NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 11th December 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	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Dr Rao (item 19/258.4.1only)	Consultant in Diabetes and Endocrinology (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)

ACTION BY

APC 19/255 QUORACY

The meeting was quorate.

APC 19/256 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/257 DRAFT MINUTES OF THE MEETING HELD ON 13th NOVEMBER 2019

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

19/257.1 <u>19/244.1 Tizanidine Amber G Guideline</u>

It was agreed at the last meeting that the guideline would not be reviewed and updated as patients are no longer started on tizanidine, and it was suggested that it was no longer in use. However it has been identified that there are still a small number of patients on tizanidine and the Committee were asked to clarify whether this would remain on formulary for existing patients. It was agreed to remove the guidance and the drug from the formulary.

APC 19/258 MATTERS ARISING AND APC ACTION PLAN

19/258.1 <u>Ticagrelor Audit</u>

The Lead Pharmacist, BHNFT advised that a meeting would take place with the D1 team regarding creating a drop down mandatory

field to specify length of ticagrelor treatment. Pharmacy were working specifically with cardiology asking the senior doctors to state the duration of therapy on ward rounds, requiring junior doctors to document this in the patients notes. Pharmacy would be putting checks in place to ensure this was documented on the D1.

An update would be brought back to the Committee on completion of the audit. **GT**

19/258.2 NICE TAs October 2019

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

- TA604 Idelalisib for treating refractory follicular lymphoma
- TA607 Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease

The Lead Pharmacist to confirm the proposed traffic light classification following discussion with the cardiologists. **GT**

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs **were not** applicable for use at BHNFT:-

- HST11 Voretigene neparvovec for treating inherited retinal dystrophies caused by RPE65 gene mutations
- TA605 Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea

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

- TA606 Lanadelumab for preventing recurrent attacks of hereditary angioedema **GT**

Post meeting note: *- it was confirmed that TA606 is not applicable for use at BHNFT (only funded through specialist centres).*

19/258.3 NRT

The Lead Pharmacist, SWYPFT confirmed that the service is of the understanding that they are providing NRT to the mental health ward.

The Head of Medicines Optimisation to attend a regional QUIT Pharmacotherapy Workshop this month and will feedback at the next APC meeting. There was a brief discussion about Champix® and pharmacy sign up to the PGD. This would be picked up at the workshop. **CL**

19/258.4 Action Plan – other areas

19/258.4.1 Semaglutide (Ozempic®)

Following approval of the new product application for semaglutide (Ozempic®) in April 2019, it was agreed to review the prescribing and effectiveness in 6 months with a view to rationalising the GLP-1 agonist section of the formulary.

Dr Rao, Consultant in Diabetes and Endocrinology was in attendance to provide feedback to the Committee and advised that the service had no issues to report. Dr Rao confirmed that the evidence was best in terms of weekly GLP-1 agonists compared with dulaglutide. Dr Rao proposed that semaglutide (Ozempic®) should be the first line

weekly GLP-1 agonist of choice on the formulary given the cardiovascular data and SUSTAIN-7 trial data supporting its use.

Dr Rao acknowledged the concerns relating to the increased risk of diabetic retinopathy noting that caution would be exercised when using semaglutide in patients with diabetic retinopathy treated with insulin. These patients would be monitored closely and treated according to clinical guidelines.

It was noted that semaglutide (Ozempic®) is being used nationally and no MHRA alerts have been issued.

The Amber G guidance is currently being updated and Dr Rao's feedback will be incorporated. The guidance will be finalised and published shortly.

Given the delay with updating the guidance, the primary care prescribing data would be reviewed at a later date.

Dr Rao was thanked for attending the meeting.

Agreed action: -

- Prescribing data in primary care to be reviewed 6 months after publication of the updated Amber-G guidance. **DC**

19/258.4.2 Melatonin Guidance

The Lead Pharmacist, SWYPFT advised that the guidance was still in the consultation process and would provide an update at the February 2020 meeting.

The Lead Pharmacist, BHNFT advised of continuing problems and delays when ordering unlicensed melatonin preparations with suppliers requesting additional forms be completed evidencing the need for the product requested.

This had previously been discussed and a template letter included in the draft guidance. The Lead Pharmacist, BHNFT would check what information is being requested and given to the suppliers.

19/258.4.3 Aripiprazole for management of prolactinemia

The Lead Pharmacist, SWYPFT advised that guidance is now included within the "Guidance for GPs on common off-label use of psychotropic medication" discussed at 19/261.

19/258.5 Review of long term actions

The target dates were reviewed for Saxenda® (Liraglutide) and Managing Patients Medicines on Discharge and it was agreed that a Time Out event would be arranged for April 2020. **NB**

APC 19/259 BARNSLEY GUIDANCE ON ALTERNATIVES TO RANITIDINE LIQUID FOR GASTRO-OESOPHAGEAL REFLUX DISEASE IN BABIES AND CHILDREN (NEW)

The Medicines Management Pharmacist presented the guidance produced due to the ranitidine liquid shortage. Comments from BHNFT pharmacy and a paediatrician have been incorporated and the LMC have accepted the guidance.

It was agreed that for the BHNFT advice for omeprazole doses less than 10mg, the guidance would be amended to state that the dispersible tablets should be prescribed as the brand Losec MUPS® as this is the brand used at BHNFT. Omeprazole dispersible tablets are category C in the drug tariff (generic not readily available) and pharmacies are paid for the brand when prescribed generically.

Subject to the above, the Committee approved the guidance.

Agreed action: -

- The BHNFT advice for doses less than 10mg to be updated as above. **JH**

APC 19/260 POSITION STATEMENTS

19/260.1 Dosulepin (new)

The Medicines Management Pharmacist presented the position statement for dosulepin which has been produced to support implementation of the NHS England guidance 'Items which should not routinely be prescribed in Primary Care'.

Reference was made to the suggested withdrawal regimen for patients who have been prescribed dosulepin for many years or where withdrawal symptoms occur, who may require a more gradual tapering of the dose and it may be more appropriate to reduce the dose every 2-4 weeks.

The information around continuation of dosulepin was highlighted to the Committee.

As part of the primary care Medicines Optimisation Scheme, reviews were ongoing and the Committee agreed to defer the review of the traffic light classification and formulary status until the review work was complete.

The Committee approved the position statement.

Agreed action: -

- The Committee to review the traffic light classification and formulary status on completion of the review work. **DC**
- It was agreed to provide feedback on the success rate of the review work for the drugs included in the NHS England guidance in a future meeting. **DC**

19/260.2 Trimipramine (new)

The Medicines Management Pharmacist presented the position statement for trimipramine in line with the NHS England guidance 'Items which should not routinely be prescribed in Primary Care' with no routine exceptions.

The Committee approved the position statement and assigned trimipramine a non-formulary grey classification.

APC 19/261 GUIDANCE FOR GPS ON COMMON OFF-LABEL USE OF PSYCHOTROPIC MEDICATION (UPDATED)

The Lead Pharmacist, SWYPFT presented the guidance which has reviewed and expanded to incorporate CAHMs service guidance.

This comprehensive document now includes all psychiatry off-label medication with the reasons for use.

Although GPs may not have access to Maudsley or Bazire guidance, it was confirmed that clinical pharmacists who were RPS members can access the resource.

The difficulties with obtaining atomoxetine liquid were discussed and it was agreed that information would be included in the guidance.

Subject to the above additional information to be included, the Committee approved the guidance.

Agreed action: -

- Information around the difficulties with obtaining atomoxetine liquid to be shared with the Lead Pharmacist, SWYPFT for inclusion in the guidance. **TB/SH**

APC 19/262 UPDATED PREDNISOLONE PLAIN NOT E/C QIPP DETAIL AID (UPDATED)

The enclosure was presented, with no change to the evidence but updated data graph.

The Committee accepted the update.

APC 19/263 USE OF DEXAMETHASONE FORMULATIONS IN PALLIATIVE CARE (UPDATED)

The Medicines Management Pharmacist presented the guidance with minor changes to the formulation details and contacts.

The Committee accepted the update.

APC 19/264 PALLIATIVE CARE FORMULARY 2020-2023

The Palliative Care Consultant presented the updated palliative care formulary which has incorporated comments received and has been approved by the LMC.

The Committee approved the palliative care formulary 2020-2023.

APC 19/265 NEW PRODUCT APPLICATION LOG

Noted.

APC 19/266 NEW PRODUCT APPLICATIONS

19/266.1 <u>Colesevelam</u>

The Lead Pharmacist, BHNFT presented the new product application, noting that colesevelam is in the peer review guidelines for management and is recommended as a 2nd line option in the British Society of Gastroenterologists Guidelines when colestyramine is not tolerated. The intermittent supply issues with Questran® were noted and it was understood that the majority of usage was within the Trust.

The Committee approved the application as the 2nd line option and agreed an Amber G traffic light status. It was agreed to expand the guidance within the Amber G guideline advising that patients should be reviewed by the specialist for efficacy before the prescribing is passed onto primary care (new patients only).

Agreed action: -

- Amber G guidance to be produced. **GT**

19/266.2 Tadalafil once daily

The Lead Pharmacist, BHNFT presented the new product application and advised that it has a place for patients that do not respond to PRN doses. It was suggested that this be 2nd line in therapy with a red traffic light status. It was confirmed that the Trust would retain future prescribing and this would be taken to the MMC to make them aware of the expected costs.

It was noted that Doncaster has revised the traffic light status to grey.

Some existing prescribing within primary care was noted and the numbers would be obtained and shared with the Trust. It was also agreed that the Trust would advise primary care of the expected numbers. **DC/GT**

Subject to confirmation of patient numbers, the Committee agreed to approve the new product application for tadalafil once daily.

Agreed actions:-

- The prescribing data for primary and secondary care would be shared. **DC/GT**

19/266.3 Biatain 3d fit (Wound Care)

The Head of Medicines Optimisation presented the new product application supported by the Wound Care Group.

The Committee approved the new product application, positioned protocol 9, amber G traffic light status.

Agreed action: -

- The Head of Medicines Optimisation to ask the Wound Care Nurse to liaise with Tom Bisset regarding availability of the products. **CL**

19/266.4 Medi Honey (Wound Care)

The Head of Medicines Optimisation presented the new product application supported by the Wound Care Group. This was more cost effective than the dressing currently on formulary.

The Committee approved the new product application, positioned protocol 4, green traffic light status.

APC 19/267 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

19/267.1 Ganciclovir Eye Gel Amber G Guideline (new)

The Medicines Management Pharmacist presented the guidance, produced following the discontinuation of aciclovir eye ointment.

There was some discussion around the traffic light classification following feedback from clinical pharmacists but it was decided that ganciclovir eye gel will remain amber G. As with other amber G drugs prescribers can initiate ganciclovir eye gel where they feel they have the specialist knowledge and competence. The heading of the

guideline has been changed to reflect that the Amber G drug is to be initiated and titrated to a stable dose by a specialist prescriber with follow up prescribing and monitoring by primary care where deemed appropriate.

The Committee approved the Ganciclovir 0.15% Eye Gel Amber G Guideline.

19/267.2 Naloxegol (Moventig®) Amber G Guideline (updated)
The changes highlighted in yellow were noted and the Committee approved the updated Naloxegol (Moventig®) Amber G Guideline.

APC 19/268 FORMULARY REVIEWS

19/268.1 Formulary Review Plan (for information)
The Lead Pharmacist (DC) presented the formulary review plan noting updates to the pharmacist reviewers following changes to clinical leads within the MMT. Requests had been received to change the review dates for chapters 4 and 6.

No further comments were received.

APC 19/269 BARNSLEY APC REPORTING NOVEMBER 2019

19/269.1 December 2019 report
The Lead Pharmacist (CA) presented the report for information.

No further comments were received.

APC 19/270 NEW NICE TECHNOLOGY APPRAISALS (NOVEMBER 2019)
The Lead Pharmacist, BHNFT confirmed that the following **was not** applicable for use at BHNFT:-

- HST12 Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2

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

- TA608 Ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia (terminated appraisal)
- TA610 Pentosan polysulfate sodium for treating bladder pain syndrome
- TA611 Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer
- TA612 Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab
- TA613 Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy

***Post meeting note**:- The Lead Pharmacist, BHNFT provided the following update:-*

- TA608 Ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia **(terminated appraisal) – not applicable**
- TA610 Pentosan polysulfate sodium for treating bladder pain syndrome - **applicable**
- TA611 Rucaparib for maintenance treatment of relapsed

platinum-sensitive ovarian, fallopian tube or peritoneal cancer – **to advise** **GT**

- TA612 Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab - **applicable**
- TA613 Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy – **to advise** **GT**

19/270.1 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing significant to report.

19/270.2 Feedback from SWYPFT NICE Group
There was nothing significant to report.

APC19/271 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/271.1 Primary Care Quality & Cost Effective Prescribing Group
The Group have not met.

19/271.2 BHNFT
The Homely Remedies Procedure has been approved and within it approves access to NRT for day 1 without being prescribed.

The NRT pathway has been approved and is ready for 'go live' as a stand-alone document. This would be shared with the Head of Medicines Optimisation prior to the NRT Workshop discussed earlier. **GT**

19/271.3 SWYPFT Drug and Therapeutics Committee
There was nothing significant to report.

19/271.4 Wound Care Advisory Group
It was agreed to share future meeting notes with the Committee. **NB**

APC 19/272 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the Palliative Care Formulary 2020-2023 to the Q&PSC. **CL**

APC 19/273 HORIZON SCANNING DOCUMENT (NOVEMBER 2019)

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

Teriparatide 20 micrograms/80 microliters solution for injection (Movymia®▼,Thornton & Ross Ltd) – **already formulary red**
Cannabidiol 100 mg/ml oral solution (Epidyolex®, GW Pharma Ltd) – **non-formulary provisional red**
Mesalazine 1,600 mg modified release tablets (Octasa®, Tillotts Pharma UK Limited) – **formulary green**
Naldemedine 200 micrograms film-coated tablets (Rizmoic®▼, Shionogi) – **non-formulary provisional amber G**
Bimatoprost (generic) 0.1 mg/ml eye drops (Bimatoprost Aspire®, Aspire Pharma Ltd) – **already non-formulary provisional green**
Tetracosactide 1mg/ml ampoules & 250 micrograms/1ml ampoule (Synacthen Depot®, Atnahs Pharma UK Ltd) – **already formulary red**
Darunavir (generic) 400 mg film-coated tablets (Darunavir Dr. Reddy's®, Dr. Reddy's Laboratories UK Ltd) – **already formulary red**
Pegaspargase 750 U/ml powder for solution for injection/infusion

(Oncaspar®▼, Servier Laboratories Limited) – **already non-formulary provisional red**
Labetalol 5 mg/mL solution for injection/ infusion (Labetalol, Bowmed Ibisqus) – **already formulary green**
Other
Cavilon® barrier cream and Sorbaderm® barrier cream - **currently formulary green – agreed to change to non-formulary provisional green**

APC 19/274 MHRA DRUG SAFETY UPDATE (NOVEMBER 2019)
The update was noted.

APC 19/275 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)
19/275.1 Operating Model
Received for information. No comments received.

APC 19/276 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES
The minutes from NHS Sheffield CCG Area Prescribing Group on 17th October 2019 and NHS Doncaster & Bassetlaw CCG on 24th October 2019 were received and noted.

APC 19/277 ANY OTHER BUSINESS
19/277.1 Coproxamol
It was confirmed that when the evaluation work is complete, information would be brought back to the Committee. **DC**

19/277.2 MOS 2020/2021
The draft 2020/21 plan is currently out for consultation with GPs and the MMT and a draft plan can be shared with the Committee when appropriate. **DC**

19/277.3 Denosumab
The Medicines Management Pharmacist referred to the Sheffield shared care guideline for denosumab which was adopted in Barnsley. This has now been updated and a summary of the changes were shared with the Committee.

The Head of Medicines Optimisation advised that a piece of work was ongoing within the Trust following up patients on denosumab and she would keep the Lead Pharmacist, BHNFT updated on progress. **CL**

The update was noted.

APC 19/278 DATE AND TIME OF THE NEXT MEETING
The time and date of the next meeting was confirmed as Wednesday, 8th January 2020 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.