Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 14th March 2018 in the Boardroom, Hillder House

MEMBERS:

Dr Mehrban Ghani (Chair)	Medical Director (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Chris Lawson	Head of Medicines Optimisation (Barnsley CCG)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Arelis Rodriguez-Farradas	Prescribing Support Dietitian (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Umar Patel	Senior Pharmacist - Formulary / Interface (BHNFT)

ACTION BY

APC 18/42 QUORACY

The meeting was not quorate and therefore any decisions made would need to be ratified at the next meeting. **NB**

APC 18/43 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 18/44 DRAFT MINUTES OF THE MEETING HELD ON 7th FEBRUARY 2018

The minutes were accepted as an accurate record of the meeting but as the meeting was not quorate, the minutes would need to be ratified at the next meeting. **NB**

APC 18/45 MATTERS ARISING AND APC ACTION PLAN

18/45.1 NICE TAs – December 2017

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

- TA496 Ribociclib with an aromatase inhibitor for previously untreated, hormone receptorpositive, HER2-negative, locally advanced or metastatic breast cancer **GT**

18/45.2 NICE TAs – January 2018

- TA503 Fulvestrant for untreated locally advanced or metastatic oestrogen receptor positive breast cancer

As discussed at the February 2018 meeting, Fulvestrant for untreated locally advanced or metastatic oestrogen receptor positive breast cancer was not recommended and was currently classified red on the formulary. As BHNFT were currently using it, the clinical reasons for using it would be obtained and brought back to the Committee.

Agreed action: -

- The Lead Pharmacist, BHNFT to email the MMT Administration Officer regarding TA496 and TA503. **GT**
- The Lead Pharmacist to provide feedback regarding the clinical reasons for using Fulvestrant for untreated locally advanced or metastatic oestrogen receptor positive breast cancer **GT**

18/45.3 Benzodiazepines

Following the circulation of an NHS letter around risks associated with withdrawal from benzodiazepines, it was confirmed that the CCG have a SOP and additional resources around benzodiazepines and these are currently being updated to incorporate this new information.

APC 18/46 PROPOSAL FOR CHANGES TO GLUTEN FREE PRESCRIBING POLICY

Arelis Rodriguez-Farradas, Prescribing Support Dietitian was in attendance to present Enclosure D.

In March 2017, the Department of Health and Social Care (DHSC) launched a national public consultation to seek views on whether to make changes to the availability of GF foods available on prescription in England.

The consultation consisted of 3 options and the outcome of the consultation was announced in February 2018, with option 3 as the preferred choice, recommending for prescriptions to be limited to bread and mixes only.

As a result of the consultation, the proposed changes to the NHS Barnsley CCG Prescribing Policy were presented to the Committee and it was proposed to implement the changes from 1 May 2018.

Following discussion, the main changes were: -

- To limit prescribing to bread and mixes only (no restrictions within the breads or mixes categories)
- To limit units to 8 units per month for all patient groups
- communicate changes to patients and key stakeholders

As the meeting was not quorate, feedback from members would be requested by email to allow work to commence on this as soon as possible.

Agreed actions: -

- Feedback on the proposed changes would be requested by email. **CA/NB**
- Changes would be communicated prior to the implementation date. **CA**
- Changes to be implemented from 1 May 2018.

APC 18/47 FREESTYLE LIBRE® PROTOCOL

The Lead Pharmacist (CA), NHS Barnsley CCG presented 2 separate protocols for initiating FreeStyle Libre® for glucose monitoring in adults and children. These had been updated to incorporate information included in the Sheffield Protocol.

18/47/01 Protocol for initiating FreeStyle Libre® for glucose monitoring in Adults

There was a discussion around how best to monitor the supply/issue of the device(s) in Secondary Care and it was agreed that this was an internal process that would be considered.

It was raised at a previous APC meeting regarding the length of supply from secondary care which is currently 6 months. It was noted that in Sheffield this had been agreed as 12 months. On contacting the team in Sheffield, a 12 months' supply is in place so the specialist team can monitor the patient and undertake an internal audit on the effectiveness of the device.

It was agreed that the protocol would be updated to state that patients already self-funding must meet the criteria for the initiation of FreeStyle Libre®; demonstrate an improvement and achieve the required outcomes listed to continue with use of the device.

Agreed action: -

- As the meeting was not quorate, the updated protocol for initiating in adults would be circulated to members by email for further comment and approval. **CA**

18/47.02 Protocol for initiating FreeStyle Libre® for glucose monitoring in Children

The protocol would be taken back to the specialists with the suggested change to review the patient in 6 months.

Agreed action: -

- The protocol would be taken back to the specialists with the suggested change to review the patient in 6 months. This would be brought back to the Committee. **CA**

APC 18/48 LABA/LAMA

The Lead Pharmacist (CA), NHS Barnsley CCG presented Enclosure F showing that there are currently four LABA/LAMA combination inhalers available on the market, three of which are included on the Barnsley Joint Formulary.

As presented in the table, there is a significant amount of prescribing of Anoro Ellipta® which at present is non-formulary. Anoro Ellipta® prescribing accounts for 9% of total LAMA/LABA combination inhaler prescribing.

It was agreed that the geographical area would be checked for the prescribing to establish if this was out of area. Prescribing of other Ellipta's would also be checked.

Agreed actions: -

- The geographical area would be checked for the prescribing to establish if this was out of area. **CA**
- Prescribing of other Ellipta devices would also be checked. **CA**

APC 18/49 TERMS OF REFERENCE (ANNUAL REVIEW)

The core membership of the Committee was discussed and would be discussed further at the Time Out Session on 18th April 2018.

It was agreed that Public Health representatives at BMBC would be contacted about how to ensure they are represented on the Committee and they would be invited to attend the APC Time Out.

Agreed actions:-

- The Head of Medicines Optimisation to contact BMBC Public Health representatives about their attendance at future meetings and the Time Out Session. **CL**
- The Terms of Reference would be discussed further at the APC Time Out Session. **CL**
- The Terms of Reference would be brought back to the May 2018 meeting. **CL**

APC 18/50 APC ACHIEVEMENTS REPORT

The draft report is currently being finalised and will be circulated to all for comment/contribution. The report will highlight and raise awareness of the amount of work undertaken by the Committee.

It was agreed that an attendance record would be included in the report.

Agreed actions: -

- The attendance record would be added to the report. **NB**
- The finalised report would be circulated to members for comment. **CL**
- The final report would be shared with Quality & Patient Safety Committee. **CL**

APC 18/51 ANTI-EMETIC GUIDANCE

The Lead Pharmacist (CA), Barnsley CCG presented Enclosure I which had undergone a routine update. The guidance now includes information on drug use in pregnancy and a link to the palliative care formulary.

This has been seen by the specialists and comments taken on board.

The Committee approved the guidance.

Agreed action:-

- As the meeting was not quorate, the guidance would be brought back to the next meeting for ratification. **NB**

APC 18/52 GUIDANCE FOR SAFE AND EFFECTIVE USE OF PROTON PUMP INHIBITORS (PPIs)

The Medicines Management Pharmacist, Barnsley CCG presented Enclosure J which had been produced to support GPs when prescribing PPI's, noting risks associated and reviewing initial treatment course and annual review.

Feedback from the specialists was noted and additions included. The specialists were happy with the guidance.

Guidance around stopping PPIs and H2- receptor antagonists 2 weeks before an endoscopy was appreciated.

It would be checked if hyponatraemia was also a risk associated with the use of PPIs and information would be included if required.

Agreed action: -

- It would be checked if hyponatraemia was also a risk associated with the use of PPIs and information would be included if required. **JH**
- As the meeting was not quorate, the guidance would be brought back to the next meeting for ratification. **NB**

APC 18/53 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

18/53.1 <u>GLP-1 Agonists Shared Care Guideline Update</u>

As discussed at the last meeting, it was agreed that the updated shared care guideline would be brought back with any evidence base to support the use of the higher 1.8mg dose and it would be checked if there was currently any guidance available from other areas around which GLP-1 agonist to use first line.

Guidelines from Sheffield and Leeds had been obtained.

The Sheffield guidance stated that Liraglutide (Victoza®) could be increased if necessary to 1.8mg a day but this is not standard procedure; normally stop at 1.2mg has little benefit above that. The Leeds guidance does not specify any restrictions on dose and follows the NICE guidance restriction.

In terms of using Liraglutide (Victoza®) first line, Sheffield do not recommend using one above any of the others first line but the guidance may have been updated (May 2017) prior to the cardiovascular data being published. The Leeds Pathway Guideline, published January 2018 which was intended for use in primary care in Leeds only lists Liraglutide (Victoza®) and Dulaglutide (Trulicity®) and doesn't specify to use Liraglutide (Victoza®) first line but implies to. It was noted that the Leeds Teaching Hospital formulary lists

more than just Liraglutide (Victoza®) and Dulaglutide (Trulicity®).

The Committee was also made aware of the SIGN 154 guideline for management of type 2 diabetes which was published in November 2017, which states that "a GLP-1 agonist with proven cardiovascular benefit (currently Liraglutide (Victoza®))" should be used for patients with T2DM and established cardiovascular disease.

It was agreed that the Barnsley guideline would state, as per the Sheffield guideline for Liraglutide (Victoza®), that this could be increased if necessary to 1.8mg a day but this is not standard procedure, normally stop at 1.2mg has little benefit above that, and as a result of the cardiovascular data it would be recommended that Liraglutide (Victoza®) be used first line.

Agreed actions: -

- The trial summary information, page 7 to be included in the guideline introduction. **UP/GT**
- The updated guideline to be shared with the Endocrine Team, highlighting the recommendation to use Liraglutide (Victoza®) first line. Should there be any objection to this, then declarations of interest to be obtained. **UP/GT**
- The updated guideline to be brought back to the Committee for ratification. **UP/GT**

18/53.2 Amidarone Amber G Shared Care Guideline

The guideline was presented following a routine update. The tracked changes were highlighted to the Committee.

Agreed actions: -

- It was agreed that a prompt would be added to Eclipse Radar to check TFTs every 6 months (for up to 12 months after discontinuation of amiodarone as hyperthyroidism may occur up to several months after discontinuation) or if patient presents with clinical features suggestive of thyroid disease **CL**
- As the meeting was not quorate, the guidance would be brought back to the next meeting for ratification **NB**

18/53.3 South Yorkshire Shared Care Guidelines

- Shared Care Guideline for the Treatment of Adults with Recombinant Human Growth Hormone (r-hGH)

The Head of Medicines Optimisation presented the Sheffield Shared Care Guideline for the Treatment of Adults with Recombinant Human Growth Hormone (r-hGH) (currently red) to ascertain if the Committee would see any advantage to falling in line with the Sheffield guidance.

The Committee felt it sensible to follow the Sheffield guidance but it was agreed that the BHNFT specialist's views would be obtained before adopting these guidelines locally.

Agreed actions: -

- BHNFT specialist's views would be obtained and fed back to **GT**

the Committee.

APC 18/54 **NEW PRODUCT APPLICATION LOG** – noted.

APC 18/55 **BARNSLEYAPCREPORT@NHS.NET FEEDBACK**

18/55.1 APC Reporting March 2018

The reports were received and a number of reports were discussed in more detail.

A report had been received around Liothyronine as a GP practice had been asked to prescribe it. Following discussion, it was confirmed that Endocrinology had been informed of the APC decision, in June 2017, where it was agreed that patients would be reviewed in primary care and considered for switching to levothyroxine before potentially referring more complex patients to Endocrinology if they could not be switched. BHNFT APC representatives had advised Endocrinology that should they wish to appeal the APC's decision to refer complex patients back to them, the specialists would be asked to attend a APC meeting to discuss this further.

It was noted that a number of reports had been received relating to the amount of medication provided from clinic/on discharge and it was agreed that guidance would be circulated within primary care around the appropriateness of raising reports via APC reporting as it would be expected that some issues identified at practice level are dealt with and resolved at practice level, especially when the report relates to the clinical care of an individual patient.

A report due to be shared at the April 2018 meeting was raised and discussed. This was in relation to GPs having been approached by the cardiovascular nurses to assess patients for Ticagrelor extended treatment. It was fed back by BHNFT representatives that the decision agreed with the cardiologists, that they would decide either at discharge or post MI clinic whether or not a patient would be appropriate for extended treatment, had not been fed back to the cardiac nurses who run the post MI clinic. Following discussion, it was agreed that Dr Tahir, Consultant Cardiologist and Daniel Kaye, Nurse Specialist would be invited to a future meeting to discuss this further.

The Chair informed the Committee that medication reports are also reported and logged by GPs using proforma's produced by GPC. These are then shared with the Medical Director, BHNFT. The Lead Pharmacist, BHNFT would make a request to the Medical Director to receive copies of any reports relating to drugs.

Agreed action:

- Guidance on the appropriateness of raising reports via APC reporting to be circulated within primary care. **CA**
- The detail of the Liothyronine report would be shared with BHNFT representatives **CA**
- Consultant Cardiologist and Nurse Specialist to be invited to a future meeting to discuss Ticagrelor dosing at MI clinic. **GT**

APC 18/56 NEW NICE TECHNOLOGY APPRAISALS – FEBRUARY 2018

The following NICE TA was applicable for use at BHNFT:-

- TA507 Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C

The following NICE TA was not applicable for use at BHNFT:-

- TA504 Pirfenidone for treating idiopathic pulmonary fibrosis

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

- TA505 Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma

The following NICE TA was not recommended:-

- TA506 Lesinurad for treating chronic hyperuricaemia in people with gout

The following updates were noted: -

- TA160 (updated from Oct 2008) Raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women

- TA161 (updated from Oct 2008) Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women

- TA464 (updated from Aug 2017) Bisphosphonates for treating osteoporosis

18/56.1 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing relevant to report back to the Committee.

18/56.2 Feedback from SWYPFT NICE Group

There was nothing relevant to report back to the Committee.

APC 18/57 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

18/57.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)

The group had not met.

18/57.2 BHNFT

There was nothing relevant to report back to the Committee.

18/57.3 SWYPFT Drugs & Therapeutics Committee (D&TC)

There was nothing relevant to report back to the Committee.

APC 18/58 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed that the following would be escalated to the Q&PSC: - **MG**

- Gluten Free Prescribing Policy
- Guidance for Safe and Effective use of Proton Pump Inhibitors (PPIs)

APC 18/59 HORIZON SCANNING DOCUMENT – FEBRUARY 2018

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

Benralizumab 30 mg solution for injection in pre-filled syringe (Fasenra®▼, AstraZeneca) – **PROVISIONAL RED**
Tramadol/dexketoprofen 75 mg/25 mg film-coated tablets (Skudexa®, A Menarini Farmaceutica) – **PROVISIONAL GREY**
Ocrelizumab 300 mg concentrate for solution for infusion (Ocrevus®▼, Roche) – **PROVISIONAL RED**
Bimatoprost 0.3 mg/mL eye drops (Sturiban®, Actavis) – **NON FORMULARY**
Ciprofloxacin 2 mg/mL ear drops in **single-dose** container (Cetraxal®, Aspire Pharma) – **PROVISIONAL GREEN** (use only with positive swab for ciprofloxacin-susceptible microorganisms)
Rosuvastatin (generic) 5 mg, 10 mg, 20 mg & 40 mg film-coated tablets (Multiple brands: Actavis, Ranbaxy, Zentiva) – **ALREADY GREEN**
Mebeverine (generic) 200 mg **modified-release** capsules (Aspire Pharma) – **PROVISIONAL GREY**
Metformin 500 mg prolonged-release tablets (Metuxtan®, Accord) - **ALREADY GREEN** (Glucophage® MR) - reserve for patients intolerant of standard release metformin. Should be prescribed generically.
Efavirenz/emtricitabine/ tenofovir disoproxil (generic) 600 mg/200 mg/245 mg film-coated tablets (Zentiva) – **ALREADY RED**
Hydrocortisone 3.35 mg/mL eye drops in **single-dose** container (Softacort®, Thea Pharmaceuticals) – **PROVISIONAL GREY**

APC 18/60 MHRA DRUG SAFETY UPDATE – VOLUME 11, ISSUE 6, FEBRUARY 2018

Received and noted.

It was highlighted that the March 2018 issued on 8th March 2018 issued the following safety alert: -

- Head lice eradication products: risk of serious burns if treated hair is exposed to open flames or other sources of ignition, e.g. cigarettes

Pharmacists should tell people about the risk of fire when they discuss head lice eradication options.

APC 18/61 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (25 January 2018) and NHS Sheffield CCG (16th November 2017 & 18th January 2018) were received and noted.

Agreed action: -

- The Head of Medicines Optimisation to contact Doncaster regarding 'Items which should not routinely be prescribed in Primary Care' and their classification of Liothyronine and Tadalafil once a day (Cialis). **CL**

APC 18/62 ANY OTHER BUSINESS

18/62.1 Parkinson's Disease Shared Care Guideline

The Committee were informed that the guideline was being developed and updated collaboratively across South Yorkshire.

18/62.2 Testogel Sachets

It was noted that there are some manufacturing problems with the sachets but there is a pump available. This is cost neutral but there are different dosing recommendations.

Agreed action: -

- Information relating to the dosing recommendations to be included in the APC memo. **CA**

18/62.3 Alogliptin

Feedback had been received from Professor Jones, Consultant Physician & Endocrinologist, BHNFT following the inclusion in the MOS to switch alogliptin. He was concerned about the patent expiry with respect of sitagliptin (2022) and raised issues around the risk of heart failure in patients taking alogliptin. It was agreed that the risk would be taken into account for each drug in line with the protocols.

18/62.4 Tramadol Theft

The Committee were aware of the recent alert. This information would be circulated, noting that it was not to be disclosed to or displayed in view of members of the public and was for the information of NHS members of staff only. **CA**

18/62.5 Over the counter medicines

Following closure of the national consultation, the Committee were made aware of a local consultation, launched by the CCG today, to inform the local decision. The Committee were asked to raise awareness of the consultation. **ALL**

18/62.6 Revised national guidance on prescribing responsibilities published

This had recently been circulated by email and would be brought back to the next meeting. **NB**

APC 18/63 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th April 2018 at 12.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.