3 Phenobarbital

The Lead Pharmacist confirmed that the Trust have sourced an alcohol free 50mg/5ml therefore this can be added to the formulary. **JH**

19/171.4 Biosimilar RA Pathway

This would be brought back to a future meeting. **CL**

19/171.5 Action Plan – other areas

There were no further areas for discussion at today's meeting.

APC 19/172 BHNFT D1 AUDIT REPORT

Nisha Pounj-Taylor was in attendance to present the first draft of the D1 audit report, yet to be ratified by the Trusts Task and Finish Group and Medicines Management Committee.

It was fed back that within the report conclusion, reference needed to be made in relation to a significant number of critical changes not being communicated, with the majority appearing to relate to antibiotics and anticoagulants.

It was suggested that it would be helpful to make a clear comparison between the last audit and this one as different findings have been presented.

The Committee were in agreement that the process within the Trust

was the issue and not just education; acknowledging the work pressure challenges being faced.

It was acknowledged that the Task and Finish Group have progressed a number of actions and education has been undertaken Trust wide including performance management of CBUs and clinical areas.

The Trust is developing an e-form to replace the current ICE D1 to reduce the completion time. The D1 e-form is still in the testing phase and it will undertake a 'live' piloting on a ward week commencing 16th September following which a proposed Trust-wide 'go-live' week commencing 7th October 2019. The Trust will undertake a re-audit when the e-form is rolled out and embedded.

It was noted that the report would be presented to the CCG/Trust Quality Board in September 2019.

It was agreed that as the Committee had only just received the report, comments would be fed back to Nisha outside of the meeting. The draft report would be brought back and discussed at the next meeting.

Nisha was thanked for attending and invited to attend the next meeting to receive feedback.

Agreed actions:-

- Committee members to provide comment on the findings of the report. **ALL**
- The report to be brought back to the next meeting.

APC 19/173 NEFOPAM POSITION STATEMENT

The Nefopam position statement has undergone a routine update with minor tracked changes presented.

This has been approved by the LMC and the Committee accepted the update.

APC 19/174 FREESTYLE LIBRE IN ADULTS AND CHILDREN

The Medicines Management Pharmacist presented the protocols which had been discussed at the June 2019 meeting to reflect the NHS England guidance. A number of changes have since been made to incorporate feedback provided by the LMC including: -

- adding information into the adult guidance for people who exercise regularly or who are trying to lose weight but fearful of the hypoglycaemic effects of exercise, in line with the children's guidance
- information has been added within the specialist responsibilities section about disposing the sensors in a sharps bin and GP responsibilities about providing a sharps bin
- information has been added within the specialist responsibilities section about counselling the patient on circumstances where capillary blood glucose monitoring is required in addition to Flash Glucose monitoring and to advise the patient not to routinely use both together
- the duration of supply from the specialists has been changed

to 3 months for both adults and children and the patient contracts have been updated to reflect this change

It was agreed that follow up and review should be put in place at point of handover to primary care to mitigate waste. **CL**

It was suggested that sharps bins for first issue would be added to the Pharmacy First Scheme.

The Committee approved the protocols.

Post meeting note: *- It has been confirmed with the diabetes specialists that a large sharps bin (e.g. 5 litres) is required to dispose of the Freestyle Libre sensors. The 5 litre sharps bins are stocked at the Barnsley sharps bin disposal locations detailed on the BEST website. The Freestyle Libre® protocols have been updated accordingly.*

APC 19/175 MEDICINES OPTIMISATION SCHEME (MOS) 2019/20: PROPOSED ADDITIONAL QIPP

The Lead Pharmacist (DC), BCCG presented the proposal for an additional QIPP area is to be included in the MOS 2019/20; Hydrocortisone tablets to Hydventia® tablet, initially focussing on hydrocortisone 10mg tablets to Hydventia 10mg tablets.

The recommended alternative is bioequivalent and branded prescribing is appropriate, safe and cost-effective. It is available through the main wholesalers and the proposed timeframe for completion was December 2019.

The Committee approved the addition of Hydrocortisone tablets to Hydventia® tablets, initially focussing on hydrocortisone 10mg tablets to Hydventia 10mg tablets in the MOS 2019/20.

APC 19/176 SUMMARY OF THE ADDITIONAL ITEMS WITHIN THE NHS ENGLAND GUIDANCE

The Lead Pharmacist (DC), BCCG presented the summary of the updated NHS England guidance which includes the original recommendations for 17 items which should not routinely be prescribed in primary care, an update to the recommendations for 1 of the original items and recommendations for 7 new items.

Following discussion, the following was agreed: -

- Amiodarone would be changed from Amber G to Amber shared care for new patients and a shared care guideline would be developed. The current Amber G arrangement would continue for existing patients. **JH**
- Bath and shower preparations for dry and pruritic skin conditions – all would be classified grey and details shared with the dermatologists. **GT**
- Needles for pre-filled and reusable insulin pens – the 1st and 2nd line choices had been agreed but further work with the diabetes nurses would be undertaken in terms of the size of the needles

- Silk garments to be added to the grey list.

The Committee approved the guidance.

APC 19/177 NEW PRODUCT APPLICATION LOG

Noted.

APC 19/178 NEW PRODUCT APPLICATIONS

19/178.1 UrgoClean Ag

The Head of Medicines Optimisation presented the new product application which was more cost effective and would replace Aquacel AG +Extra. It was confirmed that GPs will be asked to prescribe this following specialist recommendation and it was noted that Scriptswitch prompts are active for silver dressings.

The Committee approved the new product application.

Agreed action: -

- The Head of Medicines Optimisation would discuss UrgoClean Ag with Dr Rao as indicated as an effective antimicrobial dressing product. **CL**

APC 19/179 BARNSLEY CONTINENCE GUIDE (UPDATE)

The guidance has received a full review and changes were highlighted. This has been seen by the specialists but due to a break in the LMC meetings, and the urgency to update the guidance given stock issues, this would be taken to the next LMC meeting for information. **JH**

The Committee approved the guidance.

APC 19/180 ANTICOAGULATION FOR STROKE PREVENTION IN NON-VALVULAR AF

The updated draft guidance was presented which was a combination of the Barnsley and Sheffield guidance.

There was a lengthy discussion regarding the position in therapy of warfarin and reference was made to primary care data which shows that locally the time in therapeutic range (TTR) for warfarin is 78% which exceeds the average TTR in the clinical trials. This suggests that locally warfarin does appear to be more superior and more cost effective that DOACs. Reference was also made to a primary care report which highlights a lack of monitoring and poor adherence to DOACs and it was agreed that would be shared with the Committee and brought back to the next meeting.

There were a number of suggested changes to be made which include:-

- removal of the sentence top of page 6 regarding preferred oral anticoagulation as NICE position warfarin and DOACs as equal options.
- include warfarin in the table on 7 and include creatinine clearance <15ml/min as a clinical consideration in the table on page 6.

It was confirmed that this guidance when approved would supersede the prescriber decision support aid.

Action agreed: -

- The primary care report would be shared. **CL**
- The guidance would be updated and taken to the next LMC and APC meetings. **GT**

APC 19/181 GUIDELINE ON COMBINATION ANTICOAGULANT AND ANTIPLATELET TREATMENT FOR PATIENTS WITH CONCOMITANT AF AND ACS

The Lead Pharmacist, BHNFT presented the guidance which was specific to NVAF in patients with ACS or who have undergone percutaneous coronary intervention (PCI) as the evidence base is for AF patients; however it was felt that it could be expanded and applied to other clinical situations when combination use of an anticoagulant and antiplatelet may be indicated. It was agreed that this additional information would be incorporated into the guideline.

This would replace the existing guidance on the use of both an anticoagulant and antiplatelet. but it would need to clearly state how it could be used and applied to other areas.

Agreed actions: -

- The additional information regarding other clinical situations would be incorporated into the guideline. **GT**
- Following approval by the cardiologists, the guidance would be taken to the LMC meeting and brought back to the APC.

APC 19/182 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

Following the Skin chapter formulary review, Solaraze® Gel, Pimecrolimus (Elidel®) Cream and Tacrolimus (Protopic®) Ointment were changed to Amber G. Guidance has been developed by one the Medicines Management Pharmacists in conjunction with Kay Baxter, Consultant Dermatologist.

19/182.1 <u>Solaraze® Gel Amber G Guidance (new)</u>

Solaraze® Gel was changed from red to amber G and has been approved by the LMC.

The Committee approved the Solaraze® Gel amber G Guidance.

19/182.2 <u>Pimecrolimus (Elidel®) Cream Amber G Guidance (new)</u>

Pimecrolimus (Elidel®) Cream was changed from green to amber G and has been approved by the LMC following the suggested addition of information about restarting to prevent flares.

The Committee approved the Pimecrolimus (Elidel®) Cream amber G Guidance.

19/182.3 <u>Tacrolimus (Protopic®) Ointment Amber G Guidance (new) amber</u>

Tacrolimus (Protopic®) Ointment was changed from amber to amber G and has been approved by the LMC.

19/182.4 Testosterone Supplementation Amber Guidance (update)

The guidance has received a full update by one of the Clinical Pharmacists. There was a GP query regarding 'monitoring undertaken at the annual review in secondary care. GP will be asked to monitor at the interim review only if necessary' but it was noted that this information had been included in previous versions of the guidance. The guidance and query have been sent to Professor Jones for comment.

It was agreed that the guidance would be changed to remove …"GP will be asked to monitor at the interim review only if necessary…"

This would be sent again to Professor Jones highlighting the change with a request to respond and approve the guidance.

Subject to the above change, the Committee accepted the guidance.

Agreed action: -

- The amended guidance to be sent to Professor Jones for comment/approval with specified deadline for return. **JH**

APC 19/183 FORMULARY REVIEW PLAN

19/183.1 Formulary Review Plan 2018/19

Noted.

19/183.2 Chapter 11: Eye

The Lead Pharmacist, BHNFT presented the Eye formulary review and the following actions were agreed in addition to the other changes included on the proforma: -

- Ganciclovir Eye Ointment to be added to the formulary and traffic light list with an amber G classification. **JH**
- Cefuroxime for Intracameral Injection – Aprokam to be added to the formulary and traffic light list with a red classification **JH**

The other formulary changes were approved by the Committee.

It was agreed that within the dry eye guidance, which was in the process of being finalised, that carbomers preserved would replace Viscotears® so that the most cost effective product could be prescribed (Viscotears® or Clinitas® carbomer are the formulary options). It was also agreed that Sno-Tears® would replace Liquifilm® in the dry eye guidance. **GT**

It was confirmed that information had been included on the dry eye guideline regarding the extended shelf life of certain eye drops.

Agreed action: -

- Ranibizumab query still to be followed up. **GT**
- Glaucoma algorithm to be updated by the Lead Pharmacist, BHNFT. **GT**

19/183.3 Proposed Formulary Review Plan 2019/20

The Committee approved the plan.

APC 19/184 BARNSLEY APC REPORTING AUGUST 2019

The report was received and noted.

APC 19/185 NEW NICE TECHNOLOGY APPRAISALS (JULY 2019)

The Lead Pharmacist, BHNFT **would advise** if the following were applicable for use at BHNFT:- **GT**

- TA588 Nusinersen for treating spinal muscular atrophy
- TA589 Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity
- TA590 Fluocinolone acetonide intravitreal implant for treating recurrent noninfectious uvetitis
- TA591 Letermovir for preventing cytomegalovirus disease after a stem cell transplant

19/185.1 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing significant to report.

19/185.2 Feedback from SWYPFT NICE Group

There was nothing significant to report.

APC19/186 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/186.1 Primary Care Quality & Cost Effective Prescribing Group

It was noted that at the next meeting, the group would be looking at anticoagulation in light of the review of the primary care service specification.

19/186.2 BHNFT

In relation to the national wound care formulary, the BHNFT proposal paper presented at MMC was circulated to members. This would be brought to the next meeting for discussion. **NB**

The Committee were made aware of a shortage of TB medicines at the Trust but usual supply was expected by early September 2019.

19/186.3 SWYPFT Drug and Therapeutics Committee

There was nothing significant to report.

19/186.4 Wound Care Advisory Group

The next meeting was planned for September 2019.

APC 19/187 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the following to the Q&PSC: - **CL**

- D1 audit report
- Continence Guidance
- Confusion and issues around melatonin preparations

APC 19/188 HORIZON SCANNING DOCUMENT (JULY 2019)

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

Caplacizumab 10mg powder and solvent for solution for injection (Cablivi®▼, Genzyme Therapeutics) – **non-formulary provisional**

red
Dacomitinib 15mg, 30mg & 45mg film-coated tablets (Vizimpro®▼, Pfizer) - **non-formulary provisional red**
Argipressin (generic) 20 IU/ml ampoules (Argipressin AOP, AOP Orphan Pharmaceuticals) - **non-formulary provisional red**
Patisiran 2mg/mL concentrate for solution for infusion (Onpattro®▼, Alnylam UK) - **non-formulary provisional red**
Mercaptopurine (generic) 50mg tablets (Hanixol®, Fontus Health) - **non-formulary provisional red**
Chlormethine hydrochloride 160 micrograms/g gel (Ledaga®, Recordati) - **non-formulary provisional red**
Estriol 50 micrograms/g vaginal gel and applicator (Blissel®, Flynn Pharma) - **non-formulary provisional grey**
Melatonin (generic) 3mg film-coated tablets & 1mg/ml oral solution (Melatonin, Colonis Pharma) **non-formulary provisional grey**
Metaraminol (generic) 0.5mg/ml Solution for Injection (Metaraminol, Torbay & South Devon NHS Foundation Trust) – **already formulary red**
Gefitinib (generic) 250mg film-coated tablets (Gefitinib Accord, Accord-UK) – **already formulary red restricted**
Tafluprost 15 micrograms/ml eye drops solution (Saflutan®, Santen UK) – **already formulary green**
Fremanezumab 225 mg pre-filled syringe (Ajovy®▼, Teva) - **non-formulary provisional grey**

19/188.1 Other
Alimemazine tartrate – non formulary grey

Agreed actions:-

- Alimemazine tartrate position statement to be produced and prescriber usage data to be shared with the Lead Pharmacist, BHNFT **JH**

19/188.2 PrescQIPP Newly Licensed Melatonin Preparations
The interim update from PrescQIPP was received and discussed, noting issues in primary care with scripts for liquid preparations.

SWYPFT have produced guidance which recommends an alcohol free unlicensed special brand and this would be brought to the next meeting.

As above, the Committee agreed that the Colonis melatonin 1mg/ml solution would be assigned a provisional grey classification and that the unlicensed melatonin liquid special (alcohol free) should continue to be used in children when a liquid preparation is needed. The shared care guideline states that Circadin tablets can be crushed if children are too young to swallow tablets but recommends the oral solution if administering via an enteral feeding tube.

Post meeting note: *SWYPFT are advising Kidmel or Neomel as the preferred brands in children (both unlicensed specials).*

Agreed action: -

- The SWYPFT guidance to be taken to the next LMC and APC meetings. **SH/JH**

- Information will be circulated via the MMT newsletter and APC memo. **DC**

APC19/189 MHRA DRUG SAFETY UPDATE (JULY 2019)

The update was noted for information and the following updates were highlighted: -

- Febuxostat (Adenuric®): increased risk of cardiovascular death and all-cause mortality in clinical trial in patients with a history of major cardiovascular disease.
- Rivaroxaban (Xarelto®▼): reminder that 15 mg and 20 mg tablets should be taken with food

APC 19/190 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The RMOC Prescribing of Liothyronine Guidance was received and noted. It was agreed that liothyronine would remain classified red in Barnsley.

APC 19/191 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

191.1 NHS Rotherham CCG (8th May 2019 and 22nd May 2019)

The minutes were received and reference was made to: -

- new patients being prescribed long-term UTI treatment remaining under the care of the hospital
- introducing formulary classification for self-care in light of the self-care guidance

191.2 NHS Sheffield CCG (20th June 2019)

The minutes were received and the discussion around Ertugliflozin being more cost effective than other flozins was noted.

APC 19/192 ANY OTHER BUSINESS

19/192.1 Immunosuppressant's

The Lead Pharmacist (DC) noted that some time ago the APC agreed to standardise the monitoring needed with immunosuppressants in the dermatology, rheumatology and gastroenterology shared care guidelines due to an overlap of the drugs. Whilst updating ScriptSwitch some discrepancies had been found.

Agreed action:-

- Details would be emailed to the Lead Pharmacist, BHNFT to check the discrepancies. **DC/GT**
- Once clarified, the guidelines would be standardised. **GT/JH**

***Post meeting note**: The discrepancies are:-*

- *Azathioprine – U&Es included in the dermatology and rheumatology guidelines but not in the gastroenterology guideline.*
- *Mycophenolate – U&Es included in the rheumatology and gastroenterology guidelines but not in the dermatology guideline.*

APC 19/193 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th September 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.