

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 25th April 2017 **Time:** 2-5pm

Location: Room 181, 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 (Deputy Chair)
Katy Jackson (KJ)	Chief Pharmacist, Brighton and Hove CCG
Dr Stewart Glaspole (SG)	Specialist Interface Pharmacist, BH CCG
Lloyd Ungoed (LU)	Lay Member, BH CCG
Rita Shah (RS)	Prescribing Advisor, BH CCG
Fionnuala Plumart (FP)	Prescribing Advisor, BH CCG
Penny Woodgate (PWo)	Business Support Manager, East Sussex Local Pharmaceutical Committee
Clare Mace (CM)	Pharmaceutical Advisor, Crawley, Horsham and Mid Sussex (C,HMS) CCGs
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Tim Sayers (TS)	Lay Member, HWLH CCG
Dr Irma Murjikelni (IM)	Clinical Lead Prescribing, HWLH CCG
Kathryn Steele (KS)	Pharmaceutical Advisor, BH CCG
Stephanie Butler (SB)	Principal Clinical Pharmacist for MSK, Sussex Community NHS Foundation Trust (SCFT) <i>part</i>

In Attendance:

Jade Tomes (JT)	Specialist Pharmacy Technician and APC Secretary, BH CCG
Alice Donaghy (AD)	Medicines Optimisation Pharmacist, HWLH CCG
Michael Watson (MW)	Medicines Management Project Lead, HWLH CCG
Trishala Nursiah	Pre-registration Pharmacist, BSUH
Christopher Bland	Pre-registration Pharmacist, BSUH
Ben Smith	Pre-registration Pharmacist, BSUH

Apologies:

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)
Iben Altman (IA)	Chief Pharmacist, SCFT
Dr Riz Miakowski (RM)	Clinical Lead Prescribing, HMS CCG
Jay Voralia (JV)	Head of Medicines Management, CHMS CCG
Niall Ferguson (NF)	Chief Pharmacist, Brighton and Sussex University Hospitals NHS Trust (BSUH)
Michael Okorie (MO)	Consultant Physician and Associate Medical Director for Medicines Safety & Prescribing, BSUH

Item No	Item	Action
1	Welcome	
	PMcK welcomed the committee. Introductions were made. Apologies received from RL, TM, IA, RM, JV, MO, NF. PMcK advised the committee that as BSUH were not represented then the meeting was note quorate. As a result all decisions will need to be ratified with them post the meeting. PMcK also advised that as chair he will address this with the BSUH representatives as this is the second consecutive time that BSUH have failed to attend.	PMcK 26.04.2017
2	Declarations of Interest	
	As per the register. No verbal declarations were made.	
3	Urgent AOB	
	None.	

Formulary extensions

4.1	Enstilar Cutaneous Foam (Calcipotriol 50 micrograms/g and betamethasone dipropionate 0.05 mg/g Foam 60g (Re-submission.) – presented by Dr Susannah George, Consultant Dermatologist, BSUH via telecom	
	<p>Dr George gave an overview of the submission and advised the committee that Enstilar Foam would be used for patients with mild-moderate psoriasis. Currently there are only two preparations with these active ingredients on the formulary (Dovobet ointment and gel) and this would give patients an option of a foam preparation which has been proven to be more efficacious due to its different properties means of administration. (The foam sprays onto the skin and is known to have cooling properties.)</p> <p><i>AD, CM and JB arrived at 2.10pm</i></p> <p>Dr George explained that Enstilar Foam would be an addition to the formulary not a replacement for another product as the gel and ointment preparations may suit some patients.</p> <p>TM had sent a question to the committee prior to the meeting which advised that he was supportive of the application but asked if the length of the treatment course could be made clear. TM suggested that the duration of treatment is often not made clear and patients end up using for a prolonged period of time. Dr George advised that she would not advocate patients using topical steroids for prolonged period of time due to skin atrophy. She did however state that the rotation of topical products is used as a treatment strategy.</p> <p><i>The APC terminated the call with Dr George.</i></p> <p>PMcK advised that the patent for Dovobet gel expires in 2021 and Dovobet ointment expires 2020. The committee discussed the place of Enstilar foam in the treatment pathway, the advantages of a foam preparation and the merits of a 4 week treatment course vs. 8 week treatment course for the gel or ointment. It was confirmed that Dovobet Gel and Ointment are green on the Joint Formulary. The committee referred to the decision making criteria. It was agreed that there is evidence to confirm that Enstilar is as efficacious as the alternative products. It was also agreed that it is cost neutral compared to the alternative products and it will offer patients more choice.</p> <p>It was agreed to add the maximum treatment duration of 4 weeks to the JF notes section as per the SPC.</p> <p>DECISION: Approved – GREEN – suitable for non-specialist initiation.</p>	JT 12.5.17

	To be added to the Brighton Joint Formulary as green with maximum 4 week treatment length.	
4.2	Cetraben Ointment – presented by Dr Susannah George, Consultant Dermatologist, BSUH via telecom	
	<p>Dr George gave an overview of the submission and advised that emollient compliance is usually very poor and therefore it is useful to give patients a range of products to choose from. She advised that she is familiar with the other comparable products and believes that Cetraben Ointment does offer something different as it is a softer ointment which is slightly fluid. It was noted that the feel and texture of the product does impact on the likelihood of a patient to use appropriately. Cetraben can be used as a soap substitute. Dr George advised that this would be an addition to the formulary rather than a substitution as she believes that the other formulary ointments do have a role.</p> <p><i>The APC terminated the call with Dr George.</i></p> <p>The APC discussed the costings of the Cetraben Ointment vs the Joint Formulary alternatives. It was acknowledged that texture of Cetraben Ointment may suit some patients compared to the other Joint Formulary products. The committee referred to the PrescQIPP bulletin for emollients which list the costs to primary care. It was agreed that Cetraben Ointment should only be used if all of the other Joint Formulary ointments have been tried. This is due to Cetraben Ointment being 50% more expensive than the current 2nd line choice ZeroDerm.</p> <p>DECISION: Approved – GREEN – suitable for non-specialist initiation. To be added to the Brighton Joint Formulary as green as 4th line treatment choice.</p>	JT 12.5.17

Previous Meeting and Actions

5	March 2016 Actions	
	<ul style="list-style-type: none"> LABA/LAMA pathway – (now assigned to FP) BSUH have amended it slightly. It is hoped to be shared with the committee at the next APC. 	FP 12.5.17
	<ul style="list-style-type: none"> Inhaler Crib Sheet – (now assigned to FP) there had been some misunderstanding regarding what was required of this action. This has now been clarified and it is hoped to be updated in time for the next APC. 	FP 12.5.17
	<ul style="list-style-type: none"> Chlorothiazide and diazoxide information sheets – both have now been received from Bhumik Patel. These will be shared on Kahootz for the members to comment prior to the next APC where it is hoped that they are approved and the JF updated accordingly. 	JT 5.5.17
	<ul style="list-style-type: none"> WaveSense Jazz blood glucose meter (IG and data sharing concerns) – information had been sought from the BH CCG IG lead. It was confirmed that the use of the app on the patient’s own mobile device was at their own risk. If information was going to be shared with HCPs then this is not the CCGs responsibility. HCPs should ensure that robust processes are in place and that preferably a written agreement should be signed. If patients wish to share details with other people such as carers, then this is at their own risk. 	CLOSED
	<ul style="list-style-type: none"> Insulin degludec – results of questionnaires are still outstanding. PMcK has contacted BSUH but is yet to receive a reply. PMcK is due to meet with NF to discuss this action, calphosol and lack of attendance at APC. The committee agreed that if no questionnaires are submitted to the May committee then the formulary status of insulin degludec will be reviewed. 	PMcK 12.5.17
	<ul style="list-style-type: none"> Painful diabetic neuropathy guidelines – update regarding tramadol outstanding. 	PMcK 12.5.17
	<ul style="list-style-type: none"> Prontosan – PMcK had contacted Valerie Dowley to discuss the audit criteria. Awaiting her reply with the criteria. 	

- Dressing packs – ongoing. Date to be confirmed for the working group to meet.
- Gender identity and ethinylestradiol prescribing – The consultant at St Georges' and Charring Cross Hospitals replied back to the committee. His communication confirmed that oestrogen valerate or hemihydrate are used as they are a safer and cost effective alternatives to ethinylestradiol. (Of which 50mg can be converted to 4-6mg of Progynova.) The aim would be to keep the patient's oestrogen levels at 400-600 pmol/l.
RS advised that ethinylestradiol does have a place in treatment for patients with Turner's syndrome and would be restricted to transgender patients who cannot tolerate Progynova. The committee agreed that a note confirming the approved uses of ethinylestradiol would be added to the formulary.
The APC discussed that there are other GICs where they may apply a different practice. It was agreed that PMcK would share this information with Specialised Commissioning with the aim to disseminate wider.

JT 12.5.17
PMcK
12.5.17

Shared Care Guidelines

6.1 Mycophenolate Mofetil – Sussex MSK Partnership, Presented by Stephanie Butler

SB advised that she was presenting the MMF SCG for the SMSKP which was missing from the original suite of SCGs. It follows the BSUH SCG however, it has been slightly adapted for use by the SMSKP. It had also been reviewed to incorporate the BSR DMARD monitoring guidance which was newly published. As a result of this updated guidance the other SCGs will be reviewed and brought forward to the committee for approval.

It was confirmed that 3 months of initial treatment would be supplied by the specialist and any dose changes would also be carried out by the specialist.

The BSR guideline updates were discussed and SB confirmed that they were minor changes. SB noted that no brands have been specified within the SCG. It was highlighted that this SCG is for central SMSKP only. SB is in the process of harmonising the East and Central SMSKP SCGs.

DECISION: Approved.

To be added to the SMSKP website and link forwarded to JT for adding to the Brighton Joint Formulary and BHCCG website.

SB 12.5.17
JT 12.5.17

6.2 Anti-dementia Information Sheet, Presented by Paul McKenna

PM advised that this had been updated by RL. It was discussed that MMSE is not the only scale used by GPs. SG confirmed that NICE used MMSE for their costings in the anti-dementia TAs. The committee discussed and acknowledged that different rating scales are used in different settings. The committee confirmed that the scales should not be interchanged whilst monitoring a patient's treatment. The committee noted TMs comment on Kahootz which advised that the Brighton Memory Assessment Service (MAS) uses the GPCOG scale. The committee discussed that NICE advocates the use of MMSE and therefore the service could be open to challenge.

PMcK advised that he would discuss with RL and the commissioners for the MAS in Brighton. This issue and the information sheet will be brought back to the May meeting once further information has been sought.

PW confirmed that the information sheet does not apply to patients under the 'golden ticket' scheme in HWLH CCG.

DECISION: Deferred until May APC.

PMcK
12.5.17

Policies and Guidelines

7.1	Non-malignant chronic pain prescribing guidelines, Presented by Kathryn Steele	
	<p>KS advised the committee that duloxetine had been omitted from the previous submission. This has now been included in the updated version and that the notes next to the entry on page 12 had been amended. This follows NICE CG 173.</p> <p>DECISION: Approved.</p> <p>To be added to the BH CCG website and link added to the Joint Formulary</p> <p>KS advised that the JF notes section will be amended to reflect the guidelines.</p>	JT 12.5.17
7.2	Pregabalin Prescribing Policy, Presented by Kathryn Steele	
	<p>KS advised that this had been updated to reflect the non-malignant chronic pain prescribing guidelines. The changes were discussed by the committee. It was agreed to add a date to the reference regarding spend on page 4.</p> <p>DECISION: Approved</p> <p>To be added to the BH CCG website and link added to the Joint Formulary</p>	<p>KS 5.5.17</p> <p>JT 12.5.17</p>

Formulary Extension

8.1	Rizatriptan 10mg orodispersible tablets, Presented by Michael Watson	
	<p>MW advised that the JF currently lists 10mg oral lyophilisates or wafers as the only orodispersible preparation. These are currently only available as the brand Maxalt Melt at a cost of £13.37 for pack of 3 tablets. Generic orodispersible rizatriptan tablets are available at a cost of £2.32 for a pack of 3 which represents a 83% saving. MW confirmed that they are both melt in the mouth formulations and are bioequivalent.</p> <p>DECISION: Approved – GREEN – suitable for non-specialist initiation.</p> <p>To be added to the Brighton Joint Formulary as green and oral lyophilisates removed.</p>	JT 12.5.17
8.2	Kemedrin (procyclidine) 5mg tablets, presented by Alice Donaghy	
	<p>AD advised that procyclidine is listed on the Joint Formulary generically. Current cost of generic is £12.24 for 28 tablets and Kemedrin brand is £4.72 for 100 tablets. (Cost per tablet is 44p vs 5p).</p> <p>PMcK confirmed that Kemedrin is currently available with AAH and Alliance wholesalers.</p> <p>DECISION: Approved – BLUE – specialist initiation or recommendation.</p> <p>Kemedrin brand to be added to the Brighton Joint Formulary as blue.</p>	JT 12.5.17

New drug formulary applications

9	None	

Change to traffic light status

10	None	

Formulary review

11 Chapter 11 - Eye and Chapter 12 - ENT

PMcK advised that a summary sheet of changes has been compiled. The committee considered this and agreed with the changes.

DECISION: All changes approved.

Changes to be made to the Eye and ENT chapters of the Brighton Joint Formulary.

JT 12.5.17

NICE TA briefing paper

12 None

NICE Guidance and TAs

13 Published March 2017

CG68: Stroke and transient ischaemic attack in over 16s: diagnosis and initial management – noted by the APC.

CG80: Early and locally advanced breast cancer: diagnosis and treatment – noted by the APC.

CG164: Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer – The APC discussed this update and the impact to primary care. It was agreed that SG would submit a formulary extension document and discuss with the Lead Oncology Pharmacist at BSUH.

NG66: Mental health of adults in contact with the criminal justice system – noted by the APC.

NG67: Managing medicines for adults receiving social care in the community – noted by the APC.

QS13: End of life care for adults – noted by the APC.

QS144: Care of dying adults in the last days of life – noted by the APC.

QS145: Vaccine uptake in under 19s – noted by the APC.

QS146: Head and neck cancer – noted by the APC.

QS147: Healthy workplaces: improving employee mental and physical health and wellbeing – noted by the APC.

QS148: Community engagement: improving health and wellbeing – noted by the APC.

TA180: Ustekinumab for the treatment of adults with moderate to severe psoriasis – noted by the APC.

TA240: Panitumumab in combination with chemotherapy for the treatment of metastatic colorectal cancer (terminated appraisal) – noted by the APC.

TA340: Ustekinumab for treating active psoriatic arthritis – noted by the APC.

TA434: Elotuzumab for previously treated multiple myeloma (terminated appraisal) – noted by the APC.

TA435: Tenofovir alafenamide for treating chronic hepatitis B (terminated appraisal) – noted by the APC.

TA436: Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (terminated appraisal) – noted by the APC.

**SG
12.5.17**

TA437: Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal) – noted by the APC.

TA438: Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (terminated appraisal) – noted by the APC.

TA439: Cetuximab and panitumumab for previously untreated metastatic colorectal cancer – Add to the Joint Formulary as **RED**. Commissioned by NHS England.

JT
12.5.17

APC Admin

14.1 APC Timescales

PMcK advised that the APC timescales paper had been updated for the new financial year. There had been some issues with late paper submissions which then cause the agenda to be changed last minute. From now on these timescales will be strictly adhered to, to ensure efficient running of the committee.

14.2 Presenter Guidance

PMcK advised that this guidance had been put together following feedback from previous APC presenters. Hopefully use of this pack will inform presenters what to expect, outline APC processes and give them some useful information (i.e. meeting location and parking.) It was noted that the minutes need to be finalised before feedback is given to the presenter.

It was discussed that submissions should include primary care prices (not hospital contract prices) and also costings and savings for each of the member CCGs.

It was agreed to add information about WiFi at Hove Town Hall to the presenter guidance.

14.3 Regional Medicines Optimisation Committees

PMcK discussed the documents attached to the agenda. It was highlighted that the RMOC operating model is now available on the NHS England website. Applications for membership close 5th May 2017. All four RMOCs will meet in June 2017.

AOB

15

The committee raised some concerns regarding wholesalers advising community pharmacies that certain products were out of stock due to a manufacturing issue when in fact the manufacturer has plenty of stock and the wholesaler has not triggered an order. This has resulted in patients being sent back to the GP for their prescription to be changed. PWO advised that she would raise this at a national level and will feedback.

PWO
23.5.17

Close

17 Date of next meeting

Tuesday 23rd May 2017.

Room 181, Hove Town Hall, Norton Road, Hove, BN3 4AH