NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 8th December 2021 via MS Teams

MEMBERS:

Dr Madhavi Guntamukkala (Chair)	Medical Director (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Kapil Kapur (from 21/255 to 21/262)	Consultant Gastroenterologist (BHNFT)
Chris Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mark Payne (to item 21/263)	Lead Pharmacist (SWYPFT)
Mike Smith (to item 21/265)	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)

ACTION BY

APC 21/252 QUORACY

The meeting was quorate from items 21/255 to 21/262. Where required, any proposed decisions/approvals will be ratified for endorsement either outside the meeting by email or at the next meeting.

APC 21/253 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting agenda. The Head of Medicines Optimisation declared that she signs a variety of rebate agreements on behalf of the CCG, none of which were applicable to today's agenda, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. The rebates are all in line with PrescQIPP guidance and a full list is available on the website.

There were no further declarations of interest to note.

APC 21/254 DRAFT MINUTES OF THE MEETING HELD ON 10th NOVEMBER 2021

Page 5, APC 21/238 Ranitidine Liquid Shortage Guidance to be amended as follows: …" they would use the liquid in doses under 2.5 mg and for administration via feeding tubes…"

Subject to this amendment, the minutes were accepted as an accurate record of the meeting. **NB**

Agreed action:

- As the meeting was not quorate for this agenda item, approval would be obtained outside the meeting by email. **NB**

Post meeting note: *approval was received by email; therefore, the minutes were accepted as an accurate record of the meeting.*

Update to 21/233.5 Bempedoic Acid Traffic Light Status

The Head of Medicines Optimisation provided an update to APC, advising that inclisiran is an NHS fast track medicine that has a NICE TA. A national protocol and pathway was expected to be circulated soon and a meeting is planned for further discussions around local implementation of the pathway.

This is an injectable drug, and it was expected that the national pathway would state that injections be administered within primary care. Concerns had been acknowledged with it being directed at primary care given the lack of safety and outcome data.

Barnsley have classified inclisiran as red and following feedback around the classification status over North East England, it was agreed to re-classify inclisiran to amber. Information would be added to the formulary advising that guidance will be made available to alleviate any concerns from primary care. A national digital toolkit was also expected as well as the national pathway.

Agreed action: -

- Information would be added to the formulary advising national pathway expected. **JH**

APC 21/255 MATTERS ARISING AND APC ACTION PLAN

21/255.1 NICE TAs (August 2021)

The Lead Pharmacist, BHNFT advised that the following NICE TA **was not** applicable for use at BHNFT: -

- TA139 (updated from March 2008) Continuous positive airway pressure for the treatment of obstructive sleep apnoea/ hypopnoea syndrome

21/255.2 NICE TA (October 2021)

The Lead Pharmacist, BHNFT advised that the following NICE TA **was not** applicable for use at BHNFT: -

- TA738 Berotralstat for preventing recurrent attacks of hereditary angioedema

21/255.3 Pen Needles Position Statement

At the October 2021 meeting, it had been agreed to seek views from the SWYPFT neighbourhood nursing team on the guidance to find out what the challenges were.

The Lead Pharmacist, SWYPFT advised that ongoing internal discussions were taking place around the procurement of the safety needles. It was noted that the use of safety needles by SWYPFT

nurses was based on the outcome of the safety sharps work previously undertaken.

Although internal discussions were ongoing to determine the position at SWYPFT, they were happy to endorse the APC position statement in line with NHS England guidance.

The Committee endorsed the Pen Needles Position Statement.

21/255.4 Dapoxetine (Priligy®)

The Medicines Management Pharmacist referred to the last meeting where it was agreed to classify dapoxetine (Priligy®) as non-formulary provisional amber (previously non-formulary provisional red).

Urology services specialists at BHNFT (mid-Yorks) were contacted around use of dapoxetine (Priligy®) who advised that they do use the product in patients with premature ejaculation and therefore it would be useful to have it on the local formulary, to be initiated in secondary care and then GPs to continue as directed by the urologists. The Lead Pharmacist, BHNFT advised that this has not been used in the last 12 months.

It was agreed to re-classify dapoxetine (Priligy®) as amber G, with information about serotonergic risk included in the guidance.

Agreed action: -

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

Action Plan - other

21/255.5 BHNFT Discharge Letter Audit

The Chief Pharmacist was asked to provide an update on internal discussions and provide an update about piloting of the new software.

It was noted that the pilot has now been rolled out to include surgical and orthopaedics where any issues can be highlighted and resolved before rolling out to heavier discharge areas like medicines and AMU. The clinical systems team are picking up the training needs in the clinical areas. There have been some performance issues this week and issues raised from primary care around formatting of the new discharge summaries. The Chief Pharmacist will follow up with the clinical systems team to ensure they get in touch with the CCG MMT.

The Chief Pharmacist advised that the true benefits to the Care Flow discharge platform would not be realised until the electronic prescribing was at the front of the admission process; when that functionality is there to pull the medication from the electronic record into the discharge summary and therefore strongly advised not to repeat an audit until the full benefits can be realised.

The Medical Director advised that she has had a discussion with Dr Bullas regarding the format of the discharge summaries being received in primary care with suggestions of how to make it more user friendly in primary care. It was noted that this was a one-off meeting, but the Medical Director would ensure that any additional discussions

between primary care and the Trust would include a MMT Clinical Pharmacist.

The Chief Pharmacist was asked to provide an update on the timeframe for the Task and Finish Group being re-established to look at how we could potentially reduce the medication discrepancies across the interface to provide reassurance around patient safety. It was agreed that when that group meet, community pharmacy would be invited to attend. The Chief Pharmacist would take this through the Trust Governance processes and a decision would be reported back to the APC by April 2022.

Agreed action: -

- The Chief Pharmacist to take the re-establishment of the Task and Finish Group through the Trust Governance processes and a decision would be reported back to the APC by April 2022. **MS**

APC 21/256 GRAZAX® AND ACARIZAX ® SOUTH YORKSHIRE SHARED CARE PROPOSAL

The Lead Pharmacist (DC) presented the South Yorkshire wide proposal from Sheffield regarding moving Grazax® (currently classified grey) and Acarizax® (not currently listed due to only recently being licensed) to amber and having shared care protocols for both. The proposal states that the specialist will initiate and prescribe for the first 2 months and the GP would then continue after this. The monitoring and follow up will all be undertaken by the specialist clinic. Outcome of these reviews will be communicated with GP to confirm need to continue or stop prescription. Unless otherwise advised by allergist, medication should continue for 3 years. Other than a repeat prescription from the practice, no further input is required from the GP.

The proposal was brought to consider the views of the Committee.

The allergy clinic currently offers subcutaneous immunotherapy which requires several visits over a 3-year period. It was noted that there is a waiting list associated with this which has been exacerbated because of the pandemic, therefore it is proposed to add these sublingual treatments, moving them to amber, offering them to patients who meet the criteria for immunotherapy. This is a first line option before considering subcutaneous immunotherapy.

The improvement in quality of the service was recognised and there was no objection to approving the proposed guidance, however the Head of Medicines Optimisation would highlight any cost growth pressure if required.

The Committee approved the proposal.

- **Agreed action: -**
  The Head of Medicines Optimisation to highlight any cost growth pressure if required. **CL**

APC 21/257 ADULT IRON DEFICIENCY ANAEMIA (IDA) PATHWAY

The Medicines Management Pharmacist presented enclosures E1-2, brought back to the Committee following several changes since presented at the October APC meeting.

The changes were noted, including an update to the 'Patient Journey' which has been updated at the request of the LMC to ensure that the reason for referral rejections is sent back to the GP.

The 'IDA Pathway' has been amended following a gastroenterology paper published in the British Medical Journal, noting the daily elemental iron dose has been decreased from 100mg to 200mg to 50mg to 100mg daily elemental iron. The dosing of the iron tablets has been reduced from either twice/three times daily to once daily. The third line iron tablets have been removed, and the first and second line treatment options were noted. The option of alternate day dosing tablets has been added; advice on taking iron tablets with orange juice and food has been removed; and a duration of 3 months has been added to the initial prescribing of Ferric Maltol (Feraccru®) before doing the full blood count at 3 months.

The changes were noted which are in line with the guidance received.

There was a brief discussion around monitoring requirements and monitoring frequency, but it was agreed that no additional changes would be made to the pathway at this time. This could be reviewed later if needed.

The Committee approved the guideline.

APC 21/258 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

No guidelines to approve this month.

APC 21/259 FORMULARY REVIEWS

21/259.1 <u>Formulary Review Plan (for information)</u>

The Lead Pharmacist (DC) presented the formulary review plan for information, noting that one section was to be considered this month. Review dates were to be confirmed for the CNS Neurology and Anaesthesia sections.

Following conversations outside of the Committee, it had been suggested to expand/change the title of Chapter 20: unlicensed/off label medicines section to include the non BNF section. This was approved by the Committee.

21/259.2 <u>Chapter 4: CNS Pain & Neurology</u>

The Senior Interface Pharmacist, BHNFT presented the review noting the areas for discussion.

Only Zamadol SR is listed as non-formulary. It was agreed to include Zamadol Melt® as non-formulary and practices would be asked to review those patients currently prescribed Zamadol Melt®.

Post meeting note: - *Tramadol orodispersible 50mg tablets (Zamadol Melt®) assigned a provisional grey classification.*
NICE guidance 150 advises frovatriptan 2.5mg BD for menstrual related migraine in those patients not responding to other treatments (currently non-formulary grey). It was agreed to add frovatriptan to the formulary as green for this indication in line with NICE guidance.

Naratriptan was listed on the formulary as non-formulary grey, however as this was now more cost effective than zolmitriptan (currently second line), it was agreed to add naratriptan to the formulary as green, with reference to NICE CG which says to use those with the lowest acquisition cost.

Subject to the above changes, the Committee approved the formulary review for Chapter 4: CNS Pain & Neurology.

There was a discussion relating to a patient discharged from BHNFT on morphine with concern around the strength requested for injection. The Lead Pharmacist to clarify what is used at the Trust, suggesting to possibly remove 15mg and replace with 30mg for higher doses.

Agreed actions: -

- Practices to be asked to review patients currently prescribed Zamadol® Melts. **DC**
- The Lead Pharmacist to confirm morphine injection strengths used at the Trust. **GT**

APC 21/260 NEW PRODUCT APPLICATION LOG

The log was received for information and noted.

APC 21/261 NEW PRODUCT APPLICATION

21/261.1 <u>NACSYS® (Acetylcysteine) Effervescent Tablets</u>

The Medicines Management Pharmacist presented the new product application for NACSYS® which is indicated for use as a mucolytic in respiratory disorders such as in bronchitis, emphysema, mucoviscidoses and bronchiectasis. The dose for adults is one effervescent tablet of 600 mg once daily, to be dissolved in half a glass of water and consumed immediately.

The suggested place in therapy on the new product application is as an add on to COPD management for patients with persistent respiratory secretions and/or difficulty expectorating sputum.

The efficacy was presented in detail and noted, including details relating to 2 randomised trials. There have been no studies performed directly with NACSYS®, but different oral formulations of acetylcysteine have been studied.

The NICE Clinical Knowledge Summary on COPD lists both carbocisteine and acetylcysteine as the oral mucolytics licensed for use in people with chronic obstructive pulmonary disease.

Carbocisteine is the only oral mucolytic on the Barnsley Formulary and it has a green classification, with the 375mg capsules to be used first line.

The costs, other NHS reviews and points to consider were shared at length and noted.

Previous MMT review work has recommended a review after 1 to 2 months treatment of carbocisteine and if improvement seen to reduce the dose to the maintenance dose and if no improvement treatment should be discontinued.

It was acknowledged that some patients do remain on the high dose longer term and data from Eclipse Live was presented showing that 21% of patients on 375mg capsules of carbocisteine were on the higher dose.

Primary care feedback on the effectiveness of NACSYS® (acetylcysteine) effervescent tablets was noted. It was agreed to obtain feedback from the respiratory specialists on effectiveness and line of therapy. The new production application would be considered again when feedback is obtained from the respiratory specialists.

Agreed action: -

- Feedback to be obtained from the respiratory specialists on effectiveness and line of therapy. **JH**

APC21/262 BARNSLEY APC REPORTING

21/262.1 APC Reporting October 2021

The Lead Pharmacist, Barnsley CCG presented enclosure J1, showing details of the reports received into the APC Reporting mailbox for the month of October 2021. There were 15 reports received with varying key themes including D1 communication or other hospital communication issues; and details relating to 3 significant issues were highlighted.

As agreed at the last meeting, the report categories on the APC reports and the interface queries will be standardised and this will be captured on the November 2021 report which will be presented at the January 2022 meeting.

21/262.2 APC Reporting October 2021 Key Themes

The Lead Pharmacist, Barnsley CCG presented the summary report which now includes the number of interface queries received directly into BHNFT. There were 63 reports received in total for the month of October 2021 which included 48 interface queries.

21/262.3 APC Reporting October 2021 Interface Issues

Enclosure J3 was received and noted.

APC 21/263 NEW NICE TECHNOLOGY APPRAISALS (NOVEMBER 2021)

21/263.1 NICE TAs November 2021

The Lead Pharmacist, BHNFT advised that the following NICE TA **was** applicable for use at BHNFT: -

- TA744 Upadacitinib for treating moderate rheumatoid arthritis

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

- TA740 Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer*
- TA741 Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer*
- TA742 Selpercatinib for treating advanced thyroid cancer with RET alterations
- TA743 Crizanlizumab for preventing sickle cell crises in sickle cell disease
- TA745 NBTXR-3 for treating advanced soft tissue sarcoma (**terminated appraisal**)
- TA746 Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer*
- TA747 Nintedanib for treating progressive fibrosing interstitial lung diseases

* These drugs may be stocked in the hospital if requested by the Weston Park Oncologists

Post meeting note: - *the Lead Pharmacist, BHNFT advised that the following NICE Highly Specialised Technologies Guidance* ***was not*** *applicable for use at BHNFT: -*

- *HST16 Givosiran for treating acute hepatic porphyria*

21/263.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.

21/263.3 Feedback from SWYPFT NICE Group
Update deferred to the next meeting.

APC 21/264 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

21/264.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

21/264.2.1 BHNFT
There was nothing relevant to report.

21/264.2.2 Virtual Smartcards
The Chief Pharmacist confirmed that all BHNFT clinicians that have virtual or physical smartcard can access the SCR. Issues previously raised are being addressed through training, including the Care Flow Discharge Training being delivered.

The Head of Medicines Optimisation would feed this back to the LMC and Dr Gupta.

Agreed action: -

- The Head of Medicines Optimisation would feed this back to the LMC and Dr Gupta. **CL**

21/264.3 SWYPFT Drug and Therapeutics Committee
Update deferred to the next meeting.

21/264.4 Community Pharmacy Feedback
The Community Pharmacist gave a brief update advising the Committee on the following services: -

- Hypertension Case Finding Service and Community Pharmacy Contraceptive Service pilot – some pharmacies have started but more expected to start in the New Year.
- Call for more community pharmacies to be involved in the COVID vaccine centres but unsure if able to manage due to capacity issues

APC 21/265 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to highlight the APC Reporting to the Q&PSC by sending the summary report to each meeting. **CL/DC**

APC 21/266 SPS NEW MEDICINES NEWSLETTER (OCTOBER 2021)

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

- Abrocitinib (Cibinqo®) - non-formulary provisional red
- Betula Verrucosa (Itulazax®) - non-formulary provisional red
- Cabotegravir (Vocabria®) - non-formulary provisional red
- Crizanlizumab (Adakveo®) - non-formulary provisional red
- Liraglutide (Saxenda®) [licence change from use only in adults] - already formulary red (wording on the formulary to change to indicate now licensed from 12 years).
- Mometasone and Olopatadine (Ryaltris®) nasal spray - non-formulary provisional grey
- [HJ(BC1] Ponesimod (Ponvory®) - non-formulary provisional red
- Rilpivirine (Rekambys®) - non-formulary provisional red
- Selumetinib (Koselugo®) - non-formulary provisional red
- Standardised allergen extract from house dust mites D. pteronyssinus and D. farina (Acarizax®) - non-formulary provisional amber (also change Grazax to non-formulary provisional amber following the Sheffield proposal discussed at 21/256).
- Tepotinib (Tepmetko®) - non-formulary provisional red

Management of children and young adults with suspected vitamin D deficiency in primary care update (approved at October 2021 APC)

- Invita D3® 25,000 IU/ml oral solution – formulary green
- Pro-D3 vegan liquid 2000IU/ml – formulary green

Other

- Dapagliflozin (currently formulary red) - remove from formulary for type 1 diabetes as NICE TA 597 has been withdrawn as no longer licensed for treating type 1 diabetes.
- Sucralfate 1g/5ml oral suspension - formulary red (currently non-formulary provisional grey) to replace unlicensed special order product which is currently formulary red.

Agreed action:

- As the meeting was not quorate for this agenda item, approval would be obtained outside the meeting by email. **JH**

Post meeting note: *approval was received by email.*

APC 21/267 MHRA DRUG SAFETY UPDATE (NOVEMBER 2021)

The update was noted with the following information highlighted relevant to primary care: -

Adrenaline auto-injectors: reminder for prescribers to support safe and effective use

Emerade 300 and 500 microgram adrenaline auto-injectors have been re-supplied to the market following the implementation of corrective actions – patients and their caregivers should be provided with training and advice specific to their prescribed adrenaline auto-injector.

Follow the advice in the Summary of Product Characteristics for dosing considerations and continue to reiterate to patients the importance of carrying 2 in-date adrenaline auto-injectors with them at all times.

COVID-19 vaccines and medicines: updates for November 2021

Recent information relating to COVID-19 vaccines and medicines that has been published since the October 2021 issue of Drug Safety Update, up to 12 November 2021.

Noted approval of Lagevrio (molnupiravir), the first oral antiviral for the treatment of COVID-19 to be approved.

APC 21/268 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

There was nothing relevant to report.

APC 21/269 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (21st October 2021) were received and noted.

APC 21/270 ANY OTHER BUSINESS

No items raised.

APC 21/271 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 12th January 2022 at 12.30 pm via MS Teams.