Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 13th September 2017 in the Edith Perry Room, BHNFT

MEMBERS:

Dr M Ghani (Chair)	Medical Director (Barnsley CCG)
Prof. A Adebajo (from item 17/165)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
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)
Ms D Cooke	Lead Pharmacist (Barnsley CCG)
Mr U Patel	Acting Formulary/Interface Pharmacist (BHNFT)
Ms J Riley	Chief Pharmacist (SWPFT)
Ms G Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Mr T Bisset	Community Pharmacist (LPC)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Dr Iqbal	Consultant Physician (SWYPFT)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Ms C Lawson	Head of Medicines Optimisation (Barnsley CCG)
Dr J Maters	General Practitioner (LMC)

ACTION BY

APC 17/160 QUORACY – the meeting was quorate from BAPC17/165.

APC 17/161 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 17/162 DRAFT MINUTES OF THE MEETING HELD ON 9th AUGUST 2017

As the meeting was not quorate for this item, the minutes could not be ratified. These would be ratified at the October 2017 meeting. **NB**

APC 17/163 MATTERS ARISING AND APC ACTION PLAN

163.1 <u>ONS policy</u>

The CCG dietitian had provided an update to The Chair noting that she has been working collaboratively with local dietetic services that were in agreement with the APC's proposal to advise GPs not to prescribe ONS unless the request is appropriate as per local and national guidelines. It was felt that the D1 was not an appropriate request for ONS and it was proposed that a dietitian letter must always follow discharge from hospital.

The Lead Pharmacist, BHNFT confirmed that a meeting was due to take place this month with the dietetic services to discuss the APC's proposals.

It was agreed that guidance for partner organisations would be produced to reflect the agreed policy for the prescribing of nutritional supplements on discharge from hospital. **AR-F/ GT/SH**

An update would be provided at the next meeting. **GT**

163.2 May 2017 NICE TAs

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

- NICE TA445 Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs

163.3 June 2017 NICE TAs

The following NICE TA's were applicable for use at BHNFT: -

- TA446 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma
- TA451 Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia

The following NICE TA's were not applicable for use at BHNFT: -

- TA447 Pembrolizumab for untreated PDL1-positive metastatic non-small-cell lung cancer
- TA449 Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease
- TA450 Blinatumomab for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia

163.4 July 2017 NICE TAs

The following NICE TA's were applicable for use at BHNFT: -

- TA457 Carfilzomib for previously treated multiple myeloma
- TA461 Roflumilast for treating chronic obstructive pulmonary disease
- TA462 Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma

The following NICE TA's were not applicable for use at BHNFT: -

- TA458 Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane

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

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

Action Plan – Other Areas

163.5 Discharge Letter Audit – BHNFT Action Plan for Repeat Audit

A meeting was due to take place today at BHNFT to agree the audit criteria before repeating the audit. It was agreed that the criteria would be shared when agreed.

Agreed action: -

- Agreed audit criteria to be shared when finalised. **GT**

APC 17/164 LIOTHYRONINE QIPP PAPER

Following discussion at the June 2017 meeting around the PresQIPP bulletin (121) which focussed on liothyronine, providing the rationale for new patients to be commenced on levothyroxine; and for current patients to be considered for a switch to levothyroxine, the guidance had been taken back to the Endocrinologists for comment and endorsement.

Responses from the Endocrinologists were presented and whilst the consensus was that liothyronine was very rarely used and that there was no strong evidence for its use, they believe it may be of benefit in certain cases under the supervision of an Endocrinologist; and that there is a small cohort of patients who feel it is the only thing that works for them symptomatically.

Following discussion, 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.

***Post meeting note**: - when referring more complex patients to endocrinology for a review, patients should be referred to the original endocrinologist if still local and where this is not possible, referred to the endocrinology department at BHNFT, providing relevant information relating to patient's medical history.*

The Committee approved the PrescQiPP guidance and confirmed that liothyronine tablets would be classified red on the traffic light list.

Agreed action:-

- Patients on liothyronine to be reviewed in Primary Care and considered for switching to levothyroxine. **CA**

APC 17/165 WARFARIN PRESCRIBING AUDIT REPORT – ACTION PLAN

The APC had requested to see the BHNFT action plan following the warfarin prescribing audit and this was presented.

It was noted that awareness of the warfarin checklist was included as part of junior doctor training and as it is not specified who should complete the warfarin checklist, nurses also complete and capture information when discharging a patient, ensuring that patients have adequate follow up.

It was noted that the action plan should go to the Trust VTE Committee and the Interface Pharmacist, BHNFT agreed to check that it had been. The date for the repeat audit was not yet known.

Agreed actions: -

- The Interface Pharmacist, BHNFT agreed to check if the action plan had been to the Trust VTE Committee. **UP**
- The Interface Pharmacist, BHNFT to check when the repeat audit was due to be undertaken. **UP**

APC 17/166 SHARED CARE GUIDELINES

166.1 Glucodrate Amber G Shared Care Guidelines

The new Amber G guideline was presented. This had been produced to support the prescribing of Glucodrate® for use in the dietary management of short bowel-associated intestinal failure and intestinal insufficiency in adults. Glucodrate® may be initiated by gastroenterology or dietetics.

The Committee approved the Amber G guideline.

166.2 Tresiba® Amber G Shared Care Guideline

To change the classification from red to amber G, the new amber G guideline produced to support the prescribing of insulin degludec (Tresiba®) was presented to the Committee for consideration, for use 4th/5th line in therapy.

Tresiba® is available in two different strengths:-

- 100units/ml FlexTouch pen & cartridge
- 200units/ml FlexTouch pen only

The dose is dialled up in units, therefore reduces the risks involved with having two different strengths. .

The Committee approved the Amber G guideline.

APC 17/167 FORMULARY REVIEW

167.1 Chapter 4: CNS Mental Health

The formulary review with suggested changes was presented to the Committee for discussion and approval. The following points were highlighted: -

- Li-Liquid comes in two different strengths and therefore it was agreed that information would be added to Scriptswitch and the formulary advising prescribers to exercise care when prescribing. Only the standard strength (509mg/5ml) will be added to the formulary.
- Dosulepin restricted use for existing patients only
- Paroxetine restricted use for post-traumatic stress disorder or existing patients
- Trimipramine (Surmontil®) to be removed from the formulary
- Secobarbital is still included in the BHNFT paediatric sedation guidelines for use when required. This was not for use in primary care and would be changed to red.
- Trifluoperazine has a place in therapy and will remain on the formulary (was previously restricted due to a supply issue).

The Committee accepted the formulary review changes presented.

167.2 Chapter 7: Obstetrics, Gynaecology and urinary-tract disorders

The formulary review with suggested changes was presented to the Committee for discussion and approval. The following points were highlighted: -

- 07.03.05 BHNFT currently have a contracted brand manufactured by Lupin which is significantly cheaper than Upostelle®. It was agreed to change the formulary to include Levonorgestrel (emergency contraception). Primary Care to use Upostelle®.

The Committee accepted the formulary review changes presented.

167.3 Tadalafil

The Lead Pharmacist, Barnsley CCG noted that as part of the Medicines Optimisation Scheme, reviews are being undertaken for PDE5 inhibitors. This review has highlighted instances of Tadalafil being initiated first line when the formulary states Sildenafil is first line. Tadalafil once daily is not listed on the Barnsley Joint formulary and has been included in the national consultation of drugs that should not be routinely prescribed.

It was agreed that a reminder of the first line choices would be communicated to Primary and Secondary Care.

The Lead Pharmacist to check usage at the Trust and obtain clarification around once daily Tadalafil from the consultants and seek their views on the drugs.

Agreed actions:-

- A reminder of the first line choices to be communicated in Primary and Secondary Care. **DC/GT**
- The Lead Pharmacist, BHNFT to check usage at the Trust. **GT**
- The Lead Pharmacist, BHNFT to seek views from the Trust consultants on the drugs. **GT**

APC 17/168 NEW PRODUCT APPLICATION LOG

A number of new product applications were expected from dermatology.

APC 17/169 NEW PRODUCT APPLICATIONS

169.1 Nordimet®

The new product application for Nordimet® was presented and a demonstration of the Metaject® and Nordimet® devices was given.

It was clear that the Nordimet® device was much easier and quicker to use and it was fed back that patients like the device. Nordimet® was more cost effective for Primary Care but due to the purchasing contract for Metoject® in Secondary Care, Nordimet® was more expensive for Secondary Care.

The Committee approved Nordimet® for use as a second device and this was classified Amber. It was agreed that switches would be discussed at a later date and this would be revisited.

Agreed action: -

- The Shared Care Guideline would be updated to include Nordimet®. **CA**

APC 17/170 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was noted for information.

It was confirmed that an APC Reporting Sub Group meeting had been arranged to take place after the October 2017 APC meeting to look at issues and themes from the reports.

APC 17/171 NEW NICE TECHNOLOGY APPRAISALS – AUGUST 2017

The following NICE TA's were applicable for use at BHNFT: -

- TA464 Bisphosphonates for treating osteoporosis
- TA466 Baricitinib for moderate to severe rheumatoid arthritis

The following NICE TA's were terminated appraisals: -

- TA468 Methylnaltrexone bromide for treating opioid-induced constipation (terminated appraisal)
- TA469 Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia (terminated appraisal)
- TA470 Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia (terminated appraisal)

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

- 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

171.1 <u>Feedback from BHNFT Clinical Guidelines and Policy Group</u>

No meeting had taken place.

172.2 <u>Feedback from SWYPFT NICE Group</u>

Nothing to feedback.

APC 17/173 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

173.1 <u>Primary Care Quality & Cost Effective Prescribing Group (QCEPG)</u>

The last meeting was cancelled.

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

173.3 SWYPFT Drugs & Therapeutics Committee (D&TC)
There was nothing relevant to report to the APC.

APC 17/174 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)
There were no issues for escalation to the Q&PSC.

APC 17/175 HORIZON SCANNING DOCUMENT – AUGUST 2017
The Committee agreed to classify the new products as follows on the traffic light list (TLL): - **CA**

Pregabalin (generic) 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg & 300 mg hard capsules (Pregabalin Sandoz, Sandoz) – **ALREADY ON TLL**
Beclometasone/formoterol/ glycopyrronium 87/5/9 micrograms pressurised inhalation solution (Trimbow®, Chiesi) – **PROVISIONAL GREY**
Etanercept (biosimilar) 25 mg & 50 mg solution for injection in pre-filled syringe, 50 mg solution for injection in pre-filled pen (Erelzi®▼, Sandoz) – **ALREADY ON TLL**
Brodalumab 210 mg solution for injection (Kyntheum®▼, Leo Laboratories) - **PROVISIONAL RED**
Dimethyl fumarate 30 mg & 120 mg gastro-resistant tablets (Skilarence®, Almirall) - **PROVISIONAL RED**
Sarilumab 150 mg & 200 mg solution for injection in pre-filled pen or syringe (Kevzara®▼, Genzyme) - **PROVISIONAL RED**
Glecaprevir/pibrentasvir 100 mg/40 mg film-coated tablets (Maviret®▼, AbbVie) - **PROVISIONAL RED (ON FORMULARY AND USING AT BHNFT – FUNDED BY NHS ENGLAND)**
Co-codamol (generic) 60 mg/1000 mg film-coated tablets (Actavis UK) – **PROVISIONAL GREY**
Paracetamol/tramadol (generic) 325 mg/37.5 mg film-coated tablets (Kent Pharmaceuticals) – **PROVISIONAL GREY**
Mitomycin (generic) 20 mg & 40 mg powder & solvent for intravesical solution (Mitomycin medac, medac) - **PROVISIONAL RED**
Inotuzumab ozogamicin 1 mg powder for concentrate for solution for infusion (Besponsa®▼, Pfizer) - **PROVISIONAL RED**
Colecalciferol 14,400 IU/mL (400 IU/drop) oral drops (Sapvit-D3, Stirling Anglian) - **PROVISIONAL GREY**
Dipyridamole (generic) 200 mg/5 mL oral suspension (Thame Laboratories) - **PROVISIONAL GREY**
Thiopental (generic) 500 mg & 1000 mg powder for solution for injection (Concordia International) – **ALREADY RED ON TLL**
Quadrivalent influenza vaccine (split virion) Suspension for injection in pre-filled syringe (Sanofi Pasteur) - **PROVISIONAL GREEN**
Etoricoxib (generic) 30 mg & 120 mg film-coated tablets (Zentiva) 30 mg, 60 mg, 90 mg & 120 mg film-coated tablets (Aurobindo Pharma-Milpharm) – **ALREADY ON TLL**
Anagrelide (generic) 0.5 mg hard capsules (Consilient Health) – **ALREADY ON TLL**

Clobazam (generic) 5 mg/5mL & 10 mg/5ML oral suspension (Clobazam Atnahs, Atnahs Pharma UK) – **ALREADY ON TLL**

Maraviroc 20 mg/mL oral solution (Celsentri®, ViiV Healthcare) – **PROVISIONAL RED**
Methylprednisolone sodium succinate (generic) 40 mg, 500 mg & 1,000 mg powder for solution for injection (Consilient) **- ALREADY ON TLL**

APC 17/176 MHRA DRUG SAFETY UPDATE – AUGUST 2017

Received and noted as below: -

- Ibrutinib (Imbruvica▼): reports of ventricular tachyarrhythmia; risk of hepatitis B reactivation and of opportunistic infections

- Corticosteroids: rare risk of central serous chorioretinopathy with local as well as systemic administration

- Adrenaline auto-injectors: updated advice after European review. It is recommended that 2 adrenaline auto-injectors are prescribed, which patients should carry at all times. Advice will be provided to primary care. **DC**

APC 17/177 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (15th June 2017) were received and noted.

It was noted that Fosfomycin had been approved in Sheffield which is now included in the Barnsley guidance for use if there is a higher risk of resistance. This can be prescribed in Primary Care.

APC 17/178 ANY OTHER BUSINESS

178.1 <u>Ticagrelor</u>

At the June 2017 APC meeting, it was confirmed that the Cardiologists at BHNFT would 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 were to assume that treatment would be for 12 months.

Following receipt of a letter from a patient on treatment prior to the new guidance being agreed at the June 2017 meeting, clarification was required for the cohort of patients that were discharged before the guidance was released.

Following discussion, it was agreed that Primary Care would establish how many patients fall into the cohort discharged before the guidance was released. Patients at month 10 of treatment would be identified and if not currently under cardiology, would be followed up in Primary care with a view to liaising with cardiology to agree a way forward. Primary Care would write to the Cardiologists to notify them and seek advice whether to continue treatment

beyond 12 months.

The Lead Pharmacist, BHNFT to take these concerns back to cardiologist to check the usual follow up procedure post ACS.

Agreed actions: -

- Primary Care to establish how many patients fall into the cohort and liaise with Cardiology if necessary. **CA**
- The Lead Pharmacist, BHNFT to take these concerns back to cardiologist to check the usual follow up procedure post ACS. **GT**

APC 17/179 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 11th October 2017 at 12.30 pm in the Boardroom, Hillder House