Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 19th January 2017 at 2:00pm The Boardroom, Duncan MacMillan House, Porchester Road, Nottingham, NG3 6AA

All attendees should be aware that public authorities are legally required to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be published on the Publication Scheme or internet with all names included, unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the topic.

Present:

Steve May (SM)	Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Tanya Behrendt (TB)	Deputy AD Medicines Management	NHS Nottingham City CCG
Beth Carney (BC)	Prescribing Advisor	Nottingham West CCG
David Kellock (DK)	Chair SFH Drugs & Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Matt Elswood (ME)	Chief Pharmacist	Nottinghamshire Healthcare Trust
Khalid Butt (KB)	GP	Mansfield and Ashfield CCG
Judith Gregory (JG)	Assistant Head of Pharmacy	Nottingham University Hospitals NHS Trust
David Wicks (DW)	GP	Local Medical Committee
Laura Catt (LC)	Prescribing Interface Advisor	Mansfield and Ashfield CCG

The meeting was quorate and all submissions and guideline approvals were undertaken during period of quoracy.

In attendance:

Steve Haigh (SH), Medicines Information Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust – to present item 6 on the agenda
Daniel Shipley (DKS), Specialist Interface & Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
Irina Varlan (IV), Specialist Interface & Formulary Pharmacist, Nottingham University Hospitals NHS Trust
Carole Curry (CC), Head of Pharmacy, Nottinghamshire Healthcare NHS Foundation Trust
Dr Chun Lok (CL) – only to present item 3 on the agenda
Cathy Quinn (CQ) - only to present item 10 on the agenda

1. Apologies:

Amanda Roberts, Patient representative
Ankish Patel (AP), Community Pharmacist, Local Pharmaceutical Committee
Arjun Tewari (AT), GP, NHS Rushcliffe CCG
Esther Gladman (EG), GP Prescribing Lead, NHS Nottingham City CCG
Nick Sherwood (NS), Specialist Interface & Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
Rachel Sokal (RS), Consultant in Public Health, Nottingham City Council
Sachin Jadhav (SJ), Chair NUH Drug and Therapeutics Committee, Nottingham University Hospitals NHS Trust

2. GP fellowship opportunity working with the APC - healthcare IT

Dr Chun Lok proposed to develop (during his year of fellowship with the APC) an application for mobile devices to help increase the usage of the guidelines and protocols listed on the APC website. The members of the APC discussed the advantages and disadvantages of this project and would like to have more information from Dr Lok regarding the maintenance. The need for a survey across the users of the APC website was proposed.

Action: LC and SH to arrange follow-up meeting.

3. Declarations of interest

None declared.

4. Ten minute learning

The committee thanked SH for his teaching presentation on pharmaco-economics and QALY's.

5. Minutes of the last meeting

The minutes from the previous meeting were reviewed and agreed as being accurate with the exception of one or two minor points of clarification.

Action: DKS to make the amendments and update the final version of the minutes.

6. Matters arising

a) Sevelamer: Proposed Renagel® to sevelamer carbonate (generic) switch

The following two letters were created by the renal unit at NUH to help with the switch:

- Letter to any patients that are still prescribed Renagel® in primary care. To be distributed by prescribing advisors.
- Letter for patients treated exclusively at NUH. To be sent directly from NUH renal unit (via FP10 prescriptions).

The renal unit at NUH is happy to start switching from 6th Feb 2017 and Kings Mill Hospital has already used up all their existing stock of Renagel®.

Action: DKS to change the formulary classification for sevelamer carbonate to AMBER 1. Renagel® will be switched to GREY (non-formulary).
LC to circulate necessary information to prescribing advisors to instigate the switch.

b) FOR RATIFICATION: The Heart Failure Nottinghamshire guideline (update)

LC received the updated guideline just before the APC meeting so there was not enough time to circulate it to the team members.

Action: LC to bring the updated guideline to the next APC meeting highlighting the relevant amendments.

c) FOR DISCUSSION: Melatonin case for traffic light status review

Melatonin was discussed again as more details regarding patient management and cost need to be established before a decision can be made on the new formulary classification.

Action: IV to liaise with James Sutton at NUH, collect more information and bring to JFG for

discussion.

d) Formulary amendments: Airflusal®

Airflusal® was reviewed at the November 2016 APC meeting and added to the formulary as **GREY**, however the committee decided that it would be best to remove the brand and leave the formulary entry with the generic name. CCG's can then decide to prescribe the most cost effective brand.

Action: DKS to remove Airflusal® from the formulary.

*****all other actions under matters arising have been completed or are on the agenda******

7. FOR DISCUSSION – Restricted use medicines, Mid - Notts CCGs

(**Cathy Quinn attended at 3pm)**
Cathy Quinn, Pharmacist Lead for Mansfield & Ashfield and Newark & Sherwood CCGs outlined the current engagement exercise taking place within Mid Nottinghamshire. The CCGs are asking the public and stakeholders to comment on the plans to:

- Stop NHS prescriptions of gluten free foods.
- Stop NHS prescriptions of medicines not recommended for local use, including high cost branded medicines.
- Stop NHS prescriptions of medicines used to treat minor illnesses that are suitable for self-care and can be managed using over-the-counter medicines.

The engagement exercise is opened to public consultation from the 4th of January to 1st of February through a survey on the CCGs websites.
As part of these plans, the CCGs intend to strengthen its approach around medicines not recommended for local use. Cathy reiterated that the CCGs were committed to working to Nottinghamshire Area Prescribing Committee policies and associated traffic light system and joint formulary, however the CCGs have agreed to take a stricter line to prevent prescribing of medicines not recommended in Primary Care, such as grey and red medicines. Cathy referred to the comments made by our APC patient representative and responded to the concerns raised.
There was a discussion around whether grey should be a definite 'not recommended for prescribing' or whether a new classification to the formulary, such as **BLACK**-Do not use or similar be used. Comment was made that any other classification would weaken the current grey classification. Cathy confirmed that in Mid Nottinghamshire, the CCGs considered **GREY** to be the direction not to prescribe, except in exceptional circumstances. She commented that she was keen to hold discussions to prevent the patients getting caught in the middle of differences in interpretation of APC policy. JG expressed concern around where prescribing should sit if there was an exception, and whether this restrictive policy would affect the niche group of patients that may benefit from treatment. JG will raise this with DTC on 25/01/2017.
Patients who already receive treatment that is not recommended locally should be reviewed on a case by case basis to avoid being adversely affected by this policy.
The formulary classification of Nefopam was raised. The CCGs requested a review of this drug and expressed a desire to change the classification from **GREEN** to **GREY**.

Action: The interface team to review evidence for Nefopam and bring to the February JFG. Cathy to meet with Nottinghamshire Healthcare Trust to discuss further details

8. FOR DISCUSSION- NICE TA418 and the Nottinghamshire diabetes guideline

A NICE TA has been published regarding dapagliflozin in November 2016. The document states that

"dapagliflozin in a triple therapy regimen is recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and sulfonylurea". The current Nottinghamshire diabetes guideline states that dapagliflozin is not recommended for triple therapy.

The guideline is due to be reviewed in March 2017 and as an interim measure to comply with the NICE TA the committee agreed to amend the guideline with the NICE advice.

Action: LC to update the Nottinghamshire diabetes guideline with the following statement: "Dapagliflozin is recommended for triple therapy when used in combination with metformin and gliclazide (as per NICE TA 418)."

9. FOR DISCUSSION – Methenamine traffic light status

A submission has been received from urology consultant Dr Richard Parkinson at NUH regarding the antiseptic agent methenamine. The proposed place in therapy is the treatment of recurrent urinary tract infections in adults with symptomatic episodes requiring antibiotic treatment more than 8 times per year.

The use of methenamine is supported by Dr Vivienne Weston; a consultant microbiologist at NUH. Dr Abhinav Kumar (consultant microbiologist at SFH-KMH) and Dr Ashok Bhojwani (urology consultant at SFH-KMH) also consider methenamine to be a good alternative to have on the formulary.

The current formulary status is **GREY** and the proposed classification is **AMBER 2**.

The committee discussed the lack of evidence to support the use of methenamine but also agreed that this can be an option for a small number of patients under specialist recommendation and review. The use of methenamine should be subject to an audit in 6-12 months to assess prescribing patterns and expenditure.

Action: IV to change formulary classification of methenamine from GREY to AMBER 2 with the statement: "in patients with recurrent UTIs with symptomatic episodes requiring antibiotic treatment more than 8 times per year; under urology recommendation".

10. FOR RATIFICATION – UTI prophylaxis guideline (New)

The guideline was discussed by the members of the committee and it was approved subject to a few amendments. The following points were raised:

- The guideline should have a version control; i.e. a review date and authors.

- The methenamine section should be amended if possible with bullet points to clarify who will initiate the treatment, i.e. by microbiology or urology?

- Further clarification required: Will microbiology be involved in the decision when choosing this treatment option or will it be at the discretion of prescribing urologists. The group of intended patients should also be confirmed, who will review them and what will happen after initiation.

Action: LC to feedback to the authors and supervise the requested amendments.

11. FOR DISCUSSION – NICE TA404 degarelix

A NICE TA was published in August 2016 regarding the gonadotrophin releasing hormone (GnRH) antagonist; degarelix. The NICE TA states:

"Degarelix is recommended as an option for treating advanced hormone-dependent prostate cancer in people with spinal metastases, only if the commissioner can achieve at least the same discounted drug

cost as that available to the NHS in June 2016."

Degarelix was classified as **RED** at the November 2016 APC meeting in order to comply with the NICE TA. The desired status was **AMBER 2** but more information about the place in therapy was required. This has now been confirmed and the number of patients was estimated to be around 10 per year.

The APC committee agreed that degarelix should be changed to **AMBER 2** and CCGs can make their own decision about accepting the rebate scheme.

Action: DKS to change formulary status to AMBER 2.

12. FOR DISCUSSION: Ulipristal for uterine fibroids

A submission for ulipristal for the treatment of uterine fibroids was received in 2016. Further clarification on patient numbers and place of therapy was sought. Due to cost and potential patient numbers across the county, the committee agreed that there is a financial risk which needs to be highlighted to the CCGs. It is likely to exceed the £10,000 per CCG threshold outlined by the APC mandate.

The committee agreed however that ulipristal is clinically appropriate to be used in uterine fibroids but should remain **RED** on the joint formulary until a business case is both written and ultimately accepted by the commissioners.

Action: LC to feedback to the submitter that due to the financial risk he will need to supply the CCGs with a business case.

13. FOR DISCUSSION- Methotrexate shared care for gastroenterology

The committee accepted the shared care protocol but wished to change the contraindications section on the information sheet for primary care prescribers. The desired appearance of the section is as follows:

Contraindications:

- TRIMETHOPRIM, Co-TRIMOXAZOLE and other anti-folate drugs – see interactions"

Action: LC to make the required amendments, update the formulary and upload the shared care protocol to the APC website.

14. FOR RATIFICATION – Management of hyperlipidaemia in primary care: clinical guidelines

The committee discussed the guideline. There were a number of comments that need to be fed back to the authors:

- Ezetimibe only to be used in line with NICE TA385.
- The need to clarify how long to try the lifestyle modifications before starting a statin.
- The need for an informed decision with patients.

Action: TB to feedback comments to authors and bring back to March APC.

15. FOR DISCUSSION- Formulary amendments

a) **Gaviscon Advance®** - currently **AMBER 2** on specialist recommendation for the treatment of laryngopharyngeal reflux (LPR) symptoms only. It is more expensive than Peptac® which is first line. Suggestion to change to **GREEN** and add comment "second line to Peptac®".

Action: APC agreed that a reclassification was not appropriate and no changes were necessary.

b) **Testosterone gel** – Tostran® was selected as the testosterone agent of choice due to ease of use and reduced wastage. Some patients however will require several Tostran® pumps because their dosage

requirements are higher. In this cohort use of the sachets would be more cost effective. A request was made to clarify this issue.

Action: APC decided that no change was required to the formulary because usage is hard to quantify and is often ongoing.

c) **Doxepin** - for urticaria and pruritus in dermatology. Due to a considerable increase in price it was suggested that a statement should be added to the formulary to explain that doxepin should be second line to amitriptyline.

Action: APC agreed with the suggestion and DKS to add the "second line to amitriptyline" comment to the formulary.

d) **Tiotropium** - Braltus® is a new branded generic with a different device and dose to Spiriva®. The committee discussed the need confirm the equipotency and distribute the document to all concerned. Once distributed, Braltus® will be added to the formulary with a cautionary message:

"Despite being different doses; Spiriva® Handihaler and Braltus® are bioequivalent and produce the same amount of active ingredient in the body. Capsules for Spiriva® Handihaler and Braltus® should be used for their intended device only."

Action: DKS to find and disseminate MHRA document that states Braltus® and Spiriva® are bioequivalent and update formulary with the required statement.

e) **Fluoride –** Currently not classified on the joint formulary. There have been a number of enquiries from primary care regarding who should be responsible for initiating and monitoring the treatment with fluoride enriched toothpastes**.**

Dr Poyser (consultant in restorative dentistry at QMC) explained that:

"Radiotherapy patients are at a significant risk of dental caries. Extraction of their teeth can lead to osteoradionecrosis of the jaw. Duraphat® 5000ppm can make a significant contribution to dental prevention and these patients should regularly use this toothpaste in the long-term until it is certain that their caries are stable."

The proposal was to change fluoride to **AMBER 2** and specify that for the aforementioned patient group it will be appropriate for the GP to prescribe until the patients register with a dentist.

Action: IV to change fluoride classification to AMBER 2 and to add the specification for the discussed patient group.

16. FOR INFORMATION: APC forward work program

Reviewed.

17. FOR INFORMATION: Declaration of compliance with NICA TA's

All trusts are currently compliant with all NICE TA's.

18. Meeting Minutes from SFH STC and NUH DTC

Reviewed and accepted.

19. Future Dates of Meetings 2016-17

APC: 16th March 2017.

20. Any Other Business (AOB)

TB briefed the APC members about the Regional Medicines Optimisation Committees (RMOC's). There will be a meeting on the 16th of February 2017 where suggestions and opinions will be discussed and it would be recommended that a few members from our area attend if possible.

The NICE asthma guideline is out for consultation and SM will investigate if the APC can register in order comment on the consultation.

Liothyronine - there has been an increase in the price of liothyronine and CCGs are keen on switching patients to levothyroxine. Endocrinology has been asked for advice and data is being collected from the CCGs to have an accurate picture of the whole situation.

Action: IV to inform group of progress at the next meeting.

Meeting closed at 17:00.

Next meeting Thursday 16th March 2017, Duncan Macmillan House – Boardroom