

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 27th June 2017 **Time:** 2-5pm

Location: Room 181, Hove Town Hall, Norton Road, Hove

Members:

Paul McKenna (PMcK)	Senior Strategic Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Katy Jackson (KJ)	Chief Pharmacist, Brighton and Hove CCG (Deputy Chair)
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist, BH CCG
Paul Antenen (PA)	East Sussex Local Pharmaceutical Committee
Clare Mace (CM)	Pharmaceutical Advisor, Crawley, Horsham and Mid Sussex (C,HMS) CCGs
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Tim Sayers (TS)	Lay Member, HWLH CCG
Dr Irma Murjikelni (IM)	Clinical Lead Prescribing, HWLH CCG
Dr Tim McMinn (TM)	Clinical Lead in Urgent Care and Medicines Management, BH CCG
Ray Lyon (RL)	Chief Pharmacist - Strategy, Sussex Partnership NHS Foundation Trust (SPFT)
Iben Altman (IA)	Chief Pharmacist, SCFT
Lloyd Ungood (LU)	Lay Member, BH CCG
Rita Shah (RS)	Prescribing Advisor, BH CCG
Sue Mills (SM)	Deputy Chief Pharmacist, BSUH
Dr Riz Miakowski (RM)	Clinical Lead Prescribing, HMS CCG
Katie Stead (KS)	Clinical Lead Medicines Optimisation, BH CCG

In Attendance:

Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Dr Dan Jenkinson (DJ)	GP Charter Medical Centre and GP Lead Diabetes Care For You
David Broadbent (DB)	Advanced Dietitian - Prescribing Support, BH CCG
Theresa Samms (TS)	Speech & Language Therapist, SCFT
Dr Rachael Hornigold (RH)	Specialist Registrar in Public Health, Brighton & Hove City Council
Jemma Clark (JC)	Lead Pharmacist Respiratory Medicine, BSUH
Robert Porter-Jones (RPJ)	Prescribing Support Technician, BH CCG
Becky McKay (BMcK)	Medicines Management Project Technician, HWLH CCG

Apologies:

Paul Wilson (PW)	Head of Medicines Management, HWLH CCG (Chair)
Penny Woodgate (PWo)	Communications and Engagement Senior Officer, East Sussex Local Pharmaceutical Committee
Fionnuala Plumart (FP)	Prescribing Advisor, BH CCG
Jay Voralia (JV)	Head of Medicines Management, CHMS CCG
Niall Ferguson (NF)	Chief Pharmacist, Brighton and Sussex University Hospitals NHS Trust (BSUH)
Dr Michael Okorie (MO)	Consultant Physician and Associate Medical Director for Medicines Safety & Prescribing, BSUH

Item No	Item	Action
1	Welcome	
	PMcK welcomed the committee. Introductions were made. Apologies received from PW, PWo, FP, JV, NF and MO.	
2	Declarations of Interest	
	As per the register. SM - Fresenius Kabi, Novartis, Roche – advisory boards	
3	Urgent AOB	
	None.	

Previous meeting and actions

4	May 2017	
	<ul style="list-style-type: none"> • Caphosol – awaiting information from the clinical lead regarding the treatment pathway. • Insulin degludec results of questionnaires back to the committee – PMcK to follow up with Paul Grant, clinical lead for diabetes at DCFY and IA. • Prontosan audit – PMcK advised that VD currently she did not have the capacity to carry out an audit. It was suggested that case studies were brought before the committee however, it was felt that wouldn't be sufficient. PMcK to discuss an audit criteria with VD. • Dressing packs - ongoing • MMF SCG – awaiting for the document to be uploaded to the SMSKP website. The SCG has been ratified at C and HMS CCGs. • Metformin for the management of weight gain – PMcK to facilitate meeting with interested parties. 	<p>NF 21.7.17 PMcK 21.7.17</p> <p>PMcK 21.7.17</p> <p>SG 14.7.17 SB 14.7.17</p> <p>PMcK 21.7.17</p>

New drug / indications formulary applications

5	Jaydess (Levonorgestrel 13.5mg intrauterine delivery system) – presented by Dr Amy Reimoser via telecom.
	<p>Dr AR gave a brief overview of the submission. The clinical effectiveness and safety were discussed. Jaydess has a pregnancy failure rate of less than 1%. Dr AR discussed Mirena and advised that Jaydess is comparable in efficacy, tolerability and risk profile. The differences compared to Mirena were highlighted. It was noted that Jaydess is a smaller device and therefore it may be easier to fit. Also, as Jaydess is licensed for 3 years for contraceptive use, it may be more suitable for women who are younger or are yet to have children. (Mirena is 5 year contraceptive.)</p> <p>The APC considered the decision making criteria and noted that Jaydess is currently being used in practice. It was noted that The Faculty of Sexual and Reproductive Healthcare have included Jaydess in their guidelines and Jaydess is listed on the formularies in Coastal West Sussex CCG and Eastborne, Hailsham and Seaford CCGs.</p> <p>The committee discussed the cost effectiveness of Jaydess compared to Mirena and where Jaydess would sit in the treatment pathway.</p> <p>It was agreed that adding Jaydess to the Joint Formulary would give an alternative IUD option for patients wishing to review their family planning method after 3 years. It would also be an option for patients with a smaller uterine cavity or cervix which is too narrow to accommodate a Mirena. Jaydess was also</p>

recommended for patients suffering from side effects relating to increased progesterone levels.
It was confirmed that only a trained clinician can insert Jaydess and therefore it should be coded as blue on the Joint Formulary.

DECISION: Approved for specialist (trained holders of a certificate of competence) initiation.

To be added to the Brighton Joint Formulary as **BLUE**. 1st line for those patients wishing to review their family planning method after 3 years. Also approved for patients where there has been an insertion failure with Mirena, patients who are suffering from side effects attributed to increased progesterone levels or those with a smaller uterine cavity or cervix which is too narrow to accommodate a Mirena.

JT 14.7.17

Change to traffic light status

6 Forceval – RED to BLUE – presented by Dr Craig Milne

As Dr Milne could only be contacted before 2.30pm and the previous item took 30 minutes, it was agreed that this item would be carried over to the July committee meeting.

DECISION: postponed until July 17.

Policies and Guidelines

7 Management of Type 2 diabetes – presented by Dr Dan Jenkinson

Dr DJ gave an overview of the guidelines, explaining that they had been adopted from Southern Derbyshire CCG and adapted for the local health economy. Dr DJ advised that there is a local need for these guidelines and if approved they will be used in training local healthcare professionals. Dr DJ advised that the guidelines are in line with NICE and local opinion had been sought (including for HWLH area). It was confirmed that all formatting issues will be resolved before making into a PDF version.

It was noted that alogliptin and linagliptin are mentioned in the guidelines however they are non-formulary. It was explained that a public health registrar is in the process of writing an evidence review for these and they will be presented at a future committee.

The committee discussed the guidelines and it was agreed that the following changes were to be made:

- The first paragraph on page 7 is moved to the top of page 1
- A line stating “it assumed that lifestyle and dietary measures would be trialled before drug treatment is considered”
- Add that all targets should be recorded on the PMR
- Atenolol is changed to bisoprolol on page 4
- Abasaglar quick pen pricing is added to page 28
- A list of people who have been consulted on the guideline development is added to the last page
- A reference to the new NICE guideline is included on the flow charts
- Removal of “Derbyshire 2009” from the footer

It was confirmed that the drug step charts and flow charts (hypertension) would be uploaded to the CCG website as separate links to the full guideline. The APC also agreed that the Diabetes Care For You team would be responsible for ensuring that the guideline is kept up to date and reviewed as and when new NICE guidance is published.

DECISION: Approved on the basis that the above amendments are made and formatting is corrected.

To be uploaded to the website once completed.

Dr DJ
14.7.17

JT 21.7.17

Formulary extensions

8.1	Thickened Drinks – presented by David Broadbent	
	<p>DB gave an overview of the submission. He explained the benefits of Slo milkshakes as they contain the correct nutritional profile and are pre-mixed. This reduces the risk of the incorrect consistency being achieved. DB also highlighted that Slo milkshakes are more cost effective than a SIP feed plus a thickener. (£25.20 per 30 days vs £26.42 - £61.66)</p> <p>The committee discussed the application and agreed that not only is this a more cost effective treatment but it also improves patient safety.</p> <p>DECISION: Approved – BLUE – specialist recommendation (Speech and Language Therapy)</p> <p>To be added to the Brighton Joint Formulary as BLUE</p>	JT 14.7.17
8.2 and 9.1	Thickeners – formulary extension and change in traffic light status – presented by Theresa Samms	
	<p>TS gave an overview of the submissions and the reasons for why thickened drinks are required. She also explained the strategies for dysphagia and the need for a change to the formulary.</p> <p>TS advised that the newer gum based (clear) products are preferred as they do not contain starch. Evidence shows that amylase in saliva breaks down the molecular bonds in starch-based thickened drink, causing these to become thin. This can cause drinks to separate if saliva enters the cup, causing a dangerous top thin layer of the drink. There is also a risk of aspiration. TS also highlighted that starch based thickeners continue to thicken over time. This leads to patient resistance and waste.</p> <p>TS then continued to advise that the gum based thickeners (clear) do not thicken over time. They also make the fluid look nicer and have a better texture, which is more palatable for the patient.</p> <p>The committee discussed the submission and it was agreed to add the gum based (clear) thickeners to the formulary and blacklist the starch based thickeners with the exception of Nutilis, which has amylase protection.</p> <p>DECISION: Resource ThickenUp Clear, Nutilis, Nutilis Clear, Instant Carobel Approved – BLUE – specialist recommendation (Speech and Language Therapy)</p> <p>To be added to the Brighton Joint Formulary</p> <p>DECISION: Thick & Easy, Thicken Aid, Thixo D, Multi-Thick, Resource Thicken-Up</p> <p>Add to BLACKLIST</p> <p>To be added to the Blacklist of the Brighton Joint Formulary</p>	<p>JT 14.7.17</p> <p>JT 14.7.17</p>

New drug / indications formulary applications

10	Bisphosphonates (specifically oral ibandronate and zoledronic acid infusions) in the routine management of breast cancer for post-menopausal women to reduce premature mortality – presented by Dr Rachael Hornigold	
	<p>Dr RH gave the committee an overview of the submission. The evidence, clinical effectiveness and safety were discussed. It was noted that NICE will be updating the clinical guideline in 2018.</p> <p>The patient pathway was discussed and Dr RH explained that there are 3 suitable patient cohorts.</p> <ol style="list-style-type: none"> 1. Newly diagnosed patients who will receive adjuvant chemotherapy – BSUH will provide infusion of zoledronic acid and 6 months' later will start the patient on oral bisphosphonate for a length of 2 and a half years. 2. Newly diagnosed patients who will not receive adjuvant chemotherapy – BSUH will provide 1 month of oral bisphosphonates before being transferred to primary care for the remainder of the 3 year treatment. 	

3. Patients who have started treatment within the past 6 months will be called back to commence an oral bisphosphonate. (RH explained that there was no evidence to support treating patients who have started treatment more than 6 months ago, although trials are ongoing.)

It was noted that patients who do not tolerate oral bisphosphonates can be treated with zoledronic infusion provided by the hospital.

The mechanisms for reminders on GP systems were discussed and it was noted that the patient should take some responsibility to return to the GP for follow up/transfer to oral treatment. It was also highlighted that BSUH are able to send a letter to the GP to initiate oral bisphosphonate treatment 6 months post treatment with zoledronic acid.

The committee noted that the use of bisphosphonates for this indication is off-label and it is unlikely that the manufacturer will apply for a license extension, as they are available as generic. RH advised that there is a patient information leaflet available from Breast Cancer Now charity.

The APC discussed the paper and concluded that that in light of the evidence and costings presented to the committee they were in favour of the application. Approval however is subject to the oncology team providing a suitable PIL stating that this is off-label use, explaining treatment duration, identifying when to switch to oral and providing information that if oral is not tolerated then infusions are available.

DECISION: Ibandrontate – **BLUE** - Approved for specialist initiation
Zoledronic acid – **RED** – Specialist only

JT
14.7.17

Ibandronic acid to be added to the Brighton Joint Formulary as **BLUE** (noted off label use for the routine management of breast cancer in post-menopausal women to reduce premature mortality)

Zoledronic acid to be added to the Brighton Joint Formulary as **RED** (noted off label use for the routine management of breast cancer in post-menopausal women to reduce premature mortality)

JT
14.7.17

Policies and guidelines

11 COPD treatment pathway and Joint Formulary Inhaler Crib Sheet – presented by Jemma Clark

JC explained to the committee that these pathways had already been presented at a previous meeting. All suggested amendments had been made following that meeting. JC noted that the abbreviation ACOS (asthma and COPD overlap syndrome) has now changed to ACO and this would be amended on the final version before uploading onto the CCG website. The APC discussed the pathway and it was agreed to remove the wording “1st line” next to carbocistene on page 2.

DECISION: Approved for use.

To be added to the CCG website and linked to in the Brighton Joint Formulary.

JT
14.7.17

JC advised that the inhaler crib sheet had been amended to include information aiding prescribers to choose which device is best suited to their patient. It was explained that all formatting issues would be resolved before converting into a PDF.

DECISION: Approved for use.

To be added to the CCG website and linked to the Brighton Joint Formulary.

JT
14.7.17

Formulary review

12.1 Chapter 8 – Malignant disease and Immunosuppression – presented by Paul McKenna

PMcK advised that a review of the chapter had taken place virtually. It was noted however that comments from oncology at BSUH were yet to be submitted. These will be presented at the July meeting. The comments collated were discussed and

the suggested actions approved. The committee noted that Efudix was listed as amber. It was agreed that it should be red for use in cancer and green for actinic keratosis as per the PCDS guidelines.

DECISION: Suggested actions approved.

Make changes as agreed and upload to the CCG website.

JT
14.7.17

12.2 Removal of restriction on Performa Nano Blood Glucose Testing Strips – presented by Jade Tomes

JT explained that a formulary restriction was placed on Performa blood glucose testing strips due to the meter starter kit containing a lancet device which required expensive replacement lancets. However, in October 2016 the price of the FastClix lancets reduced from £9.92 to £5.90 per box. JT advised the committee that this price is now comparable to those lancets associated with the formulary meters therefore, the rationale for the restriction is no longer valid. JT advised that the removal of the restriction was supported by local specialists from hospital and community.

DECISION: removal of restriction approved.

Make changes to the formulary and upload to the CCG website.

JT
14.7.17

Shared Care

13 Approved medications for Alzheimer’s disease – presented by Ray Lyon

RL advised the committee that SPFT have Brighton patients from clusters 18, 19 and 20 on their books when they should have only have patients from cluster 20. Under the new MAS contract patients in cluster 18,19 will be discharged to primary care. Committee members from BHCCG confirmed that this transfer was agreed by commissioners. RL advised that he would draft a repatriation letter and note the information sheet.

The information sheet was discussed and it was agreed that the reference to 1 month’s treatment would be removed from point 3 in the primary care prescriber responsibilities.

DECISION: Approved for BHCCG. HWLH will ratify outside of the meeting with consideration of their golden ticket scheme.

Make agreed changes and upload to SPFT website. Inform JT when the updated version is live.

PMcK
21.7.17
RL
14.7.17

NICE TA briefing

14 NONE

NICE guidance and TAs

15.1 NICE guidance to discuss

The committee discussed NG69: Eating disorders: recognition and treatment. It was noted that the guideline states

“1.3.21 Encourage people with AN to take an age-appropriate oral multivitamin and multi-mineral supplement until their diet includes enough to meet their dietary reference values.”

It was stressed that the guideline does not specify that these multi vitamin and mineral supplements have to be prescribed. It was agreed to discuss this further at the next meeting when the submission for Forceval in patients with AN will be presented.

15.2 Published May 2017

CG124: Hip fracture management – noted by the APC

CG163: Idiopathic pulmonary fibrosis in adults: diagnosis and management – noted by the APC

CG174: Intravenous fluid therapy in adults in hospital – noted by the APC

NG28: Type 2 diabetes in adults: management – noted by the APC. RS confirmed that the Joint Formulary is compliant with this NG.

NG69: Eating disorders: recognition and treatment – noted by the APC. Discussed above and to be discussed further at the next meeting.

PH56: Vitamin D: increasing supplement use in at-risk groups – noted by the APC. SG advised that Public Health have been informed of this guidance and will be invited to discuss further at a future meeting. **SG 14.7.17**

QS16: Hip fracture in adults – noted by the APC

TA444: Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal) – add to the Joint Formulary as **BLACK** **JT 14.7.17**

TA445: Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs – Commissioned by CCGs – add to the Joint Formulary as **RED** **JT 14.7.17**

APC Admin

16 Members 6 monthly DOI – presented by Jade Tomes

JT reminded members to forward their updated declarations of interest. Template form is available to download from Kahootz. **ALL 21.7.17**

New drug / indication formulary applications

a Electronic cigarettes – presented by Paul McKenna

The committee discussed the East of England Priorities Advisory Committee recommendation. It was noted that licensed e-cigarettes or other novel nicotine containing devices are not yet on the market but was acknowledge that making a decision prior to their launch would be beneficial. The committee considered the cost impact to the local health economy and lack of national guidance on appropriate use.

The committee agreed that patients should be encouraged to self-care or to be referred into locally commissioned smoking cessation services.

DECISION: not approved – **BLACK** – not suitable for prescribing in any healthcare setting. **JT 14.7.17**

To be added to the blacklist.

Formulary extensions

b Pipexus – pramipexole prolonged release tablets – presented by Paul McKenna

PMcK gave a brief overview of the submission. He advised that Pipexus PR is a cost effective branded generic which is 50% less than Mirapexin MR. It was also explained that this submission is for the inclusion of the whole strength range to the joint formulary (as 2 strengths are currently omitted). The specialist comment was noted. The committee advised that due to the current financial challenges the NHS faces, the most cost effective product needs to be first line choice for all patients (new and existing).

DECISION: Approved for specialist initiation.

JT 14.7.17

To be added to the Brighton Joint Formulary as **BLUE**

c Alzest – rivastigmine patches – presented by Jade Tomes

JT gave a brief overview of the submission. She advised that Alzest is a cost effective branded generic of rivastigmine patch. If prescribed as Alzest, this could save between £10.03 and £42.87 per pack. The committee noted the specialist's comment regarding the lack of adhesive on the patches. It was agreed the before inclusion onto the Joint Formulary, feedback would be given to the manufacturer and assurance of the patches' adhesive qualities would be sought.

DECISION: deferred – more information required regarding the adhesiveness of the patch (can tape be used to increase adhesiveness) and usage figures.

JT 14.7.17

d Half-Cosmocol – Macrogol 6.9g powder – presented by Jade Tomes

JT gave a brief overview of the submission. She advised that Half-Cosmocol is a cost effective branded generic of Half-Movicol. Savings per pack are £2.32. It was noted that none of the half macrogol products are listed on the Joint Formulary but they are being prescribed. Half macrogol products are not used in the hospital.

DECISION: Approved – **GREEN** – suitable for non-specialist initiation.

JT 14.7.17

To be added to the Brighton Joint Formulary as **GREEN**

e Truxima - Rituximab 500 mg concentrate for solution for infusion- presented by Stewart Glaspole

SG gave an overview of the application and explained that a biosimilar of rituximab had become available and should be used in RA. If used this would bring savings to the local health economy.

DECISION: Approved – **RED** - specialist only

JT 14.7.17

To be added to the Brighton Joint Formulary as **RED**

f Pregabalin – NHSE guidance 21st June 2017 (generic prescribing for all indications) – presented by Paul McKenna

PMcK advised the committee of the background to this guidance being published. NHSE now advises prescribers that when prescribing pregabalin for the treatment of any condition, you should dispense in accordance with your normal practice. This will be effective from 17th July.

The options for releasing savings to the health economy was discussed and it was agreed not to currently favor a more cost effective branded generic and allow for the savings to be released naturally when the drug tariff price drops (when pregabalin goes to category M). This strategy would save patients having to be switched twice in a short period of time (6 months). It was confirmed that from 17th July 2017, Medicines Management Teams would be

switching patients from Lyrica to generic. It was agreed that patients who had recently been switched to Alzain brand be excluded from this switching cycle but would be considered for switching at a later date.

JT 17.7.17

DECISION: Generic pregabalin recommended for any condition. Formulary to be amended from 17th July 2017.

Change to traffic light status

g Ibandronic acid 150mg tablets **BLACK** to **GREEN** – presented by Dr Stewart Gaspole

SG advised that Ibandronic acid 150mg was placed on the blacklist as it was still under patent protection and had therefore been more expensive than the other bisphosphonates which had gone generic. Now the patent has expired the price has reduced to £1.13 per tablet. (Yearly cost £13.56.) It was noted that coding green would allow an alternative bisphosphonate with monthly dosing to be made available which may increase compliance.

DECISION: changed from **BLACK** to **GREEN**

Changes to be made to the Blacklist and Joint Formulary.

JT 14.7.17

h Phlexy – Vits **RED** to **BLUE** – presented by Dr Stewart Gaspole

SG advised that these vitamins have a specialist use in PKU and similar metabolic disorders. NHSE are the responsible commissioner for this cohort however, the specification states that CCGs are responsible for prescribing of specialist supplements.

DECISION: changed from **RED** to **BLUE** (for disorders of inbuilt metabolism)

Changes to be made to the Joint Formulary.

JT 14.7.17

AOB

14

- Bariatric surgery and vitamins – the specialist center is not providing vitamins post-op. Interim policy statement stands until the lead commissioner (CWS) publishes their policy.
- Update on testosterone injection applications and information sheets (action outstanding from previous meeting). To be followed up with Bhumik Patel.
- It was noted that this was Tim McMinn's last APC. The committee thanked him for all his work and wished him the best for the future.

**PMcK
17.7.17**

Close

15 Date of next meeting

Tuesday 25th July 2017.

Room 181, Hove Town Hall, Norton Road, Hove, BN3 4AH