

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on  
Wednesday, 9<sup>th</sup> January 2019 in the Boardroom, Hilder House**

**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)
Anila George	Senior Interface Pharmacist (BHNFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

**APOLOGIES:**

Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)

**ACTION  
BY**

- APC 19/01 QUORACY**  
The meeting was quorate.
- APC 19/02 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**  
There were no declarations of interest to note.
- APC 19/03 DRAFT MINUTES OF THE MEETING HELD ON 12<sup>th</sup> DECEMBER 2018**  
The minutes were accepted as an accurate record of the meeting but the following areas were discussed further.

- 19/03.1 240.3 Saxenda  
The post meeting note regarding the traffic light classification was approved. It was clarified that the Trust's agreement to fund the use of Saxenda® (Liraglutide) for 12 months included managing existing patients and initiating new patients. The APC would be informed of future arrangements beyond the 12 months funding approval and assurance was provided to the Committee that appropriate conversations have been held with the service lead to highlight that correct procedures need to be followed and approvals sought from the Trust and/or relevant Committees.

It was noted that beyond the 12 months funding approval, guidance relating to referrals to tier 3 services may be produced around

expectations and options but the audit results would determine any future actions.

It was noted that primary care were planning to review legacy patients being prescribed Saxenda® (Liraglutide) over the coming months with possible referrals to the Trust. It was suggested that the review should also look at the pack size.

19/03.2

18/243 Diltiazem Preparations

It was clarified that the proposal was to initiate new patients on a once or twice daily preparation. The Lead Pharmacist, BHNFT wanted to ensure that patients are being initiated on the formulary 1<sup>st</sup> line choices before producing a switch policy for the Trust.

Although the Trust and primary care policies would be different, primary care would utilise and adapt the Trust policy.

It was agreed that a plan would be developed outlining how patients in primary care would be reviewed and prioritised for changing to a formulary preparation where appropriate.

**APC 19/04**

**MATTERS ARISING AND APC ACTION PLAN**

19/04.1

Chlorthiazide, Furosemide and Spironolactone Liquid

The Gold Standards previously referred to are currently being reviewed and updated and would be circulated.

The Lead Pharmacist, Barnsley CCG (CA) is awaiting a response from Sheffield Children's Hospital and this would be brought back.

19/04.2

SGLT2 Inhibitors Reclassification

The LMC rejected the request to change the traffic light classification to green and therefore SGLT2 Inhibitors would remain classified as Amber G.

19/04.3

Paracetamol Guidance

The guidance is currently being updated and will be sent to the LMC for approval.

**CA**

19/04.4

Palliative Care Drug Prescribing in the Community

The Head of Medicines Management plans to meet with commissioning out of hours service leads and separately with the palliative care team to look at potential barriers with obtaining palliative care drugs out of hours.

**CL**

19/04.5

Entresto® (sacubitril/valsartan) Amber Guideline

The LMC approved the guideline and this would be made available on the BEST website.

**JH**

19/04.6

Camouflage Cream Amber G Guideline

Feedback had been obtained from the dermatology team regarding long term supply and given that patients are re-matched and possibly changed after using each pot, they did not recommend any specific length of time or supply of a larger pot. As no further amendments were required, the guideline would be sent to the LMC.

	<b>Agreed action: -</b>		
	<ul style="list-style-type: none"> <li>The guideline would be sent to the LMC for approval.</li> </ul>		<b>JH</b>
19/04.7	<u>Ranolazine</u> The request to change the traffic light classification of Ranolazine from amber to amber-G was approved by the LMC.		
	<b>Agreed action: -</b>		
	<ul style="list-style-type: none"> <li>The Lead Pharmacist, BHNFT to produce the amber-G guideline.</li> </ul>		<b>GT</b>
19/04.8	<u>Low Molecular Weight Heparin During Pregnancy</u> The request to use a one page referral form, to transfer prescribing and monitoring from hospital to primary care for low molecular weight heparin use during pregnancy, and therefore changing the classification to amber-G specifically for use during pregnancy, was taken to the LMC for comment.		
	<p>The LMC requested more detail around the workload that GPs would be expected to undertake and there was some concern around requests already being received in primary care. Currently, the LMC would prefer secondary care to manage these patients.</p> <p>The Lead Pharmacist, BHNFT noted that secondary care would provide the full course for a patient 6 weeks post caesarean for example, and if prescribing was required longer term during pregnancy and the post-partum period.</p>		
	<b>Agreed actions: -</b>		
	<ul style="list-style-type: none"> <li>To quantify possible workload for GPs, patient numbers would be obtained for the LMC.</li> </ul>		<b>GT/CL</b>
	<ul style="list-style-type: none"> <li>The referral form would be taken to the LMC, noting that the monitoring would remain within secondary care.</li> </ul>		<b>CL</b>
19/04.9	<u>Action Plan – other areas</u> <u>Anticoagulation for Stroke Prevention in Non-Valvular AF – guidance update</u> The Lead Pharmacist, BHNFT would share the guidance with the cardiologists and provide any feedback at the next meeting.		<b>GT</b>
19/04.10	<u>Topical pimecrolimus and tacrolimus Amber G Guidance and Solaraze® gel (Diclofenac sodium 3%) Amber G Guidance</u> These were in development but would be deferred to February 2019.		
19/04.11	<u>Prednisolone – plain not EC QIPP academic detail aid</u> Deferred to April 2019.		
<b>APC 19/05</b>	<b>PRESCRIBING OF THICKENERS</b> Item deferred.		
<b>APC 19/06</b>	<b>GLP-1 AGONISTS PRESCRIBING DATA</b> At the May 2018 APC meeting, it was agreed that GLP-1 agonist primary care data would be reviewed after 3 months as a means of assessing the impact of the updated GLP-1 Agonist Amber G		

guideline when it was agreed that liraglutide would be used first line.

The updated prescribing data was presented indicating a slight increase in liraglutide but showing the biggest increase in once weekly dulaglutide.

Following a comment regarding the cost per item versus dose, this would be looked at within the Medicines Management Team.

DC

A new product application for semaglutide was expected to be submitted to the Committee.

**APC 19/07**

**PATIENT INFORMATION LEAFLET: 'OFF-LABEL' MEDICINES**

The Palliative Care Consultant, Barnsley Hospice presented the leaflet for adoption by all representatives for use across Barnsley. It was envisaged that this would be given to patients in the hospice, hospital and the community. All organisations were happy for their organisational logos to be added to the leaflet.

SWYPFT do have their own leaflet which also covers use of unlicensed medicines but are equally happy to adopt this one to compliment theirs.

It was agreed that unlicensed medicines would be incorporated into this leaflet.

**Agreed actions: -**

- The SWYPFT leaflet would be shared with the Palliative Care Consultant.
- Unlicensed medicines to be incorporated into the leaflet and organisational logos to be added.
- The finalised leaflet to be circulated for use across Barnsley.

SH/RH

RH

RH

**APC 19/08**

**TRANSDERMAL PATCH SAFETY LEAFLET**

The Palliative Care Consultant, Barnsley Hospice presented the leaflet, based on the MHRA leaflet, for adoption by all representatives for use across Barnsley. Anyone discharged on a patch from the hospice will be given a leaflet and it would be good practice in the hospital and community too. All organisations were happy for their organisational logos to be added for the leaflet.

**Agreed actions: -**

- Minor amendments to be made and all organisational logos to be added.
- The updated leaflet to be circulated for use across Barnsley.

RH

RH

**APC 19/09**

**THE FALSIFIED MEDICINES DIRECTIVE (FMD)**

The Committee discussed the FMD which will impact the entire supply chain when it is rolled out in Europe from February 2019 to address the threat of fake medicines.

Committee members were aware of the FMD and it was noted that plans were in place across organisations.

**APC 19/10 FORMULARY REVIEW PLAN**  
The plan was noted for information.

**APC 19/11 STABLE ANGINA PRESCRIBING GUIDELINE (NEW)**  
The prescribing guideline has been developed by one of the clinical pharmacists and Dr Atcha, in liaison with Dr Tahir and his recommendations were fed back to the Committee and have been incorporated into the guideline.

It was fed back that the LMC approved the guideline but wanted implementation to be monitored to ensure that the guideline is being followed in primary and secondary care. It was suggested and agreed that would be done via APC Reporting.

It was agreed that the following changes would be made to the guideline: -

- Tildiem Retard® to be removed, leaving Angitil SR® as the twice daily diltiazem preparation of choice.
- Verapamil wording to be amended.
- Within the beta blocker section, it was agreed that bisoprolol would be listed first. It was clarified that the any of the beta blockers listed could be selected.

Subject to the above amendments, the Committee approved the guideline.

**Agreed actions: -**

- The above changes would be made to the guideline.
- The updated guideline would be added to the BEST website.

JH  
JH

**APC 19/12 PREDNISOLONE SOLUBLE QIPP DETAIL AID (UPDATED)**  
Following the gastrointestinal formulary review, the data and graph have been updated on the prednisolone soluble QIPP detail aid.

This has been approved by the LMC.

Following discussion, minor changes would be made to the graph title/source and subject to these changes; the Committee approved the detail aid.

**Agreed action: -**

- Minor changes to be made.
- The updated document would be added to the BEST website.

JH  
JH

**APC 19/13 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES**

19/13.1 South Yorkshire & Bassetlaw Children's Epilepsy Shared Care Protocol

The draft protocol was brought to the Committee in August 2018 which has now been finalised by Sheffield. The Committee were made aware of the addition of a monitoring section that says regular blood test monitoring in children not recommended as routine and should only be done if clinically indicated and recommended by a specialist.

The Committee accepted the guidance on receipt of the verbal update.

**Agreed action: -**

- The updated protocol would be added to the BEST website.

**APC 19/14 NEW PRODUCT APPLICATION LOG**

The Lead Pharmacist, BHNFT to forward new product applications to the Administration Officer.

**GT**

**APC 19/15 BARNSELY APC REPORTING JANUARY 2019**

Received for information.

It was suggested and agreed that the sub group would meet 6 monthly going forward to discuss any recurring themes but issues would be picked up and raised at the APC meetings when necessary.

There was a lengthy discussion regarding a number of serious incidents highlighted via APC Reporting in terms of how they are escalated for further investigation. It was agreed that separate discussions would take place outside of the APC to ensure that correct escalation processes are followed on receipt of serious incidents reported via APC reporting and that assurance is obtained that incidents have been escalated and investigated appropriately. It was suggested that a protocol should be produced.

**CL/MS/CA  
/TB/SH**

**Agreed action: -**

- MDS/Venalink Guidance to be added to the next agenda.

**NB**

**APC 19/16 NEW NICE TECHNOLOGY APPRAISALS (DECEMBER 2018)**

The following NICE TAs were terminated appraisals: -

- TA548 Decitabine for untreated acute myeloid leukaemia (terminated appraisal)
- TA549 Denosumab for preventing skeletal related events in multiple myeloma (terminated appraisal)

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

**GT**

- TA550 Vandetanib for treating medullary thyroid cancer
- TA551 Lenvatinib for untreated advanced hepatocellular carcinoma
- TA552 Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia
- TA553 Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence

16.1 Feedback from BHNFT Clinical Guidelines and Policy Group  
There was nothing relevant to feedback.

16.2 Feedback from SWYPFT NICE Group  
The December 2018 NICE TAs were not applicable for use at SWYPFT.

- APC19/17**      **FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS**  
 17.1            Primary Care Quality & Cost Effective Prescribing Group  
 There was nothing to feedback.
- 17.2            BHNFT  
 The schedule of the Medicines Management Committee meetings has changed and the meetings now fall on the 2<sup>nd</sup> Tuesday of the month.
- 17.3            SWYPFT Drug and Therapeutics Committee  
 SWYPFT have secured some short term funding for a clinical pharmacist to work for the CAHMS team in Barnsley helping to look at shared care issues (providing training for GPs if required) and branded generic issues.
- APC 19/18**      **ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**  
 It was agreed to escalate the following issues to Q&PSC: -
- Patient Information Leaflet: 'Off-Label' Medicines
  - Transdermal Patch Safety Leaflet
- The Q&PSC fed back at the last meeting regarding out of stock issues with the gum based thickeners.
- The ongoing out of stock issues with many products have previously been escalated to the Q&PSC.
- APC 19/19**      **HORIZON SCANNING DOCUMENT (DECEMBER 2018)**  
**Iloprost trometamol** (generic) 10micrograms/ml nebuliser solution (iloprost, Zentiva) – **ALREADY NON-FORMULARY PROVISIONAL RED**  
**Cefepime** 1g and 2g powder for solution for injection / infusion (Renapime<sup>®</sup>, Renasciencepharm Ltd) - **NON-FORMULARY PROVISIONAL RED**  
**Salmeterol / fluticasone** (hybrid) 50 micrograms / 500 micrograms per dose inhalation powder, pre-dispensed (Stalpex<sup>®</sup>, Glenmark) - **NON-FORMULARY PROVISIONAL GREY**  
**Oxycodone** (generic) 5mg, 10mg, 15mg, 20mg, 30mg, 40mg, 60mg and 80mg prolonged-release tablets (Oxypro<sup>®</sup>, Ridge Pharma) - **NON-FORMULARY PROVISIONAL GREY**  
**Tezacaftor / ivacaftor** 100mg / 150mg film coated tablets (Symkevi<sup>®</sup>▼, Vertex Pharma) - **NON-FORMULARY PROVISIONAL RED**  
**Clonidine** (generic) 50 micrograms/5ml oral solution (Clonidine, Thame Laboratories) - **NON-FORMULARY PROVISIONAL GREY**  
**Apomorphine** (generic) 5mg/ml solution for infusion; 10mg/ml solution for injection in a cartridge (Dacepton<sup>®</sup>, Ever Pharma UK) – **ALREADY FORMULARY AMBER**  
**Esketamine** 5mg/ml solution for injection/ infusion (Vesierra<sup>®</sup>, Pfizer) - **NON-FORMULARY PROVISIONAL RED**  
**Cimetidine** (generic) 400 mg & 800 mg tablets (Zabcid<sup>®</sup>, Ennogen) – **ALREADY FORMULARY GREY**  
**Lidocaine/prilocaine** 150 mg/mL + 50 mg/mL cutaneous spray (Fortacin<sup>®</sup>, Recordati) - **NON-FORMULARY PROVISIONAL GREY**

CL

**Vardenafil** (generic) 5 mg, 10 mg & 20 mg tablets (Rivopharm)  
(Vardenafil Accord, Accord) – **ALREADY FORMULARY GREEN**

**APC19/20 MHRA DRUG SAFETY UPDATE (DECEMBER 2018)**

Noted for information with the following articles highlighted: -

- Oral lidocaine-containing products for infant teething: only to be available under the supervision of a pharmacist
- Valproate medicines: are you in acting in compliance with the pregnancy prevention measures?
- Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients (*SWYPFT noted that they were awaiting the patient leaflet from the MHRA*)
- Hydrocortisone muco-adhesive buccal tablets: should not be used off-label for adrenal insufficiency in children due to serious risks

**APC 19/21 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**

19/21.1 Insulin Preparations (for information)

The enclosures were noted.

19/21.2 STOMP (for information)

The enclosures were noted.

**APC 19/22 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES**

There were no minutes to note.

**APC 19/23 ANY OTHER BUSINESS**

19/23.1 Statin Guideline

Dr Munzar asked on behalf of the LMC for clarification regarding patients with chronic kidney disease.

**Agreed action: -**

- The Medicines Management Pharmacist to look at this again to ensure the guidance is clear and would ensure that Dr Maters, Dr Munzar and Dr Bannon are copied into email correspondence.

**JH**

**APC 19/24 DATE AND TIME OF THE NEXT MEETING**

The time and date of the next meeting was confirmed as Wednesday, 6<sup>th</sup> February 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.