

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 27th November 2018 **Time:** 2-5pm

Location: Room G91, Hove Town Hall, Norton Road, Hove

Members:

Paul McKenna (PMcK)	Principal Pharmacist, High Weald Lewes Havens HWLH CCG (Chair)
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, HMS CCG
Lloyd Ungood (LU)	Lay Member, BH CCG
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Dr Stewart Glaspole (SG)	Principal Pharmacist, BH CCG
Samantha Lippett (SL)	Lead Antimicrobial Pharmacist, Brighton and Sussex University Hospitals Trust (BSUH)
Stephanie Butler (SB)	Principal Pharmacist, Sussex Community Foundation Trust (SCFT)
Stacey Nelson (SN)	Senior Medicines Optimisation Pharmacist, BH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, BH CCG

In Attendance:

Colm Cosgrove (CC)	Specialist Pharmacist - High Cost Drugs, BSUH (part)
Emily Rose (ER)	Lead Dietitian - Primary Care, BH CCG (part)
Jade Tomes (JT)	Senior Medicines Optimisation Pharmacy Technician BH CCG
Ross McLatchie (RMcL)	Medicines Optimisation Pharmacist, HWLH CCG
Sarah Park (SP)	Medicines Optimisation Pharmacist, HWLH CCG
Ramiz Bahnam (RB)	East Sussex Local Pharmaceutical Committee Member (LPC)
Sandhia Finch	Advanced Pharmacist Antimicrobials and Ophthalmology, QVH
Ciara O'Kane	Senior Medicines Optimisation Pharmacist, HWLH CCG
Scott Sweeney (SS)	Operations Manager, Medicines Optimisation, BHCCG (part)

Apologies:

James Atkinson (JA)	Deputy Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT)
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
Julia Powell (JP)	East Sussex Local Pharmaceutical Committee Member (LPC)
Iben Altman (IA)	Chief Pharmacist, SCFT

Not in Attendance:

Mike Cross (MC)	Interim Chief Pharmacist BSUH
Paul Wilson (PW)	Deputy Director, Medicines Management, HWLH CCG and BH CCG
Ray Lyon (RL)	Chief Pharmacist, (SPFT)
Jay Voralia (JV)	Head of Medicines Management, CHMS CCG
Fiona Brown (FB)	Pharmacist, Crawley (C), Horsham and Mid Sussex (HMS) CCG
Michael Okorie (MO)	Associate Medical Director, BSUH

Item No	Item	Action
1	Welcome	
	PMcK welcomed the Committee. Introductions were made. Apologies received from ZS, IA (SB attending), JP and JA.	
2	Declarations of Interest	
	As per the register. Ramiz Bahnam – Community Pharmacy owner Riz Miarkowski – Various sandwich lunches provided by various pharmaceutical reps from numerous pharmaceutical companies.	
3	Urgent AOB	
	None.	

Previous meeting and actions

4	October 2018	
	<ul style="list-style-type: none"> Members DOIs outstanding – The Chair asked members to complete and submit any outstanding DOI's prior to the next committee meeting. 	Multiple 22.01.19
	<ul style="list-style-type: none"> Esomeprazole information sheet – SL explained that they had reflected on the use of the jejunostomy and would like it remain in the information sheet. The amendment regarding shared care would be removed. 	SL 21.12.18
	<ul style="list-style-type: none"> APC admin – presenter guidance had been updated. PMcK to forward to JT for uploading onto the internet. 	JT 21.12.18
	<ul style="list-style-type: none"> Vitamins and minerals, life after surgery leaflet – Emily Rose had fed back to St Richard's and provided a response to the committee based on St Richard's reply. St Richard's advised that they would not amend the guideline and the committee were not satisfied with this. Concerns include that the leaflet was not factual as B12 injection should be provided by the GP. Also the advice to patients to take 2 iron tablets a day was not clear as it does not detail if this should be in divided doses. It was questioned if the pharmacy team at WSHT had been involved. It was agreed that PMcK would raise the committee's concerns with WSHT chief pharmacist, especially as the next review was not until 2020. 	PMcK 21.12.18
	<ul style="list-style-type: none"> Hypertension guide – awaiting amendments. 	Alison Warren 21.12.18
	<ul style="list-style-type: none"> BSUH shared care guidance – outstanding. 	JT 21.12.18
	<ul style="list-style-type: none"> Infections Joint Formulary – a few outstanding queries to close prior to uploading the final version on the website. Awaiting SL and Kristina Fowlie to complete. 	SL and KF 21.12.18
	<ul style="list-style-type: none"> Sodium Clodronate information sheet – Specialist pharmacist at BSUH will review in time for the January 2019 meeting. 	
	<ul style="list-style-type: none"> Vitamin D – review of hospital contract with the view to remove 3,200 unit capsules from the formulary. Outstanding. 	SL 21.12.18
	<ul style="list-style-type: none"> Ikervis information sheet – JB has forwarded the amended document. 	CLOSED

- Sodium valproate – BSUH: SL advised that paediatrics had given assurances that they will provide a copy of the risk assessment to the GP and they review patients on an annual basis regardless. SL is still awaiting to hear back from neurology however, she was made aware that the department were in discussions with the CCG in October. SL will update Kahootz as soon as she hears.

SL
21.12.18

It was highlighted that JA had provided the committee with an update on sodium valproate which noted that discussions had been held at the chief pharmacists' meeting, however clarity regarding the recall process for the annual reviews and assurances that the risk assessment form would be sent to GPs was missing. PMcK to follow up with JA.

PMcK
21.12.18

New drug / indication formulary application

5 None

Policies and Guidelines

6.1 Free of Charge Scheme. Presented by Colm Cosgrove.

CC advised that in July the RMOC released guidance on Free Of Charge (FOC) medication schemes. It was explained that this was when pharmaceutical companies offer free stock prior to NICE approval. This was to seed the market and it is acknowledged that to accept these schemes a standardised framework and governance structure should be in place. BSUH have produced a reference sheet for the Medicines Governance Group to review such schemes which is based on the principles detailed in the RMOC guidance. It was noted that now BSUH are on a block contract and these medicines are PbRe, there is little financial risk to the CCG. One concern raised by CCGs was the potential inequity, where a patient is started on a drug through the FOC scheme and the drug receives a negative NICE appraisal. In this case the pharmaceutical company could offer to continue fund the treatment. Patients who were not started on the drug through the FOC scheme would be unable to access. In order to mitigate this, one point has been added to the RMOC guidance. It states that if the patient doesn't meet the NICE criteria or if NICE do not approve the treatment (even if the patient receives a benefit) the treatment will be stopped. The committee commented that this amendment ensured a greater degree of equity..

An ethical point was raised if patients had a positive experience and then treatment is withdrawn. It was agreed to align with guidance from the National Research Ethics Service and their Patient Information Leaflet.

Risk was discussed and it was noted that whilst the financial risk to the prescribing budget may be small, there could be an element of reputational risk.

It was noted that standard wording of NICE TAs includes "People currently receiving xxx drug should be able to continue treatment with xxx drug until they and their NHS clinician consider it appropriate to stop." SG advised that due to the statutory requirement linked with the funding of NICE TA's, it would be extremely difficult to enforce the patient contract (where the patient signs to acknowledge that treatment would be withdrawn if they do not meet the NICE criteria or if NICE do not approve the treatment).

PMcK advised that PW had sent comments to the committee on the FOC scheme. He suggested that the consent form included the wording that the commissioner would not routinely fund outside of the NICE TA. If any benefit was

derived from the treatment the patient could apply for funding via an IFR.

It was questioned if FOC schemes would be reviewed and used pre or post Final Appraisal Document (FAD). (If post FAD then there is less risk as the outcome of the NICE TA is not likely to change). CC advised that this framework does not stipulate, however the presumption is pre FAD.

It was noted that the RMOC had not produced an economic impact assessment with the guidance therefore the financial risk is unknown. SG advised that he and PMcK had done a rough scoping exercise. Compared to the budget (circa £10million) the financial risk is relatively small. CC advised that the likely patient cohort would be a small percentage of the overall cohort as these patients would be at the higher end of the treatment criteria.

SG advised that with the amount of controls within the framework he felt the benefit outweighed the risk.

It was confirmed that if the patient does not sign the consent form, they would not have access to the FOC medicine.

It was agreed that information regarding the current commissioning position would be added to the policy. (I.e. The CCG routinely commissions medicines as per NICE published criteria and the financial risk lies with the provider if they choose to supply medicines outside of NICE guidance.)

SL commented that FOC medicines must be managed through the pharmacy department not direct to consultant offices or patients. It was agreed that this statement would be added to the policy. It was also questioned what would happen if a patient wished to fund the treatment privately but still access all other treatment via the NHS. It was noted that this would be a provider issue and there should be an internal policy to manage this.

Decision: To be approved via chair's action once amendments (as detailed above) have been made.

ACTION: CC to make amendments and to discuss with SL regarding the point above.

**PMcK
CC/SL
18.12.18**

6.2 Gluten Free Prescribing Policy. Presented by Emily Rose.

ER advised the committee that the list of gluten free products in the Drug Tariff would be changing at the beginning of December due to the outcome of a recent DHSC consultation. ER had updated the local gluten free policy and joint formulary to reflect these changes.

It was questioned if the gluten free formulary should be aligned with what had already been published in the North place.

ER advised that the rationale for the formulary choices in the North place was not known.

ER informed the committee that the policy and formulary list had been reviewed by other local dietitians from BSUH and SCFT.

The committee questioned if patient groups had been involved. ER advised that the local coeliac group had disbanded a few years ago however, Coeliac UK had been involved during the national consultation.

The committee discussed the proposed formulary choices and it was agreed to rationalise the list to 8 products in each category. These would be 8 the most cost effective in each group.

Decision: Approved on the basis that the formulary is rationalised to the 8 most cost effective in each group.

ACTION: To make the agreed changes. Understand the rational for the choices made in the North place with the view to align in the future.

Chair's action taken to approve new formulary choices pre December

**ER
4.12.18
PMK**

Traffic Light Status Change

7.1	VSL#3 Blue to Non-formulary. Presented by Emily Rose	
	<p>ER explained that VSL#3 is a probiotic which was prescribed under ACBS criteria however, it had now been withdrawn and therefore needs to be removed from the Joint Formulary.</p> <p>ER advised that there are approximately 20 patients in BH currently receiving VSL#3 on prescription. If they meet the ACBS criteria then they will be switched to Vivomixx however if they do not meet ACBS criteria then prescribing will be stopped.</p> <p>Decision: Approved – non formulary ACTION: To be removed from the Joint Formulary.</p>	<p>JT 21.12.18</p>
7.2	AirFluSal MDI Green to Non-formulary. Presented by Jade Tomes 1.05	
	<p>JT advised there had been ongoing supply problems with AirFluSal MDI inhalers which had caused disruption for patients and prescribers. After discussion the committee agreed that AirFluSal should be removed from the Joint Formulary to ensure that patients are able to easily access treatments.</p> <p>The preferred alternative was discussed that it was noted that as Sirdupla was already on the Joint Formulary this would be the preferred brand. SL questioned if this was the cost effective choice in secondary care. Scott Sweeney, Medicines Management Team Operations Manager South joined the committee to explain the rationale for this choice.</p> <p>It was agreed to add that Sirdupla is the locally preferred brand in primary care until SL confirms if this is cost effective to BSUH.</p> <p>Decision: Approved – non formulary ACTION: To be removed from the Joint Formulary.</p>	<p>JT 21.12.18</p>
7.3	Pizotifen Liquid Green to Non-formulary. Presented by Jade Tomes	
	<p>JT advised the committee that pizotifen liquid was listed as green on the formulary however it is an unlicensed special which is expensive. After discussion it was agreed to remove from the formulary and add that the tablets can be crushed however advice must be sought if using with an enteral feeding tube.</p> <p>Decision: Approved – non formulary ACTION: To be removed from the Joint Formulary.</p>	<p>JT 21.12.18</p>
9	Anti-dementia drugs. Presented by James Atkinson.	
	<p>JA had given his apologies. He had sent an email update for this item however the committee were not entirely clear of the information provided. It was agreed to roll over to the next meeting where JA would be present. PMcK to clarify with JA, highlighting the minutes of the last meeting.</p>	<p>PMcK 21.12.18</p>

Shared Care

10.1	ADHD Information Sheet Update. Presented by James Atkinson	
	<p>JA had given apologies. He had sent an email update for this item however the committee were not entirely clear of the information provided. It was agreed to roll over to the next meeting where JA would be present. PMcK to clarify with JA, highlighting the minutes of the last meeting.</p>	<p>PMcK 21.12.18</p>

10.2	Midodrine Information Sheet Update. Presented by Paul McKenna	
	<p>PMcK advised that this information sheet had been updated by Alison Warren. IM raised comments with Alison Warren and she had replied. These were discussed by the committee.</p> <p>It was confirmed that only one minor change had been made regarding signposting the GP to the CCG website for the information sheet.</p> <p>Decision: Approved ACTION: To be uploaded onto the CCG website</p>	<p>JT 21.12.18</p>

Formulary extension

11	Imraldi and Amgevita – adalimumab biosimilar. Presented by Stewart Gaspole.	
	<p>SG advised that there had been a national tender for adalimumab and each of the four regions across England had been given a 1st and 2nd line choice adalimumab biosimilar to use.</p> <p>The APC discussed what would happen if a patient came into the area from out of region. SG advised that it would be challenged on bluteq and discussed with the provider.</p> <p>It was noted that approval of this would mean significant cost savings for the NHS.</p> <p>For the South region, Imraldi is first line and 2nd line is Amgevita.</p> <p>Decision: Approved – RED - Imraldi is the locally preferred first line and Amgevita is the locally preferred second line. ACTION: Add to Joint Formulary as RED</p>	<p>JT 21.12.18</p>

Formulary review

12	Chapter 10 – MSK. Presented by Stewart Gaspole.	
	<p>SG advised, that he and SB had reviewed the MSK chapter. Minor amendments include typo on lidocaine and the addition of auto-injectors as previously the JF just listed PFS.</p> <p>The committee discussed diclofenac and questioned if it was appropriate for it to be green. It was agreed that the tablets should be changed to blue. The dispersible tablets and SR capsules would be removed and the suppositories and injection would be red.</p> <p>SL requested that ketoconazole was removed from the product example re. the triamcinolone.</p> <p>It was noted that Inflectra was no longer the most cost effective brand of infliximab and this had now been changed to Flixabi.</p> <p>Decision: Approved ACTION: Make agreed changes and upload to the Joint Formulary</p>	<p>JT 21.12.18</p>

NICE TA briefing

13	None	

CG54 - Urinary tract infection in under 16s: diagnosis and management. Update noted by the APC.	
HST8 - Burosumab for treating X-linked hypophosphataemia in children and young people. Commissioned by NHS England. Add to the Joint Formulary as RED .	JT 14.12.18
NG35 - Myeloma: diagnosis and management. Update noted by the APC.	
NG95 - Lyme disease. Update noted by the APC.	
NG107 - Renal replacement therapy and conservative management. Noted by the APC.	
NG108 - Decision-making and mental capacity. Noted by the APC.	
NG109 - Urinary tract infection (lower): antimicrobial prescribing. Noted by the APC. Kristina Fowle and SL currently reviewing, considering local guidelines. Proposed changes will be tabled at a future APC.	
NG110 - Prostatitis (acute): antimicrobial prescribing. Noted by the APC. Kristina Fowle and SL currently reviewing, considering local guidelines. Proposed changes will be tabled at a future APC.	
NG111 - Pyelonephritis (acute): antimicrobial prescribing. Noted by the APC. Kristina Fowle and SL currently reviewing, considering local guidelines. Proposed changes will be tabled at a future APC.	
NG112 - Urinary tract infection (recurrent): antimicrobial prescribing. Noted by the APC. Kristina Fowle and SL currently reviewing, considering local guidelines. Proposed changes will be tabled at a future APC.	
QS72 - Renal replacement therapy services for adults. Update noted by the APC.	
TA221 - Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura. Update noted by the APC. SG to clarify with the North CCGs if the blueteq forms are compliant.	SG 21.12.18
TA293 - Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura. Update noted by the APC. SG to clarify with the North CCGs if the blueteq forms are compliant.	SG 21.12.18
TA542 - Cabozantinib for untreated advanced renal cell carcinoma. Commissioned by NHS England. Add to the Joint Formulary as RED	JT 14.12.18
TA543 - Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs. Commissioned by CCGs. Add to the Joint Formulary as RED	JT 14.12.18
TA544 - Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive melanoma. Commissioned by NHS England. Add to the Joint Formulary as RED	JT 14.12.18

14.1 RMOC South update. Presented by Paul McKenna

The following RMOC recommendations were noted

- Adalimumab press release
- Adalimumab toolkit for commissioners and providers
- Adalimumab barriers to uptake: results of national survey
- RMOC Guidance - Prescribing of Liothyronine

PMcK noted that this guidance had now been released. PW had sent his comments to the committee which advised that the RMOC recommendations in their current form do not take into consideration the financial impact. Therefore, in the absence of this the APC should not accept this recommendation. The APC agreed with this as they felt they could not accept this recommendation without financial projections. PW / PMcK to respond back to the RMOC requesting further information on the cost impact. It was questioned if MO could shed any light on this RMOC guidance. SL to contact MO.

- RMOC Guidance: Homely Remedies

It was noted that the Care Home leads for the South Place are reviewing this alongside the local policy. It was clarified that if the local policy needs to be amended then this would be tabled and approved at the Medicines Optimisation Governance Group (MOGG).

- RCN and NHS England briefing on best value biological medicines for specialist nurses.
- RMOC: STOMP Resources
- Regional Medicines Optimisation Committee Update November 2018

The RMOC Shared Care work was noted.

**PW /
PMcK
21.12.18
SL
21.12.18**

14.2 Provider update.

The following meeting minutes were noted

- BSUH MGG September 2018
- BSUH MGG October 2018

AOB

15

- Testogel sachets – JT explained that Testogel sachets had been removed from the formulary as it was thought that they had been discontinued. However the MMT had been notified by the manufacturer that there had been supply issues and they had not been discontinued. It was therefore proposed that Testogel sachets were reinstated on the formulary for use in men with testosterone deficiency. The APC agreed with this.
- PICO 7 – JT advised the committee that the Topical Negative Pressure therapy system ‘PICO’ had been upgraded. The upgraded system is now called PICO 7 and is the same cost as the original system which will be phased out. It was requested that this change is made to the joint formulary. The APC approved this.
- Vitamin D – IM advised that she had come across discharge summaries from BSUH which advise incorrect treatment regimens and threshold for vitamin D. SL advised that BSUH are yet to implement vitamin D guidance however they wish to adopt the primary care guidance. SL was awaiting ER to forward the final vitamin D guidance which will be taken to the BSUH MGG. IM asked that the guidance, when approved is forwarded to junior doctors.
- Safety needles - RS advised that the IPCT nurses are still requesting for GPs to prescribe safety needles. It was noted that the committee agreed that safety needles were not funded through the prescribing budget for use

**JT
14.12.18**

**JT
14.12.18**

	<p>by SCFT staff. The committee asked that SB communicate this decision again to SCFT nurses and feedback to the committee.</p> <ul style="list-style-type: none"> • Calphasol - RS advised that BSUH are still requesting for GPs to prescribe Calphasol. SL advised RS to liaise with Summer Ibrahim directly as the lead cancer services pharmacist. • JB advised the committee that Sandia, who is the antimicrobial pharmacist and lead for ophthalmology would attend the APC to deputise for JB or whenever there are relevant agenda items. • SL advised the committee that Mike Cross had been appointed as permanent Chief Pharmacist. • SB advised that the SCFT community nurses would no longer be able to pick up stock (e.g zoladex, prostop and vitamin B12 injection.) for patients in their own homes. Patients should ensure that they have the stock in their homes. • SB advised that committee that they were currently reviewing their community nursing charts and procedures, which would be shared with the APC. • PMcK advised the committee that this was his last APC as he was moving home to Ireland. His last working day is in the beginning of February and will be on leave when the January meeting sits. He thanked the committee for their support over the years. It was confirmed that recruitment for a replacement was currently taking place. The committee wished him well. 	<p>SB 21.12.18</p>
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Close

17	Date of next meeting	
	<p>Tuesday 22nd January 2019. Room G32, Hove Town Hall, Norton Road, Hove, BN3 4AH.</p>	