Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 22nd January 2019 **Time:** 2-5pm

Location: Room G32, Hove Town Hall, Norton Road, Hove

Members:	
Paul Wilson (PW)	Deputy Director, Medicines Management, High Weald Lewes Havens (HWLH) CCG and Brighton and Hove (BH) CCG (Chair)
Lloyd Ungoed (LU)	Lay Member, BH CCG
Dr Stewart Glaspole (SG)	Principal Pharmacist, BH CCG (Deputy Chair)
Samantha Lippett (SL)	Lead Antimicrobial Pharmacist, Brighton and Sussex University Hospitals Trust (BSUH)
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Ramiz Bahnam (RB)	East Sussex Local Pharmaceutical Committee Member (LPC)
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, BH CCG
James Atkinson (JA)	Deputy Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT)
Ciara O'Kane (CO)	Senior Medicines Optimisation Pharmacist, HWLH CCG
Fiona Brown (FB)	Pharmacist, Crawley (C), Horsham and Mid Sussex (HMS) CCG
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
Jay Voralia (JV)	Head of Medicines Management, CHMS CCG
In Attendance:	
Jade Tomes (JT)	Senior Medicines Optimisation Pharmacy Technician BH CCG
Andy Smith (AS)	Consultant Physician, Diabetes Care for You (DCFY) Sussex Community Foundation Trust (SCFT)
Jemma Sanger (JS)	Lead Pharmacist, Respiratory, BSUH
Jeanne Elven (JE)	Trainee GP, HWLH CCG
Hal Sani Haliru (HSH)	Senior Medicines Optimisation Pharmacist, BH CCG
Apologies:	
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, HMS CCG
Sandhia Finch (SF)	Advanced Pharmacist Antimicrobials and Ophthalmology, Queen Victoria Hospital NHS Foundation Trust (QVH)
Iben Altman (IA)	Chief Pharmacist, SCFT
Judy Busby (JB)	Chief Pharmacist, QVH
Stacey Nelson (SN)	Senior Medicines Optimisation Pharmacist, BH CCG
Stephanie Butler (SB)	Principal Pharmacist, SCFT
Michael Okorie (MO)	Associate Medical Director, BSUH

Item No	Item	Action
1	**Welcome**	
	PW welcomed the Committee. Introductions were made. Apologies received from JB, SF, IA, SB, RM, SN and MO	
2	**Declarations of Interest**	
	As per the register.	
3	**Urgent AOB**	
	None.	

Previous meeting and actions

4	**November 2018**	
	• Free of charge (FOC) medicine schemes – PW advised the committee there had been some miscommunication as it had been noted at a recent BSUH Medicines Governance Group that the policy had been ratified by the APC. PW explained that the FOC medicine schemes policy is yet to be approved as assurance is required regarding mitigating the risk to increased activity levels and capacity. PW is awaiting a response from Colm Cosgrove at BSUH. PW and SL agreed to take forward.	**PW / SL 15.02.19**
	• Vitamin D – review of hospital contract with the view to remove 3,200 unit capsules from the formulary. SL confirmed that the 4,000 unit tablets will be used at BSUH and therefore the 3,200 unit capsules can be removed from JF. JT to make this change. **Action closed.**	**JT 08.02.19**
	• Sodium Valproate – clarity on provider recalling patients. Providers (BSUH and SPFT) gave assurance that once GPs had initially referred the patient to the specialist, the GP did not need to re-refer the patient on an annual basis.	**CLOSED**
	• Vitamins and minerals, life after surgery leaflet – It was agreed that Paul McKenna (previous APC chair) would raise the committee's concerns with WSHT chief pharmacist, especially as the next review was not until 2020. There was no update on this therefore this action was passed to CO to follow up.	**CO 15.02.19**
	• Anti-dementia drugs – JA advised the committee that applications were currently being authored. Would be presented at a future meeting.	**JA 01.02.19**
	• ADHD information sheet update – comments had been sent to the author for consideration. Would be presented at a future meeting.	**JA 01.02.19**
	• Compliant Blueteq forms – SG confirmed that the Blueteq forms for NICE TA221 (Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura) and TA293 (Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura) are compliant with the recent update.	**CLOSED**
	• RMOC liothyronine guidance – PW explained that the RMOC had replied to the APC's request however further clarification is sought. He also advised that he had been in discussions with Anna Crown (consultant	

	endocrinologist at BSUH) who is supportive of our current approach and shared concerns with regards to cost pressures.	**PW 15.02.19**
	• Safety needles – details had been sent to SB at SCFT.	**CLOSED**
	• Sodium clodronte information sheet – update to contact details noted. No other changes were made.	**CLOSED**
	• Infections JF chapter – Krissie Fowlie and SL currently working through outstanding queries.	**SL / KF 15.02.19**

New drug / indication formulary application

5.1 Semaglutide for type 2 diabetes. Presented by Andy Smith.

AS gave a brief overview of the submission, highlighting that semaglutide was a once weekly GLP-1 agonist, administered by subcutaneous injection. He advised that it had been shown to be superior in effectiveness in an open labeled study which showed sustained weight reduction. It had also been associated with a reduced risk of cardiovascular events when added to standard care. AS noted that semaglutide is cost neutral compared with dulaglutide and there is a small saving compared to exenatide. He also advised the committee that there is no additional cost for the needles as they are included in product.

AS advised that he was proposing to add semaglutide to the Joint Formulary as Green, in-line with the other formulary approved GLP-1s and to be used in accordance with NICE guidelines, but as the preferred weekly GLP-1 agonist:

- Where triple therapy is not effective, not tolerated, or contra-indicated in adults with type 2 diabetes who:
  - Have a BMI of ≥35 kg/m2 (adjusted accordingly for people from black, Asian and other minority ethnic groups) and specific psychological or other medical problems associated with obesity, or
  - Have a BMI <35 kg/m2, and for whom insulin therapy would have significant occupational implications, or weight loss would benefit other significant obesity-related comorbidities
- Semaglutide also to be considered in type 2 diabetic patients with inadequate glucose control despite lifestyle intervention and metformin if they have established cardiovascular disease in accordance with joint ADA/EASD clinical practice guidelines.

The committee noted the lack of cost impact of second recommendation and AS confirmed that senior clinicians are moving towards this practice.
AS left the committee meeting.

Committee discussed the recommendations and the use of semaglutide outside of NICE. It was noted that the other GLP-1s on the formulary are approved for their use within the NICE recommendations only.

The committee concluded that; as the other GLP-1s are approved for use in-line with NICE recommendations only, and with the lack of health economic data for the use in type 2 diabetic patients with inadequate glucose control, they could only approve semaglutide to be used as per NICE guidelines.

The committee would however welcome further health economic data for the latter proposed indication to be submitted for consideration at a future committee.

Decision:

- Approved – GREEN – for use as per NICE guidelines (aligned with other GLP-1s on the JF).
- Not approved for use in type 2 diabetic patients with inadequate glucose control despite lifestyle intervention and metformin if they have

	established cardiovascular disease in accordance with joint ADA/EASD clinical practice guidelines. **ACTION:** Add to JF as green for use as per NICE guidelines.	**JT 08.01.19**
5.2 and 5.3	**Flutiform and Spiriva Respimat for asthma. Presented by Jemma Sanger.**	
	JS gave a brief overview of the applications and the current treatment pathway. It was noted that Flutiform and Spiriva Respimat are reserved for step 4 on the BTS/SIGN guidelines for severe asthma. JS highlighted that these inhalers are occasionally initiated by the Royal Brompton, which then causes issues, as they are not currently listed on the Joint Formulary. It was confirmed that there are no local asthma management guidelines and the BTS/SIGN guidelines are used. JS confirmed that if patients are not receiving benefit from these inhalers then patients should be reviewed and prescribing should stop. The committee questioned the proposed traffic light status of blue (specialist initiated). JS advised that it is recommended that these inhalers are initiated by a specialist due to the high steroid load. It is also at this step in the BTS/SIGN guidelines (step 4) when the patient should be referred to a specialist. The committee discussed if both inhalers should be coded as green (suitable for non-specialist initiation) as prescribers already understand the stepwise approach of BTS/SIGN and when a referral is required. It was noted that using the blue coding as a trigger for the GP to refer could deny the patient needed treatment before being seen by specialist which could lead to antibiotic courses or at worst case, a hospital admission. If the coding was green, ways to prompt a prescriber to refer at initiation were discussed, including the use of an OptimiseRx message and Joint Formulary note. It was noted that Flutiform and Spiriva Respimat were coded as green on the Crawley, Horsham and Mid Sussex (CHMS) formulary for use in asthma. The committee concluded that they would approve the inclusion of Flutiform and Spiriva Respimat onto the formulary as green. It was agreed that JS would discuss this proposal with the respiratory consultant. **Decision:** deferred **ACTION:** JS to discuss with Harpreet Ranu and feed back to the committee.	**JS 15.02.19**
5.4	**NACSYS as a mucolytic in adults with respiratory disorders. Presented by Jemma Sanger.**	
	JS gave an overview of the submission and advised that NACSYS is a once daily effervescent tablet. The use of this product would result in a reduced tablet burden for patients since carbocisteine requires administration three to four times a day. It was proposed to be used as first line for patients with swallowing difficulties instead of carbocisteine oral solution which is more expensive. It was noted that there had been no head to head studies with carbocisteine. The committee discussed the impact of removing carbocisteine oral solution (bottles and/or sachets) and agreed that clarity is required regarding licensing in paediatrics and patients with CF. It was noted that NACSYS is licensed for adults only. The committee also questioned if there was any guidance or opportunity for switching patients from carbocisteine liquid to NACSYS effervescent tablets. **Decision:** approved - BLUE - 1st line for patients with swallowing difficulties (removal of carbocisteine liquid deferred)	**JT**

	ACTION: Add NACSYS as Blue – 1st line for patients with swallowing difficulties. Gain clarity regarding licensing of carbocisteine prior to the bottles and/or sachets being removed from the formulary and guidance for switching from carbocisteine liquid to NACSYS effervescent tablets to be sought. Correct entry on CHMS formulary (currently states red since previously only unlicensed formulation available).	**08.02.19 SN/JS** **08.02.19 FB** **08.02.19**

Formulary extension

6.1	**Combisal MDI. Presented by Jemma Sanger.**	
	Deferred as recent changes to drug tariff prices need to be considered.	
6.2	**PulmoClear hypertonic saline, inhalation solution. Presented by Jemma Sanger.**	
	JS gave a brief overview of the submission. She advised that PulmoClear is a different brand of hypertonic saline 7% which represents a cost saving to the health economy if used. (£8 per box saving). JS explained that it would replace the current formulary preferred brand Nebusal and there are no switching concerns to note. It was noted that these products are appliances that have a fixed price in the drug tariff. The committee did not have any concerns with this proposal. **Decision**: Approved – BLUE – to replace Nebusal brand **ACTION:** Add PulmoClear to the Joint Formulary as BLUE	**JT 15.02.19**
8.1	**Cilique hormonal contraceptive. Presented by Jade Tomes.**	
	JT gave a summary of the application. She explained that the originator brand Cilest was being discontinued July 2019 and that the current formulary choice Lizinna has had a long term manufacturing problem. Cilique represents a cost saving to the health economy and is available from all national mainline wholesalers. The committee questioned whether the local sexual health service had been consulted. JT advised that they had and are supportive to use generics wherever possible and are keen to reduce cost. JT advised that implementation would be via OptimiseRx with searches being run on the GP clinical systems nearer the time of Cilest discontinuation to ensure patients had been switched over. It would also be communicated in the prescribing bulletin. The committee did not have any concerns with this proposal. **Decision:** Approved – GREEN – to replace Lizinna as the preferred brand of ethinylestradiol 35 micrograms and norgestimate 250 microgram tablets. **ACTION:** Add Cilique to the Joint Formulary as GREEN.	**JT 15.02.19**

Traffic Light Status Change

9.1	**Nifedipine capsules removal. Presented by Stewart Glaspole.**	
	SG gave a brief overview of the submission and advised that Bayer had announced that nifedipine (Adalat) immediate capsules 5mg and 10mg were being discontinued. SG explained that SPS had suggested that patients switch to MR tabs which would represent a small cost saving. It was noted that prescribers at BSUH and the MSK pharmacist at SCFT had been informed. RB advised the committee that there are current stock problems with all nifedipine MR preparations.	

	The committee agreed that nifedipine capsules should be removed from the formulary and a link to SPS information to be added to the JF. **Decision:** Approved – non-formulary – will be discontinued by manufacturer **ACTION:** Remove nifedipine capsules from the JF and add link to SPS information.	**JT 15.02.19**

Shared Care

10.1	**Denosumab (bony Mets) Blue information sheet (Update). Presented by Paul Wilson**	
	PW explained that this information was up for review. The lead oncology pharmacist had carried this out and all that was required to change were the contact details. The committee made no further comments. **Decision:** Approved **ACTION:** Amend review dates and upload to the website	**JT 15.02.18**

Policies and Guidelines

11	**FreeStyle Libre. Presented by Paul Wilson**	
	PW advised the committee that the Position Statement on FreeStyle Libre was due to be reviewed and the APC had asked for audit data to be collected with the view to be presented back to the committee. PW explained that NHS England had recently released a statement which advised that funding would be available to enable patients to access FreeStyle Libre on a national scale with the aim to eliminate a 'postcode lottery'. Therefore all CCGs will fund the device in line with national guidance from the 1st April 2019. It is thought that this national guidance is likely to be the guidance produced by the RMOC. The committee discussed this decision by NHS England and it was agreed to continue to adopt current position statement until such time NHS England release another publication on the matter. It was noted that the North place would need to review and change their current 'not funded' position. **Decision**: Approved and to be reviewed in light of further guidance from NHS England. **ACTION:** Amend review dates and upload new version to website.	**JT 15.02.18**

Formulary review

12	**None**	

NICE TA briefing

13	**None**	

NICE Guidance

14.1	**NICE Guidance published November 2018. Presented by Paul Wilson.**	

	NG88: Heavy menstrual bleeding: assessment and management. Update noted by the APC. NG113: Urinary tract infection (catheter-associated): antimicrobial prescribing. Noted by the APC. KF and SL currently considering. TA545: Gemtuzumab ozogamicin for untreated acute myeloid leukaemia. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA546: Padeliporfin for untreated localised prostate cancer. Not recommended. TA547: Tofacitinib for moderately to severely active ulcerative colitis. Commissioned by Clinical Commissioning Groups. Add to the Joint Formulary as **RED**.	**JT 15.02.19** **JT 15.02.19**
14.2	**NICE Guidance published December 2018. Presented by Paul Wilson.**	
	CG62: Antenatal care for uncomplicated pregnancies. Noted by the APC. NG114: Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing. Noted by the APC. KF and SL currently considering. NG115: Chronic obstructive pulmonary disease in over 16s: diagnosis and management. Noted by the APC. SN currently considering (TBC). NG116: Post-traumatic stress disorder. Noted by the APC. NG117: Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing. Noted by the APC. KF and SL currently considering. QS176: Oesophago-gastric cancer. Noted by the APC. QS177: Pancreatic cancer. Noted by the APC. TA548: Decitabine for untreated acute myeloid leukaemia (terminated appraisal). Not recommended. TA549: Denosumab for preventing skeletal-related events in multiple myeloma (terminated appraisal). Not recommended. TA550: Vandetanib for treating medullary thyroid cancer. Not recommended. TA551: Lenvatinib for untreated advanced hepatocellular carcinoma. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA552: Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA553: Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence. Commissioned by NHS England. Add to the Joint Formulary as **RED**. TA554: Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years. Commissioned by NHS England. Add to the Joint Formulary as **RED**.	**JT 15.02.19** **JT 15.02.19** **JT 15.02.19** **JT 15.02.19**

APC admin

15.1	**Terms of Reference – to be reviewed. Presented by Paul Wilson.**	
	PW advised that the committee's terms of reference were due to be reviewed. Members comments include minor amendments to the meeting location as now held at Hove Town Hall, changing members job titles to reflect their current roles and the Department of Health change of name to Department of Health and Social Care. It was agreed to review the terms of reference again in 2 years' time, subject to any emerging changes to the governance structure within the Sussex and East Surrey Commissioning Alliance. **Decision**: Approved on the basis minor changes are made. **ACTION:** Make minor changes, amend review dates and upload new version to website.	**JT 15.02.19**
15.2	**RMOC recommendations. Presented by Paul Wilson.**	
	The following RMOC recommendations were noted • RMOC briefing on adalimumab – December • RMOC update December 2018	

	• RMOC update 2019: Issue 1 It was noted that Liothyronine was on the agenda for January RMOC meeting.	

14.2	Provider update.	
	The following meeting minutes were noted • BSUH MGG November 2018 • BSUH MGG December 2018 SPFT – JA advised that the trust are currently developing an electronic discharge summary. This would be tabled at a future committee meeting. JA also advised that the DTG were sitting the following Monday.	

AOB

15		
	• JT advised that ClikSTAR reusable pen injector had been discontinued and replaced by AllStar Pro reusable pen injector (for use with 3ml cartridges of Lantus, Apidra or Insuman). Both products are the same price. It was proposed to replace ClikSTAR with AllStar Pro on the formulary. The committee approved this. **ACTION:** Replace ClikSTAR with AllStar Pro on the formulary. • JT advised that just as VSL#3 had been removed from the drug tariff based on a decision by the ACBS, Vivomixx had also now been removed from the drug tariff and therefore had been removed from the JF. The committee were in support of this. • JT advised that Lubiprostone had been discontinued in the UK and NICE had subsequently withdrawn TA318. Therefore lubiprostone had been removed from the JF. The committee were in support of this.	**JT 15.2.19**

Close

17	Date of next meeting	
	Tuesday 26th February 2019. Room G79, Hove Town Hall, Norton Road, Hove, BN3 4AH.	