NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 12th January 2022 via MS Teams

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 Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mark Payne	Lead Pharmacist (SWYPFT)
Mike Smith	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:

Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)

ACTION BY

APC 22/01 QUORACY

The meeting was quorate.

APC 22/02 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 22/03 DRAFT MINUTES OF THE MEETING HELD ON 8th DECEMBER 2021

Page 5, APC 21/257, Adult Iron Deficiency Anaemia (IDA) Pathway to be amended as follows: - …" 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…"

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

Post meeting note (to clarify monitoring in the guideline): -
In line with the IDA Pathway, when oral Iron is initiated, the FBC should be monitored monthly for the first 3 months. If oral iron is effective and to be continued for a further 3 months after the FBC returns to normal, then the FBC should be rechecked every 3 months for 1 year, and then again in 1 year. Further iron should be given if necessary.

The Medicines Management Pharmacist advised of minor amendments to the Adult Iron Deficiency Anaemia (IDA) Pathway since being presented at the December 2021 APC meeting.

It was noted that ferrous sulphate 200mg OD has now been reinstated as a third line oral iron treatment choice, with ferrous fumerate 305mg caps (Galfer®) OD first line, ferrous fumarate 210mg OD second line and ferrous sulphate 200mg OD as third line.

On the first page, an additional sentence has been added within the 'exclude other causes for anaemia section' to read ..." this includes patients with low Hb, normal ferritin and a high CRP…"

The Committee endorsed these changes.

APC 22/04 MATTERS ARISING AND APC ACTION PLAN

22/04.1 <u>Grazax® and Acarizax ® South Yorkshire Shared Care Proposal (feedback from the LMC)</u>
The Head of Medicines Optimisation fed back that there were no objections from the LMC 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 initiation and prescribing as stated in the proposal were accepted by the LMC.

22/04.2 <u>Chapter 4: CNS Pain & Neurology (morphine injection strengths)</u>
The Lead Pharmacist, BHNFT was awaiting feedback from the pain specialists around the morphine injection strengths used at the Trust and this would be fed back at the next meeting. **GT**

22/04.3 <u>NACSYS® (Acetylcysteine) Effervescent Tablets New Product Application (feedback from specialists)</u>
The Medicines Management Pharmacist had sought feedback from the respiratory specialists on the effectiveness and line of therapy of NACSYS® (Acetylcysteine) Effervescent Tablets.

The feedback which had been received was shared with the Committee. This included the importance of having an alternative to carbocisteine available as not all patients can tolerate it and that the acetylcysteine has the advantage of being a once daily tablet. The specialists were in support of the new product application, suggesting a green traffic light classification.

The Committee considered and discussed the feedback which had been received from the specialists and it was agreed to add NACSYS® (Acetylcysteine) Effervescent Tablets to the formulary with a green classification. Carbocisteine would also remain on the

formulary, positioning them both equally in line of therapy, adding additional information around different dose regimes and when to consider one above the other.

Agreed action: -

- NACSYS® (Acetylcysteine) Effervescent Tablets would be added to the formulary. Carbocisteine and NACSYS® to be equally positioned with additional information included around different dose regimes and when to consider one above the other. **JH**

Action Plan - other

22/04.4 Freestyle Libre

The Head of Medicines Optimisation advised that the next regional meeting was planned for late February 2022. An update on the regional guidance would be brought back to the March 2022 APC meeting. **CL**

22/04.5 Entresto Pathway

The Lead Pharmacist, BHNFT advised that a SOP was being produced. An update would be brought back to the APC following discussions at the heart failure MDT and with the heart failure nurses. The action plan would be updated.

22/04.6 Combination anticoagulant and antiplatelet treatment for patients with concomitant AF and ACS Guideline

There was a discussion about a recent incident where rivaroxaban was prescribed at a dose outside of the guidance for DVT. This has been reported through APC reporting.

It was acknowledged that reviewing this guideline has been delayed due to workload and system pressures but the Lead Pharmacist, BHNFT was producing a guideline for the Sheffield cardiologists to approve as they were not intending to write a guideline for combination therapy. It was noted that there are varying indications for the combination use of antiplatelets and anticoagulants and the guideline will cover the evidence base for different scenarios.

22/04.7 Target Dates

Ticagrelor Audit and Hyperkalaemia Management Guideline would be deferred to April 2022.

APC 22/05 TOUJEO®

The Head of Medicines Optimisation raised this item following queries from GP practices about letters received from the diabetes specialist nurses and consultants with direct requests for GPs to initiate Toujeo®, which is currently classified amber G. The Toujeo® amber G guideline states that it should be initiated and stabilised in secondary care. Clarity was sought around instances when secondary care might expect GPs to initiate, considering the need for strict medical supervision and significant risks around not counselling the patients on how to use the device.

The Lead Pharmacist, BHNFT acknowledged that this was classified amber G and should be initiated by the specialist team and suggested

conversations were needed with the specialists and DSNs to understand their reasons for these requests.

The Head of Medicines Optimisation would contact Dr Uchegbu to raise this issue at the next Barnsley Diabetes Service Review meeting.

It was highlighted that the wording at the top of the Toujeo® amber G guideline does say initiated by the specialist, but the wording on the amber G template has changed since the Toujeo® guideline was produced. It would therefore need to be considered when reviewing the Toujeo® guideline whether the amber G classification was still appropriate or whether it should be classified amber shared care. It was suggested that a section around expectations with initiation also be added when reviewing the guideline.

Agreed action: -

- The Head of Medicines Optimisation would contact Dr Uchegbu to raise this issue at the next Barnsley Diabetes Service Review meeting. **CL**

APC 22/06 ANTICOAGULATION FOR STROKE PREVENTION IN NVAF (NICE AF GUIDELINES: DIAGNOSIS AND MANAGEMENT NG 196 UPDATED JUNE 2021)

The Medicines Management Pharmacist advised that this had been added to the agenda following a query from a GP practice asking if there were any plans to update the AF guidance following the update of the NICE AF guidelines which now recommend a DOAC as first line in therapy. The Barnsley guidance was produced prior to this and has positioned the anticoagulants equally. It was noted that the guidance is due for review in August 2022.

The monitoring and safety risks associated with DOACs have previously been raised at the APC in terms of how people are counselled and their adherence with the medication, choosing the right DOAC and correct dose for the patient. It was agreed that additional work around the monitoring and follow up was required to ensure adherence to the DOACs.

The Lead Pharmacist, BHNFT planned to review the guidance this year, including use of DOACs in higher body weight patients. In the interim, it was agreed reasonable to add a note to the existing guidance to acknowledge the updated NICE AF guidance.

Agreed action: -

- A note to be added to the existing guidance to acknowledge the updated NICE AF guidance. **JH**

APC 22/07 LIOTHYRONINE POSITION STATEMENT (NEW)

The Medicines Management Pharmacist presented the position statement following the inclusion of liothyronine in the NHS England guidance for items which should not routinely be prescribed in primary care. Liothyronine is currently red on the formulary for both new and existing patients. No new patients should be initiated on liothyronine in primary care and existing patients prescribed liothyronine in

primary care should be reviewed in liaison with a consultant NHS endocrinologist with consideration given to switching to levothyroxine monotherapy where clinically appropriate. If the patient was to remain on the liothyronine where this is appropriate, the prescribing would remain with secondary care.

The position statement had been shared with the endocrinologists with feedback that this was in line with current practice and the doses prescribed were noted.

It was highlighted from the service that Barnsley had received multiple referrals for people no longer able to obtain liothyronine from surrounding Trusts, noting that Rotherham, Sheffield, and Doncaster are no longer prescribing liothyronine. The traffic light classifications for these Trusts were noted. Details relating to one of the referrals was shared noting that the patient was a daily dose which exceeded the usual maximum dose prescribed by Barnsley specialists. Concerns were raised around potential additional workload and cost implications. There was currently a very small number of patients in Barnsley prescribed liothyronine.

The Head of Medicines Optimisation would take this issue to the next Heads of Medicines Management meeting to discuss their positions on liothyronine.

The Lead Pharmacist, BHNFT advised that the issue would be discussed at the next Medicines Management Committee to clarify the Trust's position on accepting new referrals.

In terms of the position statement, the LMC were happy to endorse it and apart from the risk identified, which will be managed, the Committee approved the position statement.

Agreed actions: -

- The Head of Medicines Optimisation to raise at the next Heads of Medicines Management meeting to discuss their positions on liothyronine, and feedback outcome to the Lead Pharmacist, BHNFT to aid discussions at the Trust's Medicines Management Committee. **CL** **CL**

APC 22/08 PARACETAMOL GUIDELINES (UPDATE)

The Medicines Management Pharmacist presented the guideline which has been updated by one of the Clinical Pharmacists with input from a Paediatric Pharmacist at BHNFT. All the changes were shown in red, and the guidance has been to the paediatricians.

It was fed back that the LMC were happy to endorse the updated guideline. The Committee approved the updated paracetamol guideline.

APC 22/09 MANAGEMENT OF OSTEOPOROSIS AND FRAGILITY FRACTURE RISK GUIDELINE (UPDATE)

The Senior Interface Pharmacist, BHNFT presented the updated guideline noting the tracked changes.

Information on lifestyle and dietary measures has been added and prices have been updated from the drug tariff.

Strontium ranelate has been removed as no longer used at BHNFT and ibandronic acid has been removed as this is grey on the formulary.

There has been an update to the zoledronic acid information advising that the infusion service is provided from PIU at BHNFT if referred into the service.

Following an email from Dr Bannon regarding clarification around how patients obtain calcium and vitamin D, it was noted that calcium and vitamin D for osteoporosis was listed as an exception in the self-care guidance, which is in line with the NHS England guidance. Information from the self-care guidance would be included in the guideline to clarify this position.

Subject to the addition of the information from the self-care guidance, the Committee approved the updated Management of Osteoporosis and Fragility Fracture Risk Guideline.

Agreed action: -

- Information from the self-care guidance to be added into the guideline to clarify when calcium and vitamin D can be prescribed as an exception. **LC**

APC 22/10 POSSIBLE ALTERNATIVES TO UNLICENSED SPECIALS (UPDATE)

The Medicines Management Pharmacist presented the updated guidance with the changes highlighted.

In response to feedback received it was agreed to add additional information to the introduction that the options within the table are listed in line with the MHRA hierarchy of risk, but choice should be made on an individual patient basis.

Following a recent APC report linked to communication between a GP practice and community pharmacy, it was agreed good practice that GP practices communicate/share information with the community pharmacy when prescribing an unlicensed special to avoid delay/refusal to dispense.

The guideline would be updated and brought back to the next meeting.

Agreed action: -

- The guideline would be updated as above and brought back to the next meeting. **JH**

APC 22/11 TRANSGENDER PRESCRIBING GUIDELINES (UPDATE)

The Head of Medicines Optimisation presented the guidelines, asking the APC to support the update to the SY&B trans man and trans woman prescribing guidelines.

The Lead Pharmacist, Barnsley CCG referred to when the guidelines were brought to the Committee in 2017, noting that it was agreed at the time to add wording to the effect that they were not formal shared care guidelines, but they were for prescribers who chose to prescribe within their scope of practice. Clarity was sought as to whether similar wording would be added or whether these would be formal share care guidelines. It was agreed that the same wording would be added.

There was discussion around ability to complete the complex prescribing checklists, noting that help and support around checks and decisions could be sought from the MMT, however, it was noted again that the guidelines are to support prescribers who chose to prescribe within their scope of practice.

It was noted that endocrinologist advice and guidance was being sought from the Sheffield hospitals to provide support over South Yorkshire and it would be confirmed what advice and guidance support will be available.

To support patients, it was suggested that GP practices discuss with the patient about communicating change of identity with the community pharmacy.

Subject to the above, the Committee accepted the updated Transgender Prescribing Guidelines.

Agreed actions: -

- The Head of Medicines Optimisation to feedback about wording being added that the guidelines were to support prescribers who chose to prescribe within their scope of practice, and about communication with the community pharmacy about change of identity. **CL**
- The Head of Medicines Optimisation to confirm what advice and guidance support will be available. **CL**

APC 22/12 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

No guidelines to approve this month.

APC 22/13 FORMULARY REVIEWS

22/13.1 Formulary Review Plan (for information)

The Lead Pharmacist (DC) presented the formulary review plan for information, noting that Chapter 14: Immunological products and vaccines was expected next month. Revised dates for the remaining sections were to be agreed. **DC/GT**

APC 22/14 NEW PRODUCT APPLICATION LOG

The log was received for information and noted.

The Head of Medicines Optimisation advised that some wound care products were expected and would clarify with the wound care nurse about what is expected to the end of the year (end March 2022).

APC 22/15 BARNSLEY APC REPORTING

22/15.1 APC Reporting November 2021

The Lead Pharmacist, Barnsley CCG presented the enclosure showing reports received directly into the APC reporting mailbox for the month of November 2021. There were 21 APC reports received with the main key themes including D1 communication, shared care issues and medication supply issues. Details relating to several significant issues were highlighted.

The importance of the APC reporting system and the significant amount of work involved was acknowledged and those involved were thanked. It was noted that this was also an IPMO strand of work.

The Lead Pharmacist, BHNFT fed back about the appropriateness of some of the reports being sent directly to BHNFT, often to double check changes made in hospital and request confirmation of information detailed in the D1. It was agreed that instances would be pulled together for discussion at the APC Reporting Subgroup meeting, noting that this may be a training issue for some staff.

The Chief Pharmacist, BHNFT sought assurance that every D1 received in primary care from the acute Trust was received by someone that can look at the information from a clinical perspective. Assurance was provided that a GP or pharmacist would receive and process the information documented in the D1. The Head of Medicines Optimisation could share a list of all actions undertaken in primary care around D1s, produced as part of the DMS work.

Following reports of D1 formatting issues, the Chief Pharmacist, BHNFT advised that due to a configuration setting change, without notification to the Trust, all correspondence received in primary care from the acute Trust were affected (29-30 December). This issue was not related to the new D1 platform, and the Care Flow Steering Group have given assurance that the issue has now been resolved (8-9 January) and controls are in place to mitigate and to stop this happening again.

Should GP practices required clean copies of any unreadable D1s received prior to this fix, they should contact the Chief Pharmacist, BHNFT who will liaise with the Clinical Systems Team.

Agreed actions: -

- Information to be shared with the MMT that clean copies of any unreadable D1s received prior to this fix can be requested from the Chief Pharmacist, BHNFT. **DC**
- The APC Reporting Sub-Group meeting to be arranged. **DC**

22/15.2 APC Reporting November 2021 Key Themes

The summary report was presented, showing 21 APC reports and 51 interface queries received directly within BHNFT for the month of November 2021.

22/15.3 APC Reporting November 2021 Interface Issues
Enclosure J3 was presented detailing the 51 interface queries received directly within BHNFT.

APC 22/16 NEW NICE TECHNOLOGY APPRAISALS (DECEMBER 2021)

22/16.1 NICE TAs December 2021
The Lead Pharmacist, BHNFT advised that the following NICE TA **was** applicable for use at BHNFT: -

- TA751 Dupilumab for treating severe asthma with type 2 inflammation

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

- TA748 Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders
- TA749 Liraglutide for managing obesity in people aged 12 to 17 years **(terminated appraisal)**
- TA750 Olaparib for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy **(terminated appraisal)**
- TA755 Risdiplam for treating spinal muscular atrophy
- TA756 Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis

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

- TA752 Belimumab for treating active autoantibody-positive systemic lupus erythematosus
- TA753 Cenobamate for treating focal onset seizures in epilepsy
- TA754 Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome

22/16.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing to report.

22/16.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 22/17 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

22/17.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
Beovu® was to be discussed at 22/23.1 but due to lack of time, this was deferred to the next APC meeting. **CL**

22/17.2 BHNFT
The meeting was stepped down.

22/17.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.

22/17.4 Community Pharmacy Feedback
There was nothing relevant to report.

APC 22/18 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the Transgender Prescribing Guidelines and Liothyronine to the Q&PSC. **CL**

APC 22/19 SPS NEW MEDICINES NEWSLETTER (NOVEMBER 2021)

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

- Berotralstat (Orladeyo®) - non-formulary provisional red
- Bevacizumab biosimilar (Oyavas®) - non-formulary provisional red
- Molnupiravir (Lagevrio®) - formulary red restricted (add the following wording: Restricted for use in line with NHSE criteria for treatment of COVID-19 disease; and include the NHSE Commissioning Policy advising that it's available via the Medicines Delivery Unit (for the highest risk patient group in line with the commissioning criteria). Also refer to the Xevudy (sotrovimab) – to be added to the formulary as formulary red restricted with similar wording))
- Sacituzumab govitecan (Trodelvy®) - non-formulary provisional red
- Selpercatinib (Retsevmo®) - non-formulary provisional red
- Sotorasib (Lumykras®) - non-formulary provisional red
- [HJ(BC1] Tucatinib (Tukysa®) - non-formulary provisional red

Other

- Cinacalcet Granules 1mg, 2.5mg and 5mg in capsules for opening (Mimpara®) - formulary red restricted
- Mesalazine (Octasa®, Salofalk®, Pentasa®, Asacol MR® and Mezavant XL®) and Sulfasalazine – move to amber G (currently formulary green) **JH**

The Lead Pharmacist, SWYPFT advised of notification received of a new formulation of melatonin, Adaflex®, expected to be in stock in the UK in March 2022. Katie Crowe will be reviewing the melatonin SCG and will link with MMT colleagues.

APC 22/20 MHRA DRUG SAFETY UPDATE (DECEMBER 2021)

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

<u>Haloperidol (Haldol®): reminder of risks when used in elderly patients for the acute treatment of delirium</u>

We remind healthcare professionals that elderly patients are at an increased risk of adverse neurological and cardiac effects when being treated with haloperidol for delirium. The lowest possible dose of haloperidol should be used for the shortest possible time, and cardiac and extrapyramidal adverse effects should be closely monitored.

<u>Venetoclax (Venclyxto®▼): updated recommendations on tumour lysis syndrome (TLS)</u>

Fatal cases of tumour lysis syndrome (TLS) have been reported, some occurring in patients with chronic lymphocytic leukaemia receiving the lowest venetoclax dose used in the dose-titration

schedule. For all patients, it is important to strictly adhere to the dose-titration schedule and to the measures to minimise the risk of TLS as outlined in the updated Summary of Product Characteristics (SmPC).

Dapagliflozin (Forxiga®): no longer authorised for treatment of type 1 diabetes mellitus

The authorisation holder for dapagliflozin has withdrawn the indication for type 1 diabetes mellitus. The removal of the type 1 diabetes indication is not due to any new safety concerns and the other indications of dapagliflozin are unchanged.

COVID-19 vaccines and medicines: updates for December 2021

Recent information relating to COVID-19 vaccines and medicines that has been published since the November 2021 issue of Drug Safety Update, up to 3 December 2021.

Approval of Xevudy® (sotrovimab), a monoclonal antibody treatment for COVID-19 – discussed above at APC 22/19 – to be added to the formulary as formulary red restricted.

APC 22/21 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

There was nothing relevant to report.

APC 22/22 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

There were no minutes available.

APC 22/23 ANY OTHER BUSINESS

22/23.1 Beovu®

Deferred to the next meeting. **CL**

22/23.2 Lipid Position Statement

The Medicines Management Pharmacist advised that the Lipid Position Statement (written in 2016), currently on BEST in line with the cardiovascular disease: risk assessment and reduction, including lipid modification NICE Guidance, was due to be updated next year. Given the new national lipid pathway and ongoing work around local implementation of that pathway, the Committee were asked if this statement should be removed given that the information will now be outdated. The Lead Pharmacist, BHNFT would check and advise.

Agreed action: -

- The Lead Pharmacist, BHNFT to advise if the Lipid Position Statement can be removed from BEST. **GT**

APC 22/24 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 9th February 2022 at 12.30 pm via MS Teams.