NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 13th January 2021 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo (from 20/233)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset (up to 20/234)	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)

ACTION BY

APC 21/01 QUORACY

The meeting was quorate.

APC 21/02 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Head of Medicines Optimisation declared that she signs rebate agreements on behalf of the CCG, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. A full list is available on the website.

This was relevant to agenda item 20/240, new product applications for Aymes Altrajuce and Actacal Crème due to a current rebate agreement with Aymes, noting that the application has been signed by the Head of Medicines Optimisation on behalf of primary care to acknowledge receipt of the application.

APC 21/03 DRAFT MINUTES OF THE MEETING HELD ON 16th DECEMBER 2020

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

21/03.1 Iron Preparations, 20/209.1

This will be discussed at to the next LMC meeting.

21/03.2 Antipsychotic Shared Care Prescribing, 20/213

The guideline was yet to be discussed at the LMC but there was a discussion around the significant challenges in primary care for

patients that are being discharged from the service without the practice having sufficient information about that person, causing a perceived lack of support from the service.

The LMC plan to invite Dr Chari to the LMC Executive meeting to discuss these issues and it was suggested by the Chair of the APC that the Lead Pharmacist, SWYPFT attend with him. The LMC agreed that the documented risk assessment undertaken prior to discharge should be sent through to practices when patients are discharged.

The Lead Pharmacist, SWYPFT advised that a request had been made at a recent BEST meeting for issues to be reported via APC reporting in order to highlight any problems for the service to make changes to resolve the issues. It was noted that APC reports have not been submitted.

21/03.3 COVID Vaccine, 20/227.2

The Head of Medicines Optimisation noted that the national SOPs were hosted on the Specialist Pharmacy Service website and due to the volume, and ever changing information being circulated, it would be a challenge to bring an up to date local policy to the Committee at this time.

APC 21/04 MATTERS ARISING AND APC ACTION PLAN

21/04.1 Denosumab **NB**

The Head of Medicines Optimisation has escalated the issue internally at the CCG to find out who is leading on the pathway work to then link with BHNFT to progress the continuation of denosumab. This will be followed up and escalated internally if required.

21/04.2 Degarelix (Firmagon®)

This will be discussed at the next LMC meeting and brought back to the Committee.

21/04.3 NICE TAs (November 2020

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

- TA660 Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer

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

- TA661 Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma

21/04.4 Action Plan – other areas

In light of a large number of February 2021 target dates, the Lead Pharmacist, BHNFT to advise revised dates. **GT**

APC 21/05 SAXENDA® (LIRAGLUTIDE)

The Lead Pharmacist, BHNFT had no further update following the discussions at the last APC meeting but noted that the dietetics team were in the process of looking at the structure of the service to

determine if any extra commissioning was required to optimise dietetic referrals given that they have a tier 3 service but no tier 2 service to feed into it.

Dr Uchegbu, Consultant Endocrinologist was expected to present information to the Trust CBU Governance meeting at the end of January 2021.

The Head of Medicines Optimisation sought clarity and assurance around the service continuing to supply Saxenda® (Liraglutide) under the commercial agreement. The service lead and CBU managers would need to discuss and advise if the service would be asking commissioners for additional funding.

APC 21/06 FERRIC MALTOL

The Lead Pharmacist, BHNFT presented the Northern Treatment Advisory Group guidance and the updated costings, looking at what the Trust spent on Ferinject® (ferric carboxymaltose) last year to calculate the savings.

As previously discussed, the benefits of changing the traffic classification from red to amber G or green were expressed from secondary care including a reduction in hospital visits. However the impact of taking on this additional work in primary care was also acknowledged.

It was agreed to discuss this further at the next LMC meeting.

Agreed actions: -

- This would be discussed at the next LMC meeting with a view to agreeing a referral pathway and traffic light classification. **CL**
- The Head of Medicines Optimisation to discuss with LMC Executive members to establish if a supporting paper or proposed amber G guidance would be required to be submitted to the LMC. **CL**

APC 21/07 ALLERGIC RHINITIS GUIDELINE

The Medicines Management Pharmacist presented the updated guideline with minor amendments and these were noted. The guideline has been shared with secondary care colleagues but no comments received. This was approved by the LMC.

No comments were received and the Committee approved the guideline.

APC 21/08 BATH ADDITIVES AND SHOWER EMOLLIENTS POSITION STATEMENT

The Medicines Management Pharmacist presented the position statement, noting that bath additives and shower emollients are included in the NHS England guidance ‘items which should not routinely be prescribed in Primary Care’ with no exceptions.

The suggested change of formulary traffic light classification from formulary grey to non-formulary grey was noted. After presentation to the LMC, additional information has been included in the position

statement following feedback from Kay Baxter, Consultant Dermatologist asking for an exceptional use of a shower emollient (e.g. Dermol® 200) as a shampoo if advised by a consultant dermatologist, and feedback from the manufacturer in relation to this was noted. The dermatological condition it is prescribed for should be documented in the clinical notes.

The LMC were happy with the position statement subject to reference around slipping being included in the guidance. It was confirmed that this is included in the guidance.

The Committee approved the position statement with the addition of the exceptional use of a shower emollient as a shampoo if advised by a consultant dermatologist, and details would be sent to the LMC advising them of this addition.

Agreed action:-

- Details of the additional information to be sent to the LMC. **JH**

APC 21/09 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

21/09.1 Melatonin Amber Guideline (new)

The Lead Pharmacist and one of the Clinical Pharmacists have worked together to update the Amber guideline incorporating feedback from the LMC and in line with discussions at the last APC meeting. The monitoring remains under the responsibility of the specialist and the formulary preparations agreed previously by this Committee have been included, with an updated shared care request form at Appendix A to be clear where unlicensed MR capsules are being used. These are for use on a restricted basis and the specialist is required to complete this section in the guidance to provide the rationale for use including which first line formulary preparations have been prescribed before the unlicensed MR 3mg capsules.

Feedback was awaited from the paediatricians regarding use of the Melatonin 1mg/ml oral solution (Colonis) as this is currently not being used in line with approved indications. It was proposed that this be used on a restricted basis also for patients in whom first line formulary preparations are unsuitable and the specialist be required to complete a section in the guidance to provide the rationale for use including t which first line preparations have been prescribed before the liquid.

The Committee agreed to approve the guideline subject to the above changes around the oral solution, and monitor use and costs.

21/09.2 Dantrolene Amber G Guideline

This will be discussed at to the next LMC meeting and brought back to the Committee.

21/09.3 Minoxidil Amber G Guideline

The Medicines Management Pharmacist presented the updated guidance with the changes highlighted, noting that it has been updated in line with the SPC and BNF. The guideline has been shared with the specialists but no comments received. The guideline has been approved by the LMC.

There were no further comments and the Committee approved the guideline.

APC 21/10 FORMULARY REVIEWS

21/10.1 Formulary Review Plan (for information)

The Lead Pharmacist (DC) presented the formulary review plan for information. Due to current work pressures, discussions would take place outside of the meeting regarding revision of some deadline dates, including the diabetes formulary review which was expected in March 2021.

Agreed action:-

- Revised dates to be discussed. **DC/CL/GT**

21/10.2 Lidocaine 1% Injection

The Medicines Management Pharmacist advised that lidocaine 1% injection was not on the Barnsley formulary but is used by Spectrum Health when inserting the Nexplanon® implant or generic equivalent. This is recommended to be used by the Faculty of Sexual and Reproductive Healthcare (FSRH) and GPs also insert Nexplanon®. BHNFT advised that it is used routinely in the hospital and it was agreed to add lidocaine 1% injection to the formulary as green for use when removing or inserting the implant.

APC 21/11 NEW PRODUCT APPLICATION LOG

Noted.

APC 21/12 NEW PRODUCT APPLICATION

21/12.1 Altrajuce®

The Lead Pharmacist (DC) presented the new production application with the proposal that this be added to the formulary with a green traffic light classification.

Altrajuce® can be considered for those patients who cannot tolerate either a milk based liquid ONS and those who simply dislike the taste of milk-based ONS and are unable to prepare a powdered, juice-based ONS. Altrajuce® is the most cost-effective juice-based ONS in a 'ready to drink' preparation.

It was noted, and previously highlighted to the Committee that when bringing independent reviews for nutritional products, there are generally no clinical trials so comparisons are made between other products currently on formulary and the new product looking at nutritional content and cost comparison. This information was presented.

The Committee approved the new product application for Altrajuce and this will be added to the formulary with a green classification.

21/12.2 Actacal Crème

The Lead Pharmacist (DC) presented the new production application for Actacal Crème which was currently non-formulary in Barnsley but green formulary at some other CCGs. The new product application proposed that this be added to the formulary with an amber G traffic light classification.

This is a dessert-style supplement that can be used for patients with swallowing difficulties who require a Level 4 thickened fluids/solids when assessed against the International Dysphagia Diet Standardisation Initiative (IDDSI) by SALT team, and it can also be considered for those patients who cannot tolerate either a milk or juice-based liquid ONS.

As above, comparisons are made between other products currently on formulary and the new product looking at nutritional content and cost comparison. This information was presented, noting a lower acquisition cost to other options, with calories and protein content comparable.

It was agreed to consider the removing some products from the formulary and this would be discussed with the Trust and CCG dietitians.

Subject to discussion with the dietitians, the Committee approved the new product application for Actacal Crème and this will be added to the formulary with an amber G classification.

Agreed action: -

- Feedback to be obtained from the Trust and CCG dietitians regarding which products to keep on formulary. **DC/GT**

APC 21/13 BARNSLEY APC REPORTING DECEMBER 2020

21/13.1 APC Reporting December 2020 (for information)

The Lead Pharmacist (DC) presented the updated December 2020 report. Following feedback at the last meeting, this report includes reports received for the full calendar month of December 2020.

21/13.2 APC Reporting December 2020 Key Themes

The key themes summary was noted.

APC21/14 NEW NICE TECHNOLOGY APPRAISALS (DECEMBER 2020)

21/14.1 NICE TAs December 2020

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

- TA663 Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia
- TA664 Liraglutide for managing overweight and obesity

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

- TA666 Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma
- TA667 Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura

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

- TA665 Upadacitinib for treating severe rheumatoid arthritis

21/14.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing to report.

21/14.3 Feedback from SWYPFT NICE Group
No meeting had taken place.

APC 21/15 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

21/15.1 Primary Care Quality & Cost Effective Prescribing Group
The Head of Medicines Optimisation advised that NHS England have stepped down some primary care areas of work in response to supporting the vaccination programme.

21/15.2 BHNFT
There was nothing to escalate.

21/15.3 SWYPFT Drug and Therapeutics Committee
There was nothing to escalate.

21/15.4 Wound Care Advisory Group
An ONPOS update would be presented at the next meeting. **CL**

APC 21/16 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)
It was agreed to escalate APC Reporting to the Q&PSC, around the increased number of reports and focus on the report themes. **CL**

APC 21/17 SPS NEW MEDICINES NEWSLETTER (DECEMBER 2020)
The report was not available.

APC 21/18 MHRA DRUG SAFETY UPDATE (DECEMBER 2020)
The update was noted with the following information highlighted:-
Systemic and inhaled fluoroquinolones: small risk of heart valve regurgitation; consider other therapeutic options first in patients at risk
Fluoroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in patients at risk for heart valve regurgitation (incompetence).

Erythromycin: caution required due to cardiac risks (QT interval prolongation); drug interaction with rivaroxaban
Erythromycin has been associated with events secondary to QT interval prolongation such as cardiac arrest and ventricular fibrillation. Erythromycin should not be given to patients with a history of QT interval prolongation or ventricular cardiac arrhythmia, including torsades de pointes, or patients with electrolyte disturbances.
A potential drug interaction between rivaroxaban and erythromycin resulting in increased risk of bleeding has also been identified.

Erythromycin: update on known risk of infantile hypertrophic pyloric stenosis
Updates have been made to the magnitude of the known risk of infantile hypertrophic pyloric stenosis following exposure to erythromycin in infancy as a result of new epidemiological data. The risk is particularly increased in the first 14 days after birth. Weigh the benefit of erythromycin therapy in infants against the potential risk of infantile hypertrophic pyloric stenosis.

APC 21/19 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The Head of Medicines Optimisation will bring any updates to the next meeting following the published list of guidance. **CL**

APC 21/20 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

There were no minutes available.

APC 21/21 ANY OTHER BUSINESS

21/21.1 Beovu® (brolucizumab)

The new product application for Beovu® was considered at the August 2020 APC meeting and it was agreed to wait for publication of the NICE Guidance which was expected October 2020.

The Lead Pharmacist, BHNFT advised that the NICE TA for Beovu® was due to be published on 3 February 2021, advising that the service would want to use this quickly should a positive NICE TA be published.

***Post meeting note**: NICE TA672 published 3 February 2021.*

APC 21/22 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th February 2021 at 12.30 pm via MS Teams.