Brighton and Hove
High Weald Lewes Havens
Clinical Commissioning Groups

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 23rd April 2019 **Time:** 2-5pm

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

Members:	
Ciara O'Kane (CO)	Principle Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Dr Stewart Glaspole (SG)	Principal Pharmacist, Brighton and Hove (BH) CCG (Deputy Chair) (part)
Lloyd Ungoed (LU)	Lay Member, BH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, BH CCG
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
Ashleigh Bradley (AB)	Deputy Chief Pharmacist, Crawley (C) CCG and Horsham and Mid Sussex (HMS) CCG
Ramiz Bahnam (RB)	East Sussex Local Pharmaceutical Committee Member (LPC) (part)
Stacey Nelson (SN)	Senior Medicines Optimisation Pharmacist, BH CCG
Kathryn Steele (KS)	Senior Medicines Optimisation Pharmacist, BH CCG (part)
Samantha Lippett (SL)	Assistant Director of Pharmacy - Medicines Governance, Information, Education & Research Brighton and Sussex University Hospitals Trust (BSUH) (part)
In Attendance:	
Jade Tomes (JT)	Senior Medicines Optimisation Pharmacy Technician BH CCG
Alison Warren (AW)	Consultant Pharmacist Cardiology, BSUH and BH CCG (part)
Christian Chadwick (CC)	Pharmacist, Royal Alexandra Children's' Hospital (RACH) (part)
Craig McGrath	Senior Medicines Optimisation Pharmacy Technician, BH CCG
Linsey Tyreman	Medicines Optimisation Pharmacy Technician, HWLH CCG
Eoin Moroney	Senior Medicines Optimisation Pharmacist, BH CCG
Marie Neville	Senior Medicines Optimisation Pharmacist, BH CCG
Jigna Patel	Senior Medicines Optimisation Pharmacist, HWLH CCG

Apologies:	
Paul Wilson (PW)	Deputy Director, Medicines Management, BH CCG and HWLH CCG
Kristina Fowlie (KF)	Senior Medicines Optimisation Pharmacist, BH CCG
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital (QVH)
Iben Altman (IA)	Chief Pharmacist, Sussex Community Foundation Trust (SCFT)

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

Previous meeting and actions

4	**January 2018**	
	Noted that as there was no BSUH representative, the committee was not quorate.	
	• RMOC liothyronine guidance – CO advised the committee that RMOC have updated the liothyronine guidance which is currently in draft form and that it would be discussed once published.	
	• ADHD information sheet update – Awaiting action from SPFT. To be presented at a future meeting.	**JA 3.5.19**
	• Anti-dementia drugs – on the agenda	
	• Free of charge (FOC) medicine schemes – ongoing. SL advised that BSUH were awaiting information from PW. CO to follow up and update committee at the next meeting.	**CO 17.5.19**
	• Vitamins and minerals, life after surgery leaflet – following on from the discussion at the last APC, CO emailed WSHFT and advised that to discharge patients with 4 weeks' worth of medicines was not appropriate. However, WSHFT informed CO that they are supplying patients with tablet forms of medication and advising the patient to crush them and to continue crushing tablets until solids become suitable. The APC discussed this and advised that if this was the case the patient information leaflet should be updated and it made clear to patients that they need to purchase vitamins and minerals after their 4 weeks supply from hospital has run out.	**CO 17.5.19**
	• Ketone testing and sick day rules guidance – IA not present.	**IA 17.5.19**
	• FreeStyle Libre – confirm frequency of reviews – ongoing.	**CO 17.5.19**
	• RMOC feedback – ongoing.	**CO 17.5.19**
	• JF updates – outstanding.	**JT 3.5.19**

Traffic light status change

5.1, 5.2, 5.3, 5.4 **Rivastigmine, Galantamine, Donepezil and Memantine. Presented by Kathryn Steele.**

KS advised of the background to the suite of submissions for anti-dementia drugs. She explained that the Joint Formulary was not currently compliant with the latest NICE guidance on dementia (NICE N97) which states:
1.5.4 For people with an established diagnosis of Alzheimer's disease who are already taking an AChE inhibitor:

- consider memantine in addition to an AChE inhibitor if they have moderate disease
- offer memantine in addition to an AChE inhibitor if they have severe disease.

1.5.5 Treatment should be under the following conditions:

- For people who are not taking an AChE inhibitor or memantine, prescribers should only start treatment with these on the advice of a clinician who has the necessary knowledge and skills. This could include:
  - secondary care medical specialists such as psychiatrists, geriatricians and neurologists
  - other healthcare professionals (such as GPs, nurse consultants and advanced nurse practitioners), if they have specialist expertise in diagnosing and treating Alzheimer's disease.
- Once a decision has been made to start an AChE inhibitor or memantine, the first prescription may be made in primary care.
- For people with an established diagnosis of Alzheimer's disease who are already taking an AChE inhibitor, primary care prescribers may start treatment with memantine (see recommendation 1.5.4) without taking advice from a specialist clinician.

Rivastigmine
It was proposed that rivastigmine was changed from

- **BLUE** when specialist initiated as per NICE TA217 and
- **BLUE** for Parkinson's disease

to

- **BLUE** for new diagnoses of Alzheimer's disease, Parkinson's disease dementia and dementia with Lewy bodies and
- **GREEN** for patients with Alzheimer's disease (NG97), Parkinson's disease dementia (NG71) and dementia with Lewy bodies (NG97) that require a switch from an alternative AChE inhibitor due to intolerance or contraindications.

Donepezil
It was proposed that Donepezil was changed from

- **BLUE** when specialist initiated as per NICE TA217
- **BLUE** in HWLH for non-Alzheimer's disease and
- **RED** in BH for non-Alzheimer's disease

to

- **BLUE** for new diagnoses of Alzheimer's disease, Parkinson's disease dementia and dementia with Lewy bodies and
- **GREEN** for patients with Alzheimer's disease (NG97), Parkinson's disease dementia (NG71) and dementia with Lewy bodies (NG97) that require a switch from an AChE inhibitor due to intolerance or

contraindications.

Galantamine
It was proposed that Galantamine was changed from

- **BLUE** when specialist initiated as per NICE TA217
- **BLUE** in HWLH for non-Alzheimer's disease and
- **RED** in BH for non-Alzheimer's disease

to

- **BLUE** for new diagnoses of Alzheimer's disease, Parkinson's disease dementia and dementia with Lewy bodies and
- **GREEN** for patients with Alzheimer's disease (NG97) and Parkinson's disease dementia (NG71) that require a switch from an AChE inhibitor due to intolerance or contraindications.
- **GREEN** for mild to moderate dementia with Lewy bodies only if donepezil and rivastigmine not tolerated (NG97)

Memantine
It was proposed that memantine was changed from

- **BLUE** for Alzheimer's disease dementia and
- **RED** for non-Alzheimer's dementia

to

- **BLUE** for new diagnoses of Alzheimer's disease, Parkinson's disease dementia and dementia with Lewy bodies
- **GREEN** for patients with Alzheimer's disease (NG97), Parkinson's disease dementia (NG71) and dementia with Lewy bodies (NG97) that require a switch from an AChE inhibitor due to intolerance or contraindications and
- **GREEN** for add-on therapy to an AChE inhibitor in patients with Alzheimer's disease (NG97).

JT 10.05.19

It was highlighted that GPs would be offered training via the Brighton PLS in preparation for the shift of more prescribing of anti-dementia drugs being managed in primary care. In was noted that one training session had already been delivered at the last PLS event. In HWLH CCG, the Golden Ticket scheme has enabled primary care prescribers to access training.

SL joined the Committee at 2.40pm meaning that the meeting was now quorate as BSUH were represented.

The Committee deliberated the submissions in depth and the green status for swapping between the anti-dementia medicines was discussed. The Committee agreed that whilst all prescribers may not currently feel competent to swap between the AChE inhibitors, some would be now and it was thought that more would be in the future once the training had been delivered more widely. It was noted that even though the formulary status of green is defined as 'suitable for non-specialist initiation', it is still expected that a prescriber only prescribes medicines if they are competent to do so.

Decision: Approved – formulary changes as noted above.
ACTION: Change formulary statuses as detailed above and add NICE website links to the Brighton Joint Formulary

Shared Care

6	**Blue Information Sheet for dementia drugs. Presented by**	

	Kathryn Steele.	
	KS advised the Committee that the information sheet had been updated to include reference to the latest NICE guidance (TA271, NG71 and NG97). It also included Parkinson's disease dementia and dementia with Lewy bodies. She explained that the main change was with regards to memantine and now that it was coded on the Joint Formulary as green it would be able to be initiated in primary care. It was noted that this information sheet only applied to HWLH for those patients not covered by the Golden Ticket Pathway. The Committee discussed the information sheet and it was felt that the specialist and primary care prescriber responsibilities were not clear and seemed to be contradictory. It was noted that the Memory Assessment Service was currently being recommissioned and it is proposed that primary care in Brighton and Hove will be able to access a locally commissioned service for dementia. (Primary Care in HWLH have the Golden Ticket Pathway.) However, it was raised that the proposed information sheet did not reflect the current commissioning arrangements as primary care prescribers were being asked to carry out tasks that they were not funded to do. The committee agreed that the information sheet could not be approved in its current form and that it needed to be compliant with current practice. **Decision:** Not approved **ACTION:** Amend information sheet to be compliant with current practice as detailed above.	**KS 10.05.19**

Formulary extension

7.1	**Memantine orodispersible tablets. Presented by Kathryn Steele.**	
	KS advised the committee that memantine orodispersible 10mg and 20mg tablets are now available and are more cost effective than the liquid formulation for those with swallowing difficulties. It was proposed that the orodispersible tablets be added to the JF as blue/green (in line with other memantine products) and it be noted that this was the 1st line product for those with swallowing difficulties. It was discussed that the liquid would be kept on the Joint Formulary for those who were intolerant to the orodispersible tablets. It was agreed that an OptimiseRx message would be authored to support uptake of the product and the usage of the liquid would be reviewed in 12 months' time. **Decision:** Approved – **BLUE/GREEN** - for use in those with swallowing difficulties. **ACTION:** add to the Brighton Joint Formulary as **BLUE/GREEN**	**JT 1.5.20** **JT 10.5.19**
7.2	**Inhixa (enoxaparin). Presented by Alison Warren**	
	AW informed the committee of the background to the application. It was explained that there was currently a supply issue affecting prophylactic doses of tinzaparin low molecular weight heparin in hospital therefore, another product needed to be added to the Joint Formulary. AW confirmed that supply problem did not currently affect primary care. AW advised that the choice was discussed and agreed at the BSUH MGG and Inhixa (enoxaparin biosimilar) was chosen. It was felt that it was important to present Inhixa to the Brighton APC to ensure that the product is listed on the Joint Formulary and to aid with transfer of care. It was agreed that an article would be written for the next prescribing newsletter	

	to inform primary care colleagues of the change, as Inhixa (enoxaparin biosimilar) may well be listed on discharge summaries and there is some concern that if the prescriber was unfamiliar with Inhixa, they would not be sure if the patient was to continue on Inhixa or tinzaparin. The APC discussed that patients should be discharged from hospital with the full course of treatment however, anecdotes were shared that this is not always the case. AW and SL advised that they would encourage any feedback if particular departments are not supplying the full treatment course on discharge so this could be investigated. **Decision:** Approved - **BLUE** – specialist initiated **ACTION:** add to the Brighton Joint Formulary	**JT 10.5.19**
7.3	**Combisal MDI 25/50 microgram and Sereflo 25/125 microgram and 25/250 microgram (salmeterol / fluticasone). Presented by Stacey Nelson.**	
	SN informed the committee that previously Seretide was the locally preferred brand of salmeterol / fluticasone MDI. Jemma Sanger (lead pharmacist respiratory medicine at BSUH) and SN had considered all the brands currently on the market and proposed to add Combisal 25/50 microgram MDI and Sereflo 25/125 and 25/250 microgram MDI and remove Seretide 25/50, 25/125 & 25/250 MDI and AirFluSal 25/125 and 25/250 MDI. SN explained to the committee that BH and HWLH CCG had previously experienced supply continuity issues with AirFluSal MDIs during a pharmacy technician led switching program therefore it is not proposed that any formulary changes would be implemented via this method, only an OptimiseRx message for new initiations and for existing prescribing for Seretide and generically written prescriptions. The committee discussed the prices of the different products as highlighted in the submission and which products were available on contract at BSUH. It was noted that due to an administrative error by the MA holder, Sereflo 25/250 was not currently licensed for use with a spacer. SN explained that a spacer device would fit the inhaler however the use of one would be considered as off-label. It was also noted that Combisal did not have a counter. The committee discussed the products and considered the pros and cons of each. It was agreed to add Sereflo 25/125 and 25/250 MDI and remove Seretide 25/125 and 250/250. It was also agreed that there would be no preferred product locally although once Sereflo 25/250 MDI had a license to be used with a spacer then this would be reconsidered. It was agreed not to add Combisal 25/50 due to lack of counter on the device but keep AirFluSal 25/125 and 25/250 as this was preferred by BSUH. *KS left the committee at 3.25pm* **Decision:** Sereflo 25/125 and 25/250 MDI Approved – **GREEN** – suitable for non-specialist initiation Combisal 25/50 – not approved. **ACTION:** add Sereflo 25/125 and 25/250 to the Brighton Joint Formulary. Remove Seretide 25/125 and 25/250	**JT 10.5.19**

New drug/indication formulary applications

8	**Paravit – CF for vitamin supplementation in paediatric patients with CF. Presented by Christian Chadwick.**	
	CC gave an overview to the submission, advising that he was a member of the RACH CF MDT.	

	CC explained that Paravit CF provided patients with an all in one vitamin supplementation which was compliant with current guidelines. Manchester are the other known tertiary centre using Paravit CF. CC highlighted the benefits of Paravit –CF. Use of the product would simplify children's vitamin regimes. The liquid formulation is acceptable to take as it is colourless and odourless, increasing compliance and it could be mixed with other liquids. Once patients no longer require liquid formulations, they would be moved onto the small capsule. It was noted that Paravit – CF is not a licensed medicine as is classed as a food for special medical purposes and is not listed in the Drug Tariff. CC advised that RACH have a current patient cohort of 36 and it was confirmed that once children reached adulthood, they would need to be continued on Paravit – CF. It was proposed that Paravit – CF be added to the Joint Formulary as Blue *CC left the room.* The Committee noted the health economics information and data included in the submission was presented by the company. This extract used out of date pricing information and implied that the cost impact would be great. The committee agreed that they would not be able to consider the submission using this information. They would welcome the application to be resubmitted with up to date pricing information and after an independent assessment. **Decision:** not approved	

Policies and guidelines

9	**None**	

Formulary review

10	**None**	

NICE TA Briefing

11	**None**	

NICE Guidance

12	**NICE Guidance published March 2019. Presented by Ciara O'Kane**	
	CG103: Delirium: prevention, diagnosis and management – update noted by the committee. MTG17: The Debrisoft monofilament debridement pad for use in acute or chronic wounds – update noted by the committee. NG121: Intrapartum care for women with existing medical conditions or obstetric complications and their babies – noted by the committee. NG122: Lung cancer: diagnosis and management – noted by the committee. QS17: Lung cancer in adults – update noted by the committee. TA565: Benralizumab for treating severe eosinophilic asthma – commissioned by NHSE – added to the formulary as RED. TA566: Cochlear implants for children and adults with severe to profound deafness – commissioned by NHSE – added to the formulary as RED.	**JT 10.5.19** **JT 10.5.19**

	TA567: Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies - commissioned by NHSE – added to the formulary as RED. TA568: Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal) – not approved. TA569: Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer - commissioned by NHSE – added to the formulary as RED. TA570: Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (terminated appraisal) – not approved. TA571: Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib - commissioned by NHSE – added to the formulary as RED. TA572: Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes – commissioned by CCGs – add to the formulary as GREEN.	**JT 10.5.19** **JT 10.5.19** **JT 10.5.19** **JT 10.5.19**

APC admin

13.1	**Regional Medicines Optimisation Committee (RMOC) update. Presented by Ciara O'Kane.**	
	CO advised the committee that the RMOC was seeking the views of APC members across England on which topics they would like to see prioritized for describing guideline development. The committee were shown a survey which the RMOC had produced and were asked for their thoughts. These were captured and the survey would be submitted.	**JT 3.5.19**
13.2	**Provider update. Presented by Samantha Lippett.**	
	BSUH MGG March 2019. Points to note include: • Cannabis request. Not approved. • Paediatric guidelines are now accessible on microguide • Opioids patient information leaflet was approved • Inpatient insulin self-administration pilot • Gabapentin and pregabalin legal status – BSUH have gone above legal requirements regarding record keeping and safe storage.	

AOB

14		
	• Rivaroxaban – CO advised that the JF currently states that rivaroxaban 10mg for the treatment and prevention of recurrent DVT/PE is unlicensed. This is not correct and since this section of the JF has been reviewed it has gained a license for this indication. The Committee agreed to code rivaroxaban 10mg for this indication as red until a successful application is presented to the committee. • May APC – CO advised that the May meeting is scheduled to meet the day after the Late May bank holiday which also falls in school holidays. It was confirmed that this meeting would go ahead.	**JT 10.5.19**

Close

15	**Date of next meeting**	
	Tuesday 28th May 2019. Room G79, Hove Town Hall, Norton Road, Hove, BN3 4AH.	