Minutes June 2016 Brighton Area Prescribing Committee

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

TIME: 2pm DATE: Tuesday 28th June 2016 VENUE: Room 1, Level 4, Lanchester House, Brighton

✘ *= Not present* A*= Apologies for absence* ✓ *= Present*

Present

Name	Role	Attendance
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	✓
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	✓ *(part)*
Dr Tim McMinn (TM)	GP Clinical Lead Urgent Care and Medicines Management BH CCG	✓
Edward White (EW)	Lay member BH	✓
Iben Altman (IA)	Chief Pharmacist Sussex Community NHS Trust (SCT)	A
Janet Rittman (JR)	Pharmaceutical Advisor, Public Health Brighton & Hove City Council	A
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 Antenen (PA)	Pharmacist Representative East Sussex Local Pharmaceutical Committee (LPC)	✓

Paul Wilson (PW) *Deputy Chair of the APC*	Head of Medicines Management HWLH CCG	✓
Penny Woodgate (PWo)	Business Support Manager East Sussex Local Pharmaceutical Committee (LPC)	A
Ray Lyon (RL)	Chief Pharmacist (Strategy) Sussex Partnership Foundation Trust (SPFT)	✓
Rita Shah (RS)	Pharmaceutical Adviser BH CCG	✓
Sarah Watkin (SW) *Chair of the APC*	Head of Strategic Pharmaceutical Commissioning Surrey Downs CCG	✓
Sephora Shaw (SS)	Pharmaceutical Adviser BH CCG	✓
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	✓
Dr Andy Smith (DAS)	Consultant Diabetologist BSUH	✓ *(part)*
Paul McKenna	Lead Pharmacist Dispensary Services Western Sussex Hospitals NHS Foundation Trust	✓

FINAL

NOTES

1. Welcome, introductions and apologies

The chair welcomed the committee. Apologies received from IA, JR, PWo.

2. Declarations of Interest

As per register. RM verbally declared that multiple pharmaceutical companies have provided him with a sandwich lunch.

3. Urgent AOB

None.

4. Previous meeting held May 2016 and actions log

Minutes agreed as accurate post meeting. Paediatric Vitamin D guidelines have been agreed via Kahootz.
Update on outstanding actions received for:

- Sussex MSK Partnership SCG protocol: IA absent - update required at the next meeting.
- SCG for AZA, 6MP (+/-) allopurinol: awaiting updated version from Archna Parmar for uploading to Kahootz for approval. NF to follow up.
- Skin chapter: Outstanding query regarding podophyllum paint. JT is awaiting reply from Jo Pendlebury at BSUH. NF to follow up.

- Esomeprazole sachets information sheet: Version had been sent to JT however, it has been queried. Updated version to be added to Kahootz for approval at the next meeting.
- Supportive medications in chemotherapy: Proforma to be clarified and brought to the committee.
- Pass through drugs: SG had added an example to Kahootz. Full modelling/formal briefing to be submitted to the APC.
- Sussex MSK Partnership Mycophenolate SCG: IA to provide update at next meeting.
- Midodrine information sheet: awaiting draft from Alison Warren for presentation to APC.
- Naloxegol: Pathway now expected to be presented at the July APC.
- Dressing packs: Working group has been formed. The next meeting has been arranged for the 15th July 2016. .
- SCGs for growth hormones: Action still ongoing – request will be made to change colour classification. Expected to be presented at the July meeting.
- Respiratory prescribing guidance for the new formulary LABA/LAMAs: No further update. FPs maternity leave cover (SS) will liaise with the new respiratory pharmacist at BSUH.

5. New drug / indication formulary applications

AS joined the group.

Insulin degludec.

Presented by Dr Andy Smith, Consultant Diabetologist BSUH.

(Recommendations were made when AS was no longer present.)

AS advised the history of the submission and gave a recap of the paper (as this is the 3rd time it has been presented to the APC). The new price was noted (£3.10 for 100iu vs £2.77 for 100iu of lantus). The company who make degludec have undertaken a RCT, head to head switching study, comparing degludec and lantus. Analysis of data suggests that 10-11% less product is used.
AS advised that his preferred treatment is following the NICE guideline with detemir BD. If failed, pump therapy would be considered. AS would like the option of using degludec in these patients.
AS confirmed that if approved it would be used for T1 adults only. Paediatric specialists would have to submit an evidence review to the committee if they wish to use in this patient cohort.
The different strengths were noted and safety concerns were raised. AS advised that the high strength only comes in a prefilled pen and the units are dialled in, not the volume. Therefore, little risk that an incorrect dose would be administered.
The user friendliness of the questionnaires was discussed. It was noted that these questionnaires had been validated.
The APC decision making criteria was considered.
SG joined the committee
The committee agreed that they would like to be informed of the results of the questionnaires after 6 months. The committee stressed that this is only approved for adult type 1s who meet the criteria as defined in the paper. There was some concern that there would be undue creep of type 2 patients. It was agreed that a note would be added to the formulary to state only locally approved for type 1's.

RECOMMENDATION: Positive – **BLUE** – for use in adult type 1s who meet the criteria:

- Documented severe hypoglycaemia;or
- Risk of hypoglycycaemia because of reduced awareness; or
- Frequent hypoglycaemia which prevents achieving predefined glycaemic targets

AND individuals should have:

- Received an appropriate level of education with respect to flexible insulin dosing and carbohydrate counting; and
- Tried other basal insulin regimens including split dose detemir as recommended in NG17
- Be prepared to complete hospital issued assessment questionnaire

Actions:

Action	Lead	Date
Add insulin degludec to the joint formulary as **BLUE**	JT	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP
Results of questionnaires to come back to the committee in 6 months	BSUH	Jan 2017

FINAL

6. Formulary extensions

Insulin glargine abasaglar.
Presented by Dr Andy Smith, Consultant Diabetologist BSUH.
(Recommendations were made when AS was no longer present.)

AS advised that this is a biosimilar of insulin lantus. It been shown to be non-inferior to lantus. It is fully licensed in type 1 diabetes and is 15% cheaper. This would be preferred choice for new patients. It was also noted that the pen device is different.
AS expressed that any switching of existing patients should be done in a sensitive manner and he would prefer if any switching is done at the patient's review. It was discussed that there is no clinical disadvantage to switching patients to the biosimilar. It was agreed that CCGs could promote an engaged patient discussion with prescribers regarding switching patients.
Correction to the paper was noted. The price for lantus in primary care is currently £41.50. The paper recommended that the biosimilar was added to the formulary as green. However, all the other insulins are blue. It was highlighted that a specialist is not just a prescriber in secondary care, this could be a GPwSI.

RECOMMENDATION: Positive – **BLUE** – 1st line for all new patients. The APC supports pro-active switching for patients at next review including an informed discussion.
It was expressed that this recommendation needs to be communicated to SCT as the community diabetes service providers.

Actions:

Add Insulin glargine abasaglar to the JF as **BLUE** and include note to state 1st line in new patients.	JT	15th July 2016
Communicate the recommendation to SCT	IA	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

Benepali.
Presented by Dr Stewart Glaspole, Interface Pharmacist, BH CCG.

SG gave a summary of the paper and advised that this is a biosimilar of etanercept. JB advised that the homecare companies are willing to carry out the switches. However, there is an impact on workload for secondary care. SG advised that a biosimilar strategy has been drafted and this will be shared with providers. NF noted the DoH strategy on biosimilars and how other areas have managed biosimilars entry. It was pointed out that blueteq would highlight when the biosimilar is being used for new patients.

RECOMMENDATION: Positive – **RED** – first line for new patients.

Actions:

Add benepali to the JF as **RED** and include note to state 1st line in new patients	JT	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

7. Change to traffic light status

None this month.

8. Policies and guidelines

Position statement on the prescribing of Paracetamol and Ibuprofen.
Presented by Katy Jackson, Head of Prescribing and Medicines Commissioning, BH CCG.

KJ advised of a new campaign which is launching in BH and HWLH shortly. It had already been approved at internal committees within BH. This campaign aligns with the self-care/self-management agenda and will avoid inappropriate GP appointments. A PR company is currently being recruited and patient leaflets and posters developed. It was noted that this campaign should not disadvantage those on low incomes or the more deprived population. Therefore, it will be at the GPs discretion if they prescribe paracetamol/ibuprofen for these patients. The lay members expressed

FINAL

support for the campaign and would like it to be extended to long term prescriptions in the future. KJ advised that this is the start of portfolio of campaigns. Hayfever and cough/cold products would be next. JB advised that the hospitals are also trying to reduce the amount of paracetamol and ibuprofen they supply patients so this campaign would also align with their agenda. SW advised that it would be useful for the committee to gain some feedback on how successful the campaign has been in 6 months' time.

RECOMMENDATION: Supported – HWLH will also adopt and jointly work with Brighton on the PR campaign.

Interim CCG strategy on vitamin and mineral supplementation in post bariatric surgery.
Presented by Dr Stewart Glaspole, Interface Pharmacist, BH CCG.

SG gave a background to the statement. He advised that the lead commissioner has not been able to review the statement. Minor amendments regarding liquid medications and being time limited were suggested. It was agreed that a PIL to support OTC vitamins would now be produced.

It was noted that Forceval is on the joint formulary as green for post bariatric surgery. It was agreed to change to red and remove the wording as this would then reflect the position statement.

RECOMMENDATION: Agreed (subject to final amendments).

Actions:

Develop a PIL which supports the interim statement and submit to the APC	SG	12th July 2016
Change Forceval to **RED** and removed the related wording	JT	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

9. Shared care

Riluzole Shared Care Guideline.
Presented by Clare Andrews, Pharmaceutical Advisor, HMS CCG

SW advised that amendments had been made to the dose and administration paragraphs. This was due to information being made available from the manufacturer of the liquid formulation, regarding administration down a feeding tube. The committee discussed this and it was highlighted that crushed tablets should be 1st line in patients requiring administration down a feeding tube. It was agreed to approve the SCG providing it is made clear that crushed tablets are the 1st line option. Also, the JF would be amended to include this information.

RECOMMENDATION: Approved (subject to amendment).
Actions:

Make amendments to the SCG (1st choice crushed tablets)	CA	12th July 2016
Make amendments to the JF (1st choice crushed tablets)	JT	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

Ikervis information sheet.
Presented by Judy Busby, Chief Pharmacist, QVH

SW advised that in a previous meeting the decision was made to code Ikervis as blue. QVH have worked on the information sheet. RS had commented on kahootz that the other ciclosporin eye drops are specials and therefore it would be beneficial to prescribe by brand to avoid any confusion. The administration of the eye drops was discussed and it was noted that the PIL does recommend nasolacrimal occlusion. The committee discussed how a GP would know that treatment has been effective for the patient. It was agreed that QVH would follow up with the patient after the initial prescription to see how they were getting on. This would be done via phone call. JB will establish the appropriate time period after. It was agreed to include this to the consultant / specialist responsibilities on the information sheet. Sussex eye hospital had been sent the information leaflet (via Jo Pendlebury, formulary pharmacists at BSUH) but no comments had been received back to the committee. JB advised that QVH will now look at the role for the ointment. It was agreed to remove point 3 in the patient/carer roles. The indication on the information sheet will be made bold. Point 2 in the patient/carer role will have GP removed.
Information sheet to be uploaded to kahootz post amendments as discussed above.

Actions:

Make amendments and upload to kahootz for approval	JB	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

10. NICE TA briefing

Pre-briefing for PCSK9 inhibitors.
Presented by Dr Stewart Glaspole, Interface Pharmacist, BH CCG.

SW advised that the NICE TAs have now been published. SG advised that this pre-briefing was written before the FADs had been published. The historic discussions at previous meetings was summarised. Early implementation and the supply arrangements pre and post day 90 were discussed. It was confirmed that Blueteq would be used.
The committee agreed to implement this with immediate effect prior to the ratification of the minutes. This is exceptional and does not affect any other decisions.
Actions:

Add the PCSK9 inhibitors to the formulary as RED as per NICE TAs	JT	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

11. Formulary review

Chapter 6 - Endocrine.
Presented by Dr Stewart Glaspole, Interface Pharmacist, BH CCG.

AS was asked for his advice on the following (as available after he presented his papers to the committee):
Humulin S – he sees very few patients – for consistency it was agreed to add to the formulary as blue
Novorapid PumpCart – most people fill the reservoir with a vial. This is a pre-filled vial with makes it easier to use (for patients with dexterity issues). It was agreed to add to the formulary if this cartridge fits one of the commissioned pumps and if this is the same price per unit.
Insulin Pumps – Not needed for inclusion on the JF.
Needle free devices – agreed to manage this exceptionally as uncommon and look at on a case by case basis.
Glimepride – noted as 2nd line on NWS formulary. Agreed to remove this note.
Lantus – green on NWS formulary. Agreed to change to blue to be in-line with all the other injectables.
Linigliptin – Evidence review would need to be presented to the committee for approval.
Glucose powder – its role in primary care was questioned. It was agreed to change to red.
Gliclazide MR – reserved for patients with compliance issues who wish for a once a day treatment. AS doesn't see a role for an MR preparation. Agreed to add note to the JF.
The APC discussed the following:
Testosterone – Agreed to change all products to BLUE (apart from the enantate injection which is red).
Dutasteride capsules – not on the JF. Evidence review required if wanted on the JF.

It was agreed that the remainder of the formulary review would be carried out at the next APC pre-meet with the subgroup. It was noted that it would be beneficial if a specialist was present at the pre-meet.

12. NICE guidance and TAs

Guidance published in May 2016
Presented by Sarah Watkin, Chair of Brighton APC.

NG33: Tuberculosis. Noted by the APC.
NG47: Haematological cancers: improving outcomes. Noted by the APC.
TA390: Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes. Commissioned by CCGs.
Actions:

Ensure the joint formulary is compliant and add link to the TA	JT	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

TA391: Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel. Commissioned by NHS England.

FINAL

Actions:

Add Cabazitaxel as **RED** to the BH/HWLH/BSUH Joint Formulary commissioned by NHSE	JT	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

CG155: Psychosis and schizophrenia in children and young people: recognition and management. Noted by the APC.
ESNM73: Reversal of the anticoagulant effect of dabigatran: idarucizumab. Noted by the APC.
ESNM73: Chronic obstructive pulmonary disease: tiotropium/olodaterol (Spiolto Respimat). Noted by the APC.
CG152: Crohn's disease: management. Noted by the APC.
CG42: Dementia: supporting people with dementia and their carers in health and social care. Noted by the APC.
TA217: Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease. Commissioned by CCGs.

Actions:

Ensure the joint formulary is compliant and add link to the TA	JT	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

CG98: Jaundice in newborn babies under 28 days. Noted by the APC.

BSUH NICE TA update

No further update.

13. APC Admin

CHMS ratification update

The committee were made aware that the CPMAP met that morning and therefore the update will be at next month's meeting.

AOB

JT advised that as a result of the change to Optimise Rx in BH and HWLH CCGs, some cost effective brands have come the teams attention and they would like these to be added to the joint formulary.
Zemtartd XL (diltiazem) – for new initiations only. Alison Warren, lead cardiac pharmacist at BSUH is in support of this and confirmed that BSUH have this brand on contract. Therefore, brands would be consistent when patients are admitted to / discharged from BSUH.
Tildiem MR (diltiazem) – for new and existing patients. The APC supports a switching programme to take place in primary care.
Nebbaro (omega 3) – restrictions would be the same as Prestylon (not funded for post MI).

The committee were in agreement that the above brands are approved for use. (Same traffic light status as original brands)

Actions:

Add Zemtard XL, Tildiem MR and Nebbaro to the JF.	JT	15th July 2016
Take this recommendation to the CHMS CPMAP	JVO/CA	Next CPMAP

SW confirmed that this is her last meeting as chair. The committee thanked her for all her hard work and wished her well for the future. RM offered to chair the July meeting. It was confirmed that the August meeting would be cancelled.

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 26th July 2016

FINAL