NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 6th February 2019 in the Boardroom, Hillder House

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)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur (left after 38.5)	Consultant Gastroenterology (BHNFT)
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)
Anila George	Senior Interface Pharmacist (BHNFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Arelis Rordriguez-Farradas (item 32 only)	Prescribing Support Technician (Barnsley CCG)
Jackie Senior (item 29 only)	Clinical Lead Speech and Language Therapist (SWYPFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Tom Bisset	Community Pharmacist (LPC)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Maters	General Practitioner (LMC)

ACTION BY

APC 19/25 QUORACY

The meeting was quorate.

APC 19/26 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 19/27 DRAFT MINUTES OF THE MEETING HELD ON 9th JANUARY 2019

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

19/11 Stable Angina Prescribing Guideline

It was clarified that Tildiem Retard® would be removed from the formulary. **JH**

APC 19/28 MATTERS ARISING AND APC ACTION PLAN

19/28.1 Chlorthiazide, Furosemide and Spironolactone Liquid

Sheffield Children's Hospital has shared Enclosure B. The list provided gives the 17 unlicensed medicines where a recommended strength in Paediatrics has been endorsed by NPPG and RCPCH and published under the prescribing and dispensing section of each drug on the BNFC app.

It was noted that other local CCGs and hospitals have not made any recommendations regarding using one particular strength of Furosemide liquid. The Committee agreed to adopt the list. The Lead Pharmacist, BHNFT would review stock and adhere to the list.

To mitigate against risk, it was thought that the Trust only stock a supply of one strength (higher strength) of Spironolactone and Furosemide for use in adults and children but this would be checked and discussed at the next MMC.

There was a discussion regarding a number of minor incidents around incorrect doses been given, with no clinical impact but potential for clinical impact if not picked up early on and the Committee felt assured that the updating of the Gold Standards Guidance would aid the communication issues highlighted. It was agreed that should further instances occur, further work to improve communication would be undertaken.

Agreed actions: -

- The Lead Pharmacist, BHNFT to review stock and adhere to the list. This would be discussed at the next MMC. **GT**
- The list would be shared with community pharmacy and primary care via the APC memo. **CA**

19/28.2 NICE TAs (December 2018)

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

- TA550 Vandetanib for treating medullary thyroid cancer
- TA551 Lenvatinib for untreated advanced hepatocellular carcinoma
- TA552 Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia
- TA553 Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence

Action Plan – other areas

19/28.3 Anticoagulation for Stroke Prevention in Non-Valvular AF – guidance update

Deferred to March 2019.

19/28.4 Ticagrelor Audit

The Lead Pharmacist, BHNFT to obtain an update regarding the audit with expected date for presenting the audit results to the Committee. Deferred to March 2019. **GT**

19/28.5 Low Molecular Weight Heparin During Pregnancy

Patient numbers and the referral form will be taken to the next LMC. **GT/CL**

19/28.6 Discharge Letter Audit BHNFT

The Lead Pharmacist, BHNFT to obtain an update regarding the expected date for presenting the audit results to the Committee. The Primary Care audit is ready to be presented but is being held back to consider the results of both audits together. **GT**

APC 19/29 PRESCRIBING OF THICKENERS

Jackie Senior, Clinical Lead Speech and Language Therapist, SWYPFT was in attendance to provide an update following the change to use gum based thickeners as a first line option for new patients with the implementation of the IDDSI (International Dysphagia Diet Standardisation Initiative) descriptors for fluids.

It was confirmed that the change went 'live' on 29th October 2018 with a transition day across SWYPFT and Trust inpatient areas with all patients reassessed using the new descriptors for Thick and Easy Clear. All tins of Thick and Easy® Regular were removed and will continue to be removed should any supplies appear on wards. The change was reported to have gone relatively smoothly with some issues reported with the incorrect preparation methods being used; instances where GPs are prescribing Thick and Easy® Clear for existing patients instead of Thick and Easy® Regular and pharmacy reporting not being able to obtain stocks of Thick and Easy® Regular but the rep saying otherwise. All these issues when reported are resolved.

A training programme looking at risk management has taken place but only a quarter of care homes and one care agency attended the training. The care homes have been receiving regular email updates from the SALT team who will continue to engage with relevant parties. An up to date care agency list is currently being collated to help improve communication links.

It was noted that the scoop size of Thick and Easy® Regular (not Clear) is changing in the very near future, date to be advised. The directions on the tin will be changing to reflect the IDDSI framework and in the interim, it is recommended that information for both scoop sizes is included on the label and community pharmacy have been asked to counsel patients. Patients on Thick and Easy® Regular will have been assessed using the previous Barnsley descriptors and will remain on the Barnsley descriptors and should therefore continue to use the same amount of thickener per 200ml fluid. Therefore the only change is in relation to the number of scoops required. The SALT team are advising care homes but there could potentially be issues for patients in their own homes.

As it is likely that both old and new tins will be in circulation at the same time, recommendations to minimise the risk of errors occurring have been communicated to GP practices and community pharmacies. Information has been included in the MMT Newsletter and the MMT are providing support to practices to implement the recommendations and to ensure that patients are aware of the forthcoming changes. The manufacturer will be producing patient literature to support with communication which will be shared when available.

In primary care, patients would only be changed to the gum based product following reassessment and due to resource this would only occur should there be a clinical need for it.
Jackie noted that as all companies have to be IDDSI compliant by the end of April 2019, she was trying to make contact with the

manufacturer of Thicken Aid® to ascertain if any scoop size changes are planned.

Agreed actions: -

- Information would be communicated via PharmOutcomes to advise there are no stock issues from the supplier and send out the contact details for pharmacies to contact the rep if required. **DC**
- Contact to be made with the manufacturer of Thicken Aid® **DC/JS**
- The SALT team were asked to forward any prescribing issues via APC Reporting **JS**
- Primary care will continue to monitor patient numbers **DC**

APC 19/30 TICAGRELOR PRESCRIBING GUIDANCE

The Lead Pharmacist, BHNFT presented the updated guidance which did already include the DRAMA prescribing criteria but it now states “DRAMA criteria”.

Following a query, it would be clarified if it is recommended that serum creatinine levels are checked after 1 month of treatment for “all patients” not just patients with moderate to severe renal impairment.

To avoid continued confusion in primary care, it was agreed to include explicit information regarding the total duration of therapy. Issues highlighted in primary care would be shared with the Lead Pharmacist, BHNFT.

Subject to the agreed action, the Committee approved the guidance.

Agreed actions: -

- Clarity to be provided regarding serum creatinine levels. **GT**
- Include explicit information regarding the total duration of therapy. **GT**
- Issues highlighted in primary care regarding duration of therapy to be shared with the Lead Pharmacist, BHNFT. **DC**

APC 19/31 PARACETAMOL GUIDANCE

The updated guidance was presented incorporating comments received.

The Committee had no further comments and approved the guidance.

Agreed action: -

- The guidance would be taken to the LMC. **JH**

APC 19/32 ORAL NUTRITIONAL SUPPLEMENTS (ONS) PRESCRIBING GUIDELINES: ADULTS AGED 18 YEARS AND OVER

Arelis Rodriguez-Farradas was in attendance to present the revised guidance which has been approved by the LMC.

The guidance is intended for use in primary care as a guide on the use and review of prescriptions for ONS for the management of malnutrition in adults and there are 4 products on the Barnsley Joint

Formulary that can be initiated in primary care.

In response to feedback received, it was confirmed that the Malnutrition Universal Screening Tool (MUST) calculator for establishing nutritional risk hadnot been included in the guidance as very few Barnsley GPs were trained to use this and it was felt more appropriate to use NICE Guidelines.

Two over the counter supplement options had been included in the guidance for simplicity.

The Committee accepted the guidance and thanked Arelis for her work on it.

APC 19/33 FIASP® (FAST ACTING INSULIN ASPART INJECTION) PRIMARY CARE PRESCRIBING DATA

The Committee had previously approved the application for Fiasp® (fast acting insulin aspart injection) with an Amber G classification in August 2018 and asked that prescribing be monitored.

The prescribing data from June to November 2018 was presented, noting a very slight increase in August 2018. Prescribing is small and it was noted that Barnsley currently prescribes less than the England average.

The Committee had no concerns with prescribing of Fiasp® (fast acting insulin aspart injection) and no further monitoring was required.

APC 19/34 VISUXL® PRIMARY CARE PRESCRIBING DATA

In August 2018 the Committee had approved the application for VisuXL® with a green classification and asked that prescribing be monitored.

The prescribing data from June to November 2018 was presented, noting a rise in September, which was followed up and accounted for.

As noted in the August 2018 minutes, the algorithm would be updated to include VisuXL® and it would be incorporated into the dry eye guidance when reviewed. Due to difficulties obtaining input from the ophthalmologists, the Lead Pharmacist, BHNFT would produce an interim guidance to reflect the formulary changes.

The Committee had no concerns with prescribing quantities of VisuXL® and no further monitoring was required.

Agreed action: -

- The Lead Pharmacist, BHNFT would produce interim dry eye guidance to reflect the formulary changes, and would continue to work towards a full review of the guidance with the ophthalmologists. **GT**

APC 19/35 LITHIUM SHARED CARE GUIDELINE AUDIT

The Lead Pharmacist, Barnsley CCG (DC) presented the findings of the lithium audit. The audit looked at patients who had been initiated on lithium by the Barnsley service and handed over to primary care within the last 5 years to ensure that signed shared care agreements were in place, the monitoring was up to date and to check whether lithium was prescribed by brand.

The audit showed that the monitoring was up to date for the majority of patients who had been started on lithium by the Barnsley service and lithium prescribed by brand, as recommended, in all cases.

The audit sample comprised 16% of patients on lithium confirming that most of the lithium prescribing is longstanding. Given the associated risks with lithium, the Committee asked that the remaining patients on lithium be reviewed to check that the recommended monitoring is up to date and that lithium is prescribed by the brand that the patient normally takes.

The Committee agreed that the audit had been a valuable piece of work and thanked the MMT for undertaking it.

Agreed actions: -

- The Lead Pharmacist (DC), Barnsley CCG to share details with the Lead Pharmacist, SWYPFT regarding the non-submission of shared care agreements. **DC**
- Following a query, the Lead Pharmacist (DC), Barnsley CCG would check if the patient whose monitoring was not up to had a signed shared care guideline agreement in place. **DC**
- Audit results to be shared with the Regional Heads of Medicines Management **CL**
- Further review work would be carried out in primary care to look at all remaining patients on lithium **DC CL**
- Eclipse Radar alerts to be checked

APC 19/36 BLUETEQ

19/36.1 <u>Rheumatoid Arthritis Clinical Treatment Pathway</u>

The Committee were given an overview of work that would be taken forward over the next few years around High Cost Drugs/Specialist Drugs covering Rheumatology, Gastroenterology, Ophthalmology and Dermatology. Part of the work would be looking at developing clinical pathways for the specialist medicines incorporating Blueteq software as part of the process.

Given the high cost risk and high NHS England scrutiny around how these drugs are being used, it was felt appropriate that APC were aware that they exist and that these pathways are brought to APC for approval. The Committee agreed that all future pathway developments should be brought to APC for sign off.

19/36.2 <u>Form development</u>

The proposed process for developing and agreeing Blueteq forms was presented and explained. Feedback had been received and incorporated around aligning the form to the pathway.
The Committee felt this would be very beneficial and approved the

process for developing and agreeing Blueteq forms.

APC 19/37 FORMULARY REVIEW PLAN

The formulary review plan was received and it was noted that the remaining sections were significantly overdue. Ideally formulary reviews should be presented to the Committee at least 2 months after the first reviewer has completed a section but it was acknowledged that the delays are as a result of other work demands and managing this would be discussed internally at the Trust. The CCG offered additional support to help complete the formulary reviews but as some of the remaining sections have already been started and are partly reviewed, the Trust wished to complete them.

Agreed action: -

- The Lead Pharmacist to review the plan and provide an update on revised review dates. **GT**

APC 19/38 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

19/38.1 <u>Shared Care/Amber G/Prescribing Guideline Development Process</u>

The Committee were reminded that all documents should follow the new development and consultation process before being submitted to the APC as a finalised document for sign off.

19/38.2 <u>Shared Care Agreement Forms Process</u>

Feedback had been received from a SWYPFT service regarding the considerable amount of paper waste when sending the full shared care guideline to GPs and it was suggested that only the shared care request form be sent.

The Committee agreed that this was acceptable but that the web link to the full guidance must also be included on the sign up form.

Agreed action: -

- Slight amendments would be made to the shared care agreement request form within each shared care guideline under review, including inserting the full name of the shared care guideline, the version number and the link to the shared care guideline page on the BEST website. **SH/JH**

19/38.3 <u>Pregabalin for the treatment of Generalised Anxiety Disorder Amber G Guideline</u>

The updated amber G guideline, approved by the LMC was presented with minor changes.

The Committee approved the guideline.

19/38.4 <u>Olanzapine Amber Shared Care Guideline</u>

The updated amber guideline, approved by the LMC was presented.

Subject to a couple of minor changes, the Committee approved the guideline. It was agreed to standardise approval dates on guidelines to ensure date approved at APC and review dates are included as footers.

Agreed action:-

- The Lead Pharmacist, SWYPFT to make minor amendments and feedback GP comments requesting that information relating to specific monitoring requirements and blood test results etc be fully completed. **SH**

19/38.4 ADHD Shared Care Amber Guideline

The updated amber guideline, approved by the LMC was presented. Subject to a minor amendment, the Committee approved the guideline. **SH**

19/38.5 Toujeo® Amber G Shared Care Guideline

The updated amber G guideline, approved by the LMC was presented. The updates were highlighted and noted.

The Committee approved the guideline.

19/38.6 Azathioprine, 6-Mercaptopurine, Methotrexate and Mycophenolate for Inflammatory Bowel Disease and Autoimmune Hepatitis Amber Shared Care Guideline

The Committee accepted the updated guideline which would be taken to the LMC. Subject to approval by the LMC, the Committee approved the guideline. The patient's dose and frequency now only appears within one section of the appendices rather than two to minimise the risk of errors occurring. **JH**

Agreed action: -

- The updated guideline to be taken to the LMC for approval.

19/38.7 Prucalopride and Lubiprostone Amber Shared Care Guideline

The updated guidance was presented. It was noted that lubiprostone had been discontinued and would therefore need to be removed.

Subject to the removal of lubiprostone and update of the contact details, the Committee approved the guideline.

Agreed actions: -

- The agreed changes to be made. **AG**
- The updated guideline to be taken to the LMC for approval. **JH**

19/38.8 SYB Amber Shared Care Guideline for Epilepsy in Adults Eslicarbazepine (Zebinex®) and Brivaracetam (Briviact®) supporting documents

Following the inclusion of eslicarbazepine (Zebinix®) into the guideline as an amber drug, and the change from red to amber traffic light status of Brivaracetam (Briviact®), it was agreed at the November 2017 APC meeting that further guidance would be developed to support GPs with the prescribing of Eslicarbazepine (Zebinex®) and Brivaracetam (Briviact®).

The supporting guidance was presented which has been approved by the LMC incorporating comments received where appropriate.

Agreed actions: -

- Raise awareness of the guidance via the APC memo and Scriptswitch
- Share the supporting documents with Sheffield to use if they wish.

APC 19/39 NEW PRODUCT APPLICATION LOG

Noted.

APC 19/40 NEW PRODUCT APPLICATION

19/40.1 Triamcinolone Hexacetonide

The new product application was presented with the proposal for an amber G traffic light classification. It was noted that triamcinolone hexacetonide had previously been discontinued but reintroduced and the applicant having previously used it would like it included on the formulary.

The application content was considered including trial data and costs.

It was noted that an old application form had been used and some of the required information had therefore not been included.

The Committee approved the application with a red traffic light classification until the amber G guidance was produced.

Agreed action:-

- Amber G guidance would be produced. **GT**

APC 19/41 BARNSLEY APC REPORTING JANUARY 2019

Received for information.

Agreed action:-

- A paper on incident reporting responsibilities to be brought to the next meeting. **CA**

APC 19/42 NEW NICE TECHNOLOGY APPRAISALS (JANUARY 2019)

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

- TA554 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years
- TA555 Regorafenib for previously treated advanced hepatocellular carcinoma
- TA556 Darvadstrocel for treating complex perianal fistulas in Crohn's disease (**not recommended**)
- TA557 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer
- TA558 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease
- TA559 Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies

42.1 Feedback from BHNFT Clinical Guidelines and Policy Group
There had been no meeting therefore there was nothing to report.

42.2 Feedback from SWYPFT NICE Group
The January 2019 NICE TAs are not applicable for use at SWYPFT.

APC19/43 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

43.1 Primary Care Quality & Cost Effective Prescribing Group
Primary Care was on target with QIPP. It was noted that a summary of MOS 2019-20 QIPP areas would be brought to the next APC meeting. **DC**

43.2 BHNFT
There had been no meeting and therefore there was nothing to report.

43.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to feedback.

APC 19/44 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

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

- Lithium Audit
- Treatment Pathway – Blueteq
- Severe Out of Stock Issues

APC 19/45 HORIZON SCANNING DOCUMENT (JANUARY 2019)

Doravirine, 100mg film-coated tablets (Pifeltro®▼, MSD) **– PROVISIONAL RED**

Doravirine/lamivudine/tenofovir 100mg/300mg/300mg film-coated tablets (Delstrigo®▼, MSD) **– PROVISIONAL RED**

Brigatinib 30mg, 90mg and 180mg film coated tablets (Alunbrig®▼, Takeda) **– PROVISIONAL RED**

Buprenorphine 8mg, 16mg, 24mg, 32mg, 64mg, 96mg &128mg prolonged-release solution for injection (Buvidal®, Camurus AB) **– PROVISIONAL RED**

Eslicarbazepine 50mg/ml oral suspension (Zebinix®, Eisai) **– FORMULARY AMBER**

Semaglutide 0.25mg, 0.5mg and 1mg solution for injection in a pre-filled pen (Ozempic®▼, Novo Nordisk) **– PROVISIONAL AMBER G**

Ethosuximide (generic) 250mg/5ml oral solution (Ethosuximide, Aristo Pharma) **– FORMULARY AMBER**

Influenza virus surface antigens (inactivated) (haemagglutinin and neuraminidase) (Flucelvax Tetra®▼, Seqirus UK Ltd) **– ALREADY GREEN**

Fondaparinux (generic) 2.5mg/0.5ml solution for injection in pre-filled syringe (Fondaparinux, Dr Reddy's) **– ALREADY RED FOR MANAGEMENT OF ACUTE CORONARY SYNDROME ONLY**

Tacrolimus (generic) 0.1% ointment (Tacrolimus, Accord) **- ALREADY AMBER G**

APC19/46 MHRA DRUG SAFETY UPDATE (JANUARY 2019)

Noted for information.

The discontinuation of Zovirax® (Aciclovir) eye ointment was discussed noting that the UKMI memo gives some information on alternatives. It was agreed that this would be looked at as part of the Eye Formulary Review. **GT**

APC 19/47 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The London Update, December 2018 and the Midlands and East Update, 2019 Issue 1 were received and noted.

APC 19/48 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Rotherham (RMOG) (5th September, 3rd October and 7th November 2018) and NHS Sheffield CCG (15th November 2018) were received and noted.

APC 19/49 ANY OTHER BUSINESS

19/49.1 <u>Hydrocortisone</u>

The Lead Pharmacist, BHNFT raised on behalf of the Endocrine Nurse Specialist, reports from patients that GPs are refusing to prescribe higher doses of hydrocortisone for Addisons and refusing to prescribe the rescue injection when sick. This appears to be periodically and the Committee advised that issues be submitted via APC Reporting for investigation. **GT**

There was a discussion around a recent coroner's inquest and it was felt that any recommendations for learning and education should be obtained in order to put some guidance in place. **CL**

APC 19/50 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 13th March 2019 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.