Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 11th October 2017 in the Boardroom, Hillder House

MEMBERS:

Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Mr T Bisset	Community Pharmacist (LPC)
Dr R Hirst (left after 17/190.1)	Palliative Care Consultant (Barnsley Hospice)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr J Maters	General Practitioner (LMC)
Dr A Munzar	General Practitioner (LMC)
Mr M Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Dr D Bullas (for item 183.1)	Consultant Gastroenterologist & Clinical Lead for Nutrition (BHNFT)
Ms R Carr (for item 183.1)	Acute Team Lead Dietitian (BHNFT)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Mr U Patel	Senior Pharmacist - Formulary / Interface (BHNFT)
Ms A Rodriguez-Farradas (for item 183.1)	Prescribing Support Dietitian (Barnsley CCG)
Ms G Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Prof. A Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Dr Iqbal	Consultant Physician (SWYPFT)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)

ACTION BY

APC 17/180 QUORACY

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

APC 17/181 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 17/182 DRAFT MINUTES OF THE MEETING HELD ON 9th AUGUST 2017 & 13th SEPTEMBER 2017

Members in attendance approved the minutes of the meetings but as the meeting was not quorate, the minutes could not be ratified.

Agreed action: -

- To avoid any further delay, it was agreed that the minutes would be circulated by email for ratification. **NB**

***Post meeting note**: - responses were received by email to ratify the minutes of the August and September 2017 meetings and these*

were accepted as an accurate record.

APC 17/183 MATTERS ARISING AND APC ACTION PLAN

183.1 ONS policy

Dr Dominic Bullas, Ruth Carr and Arelis Rodriguez-Farradas were in attendance for this item and declarations of interest had been received and noted.

Arelis Rodriguez-Farradas gave an overview of previous APC discussions, noting the APC's proposal that was taken back to the Trust to consider implementing the same policy as SWYPFT which only allows ONS to be prescribed/issued by a dietitian and that primary care would not continue with ONS unless in receipt of a dietitian's letter to accompany the D1.

A meeting had recently taken place at BHNFT and some concerns had been raised at the Trust with this approach and therefore Dr Bullas and Ruth Carr were in attendance to discuss this further.

The Chair noted the concerns identified from the audit which included quality of prescribing, financial impact, medicines reconciliation, follow up and patient safety, and as a result the Committee looked at the evidence and agreed the above pathway. As BHNFT have raised some concerns with this approach, the Committee wanted to understand some of the issues with implementing the pathway.

Dr Bullas noted that the Trust had an effective system in place when patients are seen by the dietetic service which has a follow up process in place to discuss patient's clinical progress. The Committee were aware of, and impressed with this service, however, there are some patients discharged outside of the dietetic service on ONS where inadequate information is recorded on the D1 to inform primary care appropriately about continued supply.

Dr Bullas noted that should the APC's suggested approach be implemented, more referrals are likely to go through the dietetic department which would have a financial impact for the Trust. It was noted that any changes to funding streams would need to be escalated to the Contracting Boards as this was outside the remit of the APC.

Dr Bullas raised concern that patients could be at risk of malnutrition if ONS was not continued in primary care and that there would be increased clinical activity for community dietitians. The CCG dietitian was confident that the risk of malnutrition was low and that ONS does not address the issue.

It was suggested that work could be undertaken internally at the Trust to reconcile patients prescribed ONS from the dispensing system and patients seen by the dietetic service to understand why some patients were not referred to the dietetic service.

Following a lengthy discussion about the potential financial and clinical risks associated with changing the current process, the

Committee agreed to go ahead with the suggested approach that all requests for ONS on a D1 alone are inappropriate requests. Continued prescribing in primary care should only occur if the D1 is accompanied by a letter from the hospital dietitians stating that ONS should be continued and the reasons why.

It was agreed that a re-audit would be carried out in 6 months to ascertain if there have been any issues.

It was noted that any financial discussions would need to be taken to the Contacting Teams.

Dr Bullas, Ruth Carr and Arelis Rodriguez-Farradas were thanked for attending the meeting.

Agreed action: -

- A re-audit would be carried out in 6 months to identify any issues. **AR-F**

183.2 NICE TAs

Following postponement of the BHNFT Medicines Management meeting, feedback on whether the following NICE TAs are applicable for use at BHNFT would be fed back at the next APC meeting. **GT**

July 2017 NICE TAs

- TA459 Collagenase clostridium histolyticum for treating Dupuytren's contracture
- TA460 Adalimumab and dexamethasone for treating non-infectious uveitis

***Post meeting note**: - Lead Pharmacist, BHNFT confirmed the above NICE TAs are applicable to BHNFT.*

August 2017 NICE TAs

- TA463 Cabozantinib for previously treated advanced renal cell carcinoma
- TA465 Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma
- TA467 Holoclar for treating limbal stem cell deficiency after eye burns
- TA471 Eluxadoline for treating irritable bowel syndrome with diarrhoea
- TA472 Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab
- TA160 (updated from Oct 2008) Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women
- TA161 (updated from Oct 2008) Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women
- TA190 (updated from June 2010) Pemetrexed for the maintenance treatment of non-small-cell lung cancer

183.3 Tadalafil

At the last APC meeting, instances had been highlighted of Tadalafil 5mg once daily preparation being initiated in Secondary Care and it was noted that the once daily dose was non formulary in Barnsley. There had been a misunderstanding within secondary care that this preparation was on formulary. The once daily tadalafil dose has also been included in the National consultation of drugs that should not be routinely prescribed.

The Senior Pharmacist (Formulary/Interface), BHNFT had sought the views of Trust endocrinologists and urologists about the use of the drug. Professor Jones had confirmed that specific criteria is used before initiating the Tadalafil 5mg once daily preparation and wanted the Committee to note that the impact on a patient's psychological well-being of being unable to have relations can be significant. It was noted that this was used as a 2 month trial as per the clinical trials and is then discontinued if it's not successful.

The Committee accepted that the drug was known to be successful but there was no evidence of cost effectiveness compared to the when required preparation hence why it's been included in the PrescQiPP drop list and national consultation.

Following discussion, it was suggested that a new product application be submitted for consideration which would give opportunity for the rationale and evidence base to be presented to the Committee.

In the meantime, it was confirmed that the 2.5mg and 5mg once daily preparations of Tadalafil were non-formulary and would be classified on the traffic light list as provisional grey.

Agreed actions:-

- It was agreed that a new product application could be submitted for consideration. **GT/UP**

183.4 Ticagrelor

Following discussion at the September 2017 meeting, clarification around extended treatment for those patients discharged prior to the publication of the NICE TA was required from BHNFT cardiologists.

The Lead Pharmacist, BHNFT had sought clarification from the cardiologists who confirmed that from June 2017, as communicated at the June 2017 APC meeting that for new patients they will specify on the D1 the duration of therapy for ticagrelor when patients are discharged from their care. The cardiologists agreed that if no extended duration of therapy (up to 3 years following the initial 12 months treatment) was indicated on the D1, then primary care are to assume that treatment will be for 12 months.

Patients will be identified either during the in-patient episode or in post MI clinic approximately 3 months after discharge and the cardiologists should communicate this on discharge via the D1 or by letter. They will not be prescribing retrospectively but if there are any

individuals which a GP believes is high risk and warrants a review they are happy to review them on an individual basis.

The Chair spoke about the 'Advice and Guidance Service' which was currently in development at the Trust, to provide advice and guidance to primary care for non-urgent cases via email/telephone and this could be utilised to field these cardiology queries/concerns from primary care.

The Medicines Management Team would support primary care in highlighting and reviewing those patients who are due to stop the initial 12 months treatment of ticagrelor with a view to making a decision about extended ticagrelor therapy.

Action Plan – Other Areas

183.5 Discharge Letter Audit – BHNFT Action Plan for Repeat Audit

It was confirmed that separate audits would be undertaken in secondary and primary care.

Clinical Audit/Pharmacy would take forward the Trust re-audit and a meeting had been arranged for later in the month to discuss this. The audit would be shared with the Committee when complete.

Primary care would be re-auditing using the same criteria as the previous audit (excluding day cases).

Agreed action: -

- Re-audits to be shared with the Committee when complete. **GT/DC**

183.6 Co-amoxiclav Usage in Secondary Care

The Lead Pharmacist, BHNFT queried if this action was still open and it was agreed that the minutes of the May 2017 APC meeting would be checked.

Post meeting note: - It was agreed at the May 2017 APC meeting that BHNFT MMC would monitor prescribing internally and that the APC would review co-amoxiclav usage data again in 6 months (November 2017).

APC 17/184 GUIDANCE FOR GPS ON COMMON OFF-LABEL USE OF PSYCHOTROPIC MEDICATION

The updated guidance was presented to the Committee.

There was a query whether behavioural and psychological symptoms of dementia should be included in the Antipsychotics group of drugs. The Lead Pharmacist, SWYPFT fed back the outcome of internal discussions from the Drugs & Therapeutics Committee where the specialists present felt this should not be included in the guidance as it contraindicated national guidance. Discussions were ongoing and it was agreed that any change to this decision would be communicated back to the APC. **SH**

It was agreed that where there might be circumstances/instances when antipsychotics may be prescribed for these symptoms, reasons would be communicated clearly to primary care why

prescribing should be continued (with a short review period).

The Committee approved the guidance.

Agreed action: -

- Approval to be ratified at the next meeting. **CL**
- Once approved, guidance to be circulated to Primary Care. **DC**

APC 17/185 INCREASED QTC IN PALLIATIVE CARE

Enclosure E was presented and approved by the Committee.

Agreed action:-

- Approval to be ratified at the next meeting. **CL**
- To be circulated with the APC memo. **DC**

APC 17/186 GENERIC DESOGESTREL

Enclosure F was presented to the Committee with the recommendation that desogestrel be prescribed generically.

It was noted that the APC had previously endorsed the Consilient Health range of contraceptives as cost effective first line options. Historically it had been considered good practice to prescribe oral contraceptives by brand but there is no clinical reason why desogestrel should be prescribed by brand and the Committee were happy to approve the recommendation that desogestrel is prescribed generically.

Following a query, it was confirmed that no extra contraceptive protection was required if desogestrel was changed from a brand to the generic.

Agreed actions: -

- Approval to be ratified at the next meeting. **CL**
- Information to be added to ScriptSwitch. **DC**

APC 17/187 SUPPLY OF EPIPENS

From review work being undertaken, it has been highlighted that some patients are not aware of the recommendation that 2 adrenaline auto-injectors should be prescribed and carried at all times. It has also been identified that some patients have expired pens and primary care are looking into this.
It was confirmed that work is currently underway in primary care to review and reinforce the recommendation to carry 2 pens.

The APC would be kept up to date following primary care reviews.

The Committee want to ensure that patients are counselled appropriately when they are issued with adrenaline auto-injectors.

The Committee were assured by Dr Kerrin, Consultant Paediatrician and Allergy Lead at BHNFT at the October 2016 APC meeting that a robust system was in place for children as training is undertaken in all schools and community nurseries overseen by the Trust paediatrics team and patients would be provided with 2 pens as recommended.

It was agreed at the October 2016 APC meeting that Emerade® would be added to the formulary for adults and to ensure that 2 pens are being issued, the Trust would be contacting pharmacy and the departments most likely to prescribe, namely ED and Dermatology, to remind them of the requirement that 2 pens be issued.

Agreed actions: -

- Trust Pharmacy, ED and Dermatology to be contacted and reminded of the recommendation that 2 pens should be prescribed/issued. **GT**
- An update to be provided following primary care reviews. **DC**

APC 17/188 FREESTYLE LIBRE® BRIEFING

Enclosures G1 and G2 were presented and the evidence base for using FreeStyle Libre® flash glucose monitoring device was discussed.

The device will be available on NHS prescription from 1st November 2017 and queries from prescribers about the appropriateness of prescribing such a device are expected.

A summary of the evidence base was presented and a position statement had been produced which includes recommendations from PrescQiPP.

Due to a lack of evidence base relating to patient outcomes, the Committee did not support the use of the Freestyle Libre® device. This position will be reviewed in future should new evidence be published.

Agreed action: -

- As the meeting was not quorate, the position statement would be circulated by email for ratification to ensure that the Committee's decision is communicated to primary care prior to the device being available on NHS Prescription. **NB**

Post meeting note: responses were received by email and therefore the Committee's decision, not to support the use of the Freestyle Libre®, was ratified. The position statement has been circulated to primary care.

APC 17/189 SUMMARY OF FORMULARY CHOICES FOR BGTS

The guidance presented was intended to be used in conjunction with NHS Barnsley Blood Glucose Self-Monitoring Guidelines to assist healthcare professionals in selecting an appropriate blood glucose meter and testing strips for their patients.

The Committee endorsed the guidance.

Agreed actions: -

- Approval to be ratified at the next meeting. **CL**

APC 17/190 SHARED CARE GUIDELINES

190.1 DMARD updated shared care guideline

The guidance had undergone a routine update, noting that the DMARD monitoring requirements were in line with BSR guidelines.

The Barnsley guideline was different in that it included Penicillamine. This was not included in the BSR guideline due to a decline in use but as Barnsley specialists occasionally use it, it would remain in our guideline. The monitoring guidelines remain the same for penicillamine and are in line with the Yorkshire guidelines.

Mycophenolate is also included and Nordimet® has also been included following the approval of the new product application in September 2017.

The Committee endorsed the guidance.

Agreed actions: -

- Approval to be ratified at the next meeting. **CL**

APC 17/191 FORMULARY REVIEW

191.1 Chapter 9: Nutrition

The Lead Pharmacist, BHNFT took the Committee through the Nutrition formulary review.

The changes presented in the review were approved by the Committee.

Agreed actions:-

- Approval to be ratified at the next meeting. **CL**

APC 17/192 NEW PRODUCT APPLICATION LOG – noted

APC 17/193 BARNSLEYAPCREPORT@NHS.NET FEEDBACK – noted for information

APC 17/194 NEW NICE TECHNOLOGY APPRAISALS – SEPTEMBER 2017

Feedback to be provided at the next meeting on whether the following NICE TAs are application for use at BHNFT: - **GT**

- TA473 Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck
- TA474 Sorafenib for treating advanced hepatocellular carcinoma
- TA475 Dimethyl fumarate for treating moderate to severe plaque psoriasis
- TA476 Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer
- TA357 (updated from Oct 2015) Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab
- TA366 (updated from Nov 2015) Pembrolizumab for advanced melanoma not previously treated with ipilimumab
- TA428 (updated from Jan 2017) Pembrolizumab for treating PDL1-positive non-small-cell lung cancer after chemotherapy
- TA439 (updated from Mar 2017) Cetuximab and

panitumumab for previously untreated metastatic colorectal cancer

194.1 Feedback from BHNFT Clinical Guidelines and Policy Group
No meeting had taken place.

194.2 Feedback from SWYPFT NICE Group
There was nothing relevant to report to the APC.

APC 17/195 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

195.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)
The Group discussed Primary Care QiPP progress, which was on target.

195.2 BHNFT
There was nothing relevant to report to the APC.

195.3 SWYPFT Drugs & Therapeutics Committee (D&TC)
The meeting was cancelled.

APC 17/196 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)
ONS change to be escalated to the Q&PSC. **MG**

APC 17/197 HORIZON SCANNING DOCUMENT – SEPTEMBER 2017
The Committee agreed to classify the new products as follows on the traffic light list (TLL): - **CA**

Enoxaparin sodium (biosimilar) 2,000, 4,000, 6,000, 8,000 & 10,000 IU solution for injection inn pre-filled syringe (Inhixa®▼, Techdow Pharma) – PROVISIONAL **AMBER.** It was agreed that following the introduction of the biosimilar, enoxaparin should be prescribed by brand.
Levonorgestrel 19.5 mg intrauterine delivery system (Kyleena®, Bayer) – **PROVISIONAL GREY**
Tenofovir disoproxil fumarate (generic) 245 mg film-coated tablets (Accord) – **ALREADY RED**
Tenofovir disoproxil phosphate (generic) 245 mg film-coated tablets (Zentiva) – **ALREADY RED**
Idarubicin (generic) 5 mg/5 mL, 10 mg/10 mL & 20 mg/20 mL solution for injection (Accord) – **PROVISIONAL RED**
Fluoxetine (generic) 10 mg film-coated tablets (Par Laboratories) – **PROVISIONAL GREY**
Patiromer sorbitex calcium 8.4 g, 16.8 g, 25.2 g powder for oral suspension (Veltassa®▼, Vifor Fresenius) – **PROVISIONAL RED**
Dorzolamide 20 mg/mL eye drops (Eydelto®, Aspire Pharma) – **PROVISIONAL GREY**
Dorzolamide/timolol 20 mg/mL + 5 mg/mL eye drops (Eylamdo®, Aspire Pharma) – **PROVISIONAL GREY**
Ribociclib 200 mg film-coated tablets (Kisqali®▼, Novartis) – **PROVISIONAL GREY**

APC 17/198 MHRA DRUG SAFETY UPDATE – SEPTEMBER 2017
Received and noted as below: -

- Miconazole (Daktarin®) - over-the-counter oral gel contraindicated in patients taking warfarin
  Patients taking warfarin should not use over-the-counter miconazole oral gel (Daktarin®). If you plan to prescribe miconazole oral gel in a patient on warfarin, you should closely monitor them and advise that if they experience any sign of bleeding, they should stop miconazole oral gel and seek immediate medical attention.

- Loperamide (Imodium®): reports of serious cardiac adverse reactions with high doses of loperamide associated with abuse or misuse
  There have been reports of cardiac events including QT prolongation, torsades de pointes, and cardiac arrest in patients who have taken high or very high doses of loperamide as a drug of abuse or for self-treatment of opioid withdrawal.

APC 17/199 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (27th July 2017 & 31st August 2017) were received and noted.

APC 17/200 PROPOSED 2018 MEETING DATES

The Committee were happy with the proposed 2018 meeting dates.

APC 17/201 ANY OTHER BUSINESS

201.1 Ivabradine Shared Care Guideline

The Lead Pharmacist, BHNFT noted that the Ivabradine Shared Care Guideline, approved at the April 2017 APC meeting did not mirror the SPC and changes were required to be made.

As the suggested changes were tabled at the meeting, the Committee wanted more time to consider the changes.

As there were changes to the monitoring and indication parameters, the Lead Pharmacist, BHNFT wanted to ensure the changes were communicated quickly to GPs.

It was agreed that the changes would be summarised and included in the APC memo. The updated guidance would be brought to the next meeting.

Agreed actions: -

- The changes to be summarised and included in the APC memo. **GT**
- The updated guideline to be presented at the November 2017 meeting. **GT**

APC 17/202 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th November 2017 at 12.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.