

Brighton Area Prescribing Committee

Minutes

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

Location: Room G79, Hove Town Hall, Norton Road, Hove

Members:

Ciara O'Kane (CO)	Principal Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Dr Stewart Glaspole (SG)	Principal Pharmacist, Brighton and Hove (BH) CCG (Deputy Chair) (part)
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Billy Doyle (BD)	Senior Medicines Optimisation Pharmacist, BH CCG
Iben Altman (IA)	Chief Pharmacist, SCFT (phone)
James Atkinson (JA)	Deputy Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT) (part)
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, BH CCG
Ramiz Bahnam (RB)	East Sussex Local Pharmaceutical Committee Member (LPC)
Ashleigh Bradley (AB)	Lead Clinical Commissioning Pharmacist, Crawley (C) CCG and Horsham and Mid Sussex (HMS) CCG
Samantha Lippett (SL)	Assistant Director of Pharmacy - Medicines Governance, Information, Education & Research, BSUH
Lloyd Ungoad (LU)	Lay Member, BH CCG
Michal Mensa (MM)	Medicines Management Pharmacist, CHMS CCG
Richard Rodgers (RR)	Medicines Management Pharmacist, CHMS CCG

In Attendance:

Jade Tomes (JT)	Senior Medicines Optimisation Pharmacy Technician, BH CCG
Christian Chadwick (CC)	Highly Specialist Pharmacist, Children's and Women's Services, Royal Alexandra Children's Hospital (part)
Kathryn Steel (KS)	Senior Medicines Optimisation Pharmacist, BH CCG (part)
Krissie Fowlie (KF)	Senior Medicines Optimisation Pharmacist, BH CCG (part)

Apologies:

Dr Zoe Schaedel (ZS)	GP representative, BH CCG
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Item No	Item	Action
1	Welcome	
	CO welcomed the Committee. Introductions were made. IA dialled into the meeting via phone and it was noted that JA would be arriving late.	
2	Declarations of Interest	
	None.	
3	Urgent AOB	
	CO advised the Committee that Dr Zoe Schaedel GP representative, BH CCG had sent apologies for the next 6 months due to being offered a training opportunity which would mean that she would be unavailable to attend the APC meetings. Another Brighton GP representative was trying to be arranged.	

Previous meeting and actions

4	September 2019 minutes and actions	
	September 2019 minutes were approved virtually post meeting.	
	Ashleigh Bradley had advised the Chair prior to the meeting she was seeking clarification regarding the traffic light status of amiodarone and that the drug had not been coded as red on the CHMS CCG formulary. (As previously noted at the September meeting.) It was agreed that a post-meeting note be added to the September APC minutes to reflect this and that CHMS CCG keep the Committee informed of any further updates. SL and JB raised concerns about the lack of provider representation at CHMS CCG decision-making meetings.	CO 08.11.19
	<ul style="list-style-type: none"> Cannabis prescribing statement – yet to be added to the BSUH website. SL to share with APC. 	SL 01.11.19
	<ul style="list-style-type: none"> Lidocaine Plasters - The Committee had previously discussed the implementation of the NICE guidance CG173 and where in the pathway lidocaine plasters for post herpetic neuralgia would be. It was agreed that this would be worked on and information submitted to a future APC. CO to speak to Kathryn Steele. Outstanding. 	CO 08.11.19
	<ul style="list-style-type: none"> Needles for pre-filled and reusable insulin pens – SL to follow up with maternity. Outstanding. 	SL 08.11.19
	<ul style="list-style-type: none"> SCFT medicine charts – SCFT had forwarded the amended medicine charts. On Kahootz for virtual approval. 	ALL 25.10.19
	<ul style="list-style-type: none"> Type 2 diabetes guidelines – Dr Dan Jenkinson had forwarded amended guidelines. On Kahootz for virtual approval. 	ALL 25.10.19
	<ul style="list-style-type: none"> CCG Palliative care lead – CO to pass on contact details for the CCG palliative care lead to SL and IA. Outstanding. 	CO 08.11.19
	<ul style="list-style-type: none"> Collaborative palliative care chart task and finish group - Set up task and finish group for the collaborative palliative care chart including SCFT and the Martlets. Outstanding. 	CO 01.11.19
	<ul style="list-style-type: none"> Anticipatory medicine guidance - CO to link in with CWS re Anticipatory medicine guidance. CO has asked for the guidance to be forwarded once agreed. 	CO 08.11.19
	<ul style="list-style-type: none"> ADHD information sheet – JA to upload to the SPFT website and forward link to JT. Outstanding. 	JA 08.11.19
	<ul style="list-style-type: none"> Hydroxychloroquine retinopathy - CO advised that the local information sheet was updated a few months ago to include details of ophthalmology reviews. SG was leading this work. SG to discuss to Michael Okorie. 	SG 08.11.19

	<ul style="list-style-type: none"> • Modecate - CO has forwarded the list of practices where Modecate (and fluphenazine) depot is currently being prescribed to JA. Awaiting reply. 	JA 08.11.19
	<ul style="list-style-type: none"> • RMOG feedback – CO has fed back to Gill Ells (RMOG South CCG representative) regarding the ‘Maintaining patency of central venous catheters in adults: RMOG position statement’ as it was not very clear and is inconsistent with other published guidance. The Committee will await a reply from the RMOG. 	CO 08.11.19
	<ul style="list-style-type: none"> • Rivaroxaban – addition still needs to be made to the Joint Formulary. CO had discussed amending the formulary section with Alison Warren. Ongoing. 	CO 08.11.19
	<ul style="list-style-type: none"> • Slenyto – discussions ongoing. IA advised that the Committee would receive a response from SCFT. 	IA 08.11.19
	<ul style="list-style-type: none"> • Pitolisant – Added to the Joint Formulary. Blueteq forms uploaded. CLOSED. 	CLOSED
	<ul style="list-style-type: none"> • Amiodarone and dronedarone - Red at CHMS CCGs. CLOSED. 	CLOSED
	<ul style="list-style-type: none"> • Cinacalcet (NG132) – ongoing. Blue information sheet had been drafted and shared with clinicians at BSUH. This would be presented at a future Committee. 	SG 01.11.19
	<ul style="list-style-type: none"> • Dronedarone information sheet. Would be presented at a future APC. 	CO 01.11.19

Formulary Extension

5.1 Methadone hydrochloride 1mg/ml S/F solution and methadone hydrochloride 1mg/ml mixture (generic). Presented by Kathryn Steele

KS gave a background to the submission. Physeptone had been listed on the Brighton Joint Formulary as a preferred brand however, generic methadone was now a cost saving to the health economy. KS confirmed that Pavillions, the substance misuse service (SMS) in Brighton was using generic methadone with no concerns.

It was questioned what product the HWLH CCG SMS, STAR were using. KS to contact STAR to confirm if this formulary change would be acceptable to them.

IA advised that methadone was sometimes used in palliative care. The Committee were advised that methadone was coded red on the CHMS formulary. KS advised that some GPs in Brighton prescribe methadone. It was agreed that primary care prescribing data would be reviewed and practices contacted to advise them of the change.

KS
08.11.19

Decision: pending

ACTION: KS to contact STAR to confirm which methadone product they were using.

KS
01.11.19

5.2 Espranor (buprenorphine) oral lyophilisate 2mg and 8mg. Presented by Kathryn Steele

KS gave a background to the submission. The Committee were advised that Espranor was a different formulation of buprenorphine which was a lyophilisate with a dose range between 2mg and 18mg. KS confirmed it was not dose equivalent to buprenorphine sublingual tablets and that Pavillions had trialled Espranor successfully before deciding to use in all patients within the dose range. It was explained that if patients did not fit within the dose range, then buprenorphine sublingual tablets would be used.

KS advised that the submission was requesting that Espranor be added to the Joint Formulary as red for use within SMS only. KS confirmed that STAR (HWLH CCG SMS service) also used Espranor.

The Committee discussed the application and it was noted that buprenorphine sublingual tablets (Subutex) was not listed on the Joint Formulary. The

<p>Committee agreed to add generic buprenorphine to the Joint Formulary as it was already in use and likely to be an oversight.</p>	
<p>The Committee asked why SMS had favoured Espranor and KS advised that it was more cost effective to them and the lyophilisate was faster to dissolve, meaning it was more acceptable to the patient and more convenient for supervised consumption.</p>	
<p>The Committee raised concerns regarding patient safety as having two brands of buprenorphine in use locally, which were not dose equivalent, could lead to issues, especially if a patient was to be admitted to secondary care out of pharmacy service hours. SL questioned if SMS had access to patients' Summary Care Record (SCR) and this was unknown.</p>	
<p>The Committee discussed the submission and concluded that use of Espranor by SMS providers had implications on patient safety throughout the health economy.</p>	
<p>RB advised that when SMS undertook the switch, patients' doses remained the same. The Committee asked KS to confirm this with SMS and any other details regarding dose equivalence, processes in place to ensure safe transfer of care (use of SCR) and potential adverse effects if the wrong product was given accidentally.</p>	<p>KS 08.11.19</p>
<p>It was agreed that the Committee write to Pavillions to highlight their concerns as the use of Espanor poses a risk to patient safety. Also to highlight that decisions which effect the whole health economy cannot be made in isolation.</p>	<p>CO 08.11.19</p>
<p>Decision: Espanor – pending information provided by SMS Generic buprenorphine sublingual tablets – BLUE – specialist recommended ACTION: add generic buprenorphine sublingual tablets as blue</p>	<p>CO 08.11.19</p>

Traffic light status change

<p>6.1</p>	<p>MST (morphine) GREEN to non-formulary. Presented by Kathryn Steele</p>
	<p>KS advised the Committee that Zomorph capsules, MST tablets and MST suspension sachets were currently listed on the Brighton Joint Formulary. However, the manufacturers of Zomorph had informed BH CCG that the capsules could be opened and mixed with semi-solid food for those patients with swallowing difficulties. KS informed the Committee that this was a licensed route of administration as noted in the SPC and was more cost effective than using MST suspension sachets.</p> <p>KS confirmed that the submission was asking to remove MST 10mg, 30mg, 60mg, 100mg and 200mg tablets from the JF. MST 5mg and 15mg tablet would be kept to allow prescribing for those doses.</p> <p>It was also suggested that the MST suspension sachets at 20mg, 30mg, 60mg, 100mg and 200mg doses were removed as Zomorph capsules could be used for those with swallowing difficulties. SL advised that the practice of opening Zomorph capsules was already happening at BSUH.</p> <p>The Committee discussed the use of morphine down feeding tubes. SL advised that at BSUH patients with a feeding tube would be switched to a different route of administration (e.g. patch) if they required pain relief. Patient preference was also discussed. KS advised that in her experience running a pain clinic in the east of Brighton there had been no issue with the use of Zomorph capsules and switching to them.</p> <p>The Committee discussed implementation. It was noted that a switch from</p>

	<p>MST to Zomorph would be a cost saving which could be included in the pharmacy technician work plan. It was confirmed that paediatrics and patients with a feeding tube would be excluded from this work.</p> <p>Decision: Approved - MST 10mg, 30mg, 60mg, 100mg and 200mg tablets – non-formulary. Add a note to advise that MST suspension sachets only to be used in paediatrics or patients with a feeding tube.</p> <p>ACTION: remove MST 10mg, 30mg, 60mg, 100mg and 200mg tablets from the formulary and add note to the MST suspension sachets entry as per above. <i>KS left the Committee</i></p>	<p>CO 08.11.19</p>
6.2	<p>Tuberculosis medications – BLUE to RED Presented by Kristina Fowle</p> <ul style="list-style-type: none"> • Rifampicin (generic) • Isoniazid (generic) • Ethambutol (generic) • Pyrazinamide (Zinamide®, Genus Pharma) • Rifabutin (Mycobutin®, Pfizer) • Isoniazid with rifampicin (Rifinah 150®, Rifinah 300®, Sanofi) • Isoniazid with pyrazinamide and rifampicin (Rifater®, Sanofi) 	
	<p><i>KF joined the Committee.</i></p> <p>KF summarised the application and advised the Committee that the notion of TB drugs being reclassified as red on the Joint Formulary first came about when the infections chapter was reviewed in 2018. This was due to the TB consultant at BSUH wishing for all adult prescribing to be carried out in-house. KF explained that it was requested that all anti - TB drugs were changed to red apart from rifampicin which would have a dual coding and only be coded as red for the indication of TB.</p> <p>It was noted that the surrounding CCG formularies list TB medications as red. SL advised the Committee that taking prescribing back in-house would be a minimal cost pressure for secondary care however, it would be safer as the management of this patient cohort was highly complex and specialist.</p> <p>The Committee discussed the application and it was noted that paediatric patients were managed by tertiary centres and therefore for practical reasons, should remain prescribable in primary care (blue).</p> <p>It was agreed that work would be done to review current primary care prescribing with the aim to repatriate any adult TB patients in primary care back to secondary care.</p> <p>Decision: Approved – change TB medications for use in adults (apart from rifampicin as explained above) from blue to red – specialist only. Use in paediatrics – to remain blue</p> <p>ACTION: update the formulary as per above</p>	<p>KF 08.11.19</p> <p>CO 08.11.19</p>

New drug / indication formulary requests

7	None	
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Policies and Guidelines

8	None	
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Shared Care

9	None	
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<p>10</p>	<p>Paediatric updates to the Brighton Joint Formulary. Presented by Christian Chadwick</p> <ul style="list-style-type: none"> • Chapter 1 – Gastro • Chapter 2 – Respiratory • Chapter 4 – CNS • Chapter 7 – Gynaecological and urinary tract • Chapter 9 – Nutrition and Blood • Chapter 12 – ENT • Chapter 14 – Immunological products • Chapter 15 – Anaesthesia 	
	<ul style="list-style-type: none"> • Chapter 1 – Gastro <p>It was noted that the current H. pylori eradication therapy was not suitable for children. KF advised that the latest version of the antimicrobial guidelines (which included children doses) were due to be signed off at the BSUH MGG. Subsequent to this, the JF would be updated.</p> <p>CC advised that the excipients in ranitidine 150mg / 5ml liquid were more acceptable for children than the other strengths available. CC advised that he would send a link to a document, which lists acceptable excipients for children. This would be added to the notes section on ranitidine, codeine and docusate. CC asked that dicycloverine be added. The Committee discussed this and it was highlighted that it was costly. It was agreed that it would only be used in < 12s. It was agreed that once the child reached the age of 12, other licensed alternatives would be offered.</p> <p>It was agreed that esomeprazole granules would be kept as blue and that prescribed specials would be dealt with on a case by case basis.</p> <p>It was agreed that parental nutrition would be added to chapter 9.</p> <p>It was agreed that Cosmocol paediatric would be added as red.</p> <p><i>JA arrived – 3.40pm</i></p> <ul style="list-style-type: none"> • Chapter 2 – Respiratory <p>The Committee discussed the proposed changes and it was agreed that Fionnuala Plumart, CCG lead for respiratory, would review the changes to inhalers.</p> <p>Paediatric simple linctus was discussed as CC noted that it was ethanol free. CC explained that simple linctus and glycerine syrup was used as a vehicle for budesonide when treating eosinophilic esophagitis. It was agreed that they would added as blue (specialist only) with an OTC symbol.</p> <ul style="list-style-type: none"> • Chapter 4 – CNS <p>CC explained that chloral hydrate should be added as red as it is used as a pre-med in smaller children for dystonia. It was agreed that a note highlighting it was unlicensed be added to the JF.</p> <p>JA noted that clomethiazole was listed on the JF and questioned its use. JA to review use and prescribing levels.</p> <p>It was agreed that olanzapine injection would be added as red for acute agitation.</p> <p>The Committee agreed to add the link to the BNF-C restrictions against the co-codamol entry.</p> <p>It was agreed to add ondansetron as 1st line anti-emetic in children (off-label), cyclizine as 2nd line anti-emetic in children and levomepromazine 6mg as red (for children) with a bookmark which links to other entry in the chapter. The Committee also agreed to remove the OTC symbol against the cyclizine entry, as it was felt this was inappropriate.</p> <ul style="list-style-type: none"> • Chapter 7 – Gynaecological and urinary tract <p>It was agreed to add doxazosin as blue with the note regarding unlicensed use in children.</p>	<p>CO 08.11.19</p> <p>JA 08.11.19</p>

	<ul style="list-style-type: none"> Chapter 9 – Nutrition and Blood CC advised that Abidec and Sytron need to be prescribed for premature babies up to the age of 18 months. Therefore, it was agreed that the OTC advice was not applicable for this patient cohort and a note to this effect would be added to the Joint Formulary. It was agreed to add parental nutrition to this chapter. The Committee discussed vitamin K and it was agreed to add 2mg in 0.2ml IM/IV/PO as green as GPs are often asked to prescribe this for babies who have been born at home. Chapter 12 – ENT The Committee advised that clotrimazole 1% solution was already listed on the formulary and the anti-infective preparation section of the formulary had been removed on the version being presented. It was agreed that this section be reinstated and the OTC symbol would be added to the clotrimazole entry. It was agreed that ciprofloxacin ear drops be added (under gentamicin ear drops) and a note advising that Rhinolast could be used in children aged 12 and over would be added. Rinattec was agreed to be added as can be used in children aged 6 and over. It was agreed to remove mouthwash solution tablets. Chapter 14 – Immunological products The Committee discussed the additions and concluded that it would be safer to add hyperlinks to each green book chapter rather than copy the text. This would also future-proof the information. CC asked that the information regarding egg allergies be kept and the Committee agreed to this. Chapter 15 – Anaesthesia The Committee discussed topical lidocaine and its use in primary care and secondary care for anaesthesia before minor skin procedures including venepuncture. The Committee agreed to add as green but restrict its use. <p>Decision: Approved – as per above (pending chapter 3 changes being approved by Fionnuala Plumart) ACTION: update the formulary as per above.</p>	<p>CO 15.11.19</p>
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NICE TA Briefing

11	None
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NICE Guidance

12	<p>NICE Guidance published September 2019. Presented by Ciara O’Kane</p> <p>CG132: Caesarean section – Update noted by the APC. CG176: Head injury: assessment and early management – Update noted by the APC. CG191: Pneumonia in adults: diagnosis and management – Update noted by the APC. KTT3: Lipid-modifying drugs - Update noted by the APC. KTT5: Asthma: medicines safety priorities - Update noted by the APC. KTT6: Hypnotics - Update noted by the APC. KTT7: Antipsychotics in people living with dementia - Update noted by the APC. KTT9: Antimicrobial stewardship: prescribing antibiotics - Update noted by the APC. KTT12: Type 2 diabetes mellitus: medicines optimisation priorities - Update noted by the APC. KTT14: Wound care products - Update noted by the APC.</p>
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<p>KTT16: Anticoagulants, including direct-acting oral anticoagulants (DOACs) - Update noted by the APC.</p> <p>KTT17: Acute kidney injury (AKI): use of medicines in people with or at increased risk of AKI - Update noted by the APC.</p> <p>KTT18: Multimorbidity and polypharmacy - Update noted by the APC.</p> <p>KTT19: Psychotropic medicines in people with learning disabilities whose behaviour challenges - Update noted by the APC.</p> <p>KTT20: Safer insulin prescribing - Update noted by the APC.</p> <p>KTT21: Medicines optimisation in chronic pain - Update noted by the APC.</p> <p>KTT22: Chemotherapy dose standardisation - Update noted by the APC.</p> <p>KTT23: Shared decision-making - Update noted by the APC.</p> <p>KTT24: Suicide prevention: optimising medicines and reducing access to medicines as a means of suicide - Update noted by the APC.</p> <p>NG33: Tuberculosis - Noted by the APC.</p> <p>NG87: Attention deficit hyperactivity disorder: diagnosis and management - Noted by the APC.</p> <p>NG137: Twin and triplet pregnancy - Noted by the APC.</p> <p>NG138: Pneumonia (community-acquired): antimicrobial prescribing - Noted by the APC. CCG lead antimicrobial pharmacists made aware of guidance.</p> <p>NG139: Pneumonia (hospital-acquired): antimicrobial prescribing - Noted by the APC. CCG lead antimicrobial pharmacists made aware of guidance.</p> <p>NG140: Abortion care - Noted by the APC.</p> <p>NG141: Cellulitis and erysipelas: antimicrobial prescribing - CCG lead antimicrobial pharmacists made aware of guidance.</p> <p>QS17: Lung cancer in adults - Noted by the APC.</p> <p>QS46: Multiple pregnancy: twin and triplet pregnancies - Noted by the APC.</p> <p>QS189: Suicide prevention - Noted by the APC.</p> <p>TA565: Benralizumab for treating severe eosinophilic asthma - Update noted by the APC.</p> <p>TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia - Commissioned by Clinical Commissioning Groups. Add as RED to the Joint Formulary.</p> <p>TA600: Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer - Commissioned by NHS England. Add as RED to the Joint Formulary.</p> <p>TA601: Bezlotoxumab for preventing recurrent Clostridium difficile infection (terminated appraisal) - Not approved</p> <p>TA602: Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal) - Not approved</p> <p>TA603: Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma (terminated appraisal) - Not approved</p>	<p>CO 15.11.19</p> <p>CO 15.11.19</p>
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APC admin

13.1	Regional Medicines Optimisation Committee (RMOC) updates. Presented by Ciara O’Kane.	
	<p>RMOC updates:</p> <ul style="list-style-type: none"> • RMOC London Polypharmacy Working Group: Report July 2018 (published 3rd Oct 2019) noted by the Committee. • Feedback from the 2019 RMOC members’ day including updated RMOC Operating Model 	
15.2	Provider update.	
	<p>BSUH.</p> <ul style="list-style-type: none"> • MGG September 2019 minutes noted by the Committee. 	

- JT advised the Committee that following the decision not to commission FreeStyle Optium Ketone Test Strips at the March 2019 APC, it had become known that the RACH Paediatric department were not privy to the application, nor involved in the consultation prior to the meeting. The decision not to commission FreeStyle Optium Ketone Test Strips affected the Royal Alex Children's Hospital (RACH) Paediatric department as they had previously arranged for Abbott (the manufacturers of FreeStyle Optium Ketone Test Strips) to supply the service with free meters and subsequently asked primary care to prescribe the ongoing test strips. On the basis of the APC's decision to not approve FreeStyle Optium Ketone Test Strips, CHMS CCGs had decided to code the test strips as black on their formulary. This had then resulted in patients being denied access to the test strips from the GP and caused issues for RACH. The BH CCG MMT have discussed the issue with the Children and Young Person's Diabetes Clinical Nurse Specialist for the service, and it had been suggested that a transition period would be agreed to allow for the service to review the arrangement with Abbott and evaluate alternative, cost effective meters and test strips which cater for their patients specialist needs. Once a meter had been chosen, the service would transfer patients at their next specialist review. The APC agreed to this. AB to inform CHMS.
- IA asked if business cases for dressings supply via a non-FP10 route could be shared with her.

AB
01.11.19
CO / AB
01.11.19

Close

Date of next meeting

Tuesday 26th November 2019.
 Room G79, Hove Town Hall, Norton Road, Hove, BN3 4AH.