

Minutes July 2016 Brighton Area Prescribing Committee

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

TIME: 2pm DATE: Tuesday 26th July 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	A
David Chapman (DC)	Senior Medicines Optimisation Pharmacist High Weald Lewes Havens (HWLH)	✓
Dr Irma Murjikelni (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) <i>Acting Chair of the APC</i>	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	A
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	A
Judy Busby (JB)	Chief Pharmacist Queen Victoria Hospital NHS Foundation Trust (QVH)	✓
Kathryn Steele (KSt)	Pharmaceutical Adviser BH CCG	A
Katy Jackson (KJ)	Head of Medicines Management BH CCG	A
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)	A
Rita Shah (RS)	Pharmaceutical Adviser BH CCG	✓
Sarah Watkin (SW) <i>Chair of the APC</i>	Head of Strategic Pharmaceutical Commissioning Surrey Downs CCG	A
Sephora Shaw (SS)	Pharmaceutical Adviser BH CCG	✓
Tim Sayers (TS)	Lay member HWLH	✓
Tejinder Bahra (TB)	Lead Commissioning Pharmacist C, HMS CCGs	x
In Attendance		
Jade Tomes (JT) <i>Secretary of the APC</i>	Specialist Pharmacy Technician BH CCG	✓
Graham Brown (GB)	Lead Children's & Younger Peoples Mental Health Pharmacist Western Sussex Hospitals NHS Foundation Trust	✓ (part)

NOTES

1. Welcome, introductions and apologies

The chair welcomed the committee and confirmed the meeting was quorate. Apologies received from AS, CA, IM, EW, IA, JVO, KSt, KJ, PW, RL and SW.

2. Declarations of Interest

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

3. Urgent AOB

RS advised that the APC may wish to consider the recently published PHE guidance on vitamin D. The Chair suggested and it was agreed that this could be discussed at the end on the meeting.

4. Previous meeting held May 2016 and actions log

Minutes agreed as accurate post meeting.

Update on outstanding actions received for:

- CPMAP actions - all are complete as the CPMAP met in the morning of 28th July 2016.
- Riluzole SCG - has been amended as per previous minutes and approved via Kahootz. Link to these on the BH CCG website is noted on Kahootz.
- Formulary chapter skin – it was confirmed that the notes in the formulary were relevant to the branded products chosen. The branded products Warticon cream (1st line) and Condyline (2nd line) are to be added to

the formulary to avoid CCGs being charged expensive prices for podophyllum paint as this is not listed in the drug tariff.

- Ciclosporin eye drops information sheet - JB advised that the consultants wouldn't expect to see any benefit from treatment until after 6-8 weeks of use. It was suggested that patients would be reviewed in clinic after 2-3 months of initiating treatment and prescribing would be kept in house within this period. The information sheet will be amended to reflect this. This is expected to be presented to the committee in September.
- Paediatric Vitamin D guidelines have been approved via Kahootz. Link to these on the BH CCG website is noted on Kahootz.
- Aza/6MP (+/- allopurinol) SCG – Archna Parmar has submitted an amended version for approval which was uploaded onto Kahootz. No comments had been received during the approval period. DC advised that there is a licensed mercaptopurine liquid is available however, this is not mentioned in the SCG. The committee agreed that this product should be included. DC has raised this with Archna in the past and will feed this back to Archna on behalf of the committee. It was agreed that the amended SCG would be on the September APC agenda.
- Supportive medications in radiotherapy – clinicians are currently working on the proforma and any necessary formulary applications.
- Joint Formulary amendments – ongoing
- Abasaglar – IA to update at the next committee
- Pass through drugs – ongoing, paper to be submitted to the committee
- SMSKP process for decision making – IA to update at the next committee
- SMSKP mycophenolate SCG – IA to update at the next committee
- Dressing packs – Further discussions have taken place with Soline Jerram, Lead Nurse, Director of Quality and Patient Safety and the quality team at BH CCG post the working group meeting. It was decided to remove the item from the agenda as more work to support appropriate use and the use of the ANTT is required. The committee will be informed of the progress.
- Esomeprazole information sheet – comments have been forwarded to Bhumik Patel regarding the information sheet. An updated version is yet to be received.
It was noted prior to the meeting that esomeprazole sachets could be a cost effective alternative to expensive PPI liquid specials which are being prescribed for adult PEG patients. It was agreed that advice from a specialist regarding the use of the mups or fastabs in these patients would be useful. SG advised that he had sent an email to the nutrition pharmacist at BSUH and is awaiting a reply.
- Vitamin and mineral supplementation in post bariatric patients – SG is developing a PIL which supports the interim statement.
- Respiratory guidance – SS advised that Jo Congleton and Jemma Clarke (the new respiratory pharmacist at BSUH) have been in touch to advise that a meeting will be arranged to discuss developing a new COPD treatment pathway. SS will update the committee on progress. SS also advised that following the respiratory formulary chapter review, specialists have confirmed that doxapram is no longer used and can be removed from the formulary.
- Midodrine information sheet – Alison Warren is working on this and this is due to be presented at the September APC.

5. New drug / indication formulary applications

Guanfacine (Intuniv®) for use in ADHD.

Presented by Graham Brown, Lead Children's & Younger Peoples Mental Health Pharmacist, WSHFT.

GB gave a brief overview of the paper advising the committee that this is a relatively newly licensed non-stimulant (alpha-2 agonist) medication for ADHD. It is a once daily preparation, positioned after stimulant therapy and atomoxetine, unless there is a crisis situation (i.e. the child could be excluded from school). This is due to atomoxetine taking longer (2-3 months) to improve ADHD systems whereas guanfacine takes 2-3 weeks. It is also proposed to be used in patients where they have exhausted all licensed treatments before they trial clonidine off-label.

Expected usage is low (approximately 10-15 patients in the 1st year across the APC CCGs). Approximate cost across the APC CCGs is expected to be £10-20k per year based on the assumption that the combined mean dosing for children and

adolescents would be ~4mg daily. GB suggested that if approved for use then for Guanfacine be added to the existing SCG (CHMS) and information sheet (BH,HWLH). It was highlighted that guanfacine is only licensed for up to 17 years old. A database will be created for patients initiated on guanfacine.

Monitoring would remain in secondary care (3/12 for the 1st year going to 6/12 thereafter). Patients will remain under CAMHS for the duration of their treatment. It was confirmed that no monitoring in primary care would take place. The APC discussed patients on guanfacine post 17 years of age. GB advised that currently this would be off-label use and each patient would have to be reviewed and a clinical decision made if they were to continue. GB did suggest that a license extension for use in adults may follow (like methylphenidate).

The APC discussed the situation if a patient missed more than 1 dose and needed to be re-titrated. GB did advise that the patients will be selected carefully and an in-depth discussion will be had with the patient's family regarding the implications of missing a dose.

The APC noted that the paper suggests a traffic light status of Amber however, ADHD medications are Blue on the Brighton Joint Formulary.

It was highlighted that SMC have approved it and NICE have produced an evidence summary.

The APC agreed to support the use of guanfacine for ADHD. Before adding to the formularies, the committee will need to approve then amended SCG and information sheet. GB advised that this will be prepared to be discussed at the September meeting.

It was noted that the Blue ADHD information sheet for Brighton and Hove and HWLH is due for review in November 2016. It was agreed that GB will review both the adult and children information sheets at the same time as adding guanfacine.

Results of the audit will come back to the APC in 12 months' time for all patients under SPFT.

RECOMMENDATION: Positive – **BLUE** (BH/HWLH) / **AMBER** (CHMS) – Specialist initiated (with information sheet / shared care guideline). *Before adding to the formularies, the committee will need to approve then amended SCG and information sheet.*

Action

Amend and review the ADHD Brighton information sheet and CHMS shared care guideline to include guanfacine	GB	9 th Sept 2016
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6. Formulary Extension

Butec, Monomil XL and Alzain. Presented by Dr Stewart Glaspole, BH CCG.

The committee discussed the paper and compared the cost effectiveness of the products against drug tariff prices and other branded products.

The committee approved the addition of the 3 branded generics as preferred choices onto the formulary. It was stressed that Alzain will only be prescribed for GAD and epilepsy.

RECOMMENDATION: Positive – Traffic light status as per originator formulary product.

Actions

Add Butec, Monomil XL and Alzain to the Brighton Joint Formulary	JT	15 th Aug 2016
Take this recommendation to CPMAP	CA/JV	Next CPMAP

7. Change to traffic light status

Growth hormones including information sheets. Presented by Dr Stewart Glaspole, BH CCG.

SG explained that the Locally Commissioned Service (LCS) for drug monitoring in Brighton and Hove CCG was recently reviewed. It was noted that the growth hormone products listed on the joint formulary are included in this LCS however, these do not require any drug monitoring. SG confirmed that there was no need for these drugs to have an amber traffic light formulary status.

It was highlighted that the information in the original shared care guidelines had been reviewed and confirmed accurate and then transferred onto the new information sheet template.

The committee discussed the information sheets and how often the patient is reviewed was questioned. SG advised that the ongoing monitoring of the condition lies with the specialists and a line noting that this is the specialists responsibility will be added to the information sheets.

The committee agreed to SG making the minor amendments to the information sheets and for an updated version to be uploaded to Kahootz for approval. Once the information sheets are approved, the formulary traffic light status will change to blue.

RECOMMENDATION: Positive – **BLUE** – Specialist initiated. *Before adding to the formularies, the committee will need to approve then amended SCG and information sheet.*

Action

Make amendments to the information sheets as discussed and upload to Kahootz for approval	SG	19 th Aug 2016
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8. Policies and guidelines

Prescribing guidance for the treatment of constipation in adults in primary care (naloxegol addition).

Presented by David Chapman, HWLH CCG.

DC advised that naloxegol is on the formulary as green as per the NICE TA. The guidance presented has been updated and approved by the Surrey PCN. The update was with regards to naloxegol (page 3 and 5). No comments have been submitted via Kahootz.

The APC discussed the guidance and questioned the usefulness and value of adopting this locally. The clinicians advised that the pathway would not be followed in practice and they couldn't see a need for this. They advised that the useful information regarding the newer more expensive laxatives is already on the formulary and the NICE TAs are linked to.

The committee agreed not to formally adopt locally and to strengthen the wording on the naloxegol entry in the formulary. DC agreed to feedback the APC comments (regarding trade names, typos) to the author for their information. It was agreed that as CCGs are now aware of this guidance, pharmaceutical advisors may wish to signpost or reference this from the Surrey PAD when answering GP queries.

RECOMMENDATION: not to be formally adopted for local use.

Action

Feedback the APC comments (regarding trade names, typos) to the author	DC	19 th Aug 2016
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9. Shared care

None this month.

10. NICE TA briefing

None this month.

11. Formulary review

Formulary review – Chapter 6: Endocrine.

Presented by Dr Stewart Glaspole, BH CCG.

The paper highlighting the recommended changes from the working group were discussed. The APC were asked to discuss the formulary status of Strontium. It was questioned if the entry in the joint formulary should be changed to blue due to the MRHA safety alert. The committee discussed that a specialist would have access to the same safety information and have the same safety concerns as a 'non-specialist' therefore, it was agreed to leave as green. Gonadorelin analogues were discussed. The clinicians confirmed that they would not initiate these therefore, they will be changed from green to blue on the joint formulary.

The committee approved all the other changes as highlighted in the supporting information.

Action

Make changes to the endocrine chapter as highlighted in the supporting information	JT	19 th Aug 2016
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Continence Formulary.**Presented by Dr Stewart Glaspole and Jade Tomes, BH CCG.**

It had been noted locally that there was a need for a rationale list of continence products to be added to the Joint Formulary. SCT had their own continence formulary and JT had worked with the lead bladder and bowel nurse to develop a local Brighton formulary in the JF format.

Whilst producing the local continence formulary, JT had questioned a few of the product choices on the original SCT formulary. These products were not the most cost effective compared to other brands. The lead bladder and bowel nurse looked into alternative products with lower acquisition cost. It was explained that she had deemed the products chosen as more effective and appropriate for the patient cohort. For example; the lower priced barrier products make continence pads ineffective and the lower priced adhesive removers contain alcohol or are not 'no-sting' formulas, which make them unsuitable to be applied on sensitive areas.

The APC questioned why some products were blue and some green. The clinicians advised the committee that they would only prescribe these products on request of a specialist or bowel and bladder nurse therefore, all products should be blue. The committee noted that it would be useful to see the proforma, which should match the formulary and be workable. It was agreed to clarify the wording regarding the skin barrier films and pad absorbency by adding "the chosen" creams and sprays.

It was agreed that the formulary will come back to the September meeting with the proforma for approval.

Actions

Clarify the colour coding status of the formulary products with the lead B&B nurse.	JT	19 th Aug 2016
Proforma to be added to the September agenda.	JT	9 th Sept 2016

12. NICE guidance and TAs**NICE guidance June 2016.****Presented by Dr Riz Miarkowski.**

NG48: Oral Health for adults in care homes. Noted by the APC.

NG49: Non-alcoholic fatty liver disease (NAFLD): assessment and management. Noted by the APC.

NG50: Cirrhosis in over 16s: assessment and management. Noted by the APC.

NG51: Sepsis: recognition, diagnosis and early management. Noted by the APC.

NG52: Non-Hodgkin's lymphoma: diagnosis and management. Noted by the APC.

QS122: Home care for older people. Noted by the APC.

QS123: Bronchiolitis in children. Noted by the APC.

QS124: Suspected cancer. Noted by the APC.

QS125: Diabetes in children and young people. Noted by the APC.

TA392: Adalimumab for treating moderate to severe hidradenitis suppurativa. Commissioned by NHS England.

Actions

Add link to the TA on the formulary	JT	19 th Aug 2016
Take this recommendation to the CPMAP	JV/CA	Next CPMAP

TA393: Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. Early implementation agreed at previous meeting and added to the formulary as red.

TA394: Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. Early implementation agreed at previous meeting and added to the formulary as red.

TA395: Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer. Commissioned by NHS England.

Actions

Add as RED on the joint formulary and link to the TA	JT	19 th Aug 2016
Take this recommendation to the CPMAP	JV/CA	Next CPMAP

TA396: Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma. Commissioned by NHS England.

Actions

Add as RED on the joint formulary and link to the TA	JT	19 th Aug 2016
Take this recommendation to the CPMAP	JV/CA	Next CPMAP

TA397: Belimumab for treating active autoantibody-positive systemic lupus erythematosus. Commissioned by NHS England.

Actions

Add as RED on the joint formulary and link to the TA	JT	19 th Aug 2016
Take this recommendation to the CPMAP	JV/CA	Next CPMAP

All updates to CGs/NGs were noted by the APC.

BSUH NICE TA update.

No further update.

13. APC Admin

CHMS ratification update.

Noted by the committee.

AOB.

RS advised that she had recently been sent a query by a GP regarding vitamin D. The GP had advised the patient to buy maintenance supplementation from a pharmacy. When the patient visited the pharmacy, the pharmacist did not know what product to recommend and referred the patient back to the GP. The Public Health England guidance was noted and their recommendation of 10micrograms per day as a supplementation dose. JR advised that the PHE guidance had been sent to community pharmacies. PW advised that the LPC can also highlight the PHE guidance.

It was noted that the August meeting is 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 27th September 2016