

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 13th March 2019 in the Boardroom, Hilder House**

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Tom Bisset (from 19/55 to 19/65.3)	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (from 19/54)	Consultant Gastroenterology (BHNFT)
Dr Jerome Maters	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
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:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
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**ACTION
BY**

APC 19/51 QUORACY

The meeting was quorate from 19/54.

APC 19/52 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

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

APC 19/53 DRAFT MINUTES OF THE MEETING HELD ON 6th FEBRUARY 2019

APC19/28.1 action to note that the list will also be shared with primary care via the APC memo.

APC 19/33 & 19/34 to note that no further monitoring is required.

Subject to the amendments discussed, the minutes were accepted as an accurate record of the meeting.

Agreed action: -

- The draft minutes would be circulated by email for ratification from those not present for this item.

NB

Post meeting note: The minutes were ratified by email.

APC 19/54 MATTERS ARISING AND APC ACTION PLAN

Action Plan – other areas

A number of small changes were to be made to the action plan around 'action by' and 'target dates'.

NB

19/54.1 Low Molecular Weight Heparin During Pregnancy

The referral form has been sent to the LMC for the April 2019 meeting and numbers would be emailed to the Head of Medicines Optimisation to share at the LMC.

GT

19/54.2 Discharge Letter Audit BHNFT

A provisional/highlight report has been produced but clarity was required around the timeframe for the final report being published.

As the primary care audit report has been held back awaiting the BHNFT report, it was agreed that unless an imminent timeframe could be confirmed then the primary care audit report would be released with reference to the provisional BHNFT audit report.

Agreed action:-

- The Lead Pharmacist, BHNFT to obtain confirmation of the date for presentation of the final audit report.

GT

19/54.3 Discharge Letter Audit – Primary Care

The primary care audit report was complete and would be released in line with the above.

APC 19/55 PRIMARY CARE MEDICINES OPTIMISATION SCHEME (MOS) 2019-2020 AREAS

As part of the primary care MOS 2019/20, a number of recommendations have been made to prescribe certain medications by a specific brand or preparation. The recommended alternatives are bioequivalent and branded prescribing is appropriate, safe and cost-effective. This is only part of the work within the scheme.

A number of these areas have previously been shared at the APC and new areas were highlighted. It was noted that discussions were in progress with specialists around lancets and insulin pens to agree and confirm the brand of choice.

It was noted that Gaviscon® Advance is to be reviewed and stopped if self-care criteria is met or changed to Peptac® or cost effective brand Acidex Advance® if a prescription remains appropriate in line with local and national guidance.

Other areas with significant cost saving opportunities have been suggested including co-proxamol which is already included in a separate drugs which should not be routinely prescribed (NHS England) MOS workstream; and ramipril which has been historically reviewed, but could be looked at again when the price shows stability. A position statement is being developed to support the co-proxamol workstream.

The projected PDA QIPP cost savings was shared noting that all the money is reinvested into patient care in Barnsley.

The Committee accepted the proposed QIPP areas and it was agreed that the formulary would be updated to include the additional QIPP brands.

APC 19/56 MONITORED DOSAGE SYSTEMS (MDS)

As a result of recurring MDS issues being reported, a very first draft of good practice guidance was presented to discuss a way forward to supporting a Barnsley wide approach around MDS.

Following discussion, it was agreed that a small working group would develop the guidance which would then be shared with social services for comment.

Agreed action: -

- A small working group with the suggested representation would be arranged.

NB

APC 19/57 DRUG MANAGEMENT OF NEUROPATHIC PAIN PRESCRIBING GUIDELINE (UPDATE)

The guideline had undergone an interim update to include information on post-herpetic neuralgia due to the inclusion of lidocaine plasters within the NHS England guidance 'items which should not be routinely prescribed in primary care' and should only be used to treat post-herpetic neuralgia where alternative treatments are contraindicated, not tolerated or ineffective. The full guideline review is due in July 2019.

As currently the most cost effective brand of lidocaine plasters, it was agreed that Ralvo® lidocaine plasters be added to the formulary with a grey traffic light classification for use in the above situation only.

The Palliative Care Consultant asked that text be added to note that specialist palliative care may not follow these guidelines.

Agreed action: -

- It was agreed that the prices on page 1 would be removed from the guideline. **JH**
- Information regarding specialist palliative care would be added. **JH**
- The pregabalin guidelines would be updated as this is included as an appendix. **JH**
- Ralvo® to be added to the grey list for restricted use in post-herpetic neuralgia where alternative treatments are contraindicated, not tolerated or ineffective. **JH**

APC 19/58 MOISTURE LESION PATHWAY

This item would not be discussed at the APC in future but would be referred to the Wound Care Steering Group.

CL

APC 19/59 IBANDRONIC ACID

The Lead Pharmacist, BHNFT had received reports that patients were unable to obtain Ibandronic Acid 50 mg tablets in primary care.

Following discussion, it was agreed that pricing information would be emailed to the Lead Pharmacist, BHNFT who would also contact the oncologists regarding a way forward.

Agreed actions: -

- Pricing information to be shared by email.
- Oncologist feedback to be obtained for discussion at the next meeting.

**TB
GT**

APC 19/60 SERIOUS SHORTAGES PROTOCOL (SSP)

Information around the legislation on SSP was presented for awareness and it was agreed that should any SSPs be put into place then they would be brought to the APC for discussion.

APC 19/61 FORMULARY REVIEW PLAN

The Lead Pharmacist (DC), Barnsley CCG noted receipt of a couple of formulary reviews since the papers had been circulated and the plan would be updated accordingly for the next meeting. The anaesthesia formulary review would be brought to the April 2019 meeting.

DC

APC 19/62 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

19/62.1 Shared Care Guideline Template

The South Yorkshire & Bassetlaw Shared Care Protocol Template which has been developed as part of a primary and secondary care interface work stream led by Doncaster CCG was presented for the Committee to consider implementing it.

As the Committee felt that all the principles within it were already applied within the Barnsley Shared Care Guideline template, the APC would continue to use the Barnsley template.

APC 19/63 WOUND CARE FORMULARY 2019-2021

The recently launched formulary was presented for information, noting the protocol changes which have been through APC with new product applications. The electronic version has been shared with the CCG Medicines Management Team and is available on the BEST website.

APC 19/64 NEW PRODUCT APPLICATION LOG

The log was noted with a reminder to register any new product applications with the APC secretary on receipt from the applicant.

ALL

APC 19/65 NEW PRODUCT APPLICATION

19/65.1 UrigoStart® (Wound Care)

The application was presented noting significant improvement following trials with a reduction in healing time. This was to be classified Protocol 9, for specialist use. The additional cost was noted but given the reduced treatment time, this would be offset.

The Committee approved the application with the requirement to monitor its use.

Agreed action: -

- 6 monthly prescribing data to be monitored.

DC

19/65.2

Leukomed® Control (Wound Care)

The application was presented noting that this would specifically be used for self-harm patients as it enables wound viewing.

The Committee approved the application restricting use for self-harm patients with the requirement to monitor prescribing data.

Agreed action: -

- 6 monthly prescribing data to be monitored.

DC

19/65.3

Semaglutide (Ozempic®)

The new product application was presented which was a once weekly GLP-1 agonist indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise.

The cost and trial data presented wasn't felt to be sufficiently wide or robust versus current practice and therefore additional information was required to inform the Committees decision.

Agreed actions: -

- The applicant would be asked to advise if Semaglutide (Ozempic®) was to replace any other product.
- A briefing paper would be produced to provide more comparative data including any cardiovascular outcome data and numbers needed to treat.
- If all the required information can be provided, the endocrinologist would be invited to attend the meeting.

GT

GT

GT

APC 19/66

BARNSELY APC REPORTING MARCH 2019

19/66.1

APC Reporting Process

The Lead Pharmacist (CA), Barnsley CCG presented the updated reporting process to provide clarity around the responsibility of individual organisations to report issues through their organisations incident reporting process, combined with reporting the interface issues via APC reporting for review and investigation.

The Committee accepted the updated process.

Agreed action: -

- Information would be added to Appendix 3 around the in-house reporting mechanism for Barnsley Hospice
- The process would be shared with the LMC for information.

BH/CA

JH

19/66.2

APC Reporting March 2019

Received for information.

An update was provided on a significant incident reported in February 2019. To allay any GP concerns, guidance to support instances where patients have stopped their treatment for a period of time would be included in all Shared Care Guidelines.

It was recognised that improvements to patient safety as a result of the APC reporting process were being achieved.

Agreed actions: -

- The Olanzapine Amber Shared Care Guideline, approved at the February 2019 APC meeting will be updated to include the supporting information immediately.
- Shared Care Guidelines going forward will include the supporting information.

SH

JH/SH/GT

APC 19/67

NEW NICE TECHNOLOGY APPRAISALS (FEBRUARY 2019)

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

GT

- TA561 Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia
- TA562 Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma

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

- TA560 Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer (**terminated appraisal**)
- TA563 Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer
- TA564 Dabrafenib with trametinib for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer (**terminated appraisal**)

19/67.1

Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.

19/67.2

Feedback from SWYPFT NICE Group
It was confirmed that NICE TAs 560 to 564 were not applicable for use at SYWPFT.

APC19/68

FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

19/68.1

Primary Care Quality & Cost Effective Prescribing Group
The Head of Medicines Optimisation reported that Primary Care QIPP savings were still on target. There was nothing else significant to report.

19/68.2

BHNFT
There was nothing else significant to report however it was noted that the guidance lists of 17 unlicensed medicines where a recommended strength in Paediatrics has been endorsed by the NPPG and the Royal College of Paediatrics and Child Health (RCPCH), agreed for local adoption at the January 2019 meeting, would be taken to the next meeting.

GT

19/68.3

SWYPFT Drug and Therapeutics Committee
There was nothing else significant to report however it was noted that the guidance lists of 17 unlicensed medicines where a

recommended strength in Paediatrics has been endorsed by the NPPG and the Royal College of Paediatrics and Child Health (RCPCH) would be taken to the next meeting.

SH

APC 19/69 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

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

CL

- APC Reporting – review of process
- 2019/20 MOS
- MDS Working Group

APC 19/70 HORIZON SCANNING DOCUMENT (FEBRUARY 2019)

19/70.1

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

Tildrakizumab 100mg solution for injection in a pre-filled syringe (Ilumetri[®]▼, Almirall) – **NON-FORMULARY PROVISIONAL RED**

Ertugliflozin 5mg & 15mg film-coated tablets (Steglatro[®]▼, Merck Sharp & Dohme) – **NON-FORMULARY PROVISIONAL AMBER-G**

Burosumab 10mg, 20mg and 30mg solution for injection (Crysvita[®]▼, Kyowa Kirin Ltd) – **NON-FORMULARY PROVISIONAL RED**

Pegfilgrastim (biosimilar) 6mg solution for injection in a pre-filled syringe (Ziextenzo[®]▼, Sandoz) – **NON-FORMULARY PROVISIONAL RED**

Dorzolamide/timolol 20mg/5mg/ml eye drops, solution (Cosopt iMulti[®], Santen) – **NON-FORMULARY PROVISIONAL GREEN**

Beclometasone 50micrograms, 100micrograms, 200micrograms & 250micrograms per actuation (metered dose) pressurized inhalation solution (Soprobe[®], Glenmark) – **NON-FORMULARY PROVISIONAL GREY**

Lanadelumab 300mg solution for injection (Takhzyro[®]▼, Shire) – **NON-FORMULARY PROVISIONAL RED**

Letermovir 240mg film-coated tablets (Prevymis[®]▼, Merck Sharp & Dohme) – **NON-FORMULARY PROVISIONAL RED**

Latanoprost/timolol 50 micrograms/5mg/ml eye drops solution in a single-dose container (Fixapost[®], Thea Pharmaceuticals) – **NON-FORMULARY PROVISIONAL GREY**

Hydrocortisone (generic) 10mg soluble tablets (Hydrocortisone, Colonis Pharma) – **NON-FORMULARY PROVISIONAL GREEN**

Mexiletine 167mg hard capsules (Namuscla[®], Lupin) – **NON-FORMULARY PROVISIONAL RED**

Lumacaftor/ivacaftor 100mg/125mg & 150mg/188mg granules in sachet (Orkambi[®]▼, Vertex Pharma) – **NON-FORMULARY PROVISIONAL RED**

Daptomycin (generic) 350mg & 500mg powder for solution for injection / infusion (Daptomycin, Dr Reddy's) – **ALREADY NON-FORMULARY PROVISIONAL RED**

Apalutamide 60mg film-coated tablets (Erleada[®]▼, Janssen-Cilag) – **NON-FORMULARY PROVISIONAL AMBER G**

Bendamustine (generic) 180 mg/4mL concentrate for solution for infusion (Dr Reddy's) – **ALREADY FORMULARY RED**

Chlorphenamine (generic) 10 mg/mL solution for injection (Martindale Pharma) – **ALREADY FORMULARY GREEN**

Human normal immunoglobulin 100 mg/mL solution for infusion (Gammaplex[®] 10%, Bio Products Laboratory) – **NON-FORMULARY PROVISIONAL RED**

19/70.2

Stiripentol

In addition to the February 2019 products above, it was noted that stiripentol, included in the SY&B Collaborative Children's Epilepsy Shared Care Guideline which was approved at the August 2018 APC meeting was currently non-formulary in Barnsley. Following discussion it was agreed that additional information would be obtained and brought to the next meeting to determine its traffic light classification.

Actions agreed: -

- Primary Care prescribing data would be checked.
- Feedback would be obtained from the LMC and this would be brought back to the next meeting.

DC
CL

APC19/71

MHRA DRUG SAFETY UPDATE (FEBRUARY 2019)

Noted for information, highlighting the following: -

Carbimazole: increased risk of congenital malformations; strengthened advice on contraception

Carbimazole is associated with an increased risk of congenital malformations, especially when administered in the first trimester of pregnancy and at high doses. Women of childbearing potential should use effective contraception during treatment with carbimazole.

Carbimazole: risk of acute pancreatitis

If acute pancreatitis occurs during treatment with carbimazole, immediately and permanently stop treatment. Re-exposure to carbimazole may result in life-threatening acute pancreatitis with a decreased time to onset.

FreeStyle Libre flash glucose sensor – Use of barrier methods to reduce skin reactions to the sensor adhesive (MDA/2019/003)

Issued 29 January 2019. Manufactured by Abbott – some users who are experiencing an immune response (including skin hypersensitivity reactions) to the adhesive are applying creams, patches, or sprays under their sensor to reduce skin reactions, which may affect device performance.

Actions given in the alert:-

- Identify patients who have reported or may be experiencing skin reactions to their glucose sensor, which may include erythema, itching, and blistering
- Consider if continued use of this device for patients with skin reactions is suitable.
- Consider use of alternative glucose monitoring systems for these patients.

In the alert it did say that the manufacturer has confirmed they have revised the formula of the adhesive which should be available from April 2019.

APC 19/72
19/72.1

REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

Homely Remedy Policy

As with the South Yorkshire & Bassetlaw Shared Care Protocol Template discussed earlier, the Homely Remedy Policy has been developed as part of a primary and secondary care interface work stream with input from Doncaster and Sheffield CCGs.

The Head of Medicines Optimisation noted that Barnsley care homes currently follow the BMBC homely remedy medicines policy but on review of the policy, we would look to include content from the RMOC policy, also looking at the 'Over the Counter' guidance.

APC 19/73

SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (17th January 2019) were received and noted.

APC 19/74
19/74.1

ANY OTHER BUSINESS

Evolve® Preparations

The Lead Pharmacist, BHNFT had received 2 new product applications for preservative free Evolve preparations which were significantly more cost effective. As this was a brand switch and not a new product, the Committee agreed that the Evolve® Carmellose Eye Drops and Evolve® Hypromellose Eye Drops would be added to the Dry Eye Guideline, currently being reviewed. The Dry Eye Guidance would be brought to the next APC meeting and on approval; these products would be added to the formulary.

APC 19/75

DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th April 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.