Minutes September 2016 Brighton Area Prescribing Committee

Brighton and Hove CCG and High Weald Lewes Havens CCG

TIME: 2pm DATE: Tuesday 27th September 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	✓
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	✓
Dr Tim McMinn (TM)	GP Clinical Lead Urgent Care and Medicines Management BH CCG	✓
Iben Altman (IA)	Chief Pharmacist Sussex Community Foundation NHS Trust (SCT)	✗
Janet Rittman (JR)	Pharmaceutical Advisor, Public Health Brighton & Hove City Council	A
Jay Voralia (JVO)	Head of Medicines Management C, HMS CCGs	✗
Jed Hewitt (JH)	Chief Pharmacist (Clinical Governance) Sussex Partnership Foundation Trust (SPFT)	✓
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	✓
Lloyd Ungoed (LU)	Lay member BH	✓
Niall Ferguson (NF)	Chief Pharmacist BSUH	✓

Paul McKenna (PM)	Senior Strategic Pharmacist HWLH and BH CCGs	✓
Paul Wilson (PW) *Chair of the APC*	Head of Medicines Management HWLH CCG	✓
Penny Woodgate (PWo)	Business Support Manager East Sussex Local Pharmaceutical Committee (LPC)	✓
Ray Lyon (RL)	Chief Pharmacist (Strategy) SPFT	A
Rita Shah (RS)	Pharmaceutical Adviser BH CCG	✓
Sephora Shaw (SS)	Pharmaceutical Adviser BH CCG	✓
Stephanie Butler (SB)	Principal Clinical Pharmacist for MSK Sussex Community NHS Foundation Trust (SCT)	✓
Tim Sayers (TS)	Lay member HWLH	✓
In Attendance		
Jade Tomes (JT) *Secretary of the APC*	Specialist Pharmacy Technician BH CCG	A
Oyin Close (OC)	Pharmacist BSUH	✓ *(part)*

NOTES

1. Welcome, introductions and apologies

The chair welcomed the committee and confirmed the meeting was quorate. Apologies received from JT, RL, AS, KS, JR.

2. Declarations of Interest

As per register. No verbal declarations.

3. Urgent AOB

None

4. Previous meeting held July 2016 and actions log *(APC did not sit in August)*

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

- Insulin glargine abasaglar: IA to update at the next meeting.
- Sussex MSK Partnership Shared Care Guidelines: IA to update at the next meeting.
- Sussex MSKP Shared Care Guidelines; mycophenolate: IA to update at the next meeting.

- Prescribing guidance for the treatment of constipation in adults in primary care (naloxegol addition); feedback to author: Discussed at committee and felt inappropriate. Now closed.
- Midodrine Info Sheet - Alison Warren BSUH; to be discussed as on the agenda.
- AZA/6MP(+/-) all SCG - Archna Parmar BSUH; to be discussed as on the agenda.
- Esomeprazole Sachets Info sheet - Bhumik Patel BSUH; to be discussed as on the agenda.
- Supportive medications in radiotherapy - NF advised that following a review of the document the alternatives from the joint formulary were not comparable to the proposed items as they did not treat oral mucositis. NF to submit formulary application for suitable medications at future meeting.
- Amend and review the ADHD Brighton information sheet to include guanfacine; to be discussed as on the agenda.
- Continence formulary - Hillary Chiffins; to be discussed as on the agenda.
- Dressing packs (AS on leave) - IA to update at next meeting.
- PHE Vitamin D guidance - To be added to LPC newsletter. Now closed.
- Respiratory guidance on how to review the Gold group B - SS to meet with lead BSUH respiratory pharmacist and Jo Congleton to produce a treatment pathway and will bring to next meeting.
- Degludec: To be discussed at future meeting when more data available meeting.

5. APC Admin

Terms of Reference – revised for new membership
Presented by Paul Wilson

PW gave some background to the NHSE led consultation process around Regional Medicines Optimisation Committees (RMOC). The chair advised that a consultation document was circulated to the APC membership and that a response on behalf of the membership has been sent to NSHE. It was noted that the DTC had also submitted a response. The members were advised that the committee is awaiting a formal response from NHSE due in October and noted that the APC will have to evolve its form and function as the RMOCs develop.

PW noted that the terms of reference (TOR) of the committee needed to be amended reflecting various discussions and comments received in relation to the APC in the interim landscape. It was highlighted that key changes had been made in the TOR to committee accountability and quoracy in terms of the voting system. TM requested clarity on the decision making authority of the APC and the variability amongst CCGs. PW advised that the APC had decision making authority for its full members, who under the new TOR were BH CCG and HWLH CCG. It was noted that under the new TOR the APC did not have decision making authority for HMS CCG, and as such they had now been made an associate member.

There was discussion around HMS CCG status under the new TOR and PW advised that further discussion relating to HMS CCG membership status should take place outside of the APC. PW emphasised that the new TOR would reflect how the committee would currently operate (noting the points made by RM) but acknowledged that these TOR were likely to be an interim arrangement until the matter of the RMOCs had been finalised.

DECISION: Approved for use as an interim arrangement until the matter of the RMOCs had been finalised

6. New drug / indication formulary applications

Utrogestan 100mg Oral Micronised Progesterone capsules as part of HRT.
Presented by Dr Susie Rockwell via Telecom.

Dr Susie Rockwell joined the committee via Telecom: 14:10
After outlining both submissions and taking questions the Telecom with Dr Susie Rockwell was terminated at 14.30 to allow for discussion among the members of the APC.

Dr Rockwell gave a brief outline of the submission and suggested that Utrogestan should be added to the joint formulary for those women at a high risk of thrombosis, breast cancer and cardiovascular events and those who cannot

tolerate synthetic progestins. The definition of high risk patients was discussed. It was noted that high risk menopausal patients were difficult to categorise. TM highlighted that due to the inexpensive nature of the medication this lack of definition was inconsequential. The committee discussed the evidence available and highlighted that it was not of the highest quality however, the committee agreed that Utrogestan had a clear place within the pathway and there was some evidence to suggest it may be a safer alternative to synthetic progestins for a certain cohort of high risk patients and those intolerant to synthetic progestins.

DECISION: Positive – **GREEN** – suitable for non-specialist prescribing

Action

Description	Who	Due date
Add to joint formulary as **GREEN**	JT	14th Oct 2016

Testosterone gel 50mg/5g sachet for use in menopausal women with low libido.
Presented by Dr Susie Rockwell via Telcom.

Dr Rockwell gave a brief outline of her second submission and advised that Testosterone gel 50mg/5g sachets be added to the joint formulary for use in menopausal women with low libido.

The APC noted that Dr Rockwell had a potential conflict of interest that was not declared relating to her private weekly menopause clinic where she recommended the use of this product. The committee noted the lack of robust evidence for the use of testosterone gel in menopausal women and had safety concerns around the gels off label use, potential stability issues and ambiguity with respect to dosing. It was noted that these dosing issues could potentially affect the cost effectiveness of the drug due to possible wastage. The committee advised that although the COI was not a defining issue, the submission should not be approved at this time due to the above reasons. They noted that an independent specialist review should be sought before future resubmission to the committee. The APC noted that feedback should be given to Dr Rockwell regarding when declarations of interest should be made.

The committee noted at this point that the COI did not affect Dr Rockwell's first application for Utrogestan.

DECISION: NOT APPROVED for use in menopausal women with low libido based on current application. (Concerns about off label use, potential stability issues, dosing and cost effectiveness.)

Action

Description	Who	Due date
Feedback to Dr Rockwell regarding DOI and independent review	PM	10th Oct 2016

Allergovit and Acaroid.
Presented by Sephora Shaw, BHCCG.

SS gave a brief outline of why Allergovit and Acaroid were brought before the committee. SS highlighted that both Allergovit and Acaroid had been approved at BSUH DTC. The APC members agreed to add both submissions to the joint formulary as red as they had been through a satisfactory governance process through BSUH DTC.

DECISION: Positive – **RED** – specialist only

Action

Description	Who	Due date
Add to the joint formulary as **RED**	JT	Oct 14th 2016

7. Formulary Extension

Laxido Paediatric Sachets
Presented by Sephora Shaw, BH CCG.

The committee discussed the paper and compared the cost effectiveness of the products against drug tariff prices and other branded products. SS advised that BSUH will continue to use Movicol Paediatric sachets however, the lead

pharmacist for women and children at BSUH is happy for these patients to be switched to Laxido Paediatric sachets on discharge. The committee approved the addition of Laxido Paediatric sachets onto the formulary on grounds of cost effectiveness and ability to flavour the Laxido Paediatric sachets versus other similar cost effective competitors on the market.

DECISION: Positive – **GREEN** – suitable for non-specialist initiation

Action

Description	Who	Due Date
Add Laxido Paediatric to the Brighton Joint Formulary as **GREEN**	JT	14th Oct 2016

Carbocisteine Sachets
Presented by Sephora Shaw, BH CCG.

The committee discussed the paper and compared the cost effectiveness of the products against drug tariff prices and other branded products. SS advised that the oral carbocisteine sachets are cheaper than the oral solution by 38.8%. The committee discussed different dosing regimens. SS advised that the liquid preparation would still be available for those patients who require a lower dosage than the 750mg the carboceistine sachets provide. The committee agreed the addition of carbocisteine sachets to the joint formulary on grounds of cost effectiveness and patient factors relating to improved convenience.

DECISION: Positive – **BLUE** –specialist initiation

Action

Description	Who	Due date
Add carbocisteine sachets to the Brighton Joint Formulary as **BLUE**	JT	14th Oct 2016

Paliperidone 3 monthly IM injection.
Presented by Jed Hewitt, SPFT.

JH gave a brief outline of the submission and advised that this is a development of the one monthly paliperidone preparation. JH advised the committee that the 3 monthly preparation had a similar safety profile to the monthly preparation which is well tolerated with SPFT patients. It was highlighted that cases of re-lapse and adverse drug reactions would be expected to occur with similar frequency as the monthly preparation provided that the cohort of patients was selected carefully.

The APC discussed stabilisation of patients for 6 month on the monthly preparation prior to starting on the 3 month preparation. The committee noted that there was robust RCT evidence available for the submission and that the safety profile was favourable with respect to existing antipsychotics on the market with similar cost effectiveness. The members agreed that the submission had a clear place in therapy although the coding would be different across both CCGs. It was noted that there appeared to be a discrepancy in the coding of long acting depot antipsychotic injections in the JF. PW highlighted that long acting depots had never been supported for prescribing in primary care in High Weald Lewes Havens in the absence of any enhanced service to support safe prescribing. The committee agreed that the coding should reflect the respective status in each CCG currently; namely blue in Brighton and Hove CCG and red in HWLH CCG.

It was agreed that the paliperidone 3 monthly IM preparation should be coded blue in BH due to the enhanced SMILES service (to support primary care prescribing, administration and monitoring) and that it should be coded red in HWLH CCG.

DECISION:
Positive – **BLUE** – BH CCG due to the enhanced service SMILES in Brighton
Positive – **RED** – HWLH CCG

Actions

Description	Who	Due date
Coding to be amended as per discussion	JT	14th Oct 2016
Add this to joint formulary as **BLUE** for BH	JT	14th Oct 2016
Add to the joint formulary as **RED** for HWLH	JT	14th Oct 2016

8. Change to traffic light status

None this month.

9. Policies and guidelines

PIL vitamin and mineral supplements after weight loss surgery.
Presented by Dr Stewart Glaspole, BH CCG.

SG advised that there is a need for a consistent approach to vitamin and mineral supplementation post bariatric surgery in primary care. SG advised that the PIL (adopted from Sheffield) before the committee was designed to support patients in their self-care of lifelong vitamin and mineral supplementation after the 2 year package of care from the provider had elapsed. SG highlighted that on dietetic advice from BSUH, any complete vitamin and mineral supplement is acceptable for post bariatric mineral and vitamin supplementation regardless of brand. The committee discussed the brand names on the PIL and suggested that a change of wording would be advisable, substituting the references to specific manufacturers to be broader and less specific.

The APC discussed if Vitamin B12 injection self-administration should be included in the leaflet. The committee agreed that no further information regarding vitamin B12 injections should be added as the current leaflet's wording covers the possibility self-administration. The members discussed the possible variations in how children's' vitamins should be administered. The committee agreed that patients should follow the appropriate directions on the vitamin and mineral information leaflets according to their age. The committee discussed the need for calcium as to be included as part of the essential vitamins and minerals required post bariatric surgery. SG agreed to investigate if there is a need for calcium supplementation.

The committee agreed to adopt the PIL subsequent to clarifying calcium requirements and removing references to specific vitamin and mineral manufacturers from PIL.

DECISION: Adopt for local use after amendment made to manufacturers and calcium requirements confirmed.

Actions

Description	Who	Due date
Make amendments as agreed, clarify calcium requirements and forward to JT for uploading onto website	SG	13th Oct 2016
Upload to website	JT	21st Oct 2016

Costed model for procurement of medicines via BSUH.
Presented by Dr Stewart Glaspole, BH CCG.

SG advised that this document was produced following a discussion on kahootz. SG highlighted that it gives clarity around dispensing fees, especially around specials. The committee discussed how this arrangement would impact BSUH pharmacy work flow and how agreement could be achieved with BSUH at the APC regarding the addition of suitable drugs to the model. SG advised that there would be a yearly review of drug lists involved in this procurement model where concerns could be raised.

The committee agreed with BSUH to identify a suitable pilot area that could be developed into a formal proposal to come before a future APC.

DECISION: Approved pending identification of suitable pilot area.

Action

Description	Who	Due date
Identify suitable pilot area	SG & NF	Next APC

10. Shared care

Ikervis information sheet.
Presented by Judy Busby.

JB verbally declared that she had attended a drug lunch attended by Ikervis drug representative.

JB briefly explained the history of the application, stating that Ikervis had been before the committee a few months previous. JB advised that a change had been made to the information sheet stating that therapy would be prescribed by brand and for a minimum of 2 to 3 months. The information sheet was updated to note that efficacy should be seen within 6 to 8 weeks. JB advised that the information sheet was sent to the Sussex Eye Hospital for consultation and no reply was received.

The committee agreed to approve the use of this updated information sheet.

DECISION: Approved for use in BH and HWLH CCGs.

Actions

Description	Who	Due date
Upload to the website.	JT	14th Oct 2016
Change Ikervis from Red to Blue on the JF	JT	14th Oct 2016

Esomeprazole information sheet.
Presented by Paul Wilson

Bhumik Patel (BP) was not present therefore, PW presented the item to the committee.

The committee noted that there was a spelling error that had been feedback to the author and was subsequently rectified. The committee agreed to adopt the information sheet subject to spelling amendments.

DECISION: Approved for use in BH and HWLH CCGs.

Actions

Description	Who	Due date
Make spelling amendments and forward to JT	BP	6th Oct 2016
Upload to the website	JT	14th Oct 2016

ADHD medications (under 18 and Adults) information sheets.
Presented by Jed Hewitt, SPFT.

JH explained that the ADHD information sheet for under 18's needed to be updated with regard to guanfacine. JH advised that further information was required regarding re-titrating guanfacine after missed doses and the need for a 3 monthly assessment for the first year of treatment. The committee discussed patients where compliance may be an issue and it was highlighted that problematic patients would not be the responsibility of the GP until stable. JH advised that the number of patients being prescribed guanfacine would be low.

RM noted that HMS CCG logo was not on the information sheet. The committee confirmed that this was appropriate in this case due to pre-existing difference in coding decisions made prior to the approval of the new APC ToR.
The committee agreed to approve the implementation of both the adult and the under 18 ADHD information sheets.

DECISION: Approved for use in BH and HWLH CCGs.

Action

Description	Who	Due date
Upload to the website.	JT	14th Oct 2016

Midodrine information sheet.
Presented by Dr Stewart Glaspole, BHCCG.

SG advised that a blue information sheet was to be produced for midodrine as an action from a previous APC. The committee discussed the lack of clarity around the minimum frequency of BP monitoring. It was agreed that SG would discuss this with the author (AW) and amend information sheet as appropriate. MO highlighted issues with the lack of version control, contact details, back up support. The committee agreed to approve the information sheet once the amendments were complete. The committee was happy for this to be done outside of the APC.

DECISION: Approved for use in BH and HWLH CCGs once amendments completed.

Actions

Description	Who	Due date
Confirm minimum frequency of BP monitoring, contact and back up details with AW and make amendments	SG	6th Oct 2016
Upload to the website	JT	14th Oct 2016
Change from red to blue on the Brighton JF	JT	14th Oct 2016

Aza/6MP (+/-) All shared care guideline.
Presented by Dr Stewart Glaspole, BHCCG.

SG gave a brief outline of the SCG and highlighted that the co-prescription of azathioprine and allopurinol had become a common practice in patients with IBD. SG advised that this SCG would allow patients to obtain thiopurines in the community without having to go to the hospital as they do currently. The committee discussed the possibility of patients being mistakenly over prescribed azathioprine in secondary care and similarly for allopurinol in primary care. The APC discussed the various means of alerting both the GP and the community pharmacists that the co-prescribing of these medications was part of a SCG for IBD.

The committee advised that an annual review should take place where the specialists could inform the GPs of any DNAs. The members agreed that this would allow GPs to re-engage with the patients or re-evaluate prescribing. The APC advised that annual follow up and responsibility to inform GPs of DNAs should be listed in the SCG under the consultant's responsibilities. The committee agreed that point 7 of the GP responsibilities (referring to a four year review) in the SCG should be removed and that the need for an annual review should be added to point 13 in the consultant's responsibilities of the SCG.

The committee agreed to approve the submission subject to the amendments.

DECISION: Approved for use in BH and HWLH CCGs subject to amendments.

Actions

Description	Who	Due date
Complete amendments	SG	6th Oct 2016
Upload to the website	JT	14th Oct 2016

11. NICE TA briefing

None this month.

12. Formulary review

Formulary review Continence Formulary (New).
Presented by Hilary Chiffins, Lead B&B Nurse, SCT.

Hilary Chiffins (HC) not present. Deferred to October APC.

Actions

Description	Who	Due date
Confirm presentation at Oct APC	PM	Oct 14th 2016
Present at next APC	HC	Oct 25th 2016

13. New drug / indication formulary applications

Dulaglutide licensed for improving glycaemic control in adults with type 2 diabetes mellitus.
Presented by Oyin Close BSUH.

OC joined the committee at 16.10.
OC gave a brief outline of the submission and a demonstration on how the dulaglutide pre-filled device is used. OC advised that dulaglutide be added to the formulary as it offers greater convenience to the patient. OC also advised that dulaglutide was the only once weekly GLP1 agonist licensed for co-prescribing with insulin. The members agreed that exenatide like dulaglutide was now being formulated in a pre-filled pen and highlighted that if exenatide was soon to gain a license for co-prescribing with insulin the addition of dulaglutide to the joint formulary would offer no extra value to health economies.

The members discussed at length the need for a strict set of start stop parameters to ensure that inappropriate co-prescribing of dulaglutide and insulin did not have a detrimental effect on the health economy. The APC discussed the possible support package that was available for dulaglutide to GPs and patients in line with NICE guidelines. The committee agreed that more information was required on the number of patients likely to be co-prescribed dulaglutide and insulin so that the financial impact on the healthcare economy could be gauged. The committee recognised that there was robust evidence in place for this medication and that the safety profile was similar to exenatide. It was advised that more information was required on the start stop criteria, the support package available for patients and GPs, the number of patients to be treated and the impact to the healthcare economy. The committee noted that a resubmission would be welcomed with the above included.
OC left the committee at 16.25.

DECISION: NOT APPROVED based on the current application due to a lack of defined start stop criteria, cost effectiveness data and information on a support package available to the committee at the time of submission.
Action

Description	Who	Due date
Feedback to the OC	PM	10th Oct 2016

14. NICE guidance and TAs

NICE guidance July 2016.
Presented by Paul Wilson.

QS126: Motor neurone disease. Noted by the APC.
TA398: Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation. Add to the formulary as BLACK – not supported in any healthcare setting.
Action

Add to the formulary as **BLACK** and link to the TA	JT	14th Oct2016

TA399: Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts. Add to the formulary as BLACK – not supported in any healthcare setting.
Action

Add to the formulary as **BLACK** and link to the TA	JT	14th Oct 2016

TA400: Nivolumab in combination with ipilimumab for treating advanced melanoma. Commissioned by NHSE.
Action

Add as **RED** on the joint formulary (NHSE commissioned) and link to the TA	JT	14th Oct 2016

NG51: Sepsis: recognition, diagnosis and early management. Noted by the APC.
NG52: Non-Hodgkin's lymphoma: diagnosis and management. Noted by the APC.
QS125: Diabetes in children and young people. 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.
NG48: Oral health for adults in care homes. Noted by the APC.

NICE guidance August 2016.
Presented by Paul Wilson.

NG53: Transition between inpatient mental health settings and community or care home settings. Noted by the APC.
TA401: Bosutinib for previously treated chronic myeloid leukaemia. Commissioned by NHSE.

Action

Add as **RED** on the joint formulary (NHSE commissioned) and link to the TA	JT	14th Oct 2016

TA402: Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin. Commissioned by NHSE.

Action

Add as **RED** on the joint formulary (NHSE commissioned) and link to the TA	JT	14th Oct 2016

TA403: Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer. Add to the formulary as BLACK – not supported in any healthcare setting.

Action

Add to the formulary as **BLACK** and link to the TA	JT	14th Oct 2016

TA404: Degarelix for treating advanced hormone-dependent prostate cancer. Note *only recommended if the commissioner can achieve at least the same discounted drug cost as that available to the NHS in June 2016.* Commissioned by the CCG. The committee agreed to code in line with existing GnRH analogues so long as it was added to relevant enhanced service for administration and the associated primary care rebate was signed.

Action

Add as **BLUE** on the joint formulary (CCG commissioned) and link to the TA	JT	14th Oct 2016

TA405: Trifluridine–tipiracil for previously treated metastatic colorectal cancer. Commissioned by NHSE.

Action

Add as **RED** on the joint formulary (NHSE commissioned) and link to the TA	JT	14th Oct 2016

QS128: Early years: promoting health and wellbeing in under 5s. Noted by the APC.
QS127: Obesity: clinical assessment and management. Noted by the APC.
All updates to TAs/CGs/NGs were noted by the APC.

BSUH NICE TA update.

No further update.

AOB.

None

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 25th October 2016