Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 8th July 2015 in the Boardroom at Hillder House

MEMBERS:

Mr T Bisset	**Community Pharmacist (LPC)**
Ms C Lawson (Chair)	**Head of Medicines Optimisation (Barnsley CCG)**
Dr J Maters	**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)**
Dr Mahdi (for item 15/122)	**Consultant Physician in Respiratory Medicine (BHNFT)**
Ms A Meer	**Specialist Interface Pharmacist (BHNFT)**
Ms G Turrell	**Lead Pharmacist, Medicines Information (BHNFT)**

APOLOGIES:

Dr M Ghani	**Medical Director (Barnsley CCG)**
Mrs S Hudson	**Lead Pharmacist (SWYPFT)**
Dr R Jenkins	**Medical Director (BHNFT)**
Dr K Kapur	**Consultant Gastroenterology**
Ms K Martin	**Deputy Chief Nurse (Barnsley CCG)**

ACTION

APC 15/115 DECLARATIONS OF INTEREST

Dr Mahdi declared that he had recently chaired a meeting for AstraZeneca and was part of Board discussions for Pfizer.

APC 15/116 MINUTES OF THE PREVIOUS MEETINGS

A number of spelling errors were identified and the following changes were also required: -

The post meeting note on page 2 also needed to be repeated at APC 15/ 110 (magnesium aspartate dehydrate).

On page 2, at APC/15/97.6 …"and nursing staff…" needed to be added within the 5th paragraph about summary care records.

Subject to these amendments, the minutes of the meeting held on 10th June 2015 were agreed as an accurate record. **NB**

APC 15/117 MATTERS ARISING AND APC ACTION PLAN

117.1 Magnesium Supplementation

The Lead Pharmacist, BHNFT was waiting for a reply back from the renal physicians and pharmacists regarding the use of aspartate or glycerophosphate and would feed back to the Committee as soon as possible. **GT**

117.2 Inflammatory Bowel Disease Shared Care Guideline

The Lead Pharmacist, BHNFT had fed back to Dr Kapur regarding the specialist's responsibility for prescribing and monitoring mycophenolate for the first 12 months.

117.3 Guidelines for the treatment of nausea and vomiting in pregnancy

The Lead Pharmacist, BHNFT informed the Committee that she was trying to obtain a copy of the guideline. She had received assurance that the guideline had been updated and included in the gynaecology handbook on the women's services intranet page but was unable to locate a copy. In the event that this could not be found, other options were discussed i.e. RCOG guidelines and information on UKMi and Toxbase but the Lead Pharmacist, BHNFT agreed to try and obtain a copy and would circulate to the Committee as soon as possible. **GT**

117.4 Simbrinza® and Glaucoma Algorithm

The Head of Medicines Optimisation confirmed that she had shared the algorithm with Rotherham FT for the team to raise awareness of it with junior doctors.

117.5 Human Insulin (Insuman Infusat®, Sanofi)

The Lead Pharmacist, Barnsley CCG noted that Human Insulin (Insuman Infusat®, Sanofi) was listed in the June 2015 Horizon Scanning document and the Committee had queried its use. The Lead Pharmacist, Barnsley CCG clarified that this was for use in insulin pumps and it was agreed that this would be given a provisional red drug classification. **CA**

117.6 Bimatoprost 0.03% eye drops

The Lead Pharmacist, BHNFT had not received a response from the Opthalmologists to confirm that they would be happy to recommend the use of the 0.01% multi dose eye drops following the discontinuation of the 0.03% multi dose preparation. It was acknowledged that whilst the 0.03% preservative free single dose eye drops were still available they were considerably more expensive and the 0.01% multidose preparation has been recommended as an alternative by a number of other organisations as it is comparable in efficacy with an improved tolerability profile.

It was noted that Sheffield have also recommended the use of the 0.01% multi dose eye drops and the Community Pharmacist agreed to share the Sheffield briefing statement with the Lead Pharmacists. **TB**

The Lead Pharmacist, BHNFT agreed to speak with the Opthalmologists and provide an update by the end of the week. **GT**

***Post meeting note**: Mr Hassan (as Lead Ophthalmologist, BHNFT) agreed to recommend 0.01% multi dose eye drops in place of the discontinued 0.03% multi dose preparation.*

Action Plan – Other Areas

117.7 Fitness for Purpose

The Head of Medicines Optimisation confirmed that the Time Out

Session had been arranged to take place on Wednesday, 2 September 2015.

Post meeting note: *The Time Out Session has been rearranged and will now take place on Thursday, 15 October 2015 (PM).*

The Head of Medicines Optimisation had met with The Lead Pharmacist, BHNFT to complete the communication plan and was in the process of updating the plan and resource pack. It was agreed that The Head of Medicines Optimisation would review the responses received with The Lead Pharmacist, BHNFT before publicising the resource pack. **CL**

117.8 Discharge Letter Audit, BHNFT Action Plan

The Chief Pharmacist, BHNFT noted that Pat McClaren had taken over this piece of work and was due to meet with Dr Kapur this week to produce, under the direction of the Medical Director, BHNFT, a draft written response for the medicines management quality element of the D1. The Medical Director, BHNFT would be able to provide the final response towards the end of July in order for this to be presented at the August APC meeting. **RJ**

APC 15/118 ZOLEDRONIC ACID

The Head of Medicines Optimisation presented Enclosure C. It was acknowledged that there had been some changes to services resulting in concern that some patients that may benefit from zoledronic acid infusions may not be able to continue to access them. The Committee were asked for their views on whether a service should be commissioned for IV infusions of zoledronic acid.

It was noted that there was limited evidence comparing zoledronic acid and denosumab but it was felt that there was an evidence base that a small number of patients would continue to benefit from this service.

There is a cost difference in the way they are delivered in different services and it needed to be decided where the service would sit should it be required.

Currently there was a service within BHNFT that could be delivered more cost effectively and it was noted that historically there had been an issue with the service as there was no onward referral pathway resulting in patients going back to PIU, which then created capacity issues in PIU. It was noted that denosumab can be given in clinic.

The Head of Medicines Optimisation would now speak to Contracting about how to take this forward and the Committee were thanked for their views.

APC 15/119 MANAGEMENT OF LOWER URINARY TRACT SYMPTOMS (LUTS) IN MEN

The Lead Pharmacist, Barnsley CCG presented Enclosure D which was a new guideline produced by Dr Atcha, GP Lead Tutor for BEST events in conjunction with the urology clinicians. The guidance was in line with the updated NICE guidance and the information was to be

viewed in colour to see its connection across the pages. The Lead Pharmacist, Barnsley CCG noted that page 1 provided some background information and pages 2 and 3 provided information about the management of the patient.

Feedback from the Committee was around adding document ownership, review date and logos which the Lead Pharmacist, Barnsley CCG agreed to feed back. **DC**

It was noted that agreement should be obtained from Dr Orme and Lindsay Reynolds, Continence Nurse Specialist at BHNFT. **DC**

Subject to the above, the Committee were happy to endorse the guidelines. The updated guidelines would be uploaded to the prescribing guidelines website page and circulated with the APC memo. The Lead Pharmacist, Barnsley CCG agreed to feed this back to Jon Holliday who was leading on this piece of work at the CCG around the primary care element which would be included in the Practice Delivery Agreement. **DC**

Dr Maters asked if a patient information leaflet could be made available for GPs to hand out to patients and the Lead Pharmacist, Barnsley CCG agreed to feed this back. **DC**

APC 15/120 UPDATED ANTIPLATELET GUIDANCE FOLLOWING PUBLICATION OF TA335 RIVAROXABAN FOR PREVENTING ADVERSE OUTCOMES AFTER ACUTE MANAGEMENT OF ACUTE CORONARY SYNDROME (ACS)

The updated antiplatelet guideline was received and the Specialist Interface Pharmacist confirmed that this had been seen and approved by BHNFT cardiologists.

Rivaroxaban is now licensed in ACS for use for no more than a year. The Specialist Interface Pharmacist took the Committee through the guideline and it was requested that it be made clear that Rivaroxaban was to be stopped after one year. **AM**

The Associate Medical Director, SWYPFT queried the primary prevention statement on page 1…"*no antiplatelet is licensed for primary prevention*"... He felt this may be true for diabetes but not for all situations. The Lead Pharmacist, BHNFT agreed to check this statement. **GT**

It was clarified that aspirin and ticagrelor are still first line options. The Lead Pharmacist, BHNFT clarified that information regarding the length of treatment would be clearly documented on discharge letters and pharmacists would also be asked to endorse indication and length of treatment on all NOACs. The Specialist Interface Pharmacist noted that she had seen improvements in doctors documenting review dates on D1s and treatment cards and the same practice would be followed for this.

As a result of this updated guidance, the traffic light classification needed to be revised and the Committee agreed that rivaroxaban

would be given an amber G drug classification for ACS, supported by this guidance. **CA**

APC 15/121 ADDITIONAL QIPP AREAS

The Head Of Medicines Optimisation presented enclosures F1, F2 and F3.

Enclosure F1 included the addition of Accrete D3® which could now be immediately recommended as a medicine change.

Following concern from the Community Pharmacist regarding possible stock level issues following the recommended changes, the Head of Medicines Optimisation confirmed that this issue was on the risk register and conversations were taking place with drug companies regarding stock levels to provide assurances to mitigate against the risk.

It was recognised that as a health community we often have to deal with issues with out of stock items which are unrelated to QIPP work and any unforeseen issues encountered during the course of this work would be dealt with in the same way.

The Lead Pharmacist, Barnsley CCG spoke about Enclosure F2, Asthma Treatment Algorithm which included the addition of Sirdupla® at steps 4 and 5.

The Community Pharmacist queried why the guideline included both Seretide® and Sirdupla®. It was clarified that the guideline included all inhalers which were currently on the formulary and Seretide® needed to remain listed on the algorithm as Sirdupla® was not available in all strengths.

It was agreed that prominence should be given to the most cost effective products by colour coding the information on the Asthma Treatment Algorithm table (steps 1 to 5). **CA**

The Medicines Management Pharmacist informed the Committee that she had received queries, including from the company, regarding the inclusion of Flutiform® 125/5 MDI, 1 puff twice daily, at step 3, as this was an unlicensed dose. The Committee were asked if this should be removed. The Committee noted that this was an unlicensed dose; however following discussion it was agreed that this would remain in the algorithm as it was felt that this option would assist patients who were stepping down from step 4 to step 3. It was also noted that there were other inhalers which included a licensed dose of 1 puff twice daily.

APC 15/122 NEW PRODUCT APPLICATIONS

3 new product applications were received for Anoro Ellipta® (Umeclidinium/Vilanterol), Duaklir Genuair® (Aclidinium/Formoterol) and Ultibro Breezhaler® (Glycopyrronium/ Indacaterol) and Dr Mahdi was in attendance to discuss the applications. It was felt that the 3 products were very similar preparations but Dr Mahdi outlined some of the differences as follows: -

- Duaklir Genuair® (twice daily inhaler)
- Ultibro Breezhaler® (it was suggested that patients who had used tiotropium may find it easier to switch to Ultibro® as the device is similar)
- Anoro Ellipta® (prepacked device)

It was felt that limited information had been provided in the Independent Reviews which therefore made it difficult for the Committee to fully compare the products to make a decision about the applications submitted.

Dr Mahdi noted that currently there was no combined LABA LAMA inhaler on the formulary. It was noted that another LAMA/LABA combination product had recently been launched, olodaterol and tiotropium, which should be included in the comparison data.

It was recognised that product studies undertaken have limitations with often selective comparisons made.

Following a lengthy discussion, it was decided that the Independent Reviews presented for the 3 applications would be taken back for additional information to be provided to fully inform the decision making process. The Lead Pharmacist, BHNFT and the Specialist Interface Pharmacist, BHNFT agreed to present more detailed information as follows: -

- Expansion on efficacy and evidence information including details of numbers of patients included in the trials, the number of patients receiving the LAMA/LABA and respective comparators (active drug or placebo), the duration of the trials and outcome measures including the number of patients achieving primary and secondary outcomes
- Comparative advantages and disadvantages of the respective LABA/LAMA inhalers
- Information about patient device preference (general data not specifically related to these trials)
- Information on the new tiotropium combination inhaler should also be included

It was felt that information provided in the Independent Reviews should be comprehensive enough to be transposed into guidance for clinicians to support their decision making.

This would be presented at the August APC meeting. **AM/GT**

APC 15/123 NEW PRODUCT APPLICATION LOG

Other than the 3 applications discussed today, there were no new product applications to note.

APC 15/124 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

The Specialist Interface Pharmacist, BHNFT reported back on the issues around Ketorolac Eye Drops and noted that the quantity of

medication supplied on the examples she had been provided with should have been sufficient for a month and patients should therefore not have needed to approach their GP for a further supply.

The Head of Medicines Optimisation agreed to forward details of another report to the Lead Pharmacist, BHNFT. **CL**

APC 15/125 NEW NICE TECHNOLOGY APPRAISALS – JUNE 2015

125.1 Feedback from BHNFT Clinical Guidelines and Policy Group

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

- TA341 Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (classified amber G drug on the formulary). The Head of Medicines Optimisation noted that Rotherham FT were experiencing some issues with secondary care prescribing for DVT in high numbers of patients being started on NOACs versus Warfarin.

- TA342 Vedolizumab for treating moderately to severely active ulcerative colitis (classified red drug on the formulary).

- TA343 Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia (classified red drug on the formulary).

- TA344 Ofatumumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia (classified red drug on the formulary).

The Lead Pharmacist, BHNFT would need to check if the following NICE TAs were applicable for use at BHNFT and feed back by the September meeting: - **GT**

- TA339 Omalizumab for previously treated chronic spontaneous urticaria.

- TA340 Ustekinumab for treating active psoriatic arthritis.

125.2 Feedback from SWYFT NICE Group

The Lead Pharmacist, SWYPFT was not present but would feedback at the next meeting. **SH**

APC 15/126 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

126.1 Primary Care Quality & Cost Effective Prescribing Group

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

126.2 BHNFT

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

126.3 SWYPFT Drugs & Therapeutics Committee

The Committee received and noted the Drugs and Therapeutics Sub Committee June 2015 newsletter. It was felt that stocks of Depot Provera® were available in primary care

and this would be fed back to the Lead Pharmacist, SWYPFT. **CL**

126.4 Barnsley Area Wound Care Advisory Group
The Committee received and noted the minutes of the 4th June 2015 meeting and the Terms of Reference.

The Head of Medicines Optimisation agreed to find out what the issues were with the Zero base product range. **CL**

APC 15/127 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE
It was agreed that the risk register for QiPP would be escalated to the Quality & Patient Safety Committee. **CL**

APC 15/128 HORIZON SCANNING DOCUMENT – JUNE 2015
The Committee agreed to classify the new products as follows: -

Tedizolid phosphate 200 mg powder for concentrate for solution for injection; 200 mg film-coated tablets (Sivextro®▼, MSD) – **PROVISIONAL RED**
Meropenem (generic) 500 mg & 1 g powder for solution for injection or infusion (Meropenem, Stravencon Ltd) - **PROVISIONAL RED**
Pasireotide 20 mg, 40 mg & 60 mg powder and solvent for suspension for injection (Signifor®▼, Novartis) - **PROVISIONAL RED**
Abatacept 125 mg solution for injection in pre-filled pen (Orencia®, BMS) – **abatacept is currently red on the traffic light list - no changes required**
Camphor/menthol/cajuput oil/clove oil 11% / 8% / 13% / 1.5% ointment for cutaneous use (Tiger Balm White, Omega Pharma) – **PROVISIONAL GREY**
Camphor/menthol/cajuput oil/clove oil 11% / 10% / 7% / 5% ointment for cutaneous use (Tiger Balm Red, Omega Pharma) – **PROVISIONAL GREY**
Ivermectin 10 mg/g cream (Soolantra®, Galderma) – **PROVISIONAL RED**
Olaparib 50 mg hard capsules (Lynparza®▼, AstraZeneca) - **PROVISIONAL RED**
Tacrolimus 0.75 mg & 2 mg hard capsules (Adoport®, Sandoz) – **tacrolimus currently has a provisional red classification on the traffic light list – no changes required**
Atomoxetine 4 mg/mL oral solution (Strattera®, Eli Lilly) – **atomoxetine is currently amber on the traffic light list – no changes required**
Lisdexamfetamine 30 mg, 50 mg & 70 mg hard capsules (Elvanse Adult®▼, Shire Pharmaceuticals) – **lisdexamfetamine is currently amber on the traffic light list – no changes required**

APC 15/129 MHRA DRUG SAFETY UPDATE – JUNE 2015
The Committee received and noted the June 2015 MHRA Drug Safety Update which included advice for medicines users summarised below: -

1. SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin): risk of diabetic ketoacidosis
Test for raised ketones in patients with acidosis symptoms, even if

plasma glucose levels are near-normal.

CA would be updating the empagliflozin Amber-G guideline and would take this into account. **CA**

2. <u>High-dose ibuprofen (≥2400mg/day): small increase in cardiovascular risk</u>
   EU review confirms that the cardiovascular risk of high-dose ibuprofen (≥2400mg/day) is similar to COX-2 inhibitors and diclofenac.

3. <u>Intrauterine contraception: uterine perforation - updated information on risk factors</u>
   The most important risk factors for uterine perforation are insertion during lactation and insertion in the 36 weeks after giving birth. Before inserting an IUS or IUD, inform women of the risk and the symptoms of perforation.

APC 15/130 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (16 April 2015) and NHS Doncaster & Bassetlaw CCG (28 May 2015) Area Prescribing Committee meetings were received and noted.

APC 15/131 ANY OTHER BUSINESS

No further issues were raised.

APC 15/132 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 12th August 2015 at 12.30 pm in the Boardroom, Hillder House.