NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 12th December 2018 in the Boardroom, Hillder House

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
Anila George	Senior Interface Pharmacist (BHNFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Ruth Lister	Lead Pharmacist, Palliative Care and Rehabilitation Services (SWYPFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Caron Applebee	Lead Pharmacist (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)

ACTION BY

APC 18/237 QUORACY

The meeting was not quorate and therefore any decisions made would need to be ratified.

The LMC have a third representative to attend future APC meetings and a schedule of primary care representation will be coordinated to ensure representation is provided.

APC 18/238 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 18/239 DRAFT MINUTES OF THE MEETING HELD ON 14th NOVEMBER 2018

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

Agreed action: -

- As the meeting was not quorate, the minutes would be circulated to members for ratification. **NB**

APC 18/240 MATTERS ARISING AND APC ACTION PLAN

240.1 Chlorthiazide, Furosemide and Spironolactone Liquid

Following the Head of Medicines Management meeting, it was fed

back that other CCGs do not specify which strength of chlorthiazide, furosemide or spironolactone liquid to keep. At the meeting there were some discussions around whether this should be implemented or not. It was noted that the less concentrated formulation would be preferred from a safety point of view but in some cases some patients may find taking the volume difficult so could see why the more concentrated version would be kept.

The Chief Pharmacist, BHNFT had no update from Yorkshire Chief Pharmacists.

Agreed action:-

- The Lead Pharmacist (CA) to contact Sheffield Children's Hospital to obtain their views and find out which products are stocked. This would be brought back to the next meeting. **CA**
- Gold Standard Guidelines for GPs and pharmacies would be re-circulated to raise awareness around checking correct doses being prescribed and dispensed. **CL**

240.2 MOS 2018/19

240.2.1 Combisal®

It was noted that no response had yet been received from the paediatric consultants regarding the suggested replacement of Seretide® evohaler on the formulary with Combisal®, however, the Lead Pharmacist, BHNFT had shared consultant feedback regarding compatibility with spacers and confirmed that Combisal® was not in the BHNFT contract.

It was confirmed that secondary care would not be expected to take any further action and work would be undertaken in primary care. It was noted that if patients are started on Seretide® evohaler with a Volumatic® spacer in hospital, an Aerochamber®spacer would need to be provided in primary care when the patient is switched to Combisal®.

240.2.2 Yaltormin® Stocks

It was confirmed that we have received assurance from the company around stock availability.

240.2.3 Duloxetine to Depalta®

The Committee were informed that following a recent price change with the generic, it had been agreed not to progress with the switch from Duloxetine to Depalta®.

240.3 Saxenda® (Liraglutide)

The continued funding of Saxenda® (Liraglutide) within the Weight Management Programme had been discussed at BHNFT CBU Governance where they agreed to fund the use of Saxenda® (Liraglutide) for 12 months with the requirement to audit against the guidelines; to only initiate after other lower cost first line options have been tried; and to review patients and discontinue if no evidence of benefit.

Post meeting note: *- As patients would be managed in secondary care, the traffic light classification status would be changed from* **JH**

provisional grey to red.

Its continued use would be reviewed in 12 months and this would be followed up by BHNFT Medicines Management Committee.

The Lead Pharmacist, BHNFT is currently looking at internal processes around prescribing to ensure accurate dispensing in instances for example where two products available have different licensed indications. **GT**

Primary Care would be undertaking a piece of work to review its prescribing to ensure that the right product has been prescribed for its licensed indication. **CL**

240.4 Fiasp® (insulin aspart) injection Amber G Guideline
This was accepted by the LMC.

240.5 NICE TAs (October 2018)
The Chief Pharmacist, BHNFT confirmed that the following NICE TA **was** applicable for use at BHNFT: -

- TA543 Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs

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

- TA542 Cabozantinib for untreated advanced renal cell carcinoma
- TA544 Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive melanoma

240.6 Budesonide 1mg orodispersible tablet (Jorveza®)
It was noted that BHNFT see occasional off-licence prescriptions for budesonide nebules used orally for eosinophilic esophagitis by ENT. The Gastroenterologist was in support of Jorveza® being added to the formulary given the outcomes seen at the Trust. He noted this would be for use for a small number of patients who would be initiated in secondary care initially with follow up. Advice would then be sent to primary care regarding continued prescribing. The provisional grey traffic light classification would be reviewed on receipt of further information.

Agreed action:

- A new product application would be submitted for Jorveza®. **GT**

240.7 Action Plan – other areas
All items listed were on the agenda.

240.8 Biosimilar
The Lead Pharmacist, BHNFT informed the Committee that as a region, we have been allocated Amgevita® (citrate free) as the Adalimumab (Humira®) biosimilar to treat psoriasis and other inflammatory diseases. There is a 73% reduction in price from Humira® and as soon as the SLAs are in place (December 2018),

switches will begin. A letter will be sent to GPs for all switched patients, for information only.

APC 18/241 MEDICINES INTERFACE ACTION PLAN

The Head of Medicines Optimisation has worked with providers to set and agree a plan in respect of gap analysis against what were then the standards and recommendations. The updated reports from secondary care and community provision were presented.

A parallel piece of work was continuing in primary care and this would be shared at a future meeting for information.

Barnsley Hospice actions agreed and feedback received. All work completed and signed off.

SWYPFT response received. All complete and signed off with the exception of the D1 audit. A date to be agreed for the audit and the results to be added to the report when complete. **SH**

BHNFT response received and discussed. It was noted that over time, systems and data capture has changed.

- In-patient drug sheet records medicines conciliation and follows the patients during their hospital stay.
- Self-administration policy has been embedded across the Acorn Unit and the initiative has informed self-administration across the Trust and it's hoped the policy will become a model to use Trust-wide.

It was summarised that significant improvements have been made as a result of the work undertaken but there are still some gaps to be addressed.

There was discussion around SCR and MIG and the accuracy of information available and a number of examples were noted.

Agreed action: -

- The Primary Care report will be brought to the Committee for information. **CL**
- Gap analysis work to be undertaken. **CL**

APC 18/242 SGLT2 INHIBITOR RECLASSIFICATION

The Medicines Management Pharmacist informed the Committee that requests had been received again asking to change the traffic light classification of SGLT2 inhibitors from amber G to green. It was noted that they are currently green in Sheffield, Rotherham and Doncaster and the Committee were asked for their views.

Agreed action:-

- This would be taken to the LMC to obtain their views. **JH/CL**

APC 18/243 DILTIAZEM PREPARATIONS

The Lead Pharmacist, BHNFT presented Enclosure D with the proposal to rationalise the use of oral diltiazem preparations across Barnsley to minimise confusion and reduce the risk of inappropriate

prescribing and/or dispensing.

Following discussion with the Cardiologists at BHNFT, they would be in favour of removing the TDS preparations from the formulary and keeping minimal BD and OD preparations within the hospital. They would prefer to initiate treatment with a BD preparation but acknowledge that an OD preparation might be preferable for some patients. There was a consensus that the once daily and twice daily preparations should be of a different brand to avoid confusion. **GT**
It was agreed to keep twice daily formulations Angitil SR® and Tildiem Retard®, and once daily preparation Zemtard XL® as the preferred brands on the Barnsley formulary. The Committee agreed that appropriate wording would be added to the agreed list of preferred preparations.

It was agreed that Diltiazem hydrochloride (Tildiem®) TDS preparation would remain green for use in 'exceptional circumstances'. Patients should be initiated on a 'twice daily' or 'once daily' diltiazem preparation where possible. Appropriate wording would be provided by the Lead Pharmacist, BHNFT to add to the Tildiem® entry on the Barnsley Formulary regarding use in 'exceptional circumstances'.

With regards to switching existing patients, it was agreed that Primary Care would produce a SOP around the approach to changing patients; a trial would be carried out and a report would be brought back to the Committee. As this switch is as a result of identified safety issues, the Committee agreed that this was a reasonable way forward to improve quality and reduce confusion.

Agreed actions: -

- The Lead Pharmacist to provide appropriate wording to add to the list of preferred diltiazem preparations on the Barnsley Formulary and to provide appropriate wording to add to the Tildiem® entry around use in 'exceptional circumstances'. **GT/JH**
- Primary Care to produce a SOP around the approach to changing patients; carry out a trial and report back to the Committee **DC/JH**

APC 18/244 PARACETAMOL GUIDANCE

Guidance has been produced to summarise a number of changes and remind prescribers of the current dosage recommendations for both adults and children.

The Lead Pharmacist, BHNFT to ensure comments from the Paediatric Lead are fed back before this is circulated to the LMC.

It was suggested that the tablet equivalent should be included in the paediatric oral paracetamol dosing table for appropriate ages.

There were discussions around oral paracetamol dosing for prophylaxis of post-immunisation pyrexia following immunisation with other vaccines except meningococcal group B vaccine (Bexero®). The Lead Pharmacist at SWYPT stated that an alert had been produced 2-3 years ago which said that paracetamol shouldn't

be given routinely for prophylaxis of post-immunisation pyrexia (except following Bexsero®) as it can stop the vaccine working. It should only be given if the child is really febrile.

Agreed action: -

- Paediatric Lead to feedback comments **GT**
- The tablet equivalent to be included in the paediatric oral paracetamol dosing table for appropriate ages. **CA**
- Add information from the alert referred to above to the guidance as appropriate **CA**
- Guidance to be shared with the LMC **JH/CL**

APC 18/245 PALLIATIVE CARE DRUG PRESCRIBING IN THE COMMUNITY

Ruth Lister was in attendance to discuss this item.

245.1 <u>The Palliative Care Stockist Scheme</u>

It was reported that there have been issues with some of the pharmacies in the scheme not having some of the listed drugs in stock. The Medicines Management Team (MMT) is currently looking at this and is planning to issue guidance to the participating pharmacies. They are also planning to instigate a method for the pharmacies to report any problems with obtaining the drugs to the CCG. The MMT have contacted all pharmacies in the scheme to ask about stock levels and once all responses have been received, they plan to look at the quantities kept to ensure these are appropriate. Once reviewed, relevant parties will be contacted to advise about opening hours, drugs stocked etc.

245.2 <u>Difficulties with Prescriptions Dispensed Out Of Hours</u>

Although this issue doesn't often occur, there have been instances where patients are unable to obtain medications during the night. Ruth Lister sought advice from the APC about having a scheme in place to prevent this happening as this can have an impact on family, carers and the rapid response team.

Following discussion, it was suggested that the rapid response team would be best placed to hold medications and Ruth would make some enquiries about what would be required to achieve this. The Head of Medicines Optimisation would speak to the Head of Commissioning regarding the possibility of commissioning this service.

Agreed actions: -

- Ruth Lister to liaise with the rapid response team **RL**
- The Head of Medicines Management to clarify with the Commissioning Lead for Rapid Response and OOH as to content of current service specifications in respect of supply of medication. **CL**

APC 18/246 FORMULARY REVIEWS

246.1 <u>Formulary Review Plan</u>

Received for information.

APC 18/247 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

247.1 Entresto® (sacubitril/valsartan) Amber Guideline

It was agreed at the last meeting to change the traffic light classification of Entresto® (sacubitril/valsartan) from red to amber. It was noted that quite a number of patients are being prescribed this in primary care and therefore it would be shared with the LMC to confirm that they felt it was appropriate for GPs to prescribe.

The Committee approved the amber guideline.
Post meeting note: **decision ratified by email.**

Agreed action:-

- The guideline would be taken to the LMC for approval. **JH/CL**

247.2 Camouflage cream Amber-G Guideline

The new guideline was presented but as this needed to go through the new development process; the guidance would be circulated to the LMC to ask for feedback and approval.

There was a discussion around quantities being prescribed given the additional cost for obtaining the product and it was agreed that information on the products regarding volumes and quantities to supply would be added to the guideline.

Subject to the above, the Committee approved the guideline.

Agreed action: -

- The additional information agreed would be added to the guideline **GT**
- Once the additional information has been added, the guideline will be shared with the LMC for approval. **JH/CL**

APC 18/248 NEW PRODUCT APPLICATION LOG

Noted.

The Lead Pharmacist, BHNFT advised that a new product application had been submitted for Evolve HA 10ml (0.2% sodium hyaluronate, preservative free). This was a brand switch from Hylo-Forte® to Evolve HA® which is a more cost-effective 0.2% sodium hyaluronate preparation and the Committee were asked if the application needed to be presented for consideration. This is currently being used at the Trust.

The advantages include:-

- Evolve HA are cheaper than HyloForte (£5.99 vs £9.50 MIMS price)
- The bottle resembles a normal eye drop bottle as some patients with dexterity problems (allegedly) struggle to use the bigger HyloForte bottle.
- Evolve HA has an expiry of 3 months after opening (6 months for HyloForte, but it doesn't usually last that long if patients are using it regularly).

The Committee approved the request to switch the brand.

Agreed action: -

- Email Committee members not present to ratify the decision **NB**
  Post meeting note: *decision ratified by e-mail*

APC 18/249 BARNSLEY APC REPORTING DECEMBER 2018

Received for information.

APC18/250 NEW NICE TECHNOLOGY APPRAISALS (NOVEMBER 2018)

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

- TA547 Tofacitinib for moderately to severely active ulcerative colitis
- TA293 (updated Oct from July 13)Eltrombopag for treating chro
- TA221 (updated Oct from Apr 11)Romiplostim for the treatment

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

- TA545 Gemtuzumab ozogamicin for untreated acute myeloid leukaemia
- TA546 Padeliporfin for untreated localised prostate cancer

250.1 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing to report back to the Committee.

250.2 Feedback from SWYPFT NICE Group

There was nothing to report back to the Committee but it was confirmed that NICE TAs 545, 546, 547, 293 and 221 were not applicable for use in SWYPFT.

APC18/251 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

251.1 Primary Care Quality & Cost Effective Prescribing Group

Virtual meetings have been held and there was nothing relevant to report back.

251.2 BHNFT

There was nothing relevant to report back.

251.3 SWYPFT Drug and Therapeutics Committee

It was noted that work around sodium valproate was ongoing.

APC 18/252 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the following issues to Q&PSC: - **CL**

- Quoracy of meeting
- Medicines Interface Action Plan – progress made

APC 18/253 HORIZON SCANNING DOCUMENT – NOVEMBER 2018

Doxylamine / pyridoxine 10 / 10 mg gastro resistant tablets (Xonvea®, Alliance) **– PROVISIONAL GREY**

Encorafenib 50mg and 75mg hard capsules (Braftovi®▼, Pierre

Fabre) **– PROVISIONAL RED**
Binimetinib 15mg film-coated tablets (Mektovi®▼, Pierre Fabre) **– PROVISIONAL RED**
Pegfilgrastim (biosimilar) 6mg solution for injection in pre filled syringe (Pelgraz®▼, Accord) **– PROVISIONAL RED**
Fluticasone/salmeterol 250/50 microgram and 500/50 microgram inhalation powder (Fusacomb Easyhaler®, Orion Pharma) **– PROVISIONAL GREY**
Adalimumab (biosimilar) 20 and 40mg pre-filled syringe, 40mg pre-filled pen (Hyrimoz®▼, Sandoz) (Imraldi®▼, Biogen Idec) 40mg pre-filled pen or syringe (Hulio®▼, Mylan) **– PROVISIONAL RED**
Adalimumab (biosimilar) 20 and 40mg pre-filled syringe, 40mg pre-filled pen (Amgevita®▼, Amgen)
FORMULARY RED
Levocarnitine (generic) 30% oral solution (Cenote Pharma) **– PROVISIONAL RED**
Dutasteride (generic) 0.5 mg soft capsules (Zepron®, Ennogen Pharma) **– ALREADY PROVISIONAL GREY**

Agreed action: -

- Email Committee members not present to ratify the decisions above — **JH**
  Post meeting note*: decisions ratified by email*

APC18/254 MHRA DRUG SAFETY UPDATE (NOVEMBER 2018)

Noted for information with the following articles highlighted: -

<u>Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use</u>
Advise patients taking hydrochlorothiazide-containing products of the cumulative, dose-dependent risk of non-melanoma skin cancer, particularly in long-term use, and the need to regularly check for (and report) any suspicious skin lesions or moles. Counsel patients to limit exposure to sunlight and UV rays and to use adequate sun protection.

It was noted that all hydrochlorothiazide-containing products are non-formulary.

<u>Systemic and inhaled fluoroquinolones: small increased risk of aortic aneurysm and dissection; advice for prescribing in high-risk patients</u>
In patients at risk for aortic aneurysm and dissection, fluoroquinolones should only be used after careful assessment of the benefits and risks and after consideration of other therapeutic options.

APC18/255 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

Analysis of the work being undertaken by RMOC will continue and issues will be presented in more detail at future meetings. — **JH**

Agreed action: -

- RMOC guidance on issues pertaining to safety considerations when adopting any insulin preparation onto a local formulary to be discussed at the next meeting (plus one other topical issue). — **JH**

- The Head of Medicines Optimisation to look at the advice regarding 'Free of Charge Medicines Schemes'. **CL**

APC 18/256 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (18th October 2018) were received and noted.

It was noted that NHS Sheffield have produced self-care guidance to support the implementation of the NHS England guidance, and Barnsley will also be looking to produce guidance in the near future.

APC 18/257 ANY OTHER BUSINESS

257.1 <u>The Falsified Medicines Directive (FMD)</u>

The Falsified Medicines Directive is legislation passed by the European Union Parliament, which aims to increase the security of the manufacturing and delivery of medicines across Europe and protect patients and prevent falsified medicines from entering the supply chain.

This will be added to the next APC agenda for discussion. **NB**

257.2 <u>Ranolazine</u>

The Lead Pharmacist, BHNFT had received a request from the cardiologists to change Ranolazine from amber to amber-G.

Agreed action: -

- The request will be taken to the next LMC meeting. **CL**

257.3 <u>Low Molecular Weight Heparin During Pregnancy</u>

A request was received to use a one page referral form, currently used by NHS Rotherham FT to transfer prescribing and monitoring from hospital to primary care for low molecular weight heparin during pregnancy, therefore changing the classification to Amber G specifically for use during pregnancy.

Agreed action: -

- A copy of the referral form to be sent to the Head of Medicines Optimisation **GT**
- The request will be taken to the next LMC meeting. **CL**

APC 18/258 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th January 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.