

**Minutes February 2016 Brighton Area Prescribing Committee**  
**Brighton and Hove, High Weald Lewes Havens, Crawley and Horsham and Mid-Sussex CCGs**

TIME: 2pm DATE: 23<sup>rd</sup> February 2016 VENUE: Room 1, Level 4, Lanchester House, Brighton

✗ = Not present A= Apologies for absence ✓ = Present

Present		
Anne Smith (AS)	Primary Care Development Nurse Brighton and Hove (BH) Clinical Commissioning Group (CCG)	A
Clare Andrews (CA)	Pharmaceutical Adviser Crawley(C), Horsham and Mid-Sussex (HMS) CCG	✓
David Chapman (DC)	Senior Medicines Optimisation Pharmacist High Weald Lewes Havens (HWLH) CCG	✓
Dr Irma Murjikelni (IM)	Clinical Lead for Medicines Management HWLH CCG	✓
Dr Laura Hill (LH)	GP Clinical Director C CCG	✓
Dr Michael Okorie (MO)	Chair of the DTC Brighton and Sussex University Hospitals NHS Trust (BSUH) & Brighton and Sussex Medical School	✗
Dr Riz Miarkowski (RM)	GP Clinical Director HMS CCG	✓
Dr Stewart Gaspole (SG)	Specialist Interface Pharmacist BH CCG	✓
Dr Tim McMinn (TM)	GP Clinical Lead Urgent Care and Medicines Management BH CCG	✓ (part)
Edward White (EW)	Lay member BH	✓
Fiona Brown (FB)	Prescribing Advisor HMS CCG	✗
Fionnuala Plumart (FP)	Pharmaceutical Advisor BH CCG	✓
Iben Altman (IA)	Chief Pharmacist Sussex Community NHS Trust (SCT)	✓
Janet Rittman (JR)	Pharmaceutical Advisor, Public Health Brighton & Hove City Council	✓
Jay Voralia (JVO)	Head of Medicines Management C, HMS CCGs	✓
Joanne Pendlebury (JP)	Formulary Pharmacist BSUH	✗

Judy Busby (JB)	Chief Pharmacist Queen Victoria Hospital NHS Foundation Trust (QVH)	✓ (part)
Katy Jackson (KJ)	Head of Medicines Management BH CCG	A
Kevin Solomons (KS)	Head of Medicines Management Surrey Downs CCG	x
Niall Ferguson (NF)	Chief Pharmacist BSUH	✓
Paul Wilson (PW) <i>Deputy Chair of the APC</i>	Head of Medicines Management HWLH CCG	A
Penny Woodgate (PWo)	Business Support Manager East Sussex Local Pharmaceutical Committee (LPC)	✓
Ray Lyon (RL)	Chief Pharmacist (Strategy) Sussex Partnership Foundation Trust (SPFT)	✓ (part)
Rita Shah (RS)	Pharmaceutical Adviser BH CCG	✓ (part)
Sarah Watkin (SW) <i>Chair of the APC</i>	Head of Strategic Pharmaceutical Commissioning Surrey Downs CCG	✓
Tim Sayers (TS)	Lay member HWLH	✓
Tejinder Bahra (TB)	Lead Commissioning Pharmacist C, HMS CCGs	A
<b>In Attendance</b>		
Jade Tomes (JT) <i>Secretary of the APC</i>	Specialist Pharmacy Technician BH CCG	✓
Michaela (M)	Pre-Registration Pharmacist On rotation at HWLH CCG from BSUH	✓
Carol-Anne Davies-Jones (CD)	Pharmacist SCT	✓ (part)
Kulsuma Begum (KB)	Prescribing Support Technician BH CCG	✓
Agnieszka Danson (AD)	Prescribing Support Technician BH CCG	✓

### NOTES

#### **1. Welcome, introductions and apologies**

The chair welcomed the committee. Apologies received from TB, PW, KJ and AS.

## 2. Declarations of Interest

As per register.

It was noted that it is member's responsibility to declare any potential interests. The form which is signed at the beginning of the meeting was highlighted and it was explained that this is for any one off declarations of interests not listed on annual declaration of interest form. Any interest should be declared verbally at the point of the discussion and the chair will decide if any action is necessary. SW advised that a subgroup is meeting to go through processes at APC including how it will be improved. Feedback will be discussed at the next meeting.

## 3. Urgent AOB

None.

## 4. Previous meeting held January 2016 and actions log.

Minutes agreed as accurate.

Update on outstanding actions received for:

- Domperidone: BSUH were asked to gather information on usage and assess the potential impact if re-coded to red on the formulary for children due to safety concerns. NF advised that approximately 10 bottles per month are being dispensed on JAC which could be up to 10 patients per month and mostly paediatrics. It was agreed that advice needs to be sought from specialists as to where domperidone fits within the pathway. SW advised that a paper went to the Surrey PCN regarding this issue. This will be discussed at future APC and after consultation with specialists at BSUH and SCT.

### Action

Share information leaflets on swallowing tablets	RL	01.03.2016
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- MRSA eradication therapy: NF confirmed that BSUH will be supplying all MRSA eradication therapy at the pre-op assessment clinic. It was suggested that information should be sent to primary care advising them of this. (CCGs to do this via newsletters.) NF asked that any cases of BSUH asking primary care to prescribe this therapy be reported to him.
- Pass through drugs: discussions to be continued. SG to update the APC in a few months.
- Growth hormones: SG advised that him and TB need to meet with Kathy Stott to discuss changing the formulary status from amber to blue. NF asked that paediatric pharmacist be involved as well.
- Naloxegol: SW advised that the PCN review of the pathway is intended to be presented in April now.
- Respiratory guidance regarding Gold group B: FP advised that a meeting with Jo Congleton has been arranged for beginning of March. Outcomes will be shared at the next APC. *(JB joined the committee at 2.25pm)*
- Formulary updates: JT advised that all updates have now been made, apart from Riluzole liquid. JT has emailed Gill Yates to ask that the SCG be updated.
- Mycophenolate and MSK formulary: this has now been added. Closed.
- Skin formulary: Deferred. The proposed changes need to be clear to the APC in order for them to make a recommendation. It was agreed that the subgroup would meet again to go through the specialists' comments. The APC asked that the proposed final formulary, the original formulary and a list of the changes with rationale if applicable be presented at the next APC in order to move this forward.

### Action

Arrange for subgroup to meet again to finalise skin formulary	JT	01.03.2016
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- MSK SCGs: IA advised that these papers will be presented March or April APC.
- Gastro SCGs: SG advised that the new adult SCG for co-prescribing of azathioprine/allopurinol for IBD is done however, paediatrics wish to submit a SCG for azathioprine. SG has spoken with BSUH and Anja has advised that she will liaise with the paediatric pharmacy team before submitting a joint adult and paediatric SCG to the APC.
- Post bariatric surgery: SG confirmed that CWS are the lead commissioner for this service. The views of the APC have been given to CWS and the committee will be updated in due course.

## 5. NICE Technology Appraisal (TA) briefing.

### Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears (TA369) Presented by Sarah Watkin.

SW gave a short overview of the TA briefing paper and advised that this is a newly licensed product, for use in patients with dry eyes where treatment with artificial tears has not improved their symptoms. Unlicensed products have been available and the Brighton joint formulary states these as RED. The licensed product is currently cheaper than unlicensed products available. Current practice is for ciclosporin eye drops to be initiated in secondary care and continued prescribing to remain with the specialist. It was recommended that the APC approve this as blue on the formulary, to be initiated in secondary care but then for primary care to continue prescribing once patient is stabilised on treatment. A change in the traffic light status would mean a positive impact on outpatient activity however, the cost pressure will move to primary care once the patient is stabilised. It was noted that Moorfields have included this product in guidance. BSUH had been consulted and agreed that the patient should be reviewed twice a year to ensure treatment with ciclosporin is still required. It was highlighted that there is no specific monitoring to be done once the patient is initiated.

**The APC noted:** JB advised that they currently have many patients on ciclosporin which they are providing the on-going care for and this is proving to be a huge drain to QVH. The proposed traffic light status was discussed in depth. The APC agreed that BLUE would be appropriate as the on-going monitoring is for response to the drug not for safety reasons. The APC agreed that an information sheet would provide clarity to GPs to inform them what is expected from secondary care. It was agreed to add the licensed preparation to the formulary as red. (Keep the unlicensed preparation until JB confirms need). The APC will then recommend that the licensed product is changed to blue once information sheet is approved.

**RECOMMENDATION:** Positive - **RED** – Specialist prescribing only (holding status until information sheet is presented at the committee and then changed to blue).

#### **Action**

Add the licensed ciclosporin eye drops to the Brighton joint formulary as <b>RED</b>	JT	08.03.2016
Take this recommendation to the next CPMAP	CA	Next CPMAP
Send JB the template for the blue information sheet	JT	01.03.2016

### Vortioxetine for treating major depressive episodes (TA367) Presented by Ray Lyon

RL gave a brief overview of the paper. He advised that there is no evidence to suggest this is more effective than other anti-depressants; vortioxetine just has a different side effect profile. RL stated that the paper recommends vortioxetine as green however, Coastal West Sussex APC have considered this already and approved as Blue. They felt that as this is for treating severe depression then they would expect GPs to refer patients to SPFT anyhow.

**The APC noted:** The CWS APC recommendation and agreed with this. They also agreed that this should be 3<sup>rd</sup> line due to the side effect profile. The APC felt that an information sheet would not be required for this drug.

**RECOMMENDATION:** Positive – **BLUE** – initiated by a specialist.

#### **Action**

Add vortioxetine to the Brighton joint formulary as <b>BLUE</b>	JT	08.03.2016
Take this recommendation to the CPMAP	CA	Next CPMAP

## 6. New drug / indication formulary applications:

### Duaklir Genuair 400/12 and Spiolto Respimat 2.5mcg/2.5mcg. Presented by Sarah Watkin

SW referred the committee to the post-meeting note, which was added to the previous minutes and advised that both of these inhalers had now been approved; the traffic light status, however, now needs to be agreed. The committee were unanimous and agreed with the paper recommendation that both these inhalers should be added to the formulary as Green.

**RECOMMENDATION:** Positive – **GREEN** – suitable for non-specialist initiation.

**Actions**

Add Duaklir Genuair 400/12 and Spiolto Respimat 2.5mcg/2.5mcg to the Brighton joint formulary as <b>Green</b> .	JT	08.01.2016
Take this recommendation to the CPMAP	CA	Next CPMAP

**7. Formulary Extensions**

**AirFluSal Forspiro inhaler.**  
**Presented by David Chapman.**

DC advised that this is a branded generic and equivalent to Seretide 500 accuhaler. He advised that the annual cost is £392.88 per patient per year (compared £491.04 for Seretide brand). The committee were shown placebo devices and given a brief demonstration. The benefits of the device were highlighted. These include; a feedback window which will help with checking adherence, cost effective and the device is the same colour as Seretide (purple) therefore, will be familiar to patients. It was noted that by including this on the formulary would give patients a greater choice of device. The committee discussed that there could be potential issues for patients with dexterity or vision problems (as is the case for Seretide 500 accuhaler and other inhalers) and the inhale process with AirFluSal Fospiro incorporates 2 more steps than Seretide Accuhaler (including the need to tear off the blisters (which hold the dry powder)). It was noted that this currently only comes in the 500 strength and is only licensed for COPD.

The APC agreed that this would be of benefit to include on the formulary as an alternative option to Seretide 500 accuhaler for COPD.

**RECOMMENDATION:** Positive – **GREEN** – suitable for non-specialist initiation.

**Actions**

Add AirFluSal Fospiro to the BH/HWLH/BSUH Joint Formulary	JT	08.03.2016
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

**8. Change to traffic light status**

**Phenelzine change of traffic light status from Red to Blue and proposed information sheet.**  
**Presented by Ray Lyon**

SW advised the committee of the background to the traffic light change application. RL noted that phenelzine is not commonly used or initiated (1 patient in the past year) but there is some historic prescribing in primary care. The change to blue will reflect current practice. The committee asked that guidance on withdrawal to be added to the information sheet. RL advised that he will make amendments (considering the comments already on Kahootz) to the information sheet. The final version will be added to Kahootz for approval virtually.

**RECOMMENDATION:** Positive - **BLUE** – subject to approved information sheet. (To be approved virtually by 31<sup>st</sup> March via Kahootz.)

**Actions**

Make amendments to the information sheet as discussed and upload to Kahootz for virtual approval.	RL	08.03.2016
Approve the updated phenelzine information sheet virtually on Kahootz.	All	16.03.2016
Change phenelzine to blue on the Brighton joint formulary and add information sheet	JT	08.04.2016
Take this recommendation to the CHMS CPMAP	JVO	April CPMAP

**9. Policies and Guidelines**

**Matoride XL GP Information Leaflet**  
**Presented by Ray Lyon**

RL advised that the use of Matoride XL had already been agreed at a previous APC. The leaflet is to aid the switching process in primary care. The committee approved the GP information leaflet. RL advised that version control will be added once uploaded to the SPFT website.

**RECOMMENDATION:** Positive - Approved for use in the APC CCGs.

**Actions**

Add to SPFT website and forward JT and CA the links	RL	08.03.2106
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

**Matoride XL Patient / Parent Information Leaflet**

**Presented by Ray Lyon**

The APC concluded that consultant details would not be added to the leaflet as this is already on the patient's clinic letters and other communications from SPFT. The committee noted the current information sheets/shared care guidance and asked that Matoride XL is placed at the top when listing the drugs included. It was confirmed that CAMHS consultants fully support for the switch to take place in primary care. CCGs will individually decide how to implement this.

**RECOMMENDATION:** Positive - Approved for use in the APC CCGs.

**Actions**

Add to SPFT website and forward JT and CA the links	RL	08.03.2106
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

**Antibiotics in Primary Care – updated Jan 2016 for noting**

**Presented by Fionnuala Plumart**

FP advised that there had only been one change. This is where a link had been embedded into the guidance which used to point to BSUH website. However, now that microguide is used, the link does not take you directly to the information. Therefore, to make it clearer, the relating information has now been added to the document content and the link removed. JR advised that the logo needs to be changed as the Health Protection Agency doesn't exist anymore and is now under Public Health England. The original (national) guidelines were also discussed and to make it clearer it was agreed that the reference to these be moved to the top of document. *(TM left the committee at 3.45pm.)* CHMS will make the Brighton APC Antibiotic Guidance available on NetFormulary for information.

**RECOMMENDATION:** Positive - Approved for use in the APC CCGs.

**Actions**

Make agreed changes as discussed and forward JT for adding to Brighton website	FP	08.03.2106
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

**10. Shared care**

NONE this month as the azathioprine/allopurinol SCG deferred until next month.

**11. Formulary review**

**Wound management products and elasticated garments.**

**Presented by Stewart Glaspole.**

SG advised that 3 previous dressing formularies have been formatted into 1 and in the style of the Brighton joint formulary. Products have been reviewed and cost effective choices have been included. This has been done in conjunction with the Brighton Lead Tissue Viability Nurse and final draft has been out for wide consultation. The committee advised that a key (informing what CN [Community Nurse], NH [Nursing Home] and LU [Leg Ulcer Clinic] refers to) would be useful.

The commissioning of dressing packs was discussed in depth by the committee and it was agreed to forward usage data to IA. The committee agreed with the principle that dressing packs should be provided by the organisation delivering the care as this is considered as nursing equipment and should not be funded by the prescribing budget. It was noted that if dressing packs are to be removed from the formulary (not commissioned by the CCG) then work will need to happen to ensure a smooth transition to the new supplier. *(RS left the committee at 4.00.)*

The committee questioned the rationale of why only some products were noted on CN formulary and not on the NH formulary. It was agreed that Valerie Dowley be invited to a future meeting to be able to answer the committee's questions.

**RECOMMENDATION:** Deferred until when Valerie Dowley can attend.

**Action**

Send dressing pack usage to IA	CCGs	01.03.2016
Upload VD comments regarding products/formulary choice to Kahootz	JT	08.03.2016
Invite VD to a future APC to discuss rationale for product/formulary inclusion	IA	01.03.2016

**12. APC Admin**

New style agenda: The APC approved this for use at future meetings.

Formulary extension briefing template: The APC approved this for use at future meetings (subject to suggestions regarding impact are added).

Traffic light status request form: (*TM re-joined the committee at 4.15.*) The APC approved this for use at future meetings. From feedback, the definitions of formulary traffic light status will be discussed at a future APC.

Kahootz feedback: The Chair asked that this item is deferred until the next APC. It was agreed that this would be the first item on the agenda at the next meeting as it had been deferred from a previous meeting. It was suggested that a survey via survey monkey will be designed and sent round before the next committee to gain members' views.

TOR: The following points were noted;

- The criteria for making recommendations had been added as an appendix.
- Decision/recommendation making responsibilities have been added for each CCG as an appendix.
- Associate member roles: The APC approved these.
- Voting process and the approval of documents via Kahootz: SW advised that the will be picked up at the sub-group meeting.
- Secondary care prescriber: SW advised that this would be a representative from secondary care to give these a voice on the committee. It was agreed that the TOR would list this member as a Chair of a provider DTC/Gs or provider Medical Director or equivalent. It was agreed that this role would be an associate member.
- Quoracy: The APC agreed that in order for the committee to be quorate then 2 prescribing leads must be present (1 of these may be a nominated GP representative deputising). (*CD left the committee at 4.40.*) Discussion centred on the legal and governance issues of meeting when not quorate versus need to make decision e.g. for NICE TAs. SW advised that the process for not being quorate on the day of the meeting could be discussed by the sub-group.

**13. NICE guidance and TAs**

**Guidance published in January 2016**  
**Presented by Sarah Watkin.**

QS112: Gastro-oesophageal reflux in children and young people. Noted by the APC.

TA381: Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy. Commissioned by NHS England.

**Action**

Add Olaparib to the Brighton joint formulary as <b>RED</b> .	JT	11.03.2016
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

TA378: Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy. Not recommended.

**Action**

Add Ramucirumab to the Brighton joint formulary <b>BLACKLIST</b> .	JT	11.03.2016
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

TA377: Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated. Commissioned by NHS England.

**Action**

Add Enzalutamide to the Brighton joint formulary as <b>RED</b> .	JT	11.03.2016
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

TA376: Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases. Commissioned by NHS England.

**Action**

Add Radium-223 dichloride to the Brighton joint formulary as <b>RED</b> .	JT	11.03.2016
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

TA379: Nintedanib for treating idiopathic pulmonary fibrosis. Commissioned by NHS England.

**Action**

Add Nintedanib to the Brighton joint formulary as <b>RED</b> .	JT	11.03.2016
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

TA380: Panobinostat for treating multiple myeloma after at least 2 previous treatments. Commissioned by NHS England.

**Action**

Add Panobinostat to the Brighton joint formulary as <b>RED</b> .	JT	11.03.2016
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

TA382: Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy (terminated appraisal)

**Action**

Add Eltrombopag to the Brighton joint formulary <b>BLACKLIST</b> .	JT	11.03.2016
Take this recommendation to the CHMS CPMAP	JVO	Next CPMAP

TA375: Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed. Commissioned by CCGs. The committee noted that these drugs are already listed on the formularies. Blueteq templates were discussed and it was noted that the MSK service will need to be engaged with.

**Action**

Add to links to NICE TA375 to the Brighton joint formulary.	JT	11.03.2016
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QS109: Diabetes in pregnancy. Noted by the APC.

QS110: Pneumonia in adults. Noted by the APC.

QS111: Obesity in adults: prevention and lifestyle weight management programmes. Noted by the APC.

QS107: Preventing unintentional injury in under 15s. Noted by the APC.

QS108: Multiple sclerosis. Noted by the APC.

NG33: Tuberculosis. Noted by the APC.

NG19: Updated Diabetic foot problems: prevention and management. Noted by the APC.

**14. Close**

**NEXT MEETING TITLE:** Brighton Area Prescribing Committee

**TIME:** 2-5pm

**VENUE:** Room 1, Level 4 Lanchester House, Trafalgar Place, Brighton, BN1 4FU

**DATE:** Tuesday 22<sup>nd</sup> March 2016