NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 12th September 2018 in the Boardroom, Hillder House

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo (from item 181.1)	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Alison Evans	Clinical Quality and Development Lead, Public Health Nursing 0-19 Service (BMBC)
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)
Mohammad Fazlee	Senior Clinical Pharmacist (SWYPFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Umar Patel	Senior Pharmacist - Formulary / Interface (BHNFT)
Imran Saleem	Pharmacist (BHNFT)
Jackie Senior (for item 182 only)	Clinical Lead Speech and Language Therapist (SWYPFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Lead Pharmacist (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterology (BHNFT)
Dr Jeroen Maters	General Practitioner (LMC)

ACTION BY

APC 18/178 QUORACY

The meeting was quorate from 181.1.

APC 18/179 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest to note.

APC 18/180 DRAFT MINUTES OF THE MEETING HELD ON 8th AUGUST 2018

It was confirmed that NICE TAs 523 and 526 were not applicable for use at BHNFT.

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

Agreed action: -

- As the meeting was not quorate, the minutes would be circulated to the Associate Medical Director, BHNFT for ratification.
  ***Post meeting note**: - the minutes were ratified by email.*

APC 18/181 MATTERS ARISING AND APC ACTION PLAN

181.1 Ticagrelor

The Lead Pharmacist, BHNFT fed back that the DRAMA criteria is used by the cardiologists at the Trust to identify patients who might be eligible for extended prophylaxis. It was noted that other factors would also be assessed to ensure that extended treatment was appropriate i.e. bleed risk and comorbidities. Sheffield has been asked if they use the DRAMA criteria but as yet, no response has been received.

Reference was made to requests which had been received in primary care for different durations of treatment for extended therapy. Examples were currently being obtained so that secondary care could establish which specialists were making the different recommendations. It was understood that 3 years of extended treatment (60mg twice daily) had been agreed when extended therapy was indicated.

Agreed actions: -

- The proportion of patients on extended prophylaxis (60mg) in primary care to be obtained. **DC**
- The DRAMA criteria and risk assessment of patients to be clarified; with advice around how the criteria is to be used. **GT**
- The ticagrelor guidance to be reviewed to reference the DRAMA criteria and include further information regarding the duration of extended therapy. **GT**

181.2 Dovobet®

Following the approval of the new product application for Enstilar® Cutaneous Foam, the Lead Pharmacist at BHNFT had asked the dermatologists if Dovobet® could be removed from the formulary. They wish for Dovobet® gel and ointment to remain on the formulary as they contained different vehicles to Enstilar® and therefore still had a place in therapy. It was agreed that Enstilar® Cutaneous Foam would be used 1st line.

181.3 Saxenda® (Liraglutide)

It was noted that the concerns raised at the last meeting had been escalated to the Medical Director and further discussions continue.

It was hoped that the Consultant Endocrinologist would attend the October 2018 meeting to discuss the new product application submitted.

As stated in the NICE evidence summary, the manufacturer has reported that they will only promote the use of liraglutide (Saxenda®) on private prescription and therefore anticipate that use on the NHS will be limited. The evidence summary does not contain recommendations on whether the medicine should be prescribed within the NHS or by private prescription.

Agreed action: -

- As agreed at the last meeting, the independent review would be brought back to include more detail around outcomes and if possible a cost/risk comparison versus other management **UP/GT**

options i.e. gastric band surgery.

181.4 NICE TAs (July 2018)

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

- TA528 Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer
- TA529 Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer
- TA530 Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy
- TA531 Pembrolizumab for untreated PDL1-positive metastatic non-small-cell lung cancer
- TA532 Cenegermin for treating neurotrophic keratitis
- TA533 Ocrelizumab for treating relapsing–remitting multiple sclerosis
- TA492 (updated from Dec 2017) Atezolizumab for untreated PDL1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable for untreated PDL1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable
- TA522 (updated from June 2018) Pembrolizumab

181.5 Bisphosphonates/Calcium Products

The concerns expressed by the Committee in relation to the evidence base for the prescribing of vitamin D without calcium in patients taking bisphosphonates had been taken back to the consultant.

The consultant has expressed concerns around the risk of hypercalcemia in elderly patients and a possible link between calcium containing products and MIs in the elderly.

It was agreed that the Committee needed to further consider the evidence base/effectiveness for the use of vitamin D with bisphosphonates compared with bisphosphates and calcium and vitamin D supplementation.

Agreed action: -

- A literature review/search to be undertaken and a summary of the evidence of effectiveness and adherence would be brought back together with i comparative costs. **UP/GT**

Action Plan – other areas

181.6 Co-amoxiclav usage in secondary care

The Define usage data was presented to show the last 12 months and last 3 years.

The usage has been relatively stable over the last 12 months other than the expected winter peaks and another impact on co-amoxiclav usage is as a result of several other antibiotic shortages.

It was noted that as a region, Barnsley is not an outlier and work is ongoing at BHNFT to reduce usage and a change in the policy may also affect the usage.

Agreed action: -

- Usage data would be brought back to the APC meeting in 6 months. **GT**

181.7 GLP-1 Agonists Shared Care Guideline

In order to obtain enough prescribing data, it was agreed that this would be brought back in January 2019.

181.8 Push Doctor

Push Doctor was raised at LMC and it was noted that this was being picked up nationally. Should concerns continue to be reported locally, we would look at producing local advice and guidance for GPs.

181.9 Methylphenidate XL to Delmosart® XL

Feedback had been received from the Lead Pharmacist, SWYPFT that neighbouring CCGs and Acute Trusts are using the branded generic Xenidate® XL and for consistency this was the preferred branded generic of choice. This is available across all strengths and is the lowest cost product.

It was confirmed that patients that have been switched to Matoride® XL in primary care would not be changed again. Xenidate® XL was agreed as the brand of choice for new patients. This would be incorporated into the shared care guideline when it was next updated. **SH**

181.10 D1 Audit Meeting Update

A meeting has been held at BHNFT to discuss the audit and another meeting would be held in 4-6 weeks.

It was shared that the Medical Director, BHNFT wishes to provide assurance to the APC that this is a Trust priority to action and progress the D1 audit.

A request to change the RAG rating, in light of the commitment from the Medical Director to mitigate risk, would be taken back to the Quality & Patient Safety Committee. **CL**

It was agreed that the target date on the action plan would change to December 2018. **NB**

181.11 Lithium Audit

It was agreed that the target date would change to November 2018. **NB**

181.12 LABA/LAMA products

As the percentage of prescribing of the Ellipta devices was under 10%, it was agreed that the action to obtain the prescribing data for primary care usage of LABA/LAMA products would be removed from the action plan. **NB**

APC 18/182 PRESCRIBING OF THICKENERS

Jackie Senior, Clinical Lead Speech and Language Therapist, SWYPFT was present to support this agenda item and a nil declaration of interest was noted.

Thick and Easy Clear® has been agreed as the gum based thickener of choice in Barnsley for use in both primary and secondary care and the communication plan and prescribing guidance was submitted for discussion.

The guidance has been developed to support the use of a gum based thickener as a first line option when a thickener is indicated and from 29th October 2018, gum based thickeners will be used first line for new patients and the IDDSI (International Dysphagia Diet Standardisation Initiative) descriptors for fluids will be implemented.

Concern was raised again that the plan was heavily focused on secondary care and doesn't explicitly cover care agencies outside of nursing/residential homes.

Following discussion, it was noted that care homes were being invited to attend a training session and it was agreed that the invitation would be extended to care agencies in order to capture all care providers and promote awareness. Feedback from the training session would be gathered and it was suggested that the company may also be able to provide additional training/support to third party organisations.

There was concern that different products will be in use in the community and there was a risk that carers may not be sufficiently trained about the different preparation methods. Due to resource, patients would only be changed to the gum based product following reassessment and the known potential risk would be managed with the resources available.

It was confirmed that the Medicines Management Team at the CCG would support Jackie Senior and the SALT team with practice level communications regarding changes to scoop sizes and labelling.

The plan was accepted subject to the inclusion of the additional information around training and the guidance was approved.

Agreed actions: -

- Jackie Senior to provide an update at the December meeting. **JS/DC**
- Primary Care uptake to be monitored. **DC**

APC 18/183 TRIMOVATE® GUIDANCE

BHNFT shared the guidance they were using following a supply issue with Trimovate®, which shows possible alternatives and comparative costs.

Although there are no specific recommendations around which alternatives to use, the guidance provides available options to consider. BHNFT were recommending Timodine® 1st line as a triple

combination if a mild steroid was appropriate.

Following discussion it was agreed the guidance would be updated and shared with the Lead Pharmacist, Barnsley CCG (DC) for wider circulation.

Agreed actions: -

- The guidance would be updated to highlight alternative triple combinations:Timodine® which contains a mild steroid and Synalar C® which contains a potent steroid **GT/UP**
- The guidance would make reference to the grey classification of Trimovate® and the considerable price increase. **GT/UP**
- The guidance would be circulated to primary and secondary care. **DC/GT**

Subject to the above updates, the Committee approved the guidance.

APC 18/184 TREATMENT OF OVERACTIVE BLADDER IN WOMEN (UPDATE)

The updated guidance was presented incorporating specialist feedback. The guidance will be reviewed again in March 2019 following the updated NICE guidance due to be issued in March 2019.

Agreed action: -

- The drug tariff price would be checked and updated if required. **JH**

Subject to any price updates, the Committee approved the guidance.

APC 18/185 FORMULARY REVIEWS

185.1 Formulary Review Plan

A number of target dates were changed on the plan and were expected to be taken to the APC as follows: -

2.0 Cardiovascular (October 2018)
8.0 Malignant disease and immunosuppression (November 2018)
11.0 Eye (November/December 2018)
14.0 Immunological products (November/December 2018)
15.0 Anaesthesia (November/December 2018)

185.2 Chapter 4 - CNS (Part 2): Pain & Neurology

The formulary review was presented and the following points were discussed: -

- 4.6.00 Clarification around which dispersible ondansetron preparation should be on formulary.
  BHNFT to check the purchase contract and CCG Lead Pharmacist to obtain further information regarding potential savings and availability. **GT/MS/DC**
- 4.8.01 Tiagabine – change to Amber with reference to the children's shared care guideline.
- 4.600 Nabilone – change classification to provisional red and

remove from the formulary.

- 4.600 Hyoscine – clarification and more narrative was required. The Lead Pharmacist, BHNFT to provide the narrative. **GT**

In response to a query, it was confirmed that coproxamol was included within the primary care 2018-19 work plan.

All other suggested changes were accepted by the Committee.

185.3 Chapter 9 - Nutrition

The formulary review was presented and the following points were discussed: -

- 09.04 Prosource Plus – it was confirmed that no Amber G guidance was required but prescribing guidance from the dietitians would be used. It was agreed to check that Prosource was included in the guidance. **GT**
- 09.01.01.01 Ferrous Fumarate (Fersaday®) would be classified provisional grey.
- Paedisure would be classified Amber G and it was thought that this would be included in the Infant Feeding Guidance but this would be checked. **GT**

All other suggested changes were accepted by the Committee.

APC 18/186 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

186.1 Shared Care Protocol For Epilepsy in Adults (addition of a Clobazam reference section)

The guidance with the addition of a Clobazam reference section was presented for approval.

The Committee approved the guidance.

186.2 Anastrozole, Tamoxifen and Raloxifene for Chemoprevention in Familial Breast Cancer Amber G Guideline

The guideline has been updated in line with the NICE guidance to include anastrozole for Chemoprevention in Familial Breast Cancer and feedback received from the nurse specialist has been incorporated and highlighted.

Following discussion it was agreed that a timeline did not need to be included in the guideline between hospital appointment and the patient deciding that chemoprevention was the best option for them. Should there be no change medically within this time, then the GP could initiate treatment based on the advice of the nurse.

Subject to this amendment, the Committee accepted the guideline. **JH**

APC 18/187 NEW PRODUCT APPLICATION LOG

Noted.

APC 18/188 NEW PRODUCT APPLICATIONS

188.1 Budenofalk® (budesonide)

The application was presented and information from the application form and independent review was discussed.

It was noted that the Barnsley formulary currently recommends Colifoam® (hydrocortisone) as first line choice when a foam enema is recommended. Prednisolone foam is currently on formulary and recommended second line but the cost of Prednisolone foam has recently soared and there is more systemic steroid exposure with Prednisolone foam than Budenofalk® foam.

Although there was limited evidence base, there was no significant difference between Prednisolone foam and Budenofalk® foam but given the difference in cost and systemic steroid exposure, the Committee approved the new product application for Budenofalk® (budesonide) as an alternative product on the formulary.

Agreed action: -

- Prednisolone foam enema 20mg/application would be removed from the formulary. **JH**
- Lead Pharmacist, BHNFT, to clarify intended position in therapy of Budenofalk® **GT**

Post meeting note

Prednisolone foam enema 20mg/application is not currently listed on the electronic formulary.

APC 18/189 BARNSLEY APC REPORTING SEPTEMBER 2018

A summary of the reports were received and noted. It was noted that the Sub Group will meet quarterly.

189.1 Tadalafil

Following discussion around report BAPC18/09/29 to continue prescribing Tadalafil 5mg once daily in primary care, Committee members were reminded that daily Tadalafil is not currently included on the formulary and it was agreed that the evidence base would be reviewed and a new product application be submitted to the Committee for consideration. **GT**

189.2 Long Term Domperidone

Report BAPC18/09/17 was highlighted and it was agreed that to increase awareness, communication would be sent out to remind primary care via the newsletter to review patients periodically for contraindications. Similar communication is in progress at the Trust. **CA**

189.3 NOAC Shared Care

BHNFT noted multiple issues with prescribing of NOACS for DVT & PE with no shared care. It was possible that the links to the shared care guidelines on the website needed to be checked to ensure they were working via the home page and when searching individual drugs. This would be checked and resolved. **JH/DC**

189.4 Chlorthiazide

A new report that will be listed on the October 2018 reporting log was highlighted in relation to a child being prescribed chlorthiazide 5mg in 5ml suspension.

Concern has been raised at BHNFT following a number of paediatric nurses contacting pharmacy to notify them that patients have been dispensed the 5mg in 5ml strength of chlorthiazide.

It was thought to have been previously agreed that one concentration of chlorthiazide, furosemide and spironolactonewould be stocked and used over the geographical area, as recommended by Sheffield Children's Hospital, to reduce the risk of errors occurring. There was some confusion amongst Committee members regarding which liquid products this related to and it was agreed that clarity was needed.

Agreed actions: -

- The Chair to discuss further at the next regional Heads of Medicines Management meeting to look at the possibility of standardising the recommended strength for chlorthiazide, furosemide and spironolactone. **CL**
- The Chief Pharmacist, BHNFT to discuss this with Trust Chief Pharmacists. **MS**
- The Lead Pharmacist, BHNFT to check the strengths for chlorthiazide. **GT**
- Feedback to be brought to the next APC meeting **CL/MS**

189.5 Paracetamol – pre-immunisation

The Lead Pharmacist, BHNFT raised on behalf of the paediatric nurses, concern around Public Health England guidance issued on post immunisation for 8 week old babies when they have their Men B immunisation. Clarification was required around the recommended paracetamol dose for babies in relation to their age/weight to provide a consistent approach and to avoid possible overdose.

It was noted that Barnsley follow BNF guidance but the Public Health England guidance differs. This has been escalated to Public Health England and a response was awaited.

Agreed action: -

- The Lead Pharmacist, Barnsley CCG (CA) to produce some guidance, also taking into account community pharmacy and patients being advised to pick up their own supply of paracetamol. **CA**

APC18/190 NEW NICE TECHNOLOGY APPRAISALS (AUGUST 2018)

The Lead Pharmacist, BHNFT confirmed that the following NICE TA is applicable for use at BHNFT:-

- TA534 Dupilumab for treating moderate to severe atopic dermatitis

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

- TA535 Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine
- TA536 Alectinib for untreated ALK-positive advanced non-small-cell lung cancer
- TA537 Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs
- TA538 Dinutuximab beta for treating neuroblastoma
- TA539 Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours

190.1 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing reported back to the Committee.

190.2 Feedback from SWYPFT NICE Group
It was confirmed by email that NICE TAs 534, 535, 536, 537, 538 and 539 were not applicable for use to SWYPFT.

APC18/191 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

191.1 Primary Care Quality & Cost Effective Prescribing Group
It was noted that: -

- QIPP savings were on target
- The Alogliptin work has been temporarily put on hold for 6 months during which time intelligence will be gathered from other organisations currently undertaking switches. A Barnsley practice is piloting this work and feedback will be obtained to inform decision regarding roll out.
- Medicines Ordering, Safety & Waste (MOSW) work was ongoing to ensure correct medicines ordering systems and processes were in place and the team were now 40% through the programme in primary care.

191.2 BHNFT
There was nothing to report to the Committee.

191.3 SWYPFT Drug and Therapeutics Committee
There was nothing reported back to the Committee.

APC 18/192 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed that the following issues would be escalated to the Q&PSC: - **CL**

- Feedback from D1 Pharmacy Medicines Audit meeting
- Update on the prescribing of thickeners

APC 18/193 HORIZON SCANNING DOCUMENT – AUGUST 2018

Due to time constraints, the August formulary classifications would be shared on email for approval.

Bleomycin 15000 IU powder for solution for injection/ infusion. (Bleomycin sulfate, Accord Healthcare Ltd.) – **ALREADY RED**
Ritonavir 100mg tablets (Ritonavir Mylan® Generics UK T/A Mylan) – **ALREADY RED**

***Post meeting note**: - the formulary classifications listed above were approved.*

APC18/194 MHRA DRUG SAFETY UPDATE (AUGUST 2018)

- Esmya® (ulipristal acetate) and risk of serious liver injury: new restrictions to use and requirements for liver function monitoring before, during, and after treatment

It was noted that this is a red drug but the alert does not affect Ella one® which also contains the same drug. Information would be communicated via the newsletter.

BHNFT confirmed that following the original alert circulated a few months ago, supply was stopped and all patients were brought in for assessment and reviewed.

APC 18/195 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (26th July 2018) were received and noted.

APC 18/196 ANY OTHER BUSINESS

196.1 <u>Flu Vaccines</u>

It was reported that this year, three types of flu vaccine will be used in the flu programme. This will benefit patients by ensuring that they have the most suitable vaccine that gives them the best protection against flu. The three vaccines are:-

- Adjuvanted trivalent flu vaccine (aTIV) - this is licensed for people aged 65 years and over and is the vaccine recommended by the Joint Committee on Vaccination and Immunisations (JCVI) for this age group. The deliveries of aTIV to practices and pharmacies will be staged between September and early November.
- Quadrivalent vaccine (QIV) - this is recommended for children aged from 6 months to 2 years and in adults from 18 years to less than 65 years of age who are at increased risk from flu because of a long term health condition.
- In general practice and via school based programmes: Live attenuated influenza vaccine (LAIV) - this is a nasal spray and is licensed for children and young people from 2 years old to less than 18 years of age. The age groups targeted in England for this vaccine in 2018/19 are two and three year olds (through their GP surgery) and school aged children in reception class through to Year 5 (through schools). If LAIV is clinically contraindicated QIV is used in

this age group. Both are ordered centrally from Vaccine Supply.

It was noted that some GP practices and pharmacies do not have sufficient supply of adjuvanted trivalent flu vaccine (aTIV) for people aged 65 years and over but the Medicines Management Team at the CCG will be putting a process in place to be able to advise where stocks are held and practices can be re-directed to obtain supply.

Agreed action: -

- This would be discussed further at the next meeting. **CL**

196.2 <u>Umar Patel – Pastures New</u>

As this was his last meeting, Umar was thanked for all his hard work and significant contribution to the work of the Area Prescribing Committee over the last 2 years and wished all the best in his new role at BHNFT.

APC 18/197 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th October 2018 at 12.30 – 2.30 pm in the Edith Perry Room at Barnsley Hospital NHS Foundation Trust.