# Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 12th July 2017 in the Boardroom at Hillder House

**MEMBERS:**

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| Dr M Ghani (Chair) | Medical Director (Barnsley CCG) |
| Mr T Bisset | Community Pharmacist (LPC) |
| Ms S Hudson | Lead Pharmacist (SWYPFT) |
| Dr K Kapur (up to 17/124) | Consultant Gastroenterology (BHNFT) |
| Ms C Lawson | Head of Medicines Optimisation (Barnsley CCG) |
| Dr J Maters (up to 17/124) | General Practitioner (LMC) |
| Dr K Sands (up to 17/124) | Clinical Lead (SWYPFT) |

**IN ATTENDANCE:**

| | |
|---|---|
| Ms C Applebee | Medicines Management Pharmacist (Barnsley CCG) |
| Ms N Brazier | Administration Officer (Barnsley CCG) |
| Ms D Cooke (up to 17/124) | Lead Pharmacist (Barnsley CCG) |
| Mr N Heslop (for item 124) | Lead Pharmacist/Clinical Pharmacist (Barnsley CCG) |
| Mr G Kotra (for item 127) | Lead Pharmacist for Anticoagulation Services (BHNFT) |
| Dr H Mahdi (for item 124) | Respiratory Consultant Physician (BHNFT) |
| Mr U Patel | Acting Formulary/Interface Pharmacist (BHNFT) |
| Ms A Rodriguez-Farradas (for items 121 & 122) | Prescribing Support Dietitian (Barnsley CCG) |
| Ms G Turrell | Lead Pharmacist (BHNFT) |

**APOLOGIES:**

| | |
|---|---|
| Dr S Enright | Interim Medical Director, BHNFT |
| Dr R Hirst | Palliative Care Consultant (Barnsley Hospice) |
| Dr A Munzar | General Practitioner (LMC) |
| Mr M Smith | Chief Pharmacist (BHNFT) |

**ACTION BY**

**APC 17/117 MEMBERSHIP**

The Lead Pharmacists from NHS Barnsley CCG and BHNFT were welcomed back from maternity leave.

A letter of thanks would be sent to Mr F Hussain for his input into the Committee whilst the Lead Pharmacist (GT) was on maternity leave. **MG/NB**

**APC 17/118 QUORACY** – there were parts of the meeting that were not quorate. As some agenda items were taken out of order, this is clearly documented with the agenda item headings. Any decisions made whilst the meeting was not quorate will need to be ratified at the next meeting. **NB**

**APC 17/119 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**

The Lead Pharmacist, SWYFT declared an interest in APC 17/124.3 and would exclude herself from the discussion.

No further declarations of interest to note.

**APC 17/120 DRAFT MINUTES OF THE MEETING HELD ON 7th JUNE 2017**

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

**APC 17/121 MATTERS ARISING AND APC ACTION PLAN**

121.1 ONS on Discharge from BHNFT

At the last meeting, clarification around ONS supply on discharge was required as it was understood that Abbott recommends that patients have to take a 2 week ONS supply out of hospital on discharge and that the process requires this to be documented on the D1, even when a patient is not required to continue taking ONS.

The current guideline was to only include ONS on the D1 if the patient has been seen by a dietitian. A letter from the dietitian must also then be sent to the GP if they were required to continue supplying ONS. From the discussion, it was felt evident that ONS was being included on the D1 not in accordance with these guidelines.

The Lead Pharmacist, SWYPFT noted that they have a policy in place to only allow dietitians to prescribe/issue ONS and they provide a follow up letter to GPs.

The APC agreed that primary care would adopt the policy to not continue with ONS unless in receipt of a dietitian's letter. The patient could be referred for further assessment if it was felt necessary.

The Chair asked BHNFT representatives to take a proposal back to the Trust to consider implementing the same policy as SWYPFT which only allows ONS to be prescribed/issued by a dietitian.

Following a discussion around electronic prescribing of flavours, it was agreed that ONS should be prescribed as 'mixed flavours' or 'not specified flavours'.

**Agreed actions: -**

- BHNFT representatives to take a proposal back to the Trust to consider implementing the same policy as SWYPFT which only allows ONS to be prescribed/issued by a dietitian. **GT/KK**
- Communicate that ONS should be prescribed as 'mixed flavours' or 'not specified flavours'. **DC/CA**

Action Plan – Other Areas

121.2 Discharge Letter Audit – BHNFT Action Plan

The Committee were due to receive feedback from BHNFT around the proposal for the audit criteria. This had not yet been received.

The Head of Medicines Optimisation tabled a paper which was a summary of the 2014 primary care discharge D1 audit criteria.

The APC were asked to look at the criteria and feedback any comments around what should or shouldn't be included in the audit.

**Agreed actions: -**

- Committee members were asked feedback any comments around the suggested criteria to be used in the audit. Comments to the Head of Medicines Optimisation. **ALL**

121.3 GLP-1 Agonists (Exenatide and Liraglutide) Traffic Light Classifications

This action was no longer valid and would therefore be removed from the action plan. **NB**

**APC 17/122 GUIDANCE ON THE MOST APPROPRIATE AND COST EFFECTIVE PRESCRIBING FOR INFANT FORMULA**

A Rodriguez-Farradas was in attendance to present the guidance which had been produced in collaboration with dietitians from across the health economy. The final guidance had been emailed to dietitians again for any further comments prior to being presented to the APC. No further comments had been received.

The nutritional supplements first line choices reference guide (Enclosure C2) was approved by the committee.

The concept is in line with national guidance with the recommendation not to prescribe products for lactose intolerance. People would be advised if they have a suspected lactose intolerance to buy lactose free formula over the counter as lactose free formula is similarly priced to regular formula and is readily available from supermarkets and pharmacies. Prescriptions would only be given for allergies such as cow's milk protein allergies as the formulas are quite specialist and expensive.

A Rodriguez-Farradas also advised the Committee of the change to the Barnsley formulary with 1st and 2nd line products, noting that a number of children are started on amino acid formulas straight away without trying an extensive hydrolysed formula. The guidance recommends starting with extensively hydrolysed formula, 1st line, unless there is any evidence of anaphylactic reactions. Should there be an evidence of anaphylactic reaction the child should be referred to a paediatrician and/or dietitian immediately and an amino acid formula should only be started by a specialist dietitian. The recommendation was for Primary Care to use extensively hydrolysed formula 1st line.

The Chair advised the Committee that communication had been received in writing from the dieticians advising that they would envisage this being prescribed for infants up to one year of age, or 6 months from diagnosis as a minimum, and any reason to continue beyond that, the dietitians would write to advise the reasons for the extension.

The Committee were happy to adopt the guidelines and it was agreed that these would be shared with the LMC and primary care. **CA**

***Post meeting note:*** *Preparations included within the guideline would be assigned the following traffic light classification and*

*formulary status :-*

- *Infant formula first line and second line – classify Green (formulary)*
- *Infant formula which should not be routinely started in primary care – classify Amber G (formulary)*
- *Formulas not recommended for prescribing – classify Grey (non-formulary)*

*A minor amendment has been made to the infant formula guidance to clarify that high energy formulas should not be routinely started in primary care.*

**APC 17/123 NEW PRODUCT APPLICATION LOG** – noted

**APC 17/124 NEW PRODUCT APPLICATIONS**

124.1 COPD Algorithm and supporting new product applications (Spiolto Respimat®, Anoro Ellipta®, Incruse Ellipta® and Relvar Ellipta®)

Dr Mahdi, Respiratory Consultant Physician, BHNFT was in attendance to provide his clinical views in support of the new product applications presented.

There were 4 products presented, Spiolto Respimat® and Anoro Ellipta® which were both LABA/LAMAs (it was noted that there were currently 2 other LABA/LAMAs on formulary already, namely Duaklir® and Ultibro®), Incruse Ellipta® is a LAMA (alternatives already on formulary are Braltus®, Spiriva® and Eklira®) and Relvar Ellipa® which is a steroid/LABA inhaler which has previously been considered by the Committee. It was agreed that all 3 Ellipta® products were to be considered together.

Spiolto Respimat®

It was felt that this product was a useful option for choice should patients, for various reasons not be suited to, or not use very well, the dry powder LABA/LAMA inhalers currently on the formulary. Dr Mahdi advised that there was evidence to prove that the respiratory flow needed to inhale the drug was different to the 2 inhalers already on formulary.

Dr Mahdi noted that this inhaler is the only LABA/LAMA which is a mist, not a dry powder and is to be used once daily, with less respiratory flow needed. The cost was currently the same as the other 2 products and is classified green in Rotherham and Doncaster.

Anoro Ellipta®, Incruse Ellipta® and Relvar Ellipta®)

The Ellipta® devices are dry powders.

Dr Mahdi advised the Committee that each LABA/LAMA inhaler has a different device which is unique for patient choice but there was no head to head comparison available. The Ellipta® devices are preloaded which is different to Ultibro® and are prescribed by surrounding areas of Barnsley.

It was noted that the Ellipta® range included a LAMA; LABA/LAMA

and LABA & ICS.

The Chair summarised the discussion around the Ellipta® inhalers presented: -

Anora Ellipta® once a day LABA/LAMA combination (Formulary alternatives include Ultibro® which is also a once daily inhaler and Duaklir® which is a twice daily inhaler)

Incruse Ellipta® LAMA - currently have on formulary Spiriva®, Braltus® and Aklira Genuair® (2nd line)

Relvar Ellipta® was considered by the Committee in 2014 and rejected for a number of reasons which included concerns around the reduced ability to step down if used for asthma patients and concerns around the name of the product and the colour of the inhaler. It was noted that whilst the colour of the inhaler had since been changed, the other issues were still applicable.

Dr Mahdi was thanked for attending the meeting.

Spiolto Respimat® Decision

The Committee agreed that Spiolto Respimat® was an alternative for patients who could not tolerate or use dry powder LABA/LAMA combination inhalers. It was noted that Spiriva Respimat® was already on formulary (LAMA only) and therefore if stepping up to a LABA/LAMA , including Spiolto Respimat® in the formulary would enable patients to remain on the same device.

The Committee approved the new product application for Spiolto Respimat®.

Anoro Ellipta®, Incruse Ellipta® and Relvar Ellipta®) Decision

Following discussion, there were some anxieties shared around the increasing number of devices, and different strengths being available resulting in an increase in dispensing, picking and prescribing errors and communication issues as seen in APC reporting.

The Committee rejected the new product applications for Anoro Ellipta®, Incruse Ellipta® and Relvar Ellipta® as it was agreed that they did not provide anything additional to what is already available.

**Agreed actions: -**

- A letter of thanks for the new product applications would be sent to Dr Mahdi. **MG/NB**
- The Lead Pharmacist and/or Acting Formulary/Interface Pharmacist (BHNFT) to communicate the decision to Dr Mahdi. **GT/UP**
- The COPD algorithm was to be updated and presented in a different format as agreed **NH/CA**

124.2 Ferric Maltol (Feraccru®)

The Acting Formulary/Interface Pharmacist (BHNFT) presented the

new product application for Ferric Maltol (Feraccru®) which would be for specific patients who cannot tolerate other iron products.

The Consultant Gastroenterologist (BHNFT), noted that there was limited data available and the hospital currently have no experience of using it but he can see a place for the product being used if a patient doesn't respond to or is intolerant to conventional oral iron which is seen quite often. This would not be used widely.

The advantage of Ferric Maltol (Feraccru®) is that it is to be taken orally and can be taken at home, versus Ferinject® which requires the patient to go to hospital for the injection.

As there was a lack of data available to help in the decision making process, it was agreed to revisit this again in 6 months' time.

The Consultant Gastroenterologist (BHNFT) agreed to speak with the applicant, Dr Bullas to obtain any further information and it was discussed that BHNFT may take a proposal via the MMC, to undertake a trial with a small sub-set of patients.

**Agreed actions: -**

- The Consultant Gastroenterologist (BHNFT) to speak with the applicant to obtain any further information **KK**
- BHNFT may take a proposal via the MMC, to undertake a trial with a small sub-set of patients **KK/GT**
- A letter of thanks to be sent to Dr Bullas for his application. **MG/NB**
- This would be revisited in 6 months. **NB**

124.3 Glucodrate®

The Lead Pharmacist, SWYFT declared an interest in this item and excluded herself from the discussion.

The Acting Formulary/Interface Pharmacist (BHNFT) presented the new product application for Glucodrate® which was an alternative to St Marks Electrolyte Mix (current gold standard) used in the dietary management of short-bowel associated intestinal failure and intestinal insufficiency.

Glucodrate® is a ready-made sachet which would be used for a unique group of patients and is cheaper than the alternative double strength Dioralyte®. This would be initiated by dietitians with continued prescribing in primary care. Given the small number of patients expected to be prescribed this per year and the reduced risk by having a ready-made solution, the Committee approved the new product application (Amber G).

**Agreed action:**

- Amber G information sheet to be produced. **UP**

**APC 17/125 RITUXIMAB (not quorate)**

The Head of Medicines Optimisation informed the Committee that two new biosimilars had been launched, one in May 17 and one licensed in July 2017. Out of the 14 CCG locality areas, Barnsley was the only one without an implementation plan on changing over

to one of the two biosimilars. It was therefore agreed that a working group should be formed, including the Head of Medicines Optimisation, Lead Pharmacist (BHNFT) and a rheumatology representative.

**Agreed actions:-**

- The Lead Pharmacist, BHNFT to read the minutes from the 31st March 2017 regional Biosimilars meeting and advise if a different action was required **GT**
- A Working Group to be set up quickly to give an input at the end of the month to represent the Barnsley approach. **CL/GT**

**APC 17/126 COMMISSIONING FOR VALUE – ZEROVEEN EMOLLIENT (not quorate)**

A summary of potential savings if switching from Aveeno to Zeroveen was presented to the Committee.

The Lead Pharmacist, BHNFT noted that the dermatologist at BHNFT currently use Aveeno and have previously had some issues with using the zero range, possibly around the product texture. It was agreed that the Lead Pharmacist, BHNFT would speak with the dermatology team regarding the 1st line choice of emollients and ask them to advise what their reasons are for not using the recommended 1st line choice. Should the dermatologists wish to attend a future meeting to present their reasons; samples of Zeroveen would be brought to the meeting for members to test.

The Committee approved the switch to Zeroveen and this would be added to Scriptswitch.

**Agreed actions: -**

- The Lead Pharmacist, BHNFT would speak with the dermatology team regarding the 1st line choice of emollients and ask them to advise what their reasons are for not using the recommended 1st line choice. Should the dermatologists wish to attend a future meeting to present their reasons; samples of Zeroveen would be brought to the meeting for members to test. **GT**
- The switch to be added to Scriptswitch **CA/DC**

This decision would need to be ratified at the August 2017 meeting. **NB**

The Community Pharmacist noted that when ordering zero products electronically, they are appliances and not drugs. The Medicines Management Team were aware of this.

**APC 17/127 WARFARIN DISCHARGE AUDIT**

The results of the warfarin discharge audit were presented by Gowardhan Kotra, Lead Pharmacist for Anticoagulation Services, BHNFT.

He confirmed that a new warfarin chart has been introduced with a mandatory field to include the discharge dose and follow up appointment and these changes were implemented in January 2017.

A retrospective audit has been carried out, including data from every discharge from March to May 2017 (after pharmacy check).

There were still a small number of patients with dosing information and follow up appointment missing.

Improvements and issues were found and these were discussed, including IT enablers in order to make mandatory fields on the D1. It was noted that the Trust is looking at EPMA but timescales were not yet known. Such functionalities could be implemented when developing this.

It was noted that there has been an improvement in the results with the warfarin dosing information following the previous audit but further improvements were required. A copy of the BHNFT action plan to achieve further improvement was requested by the APC.

**Agreed action: -**

- BHNFT to provide the APC with a copy of the action plan. **GT**

**APC 17/128 TESTOSTERONE MAP OF MEDICINE (not quorate)**

Following discussions at a previous APC meeting regarding some possible inappropriate referrals, it was agreed that a Testosterone local map of medicine pathway would be developed. This had been developed in collaboration with Professor Jones and Dr Guntamukkla with input from Dr Sands.

The Committee approved the map of medicine pathway.

This decision would need to be ratified at the August 2017 meeting. **NB**

**APC 17/129 DRAFT TRANSGENDER COLLABORATIVE GUIDANCE (not quorate)**

The Head of Medicines Optimisation informed the Committee that draft guidance was in its final stages and NHS England were working with us to manage expectations for Porter Brook Clinic for what was reasonable for GPs to undertake. It was noted that there was currently no local endocrinologist engagement to support prescribing in primary care.

The update was noted.

**APC 17/130 INSULIN THERAPY GUIDANCE (not quorate)**

This was discussed at APC 17/132.

**APC 17/131 SHARED CARE GUIDELINES – LINACLOTIDE (CONSTELLA) AMBER G (not quorate)**

The amber G guidance was presented and approved.

This decision would need to be ratified at the August 2017 meeting. **NB**

**APC 17/132 FORMULARY REVIEW – ENDOCRINE CHAPTER (not quorate)**

The Medicines Management Pharmacist presented the formulary review and highlighted areas for APC input on pages 1 and 2.

The suggested changed were accepted with special notes as follows: -

- The Medicines Management Pharmacist is working on a summary on OGTT and when they should be done.
- 6.2.1 Liothyronine tablets/ injection – it was agreed to put this on hold. **CA**
- 6.4.2 - the Medicines Management Pharmacist to speak to Professor Jones **CA**
- 6.5.2 Desmaspray® – keep as Amber G. Guidance to be developed. **CA**
- 6.1 Insulin glargine (Abasaglar®) should be green **CA**
- Tresiba is currently red but an Amber G document would be brought to the Committee for consideration, for use 4/5th line **CA/UP**

**APC 17/133 BARNSLEYAPCREPORT@NHS.NET FEEDBACK**

The report was noted for information and it was agreed that a sub-group should look at the reports and trends and report back to the Committee regarding action taken and follow up. **CL**

**APC 17/134 NEW NICE TECHNOLOGY APPRAISALS – JUNE 2017**

- TA446 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma
- TA447 Pembrolizumab for untreated PDL1-positive metastatic non-small-cell lung cancer
- TA448 Etelcalcetide for treating secondary hyperparathyroidism
- TA449 Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease
- TA450 Blinatumomab for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia
- TA451 Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia

134.1 Feedback from BHNFT Clinical Guidelines and Policy Group

No meeting had taken place. Feedback to be provided on the above June 2017 NICE TA's at the next meeting. **GT**

134.2 Feedback from SWYPFT NICE Group

Nothing to report.

**APC 17/135 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**

135.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)

The Group have been reviewing the implementation of the primary care QiPP which is currently on track to deliver against financial target in primary care.

The CCG Governing Body has endorsed a piece of work around

improving the Quality Primary Care Medication Ordering and a stakeholder group has been established.

The Group are looking at a process of reviewing third party prescription ordering and the quality and efficiency of repeat prescribing systems.

135.2 BHNFT
No meeting had taken place.

135.3 SWYPFT Drugs & Therapeutics Committee (D&TC)
Nothing relevant to report.

**APC 17/136 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**

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

- Children's prescribing formulary
- Zeroveen products
- Warfarin discharge audit

**APC 17/137 HORIZON SCANNING DOCUMENT – JUNE 2017**

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

**Midazolam** 10 mg oromucosal solution pre-filled syringe (Epistatus®, Special Products) **– ALREADY ON TLL**
**Entecavir** (generic) 0.5 mg & 1 mg film-coated tablets (Entecavir Dr Reddy's, Dr Reddy's Laboratories) **– ALREADY ON TLL**
**Alimemazine** (generic) 10 mg tablets (Concordia International) **– – ALREADY ON TLL**
**Obeticholic acid** 5 mg & 10 mg film-coated tablets (Ocaliva®▼, Intercept Pharma) **– ALREADY ON TLL**
**Sodium feredetate** (generic) 190 mg/5 mL oral solution (Concordia International) – **PROVISIONAL GREEN**
**Atorvastatin** (generic) 30 mg & 60 mg film-coated tablets (Aurobindo Pharma-Milpharm) **– ALREADY ON TLL**
**Follitropin delta** 12 microgram, 36 microgram & 72 microgram solution for injection (Rekovelle®▼, Ferring Pharmaceuticals) **– ALREADY ON TLL**
**Rolapitant** 90 mg film-coated tablets (Varuby®▼, Tesaro UK) **– PROVISIONAL RED**
**Gabapentin** (generic) 50 mg/mL oral solution (Gabapentin Colonis, Colonis Pharma) **– ALREADY ON TLL**
**Travoprost** 40 micrograms/mL eye drops (Bondulc®, Actavis UK) **– ALREADY ON TLL**
**Caspofungin** (generic) 50 mg & 70 mg powder for concentrate for solution for infusion (Consilient Health) **– ALREADY ON TLL**
**Esmolol** (generic) 10 mg/mL solution for injection (Consilient Health) **– ALREADY ON TLL**
**Dopamine** (generic) 40 mg/mL concentrate for solution for infusion (Consilient Health) **– ALREADY ON TLL**
**Calcium folinate** (generic) 10 mg/mL solution for injection or infusion (Consilient Health) – **PROVISIONAL RED**
**Aciclovir** (generic) 250 mg & 500 mg powder for solution for

infusion (Consilient Health) – **PROVISIONAL RED**
**Fluorouracil** (generic) 50 mg/mL solution for injection/infusion (Consilient Health) **– ALREADY ON TLL**

**APC 17/138 MHRA DRUG SAFETY UPDATE – JUNE 2017**

Received and noted.

**APC 17/139 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES**

The minutes from NHS Sheffield CCG (18th May 2017) and Rotherham Medicines Optimisation Group (RMOG) (1st March 2017 and 3rd May 2017) were received and noted.

**APC 17/140 ANY OTHER BUSINESS**

140.1 IV Antibiotics – Pilot to Reduce A&E Visits

The Committee were made aware of a pilot being undertaken with a GP practice and the rapid response team around IV antibiotics to reduce A&E visits. If this would have an impact on primary care, further information around the pilot would need to come to the APC from SWYPFT representatives. **SH**

**APC 17/141 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 9th August 2017 at 12.30 pm in the Boardroom, Hillder House.