



Brighton and Hove CCG
High Weald Lewes Havens CCG

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 24th February 2017 **Time:** 2-5pm

Location: Room G32, Hove Town Hall, Norton Road, Hove

Members:

Paul McKenna (PMcK)	Senior Strategic Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Paul Wilson (PW)	Head of Medicines Management, HWLH CCG
Katy Jackson (KJ)	Chief Pharmacist, Brighton and Hove (BH) CCG
Lloyd Ungood (LU)	Lay Member, BH CCG
Rita Shah (RS)	Prescribing Advisor, BH CCG
Dr Riz Miakowski (RM)	Clinical Lead Prescribing, Horsham Mid Sussex (HMS) CCG
Clare Mace (CM)	Pharmaceutical Advisor, HMS CCG
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist, BH CCG
Sephora Shaw (SS)	Pharmaceutical Advisor, BH CCG
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Alison Warren (AW)	Consultant Pharmacist Cardiology, Brighton and Sussex University Hospitals NHS Trust (BSUH)
Dr Michael Okorie (MO)	Consultant Physician, Associate Medical Director for Medicines Safety & Prescribing and Chair of DTC, BSUH
Kathryn Steele (KS)	Pharmaceutical Advisor, BH CCG

In Attendance:

Jemma Clark (JC)	Lead Pharmacist for Respiratory Medicine, BSUH (part)
Vikesh Gudka (VG)	Antimicrobial/Infectious Diseases Pharmacist, BSUH (part)
Rumbi Mtisi	Pre-Registration Pharmacist, BSUH
Farwah Bukhari	Pre-Registration Pharmacist, BSUH

Apologies:

Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Iben Altman (IA)	Chief Pharmacist, Sussex Community NHS Foundation Trust (SCFT)
Dr Tim McMinn (TM)	Clinical Lead in Urgent Care and Medicines Management, BH CCG
Ray Lyon (RL)	Chief Pharmacist – Strategy, Sussex Partnership NHS Foundation Trust (SPFT)
Tim Sayers (TS)	Lay Member, HWLH CCG
Penny Woodgate (PWo)	Business Support Manager, East Sussex Local Pharmaceutical Committee
Anne Smith (AS)	Clinical Quality Manager – Primary Care and Nurse Representative, BH CCG
Jay Voralia (JV)	Head of Medicines Management, Crawley CCG and HMS CCG



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Item No	Item	Action
1	Welcome and Apologies	
	Chair welcomed the committee. Apologies received from JT, IA, TM, RL, TS, PW, AS, JV	
2	Declarations of Interest	
	As per register. No verbal declarations were made.	
3	Urgent Any Other Business	
	None	
4	Previous Meeting and Actions	
	<ul style="list-style-type: none"> RS advised that at the January 2017 meeting it was agreed to code insulin dulaglutide as Blue. It was agreed to change this to green to be in line with the other GLP1s but keep as blue when co-prescribed with insulin. Metformin – PMcK will facilitate discussions between community teams and SPFT in the summer. Painful diabetic neuropathy guidelines – still concerns within the pathway. PMcK will contact Martin Turns to review. Formulary review task and finish group – first one scheduled for March 24th at PRH. PMcK to feedback at the next APC. Gender reassignment – still awaiting advice from specialists. PMcK to contact specialised commissioning colleagues. 	<p>JT 24.03.2017</p> <p>PMcK 30.06.2017</p> <p>PMcK 17.03.2017</p> <p>PMcK 17.03.2017</p>

New drug / indication formulary applications

5	Pivmecillinam, presented by Vikesh Gudka	
	<p>VG gave a brief overview of the submission. VG advised that the ASG wish for pivmecillinam to be included in the formulary only on recommendation of microbiology team, for multi-resistant UTIs based on sensitivity testing at a dose of 400mg tds for 3 days (females) / 7 days (males). Fosfomycin would be reserved for those with penicillin allergy or pivmecillinam resistance. VG clarified that currently this would be used for adults only. The APC noted the low C. diff. risk and raised concerns around a potential adverse impact on the antibiotic Quality Premium for 2017-19. RM noted that Monuril brand of fosfomycin is more cost-effective to the NHS and should be the preferred brand.</p> <p>DECISION: Approved – BLUE – specialist (microbiology) recommendation. Pivmecillinam to be added to the Brighton Joint Formulary as blue</p>	JT 24.03.2017

Policies and Guidelines

6	LABA/LAMA pathway, presented by Sephora Shaw and Jemma Clark	
	<p>SS advised that the creation of this pathway was an action from a previous APC at which the LABA/LAMAs were approved. Clarification on where the LABA/LAMAs would sit in the treatment pathway was sought at the previous APC. The February APC noted: mistake on page 3 box 1.Short Acting Bronchodilators regarding number of puffs of salbutamol. Agreed to amend 8 puffs to 2 puffs. Also, to remove nebulizer from the 1st line box and place underneath as not expected to be used for every patient.</p> <p>DECISION: Approved on a basis that the above changes are made. Add to website once changes are made and formatting amended to comply with brand guidelines.</p>	<p>JC 20.03.2017</p> <p>JT 24.03.2017</p>

New drug / indication formulary applications

7	Ultibro Breezhaler, presented by Sephora Shaw and Jemma Clark	
	SS gave a brief overview of the submission. SS advised the committee that Ultibro Breezhaler would be used in the management of COPD given recent outcomes from the head to head (FLAME study).This study demonstrated non-inferiority	

	<p>compared to Seretide 500 accuhaler but the incidence of pneumonia was significantly less. In addition there are two other LABA/LAMA combinations already on the formulary. The published evidence for Ulitibro Breezhaler is more robust than that available for the two previously approved options. It is felt that these LABA/LAMA combinations are likely to be pharmacological equivalents, although patients differ in their ability to use various inhaled devices. The addition of a third device which administers LABA/LAMA combination is likely to increase the proportion of patients who are able to use this combination successfully. The committee raised concerns over which LABA/LAMA to use and believed it would be useful to add further information to the inhaler crib sheet to guide choice.</p> <p>DECISION: Approved – GREEN – suitable for non-specialist initiation. Add to the Brighton Joint Formulary</p>	<p>JC 20.03.2017 JT 24.03.2017</p>
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Formulary extensions

8	Braltus Zonda Inhaler, presented by Sephora Shaw and Jemma Clark	
	<p>SS advised the committee that this is a branded generic of the Spiriva Handihaler, which is already on the formulary. It is more cost effective and has various other advantages including extended shelf life and improved dexterity features. SS confirmed that this would need to be prescribed by brand, to ensure that the patient receives the correct device as there are two different devices on the market. The equivalence of the dosing was discussed. It was confirmed that both devices delivered the same dose. It was agreed that a comment to clarify this would be added to the JF.</p> <p>DECISION: Approved – GREEN – suitable for non-specialist initiation. Add to the Brighton Joint Formulary</p>	<p>JT 24.03.2017</p>

Change to Traffic Light Status

9	AD drugs (HWLH only) BLUE to GREEN , presented by Paul Wilson	
	<p>PW give a summary of the submission and advised that this relates to patients from HWLH CCG only. PW explained that a new local service is being commissioned and in order for it to work GPs need to be able to issue the first prescription for anti-dementia drugs. The APC discussed the proposed coding and it was agreed that a Blue coding is still suitable as specialists would recommend to the GP what to prescribe as part of the care plan. It was agreed that the JF would include a link to the HWLH LCS to clarify the position with respect to patients under the “golden ticket”.</p> <p>DECISION: colour change not approved. Remain as BLUE with link to LCS to be added to website.</p>	<p>JT 24.03.2017</p>
10	Apraclonidine RED to BLUE , presented by Paul McKenna	
	<p>PMcK gave a brief summary of the submission. He advised that it is licensed for short-term adjunctive therapy of chronic glaucoma in patients on maximally tolerated medical therapy who require additional intraocular pressure (IOP) reduction to delay laser treatment or glaucoma surgery. Although the Summary of Product Characteristics (SPC) advises that the benefit on Intra-ocular pressure reduction from apraclonidine tends to wear off after a period of about a month specialist opinion and experience has found this is not the case and that patients find benefit from this treatment long term. The SPC states “the maximum recommended duration of therapy is one month due to rapid loss of effect over time (tachyphylaxis). However, some patients may benefit from treatment with apraclonidine for longer periods.” JB advised that this would be prescribed as part of the glaucoma pathway and some patients do use long term as it works for them.</p> <p>DECISION: Approved – BLUE – specialist recommendation. Amend the Brighton Joint Formulary</p>	<p>JT 24.03.2017</p>

Formulary extensions

11	Fultium D3 Drops, presented by Dr Stewart Gaspole	
	<p>SG advised that this submission is required to ensure that all the products listed within the paediatric vitamin D guidelines are included on the Brighton Joint Formulary. Including this on the formulary will prevent expensive specials being prescribed in primary care.</p> <p>DECISION: Approved – GREEN – suitable for non-specialist initiation. Add to the Brighton Joint Formulary</p>	<p>JT 24.03.2017</p>

Shared Care

12	Hydroxychloroquine information sheet, presented by Dr Stewart Gaspole	
	<p>SG advised that this information sheet is just an update to the original and is now on the approved APC template. SG informed the committee that the version presented to the APC does include an error. The final version will include a line under the patient responsibilities regarding an annual eye test with an optometrist.</p> <p>DECISION: Approved (on the basis that the above changes are made). Upload new version on the website.</p>	<p>SG 20.03.2017 JT 24.03.2017</p>
13	Caphasol letter to GP	
	<p>The committee discussed this item in depth. The pathway, process and patient were considered. The oral mucositis UK guideline was mentioned and concerns were raised regarding delays to accessing treatment. It was questioned if this should be supplied in the radiotherapy clinic as the GPs present felt they would not be able to diagnose the difference between OM and dry mouth. It was agreed that Emma Foreman (oncology pharmacist) be contacted by PMcK to discuss the logistics as the current proposal is not satisfactory for the patient or primary care prescriber.</p>	<p>PMcK 24.03.2017</p>

Policies and Guidelines

14	Dry eye guidelines, presented by Stewart Gaspole	
	<p>SG advised the committee that the dry eye pathway has been reviewed. It now includes Ikervis eye drops as per the NICE TA. The committee questioned the product choices and if these were cost effective. It was agreed that this would be looked into and brought back to the next meeting along with the eye chapter formulary review.</p>	<p>JT 24.03.2017</p>

APC Admin

15	Feedback post RMOc workshops, Presented by Stewart Gaspole	
	<p>SG and PMcK advised that they attended separate RMOc workshops. They advised that the plan is for the RMOcs to be operational in April although they fear that there is still a lot of work to do with regards to process, governance, membership and work streams. PMcK advised that the RMOc will produce recommendations which the APC will consider. If the APC decide not to accept an RMOc then the decision making process needs to be robust and transparent. More information will be presented to the committee when available.</p>	

Formulary Review

16	Chapter 11 – Eye, Presented by Stewart Gaspole	
	<p>The comments from BSUH were discussed. JB advised that consultants at QVH also had comments on the chapter however, these were submitted late to the committee. PMcK advised that all comments will be collated and considered at the scheduled formulary review meeting end of March.</p>	
17	Wound care formulary changes	
	<p>The committee were advised that these changes have already been made to the</p>	

	Brighton ONPOS system and have come to the APC for noting. Biatain Alginate Ag has been added and noted as 1st line silver alginate/hydrofiber dressing. Activon Tulle has been added and has replaced Manuka Dress IG as there are long term manufacturing issues with this range. The committee approved these changes.	
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NICE TA Briefing

18	None	
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NICE guidance and TAs

19	Published January 2017, presented by Paul McKenna	
	<p>QS86: Falls in older people – noted by the APC.</p> <p>QS141: Tuberculosis – noted by the APC.</p> <p>QS142: Learning disabilities: identifying and managing mental health problems – noted by the APC.</p> <p>CG62: Antenatal care for uncomplicated pregnancies – noted by the APC.</p> <p>NG62: Cerebral palsy in under 25s: assessment and management – noted by the APC.</p> <p>NG63: Antimicrobial stewardship: changing risk-related behaviours in the general population – noted by the APC</p> <p>TA427: Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib - Commissioned by NHS England. Add to the JF as RED - Specialist only.</p> <p>TA428: Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy - Commissioned by NHS England. Add to the JF as RED - Specialist only.</p> <p>TA429: Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation - Commissioned by NHS England. Add to the JF as RED - Specialist only.</p> <p>TA430: Sofosbuvir–velpatasvir for treating chronic hepatitis C - Commissioned by NHS England. Add to the JF as RED - Specialist only.</p> <p>TA431: Mepolizumab for treating severe refractory eosinophilic asthma - Commissioned by NHS England. Add to the JF as RED - Specialist only. <i>Post meeting note: It was clarified that Mepolizumab is commissioned by NHS England.</i></p> <p>Key Therapeutic Topics (KTT) were noted by the APC.</p>	<p>JT 24.03.2017</p> <p>JT 24.03.2017</p> <p>JT 24.03.2017</p> <p>JT 24.03.2017</p> <p>JT 24.03.2017</p>

Any other business

20	Position on Healthy Start Vitamins, presented by Katy Jackson	
	<p>KJ advised that a few emails have been received by Health Visitors advising that local GPs have declined to prescribe vitamins for children who are eligible through the Healthy Start Vitamins scheme. KJ asked for the APC's position on this. The committee confirmed that if patients do not meet the Healthy Start Vitamin criteria (and supplied with vitamins via the health visitor) then patients' parents/carers can purchase children's vitamins over the counter. It was agreed that communications to pharmacists via the LPC outlining the APC's position would be useful.</p> <p>KJ also advised that the eating disorder clinic have recommended that GPs prescribe Forceval, which is red on the formulary. PMcK confirmed that eating disorder clinic have been advised to submit a colour change request form.</p> <p>It was discussed that it may be useful for a wider piece of work on the provision of vitamins and minerals to be carried out.</p>	<p>PW_o 24.03.2017</p>

Close

21	Date of next meeting	
	<p>Tuesday 28th March 2017.</p> <p>Room G90, Hove Town Hall, Norton Road, Hove, BN3 4AH</p>	