Minutes May 2016 Brighton Area Prescribing Committee

Brighton and Hove, High Weald Lewes Havens, Crawley and Horsham and Mid-Sussex CCGs

TIME: 2pm DATE: Tuesday 24th May 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)	✗
Clare Andrews (CA)	Pharmaceutical Adviser Crawley(C), Horsham and Mid-Sussex (HMS) CCG	✓
Dr Irma Murjikneli (IM)	Clinical Lead for Medicines Management HWLH CCG	A
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 Glaspole (SG)	Specialist Interface Pharmacist BH CCG	✓
Dr Tim McMinn (TM)	GP Clinical Lead Urgent Care and Medicines Management BH CCG	✓
Edward White (EW)	Lay member BH	✓
Fionnuala Plumart (FP)	Pharmaceutical Advisor BH CCG	✓
Iben Altman (IA)	Chief Pharmacist Sussex Community NHS Trust (SCT)	A
Janet Rittman (JR)	Pharmaceutical Advisor, Public Health Brighton & Hove City Council	✓
Jay Voralia (JVO)	Head of Medicines Management C, HMS CCGs	✓
Judy Busby (JB)	Chief Pharmacist Queen Victoria Hospital NHS Foundation Trust (QVH)	✓
Kathryn Steele (KSt)	Pharmaceutical Adviser BH CCG	✗
Katy Jackson (KJ)	Head of Medicines Management BH CCG	✓
Niall Ferguson (NF)	Chief Pharmacist BSUH	✓

Paul Wilson (PW) *Deputy Chair of the APC*	Head of Medicines Management HWLH CCG	A
Penny Woodgate (PWo)	Business Support Manager East Sussex Local Pharmaceutical Committee (LPC)	A
Ray Lyon (RL)	Chief Pharmacist (Strategy) Sussex Partnership Foundation Trust (SPFT)	A
Rita Shah (RS)	Pharmaceutical Adviser BH CCG	✓
Sarah Watkin (SW) *Chair of the APC*	Head of Strategic Pharmaceutical Commissioning Surrey Downs CCG	✓
Stephanie Butler (SB)	Senior Medicines Optimisation Pharmacist HWLH	✓
Tim Sayers (TS)	Lay member HWLH	✓
Tejinder Bahra (TB)	Lead Commissioning Pharmacist C, HMS CCGs	✓
In Attendance		
Jade Tomes (JT) *Secretary of the APC*	Specialist Pharmacy Technician BH CCG	✓
Ellen	Pre-Registration Pharmacist HWLH CCG on rotation from BSUH	✓
Vikesh Gudka (VG)	Lead Antimicrobial / Infectious Diseases Pharmacist BSUH	✓
Alison Warren (AW)	Cardiac Pharmacist BSUH	✓ *(Part - present from the start)*
Archna Parmar (AP)	Specialist Gastroenterology Pharmacist BSUH	✓ *(Part)*
Bhumik Patel (BP)	Lead Pharmacist Women's and Children's Directorate BSUH	✓ *(Part)*

NOTES

1. Welcome, introductions and apologies

The chair welcomed the committee. Apologies received from IM, RL, PWo, PW and IA.

2. Declarations of Interest

As per register.
TB verbally declared that she had attended a non-promotional, non-clinical, pharmacy management meeting a year ago which received sponsorship from Novartis.

3. Urgent AOB

The chair noted that NF wishes to gain advice from the APC regarding supportive medicines for chemotherapy. This would be discussed at the end of the meeting.

4. Previous meeting held April 2016 and actions log

Minutes agreed as accurate post meeting.
Update on outstanding actions received for:

- Blue information sheet for ciclosporin: JB advised that this had been written however, Claire Johns from Surrey Downs CCG has been in contact with the author with some initial queries that need to be answered before coming to the APC. SW advised that it is hoped to be presented at the next meeting.
- Sussex MSK Partnership SCG protocol: Members were asked to comment on the paper via Kahootz after the last meeting. The deadline for comments had now passed. It is expected that IA will bring the final version back to the committee.
- SCGs for growth hormones: Action still ongoing. SG and TB are yet to arrange a meeting with the lead endocrine pharmacist at BSUH.
- SCG for AZA, 6MP (+/-) allopurinol: To be discussed as on the agenda.
- Skin chapter: Outstanding query regarding podophyllum paint. JT is awaiting reply from Jo Pendlebury at BSUH.
- Dressing packs: Working group has been formed. A meeting has been arranged for the 2nd June 2016.
- Naloxegol: Pathway now expected to be presented at the July APC.
- Post bariatric surgery supplementation: It was agreed that an interim statement is still needed. SG to look back at previous minutes and present statement to the June APC.
- Sussex MSK Partnership Mycophenolate SCG: Iben to provide update at next meeting.
- Pass through drugs: example will be presented at the June APC.
- Respiratory prescribing guidance for the new formulary LABA/LAMAs: No further update. FPs maternity leave cover will pick this action up during her absence.

5. NICE TA briefing

NICE TA 388: Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction. Presented by Alison Warren, BSUH

SG advised that him and AW have already discussed local implementation. AW advised the committee that there is a heart failure MDT within BSUH. It is envisaged that the decision for initiation of this drug would sit with the MDT. A new HF consultant and HF nurse for PRH would be starting imminently and a new MDT would be formed for the PRH locality. (These MDTs will meet weekly.) AW advised that the level of monitoring required with this drug is the same as an ACE or ARB. It is placed in the pathway as outlined in NICE and patients must be on an ACE or ARB (at maximum tolerated dose).
AW recommended that it be added to the formulary as blue. BSUH would initiate supply (1 months' worth) and see patients for up-titration, if appropriate. However, further supplies from BSUH will be dependent on what quantities of medication the patient currently has. For example, if the patient has two weeks supply (at the new dose) then BSUH will not supply any further medication. A letter would be sent to the patient's GP advising of the dose change and it is expected that primary care will then issue medication at the new dose as per the current process for ACE/ARBs.
AW advised that there are community heart failure nurse prescribers. These posts were discussed and it was confirmed that these prescribers could issue a prescription if agreed by the MDTs.
There was a discussion regarding the risk of co-prescribing with another ACE and it was recommended that messages be added onto the clinical systems or through a prescribing decision support tool to warn prescribers not to be co-prescribed with another ACE.

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

Add sacubitril valsartan as **BLUE** to the BH/HWLH/BSUH Joint Formulary	JT	10th June 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

Alirocumab and Evolocumab FADs. Presented by Alison Warren, BSUH

The committee discussed the FADs and when the positive TAs are due to be published. It was noted that these papers had been brought to the committee to see if they will approve use pre NICE TA publication.

Alirocumab

AW advised that the manufacturer of Alirocumab is offering an early access scheme (free supply of their product) which is guaranteed until the NICE TA is implemented (up to day 90). The supply would be through homecare which is bundled in with the list price. There is also a patient support scheme which includes access to a nurse to ensure correct self-administration and a helpline.

Evolocumab

AW advised that Evolocumab was presented to the committee last year. At the time NICE had not approved its use since it did not meet the QALY threshold. However, since then the manufacturer has reduced the cost price and it is expected that a positive NICE TA be published next month. It was noted that Evolocumab would be available for prescribing in primary care.

The APC principles regarding early access schemes were discussed in length. It was stressed that it could be seen that the APC are removing choice and incentivising the use of one drug over another due to the patient access scheme being in place. The committee concluded that they do not support the use of medication pre NICE TA regardless of any early access scheme on offer.

The committee discussed what information is required to be presented when the NICE TAs are published. It was agreed that the NICE TA briefing papers need to include practical details regarding supply details. SG advised that the Blueteq forms are already on the system, in anticipation of use. The committee were in agreement that Dr Iverson's advice and steer regarding product preference would be very useful to the APC.

RECOMMENDATION: Negative – Alirocumab and Evolocumab are not supported for use pre NICE TA publication.

6. Change to traffic light status

Midodrine tablets. Presented by Alison Warren, BSUH.

The committee were advised that the paper is a proposal for midodrine tablets to be changed from RED (specialist only) to BLUE (specialist initiation for continuation of prescribing in primacy care). This is due to a licensed product now being available. SG advised that the only reason it was red on the formulary was because it was unlicensed. The committee agreed that an information sheet would be useful to prescribers, as hypotension has not been treated in primary care before.

RECOMMENDATION: Positive – **BLUE** – initiated by a specialist for continuation in primary care with an information sheet.

Actions:

Submit a blue information sheet to the next APC	AW	28th June 2016
Add midodrine tablets as **BLUE** to the BH/HWLH/BSUH Joint Formulary	JT	After info sheet approved
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

Rosuvastatin tablets. Presented by Alison Warren, BSUH.

AW advised that this paper is being presented after a GP query resulting from a requirement for them to start rosuvastatin. On looking at the Joint Formulary the GP noted that rosuvatatin was blue and queried with a pharmaceutical advisor if this patient required a referral to the lipid clinic to be switched back.

It was highlighted that the lipid pathway states rosuvastatin as an option after other statins have been trialled first. It was also noted that the patent for rosuvastatin is expiring next year. The committee had no objections to this proposal.

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

Actions:

Add rosuvastatin tablets as **GREEN** to the BH/HWLH/BSUH Joint Formulary. Note: at least 2 other statins at max tolerated dose must be tried before.	JT	10th June 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

7. Policies and guidelines

Updated lipid guidelines post NICE TA 385. Presented by Alison Warren BSUH.

AW advised that the guideline had been updated following the publication of the ezetimibe TA 385. The committee discussed the proposed changes and it was agreed to remove the first paragraph under the ezetimibe heading.

RECOMMENDATION: Positive - approved.

Actions:

Make agreed changes as discussed above	AW	10th June 2016
Upload new version to the BH CCG website	JT	15th June 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

AW left the committee and AP joined.

8. Formulary extension

Remsima – Infliximab biosimilar. Presented by Archna Parmar, BSUH

AP gave some background to why this was being presented. She advised that Inflectra was the cheapest option at the start of the switching programme however, this has changed and now Remsima is more cost effective. It was proposed that Remsima is added to the formulary (with no removal of the existing products listed) as prices may change and this allows the flexibility to choose the most cost effective product to the NHS at the time.

RECOMMENDATION: Positive – **RED** – specialist only.

Actions:

Add Remsima as **RED** to the BH/HWLH/BSUH Joint Formulary.	JT	10th June 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

9. Shared Care

Azathioprine / mercaptopurine (+/-) allopurinol shared care guideline. Presented by Archna Parmar, BSUH.

AP advised that this SCG includes the co-prescribing of allopurinol with either azathioprine or mercaptopurine. The committee discussed the practicalities of the continuation of prescribing and on-going monitoring. It was noted that the GP needs to be added to the blood forms that the hospital supply, to ensure that primary care are able to view the results and avoid duplication of tests.

AP advised that any patients who are initiated on azathioprine or mercaptopurine are given a Crohn's or colitis patient information leaflet. The committee asked that this be attached to the SCG when it is sent to the GP. It was noted that clinical systems will trigger a warning when azathioprine / mercaptopurine and allopurinol are co-prescribed therefore, it is important that the SCG is received by the prescriber.

The effect of adding allopurinol and the potential for toxicity was discussed if the GP was to ever increase a patient's dose. It was agreed to include a line in the SCG to state that any dose adjustments must be done by the clinic due to toxicity potential.

It was highlighted that there was an error in the SCG and any reference to a reduction in dose should state "reduce TO 25%" not "reduce BY 25%".

It was also noted that the use of azathioprine and mercaptopurine is off label and this should be added to the SCG.

The committee agreed that the above changes should be made to the draft and a final version of the SCG should be approved virtually via Kahootz.

Actions:

Make amendments as agreed above and forward final draft version to JT for uploading to Kahootz.	AP	7th June 2016
Approve virtually via Kahootz	ALL	21st June 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

AP left the committee.

10. Policies and guidelines

Paediatric Vitamin D guidelines. Presented by Bhumik Patel, BSUH and Dr Stewart Glaspole, BH CCG.

The committee discussed the prescribing of vitamin D supplementation for deficiency and for maintenance. It was agreed to change the wording on page 4 to "Self-management with over the counter preparations as shown below should be encouraged however, maintenance doses can be prescribed."
It was highlighted that the RCPCH recommendations have been chosen, as these are the best evidence based guidelines available however, the doses do not reflect the licensed doses as stated in the SPCs.
It was agreed that the terms "less than" and "more than" would replace the symbols "<" and ">" throughout the guideline.
The committee looked at the flow chart in depth. It was agreed to amend this to ensure that it flowed correctly if low levels were identified 2nd time round and also if levels were back in range after 1st treatment, another box would be added to state no further action.
It was noted that it would be helpful if the treatment tables for general paediatric patients and patients with cystic fibrosis patients were labelled. Paragraph 3 on page 4 also needed to be made clearer.
The committee concluded that the guidelines would be useful in answering queries from primary care prescribers in the absence of not having anything to refer to previously.
The committee agreed that the above changes should be made to the draft and a final version of the guidelines should be approved virtually via Kahootz.

Actions:

Make amendments as agreed above and forward final draft version to JT for uploading to Kahootz.	SG	7th June 2016
Approve virtually via Kahootz	ALL	21st June 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

11. New drug / indication formulary application

Esomeprazole: 10mg granules for oral suspension, 20mg and 40mg tablets and 40mg IV for use in paediatrics. Presented by Bhumik Patel, BSUH

BP advised the committee that there is a need for an IV preparation as omeprazole IV had been discontinued. There have been many issues with blocked feeding tubes which causes longer hospital stays and readmissions. Data shows that esomeprazole sachets do not block feeding tubes.
The committee questioned the place in therapy for esomeprazole capsules/tablets. BP advised that they would prefer to have a consistent approach with PPI therapy and not have to change patients' regime when changing formulation. The cost difference between esomeprazole tablets/capsules and the other oral PPIs were discussed. It was agreed that when switching to an oral PPI, 1st choice should be the most cost effective, regardless of what PPI had been used previously.
The committee agreed to approve IV esomeprazole and esomeprazole sachets for use in children with feeding tubes. It was discussed that once patients are no longer tube fed, then their PPI should be changed to the most cost effective treatment. The APC agreed that an information sheet would be useful in primary care for the sachets explaining the restriction and recommendations once the patient is no longer tube fed.

RECOMMENDATIONS:
IV: Positive – **RED** – specialist only.
Sachets: Positive – **BLUE** – specialist initiated for children with feeding tubes.
Tablets or capsules: Negative – refused entry onto the formulary.

Actions:

Add IV esomeprazole as **RED** to the BH/HWLH/BSUH Joint Formulary	JT	10th June 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP
Submit an information sheet to the Brighton APC for esomeprazole sachets	BP	14th June 2016
Add esomeprazole sachets as **BLUE** to the BH/HWLH/BSUH Joint Formulary	JT	Once info sheet approved
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

12. Formulary Review

Chapter 3 – Respiratory. Presented by Fionnuala Plumart, BH CCG.

FP advised the committee that a small group of APC members had met prior to the meeting. Comments had been collected from clinicians at BSUH and considered. Recommendations from the working group include:

- Addition of spacer devices to the Joint Formulary (JF)
- Addition of fexofenadine 180mg to the JF for chronic urticarial – evidence review to be authored and presented at a future APC
- Prof. Frew highlighted that some items were missing from the JF (allergen products). It was agreed to request the BSUH DTC minutes where these were approved before including on the formulary. It was also discussed that there may be other hospital only products which are missing from the JF and it would be of benefit to cross check the hospital and JF for any discrepancies
- 2 comments from BSUH advised that doxapram is no longer used. It was agreed to check with an ITU specialist before removing from the formulary
- Carbocisteine liquid sachets are more cost effective than the liquid (in bottles) - formulary extension to be authored and presented at a future APC
- Tiotropium is now licensed for asthma. Correction will be made to the JF as this states it is licensed for COPD only. The local respiratory consultants will be contacted to see if there is a need for tiotropium in asthma. If so then an evidence review will be authored and presented at a future APC.
- Simple linctus, pseudoephedrine, pholcodine and menthol and eucalyptus – note will be added to the JF to state patients should be encouraged to self-care and purchase these products OTC.
- There are a few differences in inhaler choice between the BH/HWLH JF and CHMS formulary. CCGs will assess if there is a need on an on-going basis for these to be added.

The APC approved the above recommendations. FP will feedback the conclusions to her replacement and to the respiratory specialist pharmacist for actioning.

Actions:

Make the changes to the formulary relating to spacers, tiotropium license and OTC products	JT	10th June 2016
Feedback the conclusions to FP's replacement and to the respiratory specialist pharmacist for actions relating to fexofenadine, allergen products and hospital only products, doxapram, carbosisteine, tiotropium for asthma and CCG formulary differences	FP	27th May 2016
Take these recommendations to the CHMS CPMAP	JVO/CA	Next CPMAP

13. NICE guidance and TAs

Guidance published in April 2016
Presented by Sarah Watkin.

TA387: Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated. Commissioned by NHS England.

Actions:

Add Abiraterone as **RED** to the BH/HWLH/BSUH Joint Formulary	JT	10th June 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

TA388: Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction. Commissioned by CCGs. Already discussed above.

TA389: Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer

Actions:

Add Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine as **RED** to the BH/HWLH/BSUH Joint Formulary	JT	10th June 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

QS121: Antimicrobial stewardship. Noted by the APC.

NG46: Controlled drugs: safe use and management. Noted by the APC.

NG45: Routine preoperative tests for elective surgery. Noted by the APC.

QS29: Updated - Venous thromboembolism in adults: diagnosis and management. Noted by the APC.

QS22: Updated - Antenatal care. Noted by the APC.

QS2: Updated - Stroke in adults. Noted by the APC.

CG90: Updated - Depression in adults: recognition and management. Noted by the APC.

BSUH NICE TA update

No further update.

14. APC Admin

CHMS ratification update

Noted by the APC.

AOB

Supportive medications in chemotherapy: NF advised that NHS England only class drugs given around the immediate treatment as being commissioned. Anything given post chemotherapy (e.g. anti-nausea) is not commissioned or funded by NHS England. NF wanted to gain advice for the APC as a query had arisen where a patient receiving radiotherapy had subsequently complained of symptoms of dry mouth sometime after treatment which required artificial saliva. It had been questioned why secondary care were not providing this treatment. NF confirmed that in these instances, this is not commissioned by NHS England as it doesn't happen on the day of treatment to the patient. NF advised they do issue a pro forma which suggests some products which may be prescribed by the GP. This was discussed and the joint formulary was compared to. It was agreed that the pro forma be reworded and a proposal for items listed within this to be added to the formulary.

Action:

Reword the pro forma and submit to the APC for consideration	NF	14th June 2016

15. 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 28th June 2016