Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 18th May 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) Chair	Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Sarah Northeast (SN)	Advanced Nurse Practitioner	CityCare
David Kellock (DK)	Chair SFH Drugs & Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Esther Gladman (EG)	GP Prescribing Lead	NHS Nottingham City CCG
Matt Elswood (ME)	Chief Pharmacist	Nottinghamshire Healthcare Trust
Judith Gregory (JG)	Assistant Head of Pharmacy	Nottingham University Hospitals NHS Trust
Amanda Roberts (AR)	Patients representative	
Laura Catt (LC)	Prescribing Interface Advisor	Mansfield and Ashfield CCG
Tanya Behrendt (TB)	Deputy AD Medicines Management	NHS Nottingham City CCG
Lucia Calland (LC)	Prescribing advisor	Nottingham North and East CCG

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

In attendance:
Lynne Kennell (LK), Specialist Interface and Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
Irina Varlan (IV), Specialist Interface & Formulary Pharmacist, Nottingham University Hospitals NHS Trust
Nick Sherwood (NS), Specialist Interface & Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
Louise Lester (LL), Specialty registrar in Public Health, Nottingham City Council in attendance for item 4.
Jacqueline Muyundo, Public Health placement student in attendance for item 4.

1. Apologies:

Ankish Patel (AP), Community Pharmacist, Local Pharmaceutical Committee
Khalid Butt (KB), GP, Mansfield and Ashfield CCG
David Wicks (DW), GP, Local Medical Committee
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. Declarations of interest
None declared.

3. Minutes of the last meeting

The minutes were approved as a true and accurate record of the last meeting, subject to minor amendments.

Matters arising

Melatonin: work is in progress and the data gathered so far will be presented at the June JFG.

Action: IV to bring to June JFG once all data has been collected.

Hyperlipidaemia Guidelines
The amended guideline had been shared for comments but the input from specialists was not received in a timely manner in order to be presented at today's meeting. An updated revision will be shared via email for comment.

Action: TB to share via email once all comments are received.

Ocular lubricant formulary: SH is working on the final version of the formulary but due to the limited email access in the days preceding the meeting, there was no update on this subject.

Action: SH to finalise and upload the final version of the guideline.

Sip feed guidelines: an updated guideline had been shared for comments.

Action: LK to liaise with the relevant dietitians and update the APC once the guideline is in a final format.

Liothyronine: All actions from the previous meeting have been completed. ME shared with the APC members the information regarding patients being treated with liothyronine for depression. No further action needed.

Nottinghamshire heart failure guidelines: the guidelines were ratified at the previous meeting but a minor query has been raised regarding the use of Entresto together with ACE inhibitors.

Action: LC to clarify with the authors

Prescribing of nebulised colistimethate (Colomycin®): All the suggested comments received at the last meeting and via email were actioned and the guideline is ready to be uploaded to the APC website.

Action: IV to upload updated guideline to the APC website.

ADHD in adults: this is currently in progress and will be brought to the APC at a later date.

Action: ME to bring to APC once progress has been made.

Guidance on the use of Psychotropic Medication for Behavioural Problems in Intellectual Disability
This was still in progress and will be added to the agenda for the July meeting.

Action: ME to bring to next meeting.

Warfarin update: At the end of 2016, Rushcliffe CCG expressed an interest in using other strengths of Warfarin tablets in addition to the 3mg currently used across Nottinghamshire. The APC expressed concerns about the project and requested an update in 6 months. LC informed the APC members that there is no further update.

4. FOR RATIFICATION: Nottinghamshire Health Community Guideline for the use of Buccal Midazolam (10mg/ml and 5mg/ml) in Children (update)

Louise Lester, Specialty registrar in Public Health, Nottingham City Council was in attendance to present the updated version of the guideline. The APC accepted the changes but there were a few amendments which needed clarification before ratifying the guideline, such as:

- Clarifying that Buccolam® is the licensed preparation to be used in children for prolonged epileptic seizures and that Epistatus® is the unlicensed product.
- Clarification was required in the administration section in order to reflect the place and the qualified persons to administer the medication.
- Adding hyperlinks to the administration training was suggested, to ease the GPs access to the relevant information.
- Clarification of the dose for children aged 3 to 6 months was required A change in wording was requested around the measurement of the dose with an oral syringe.
- The need to clarify with the Specialist Nurses what leaflet is given to the parents when they are counselled of the use of buccal midazolam and link the document to the present guideline.

The APC members decided that this document will be discussed again at the July APC, and requested the author to document and submit the comments received from other healthcare professionals during consultation.

Action: LL to circulate the updated guideline for comments and bring back to the July APC. IV to share the guideline for comments with Andrew Wignell, specialist paediatric pharmacist at NUH.

5. FOR RATIFICATION: Penicillin awareness leaflet (new)

The leaflet presented was created by Nottingham City CCG as a result of discussions at the Antimicrobial Stewardship Group around issues arising from allergies not being documented correctly and the consequences deriving from this. The APC raised a few points to be considered before the leaflet could be ratified and branded with the APC logo, such as: a statement regarding the fact that 80% of patients with IgE-mediated penicillin allergy lose their sensitivity after 10 years, the fact that the leaflet is missing the date, authors, a version control and references, and a few minor typos.

Action: TB to clarify the raised points and to share via email for ratification once the changes are made.

6. FOR RATIFICATION: Low priority list (update)

The low priority list includes medicines that have been agreed as having limited clinical value and therefore should never be prescribed on the NHS, unless agreed via the Individual Funding Request process. Dosulepin was discussed but not included due to a small cohort of patients still benefiting from this medication. The updated list was approved with the exception of rubefacients. Capsaicin® cream is currently on the Nottinghamshire Health Community Guide for Management of Neuropathic Pain in Primary Care for Adults and should remain available for prescribing. The APC committee suggested that more education around rubefacient use could be more useful rather than a change in classification.

Action: LC to make the suggested changes to the low priority list and upload.

7. FOR RATIFICATION: Prescribing of Gonadorelin analogues (GnRH) and degarelix in Primary Care for Prostate and Breast Cancer (update)

The position statement for prescribing GnRH analogues in primary care was due for an update as it had reached its expiry date. The changes were minor and the APC ratified the document subject to small amendments suggested in the meeting.

Action: LK to action the suggested changes and upload the updated version to the APC website.

8. FOR RATIFICATION: DMARD SCPs and information sheets for rheumatology (update)

The British Association of Rheumatology has updated the national guidance regarding DMARDs and this led to an update of our local documents. The changes are minimal and include a simplified monitoring summary sheet. The guidelines have been circulated to primary and secondary care for consultation.
As some feedback was still awaited due to recent IT access problems, the APC agreed that once available, the comments can be shared via email and the updated documents can be ratified.

Action: LC to chase comments and circulate for email ratification.

9. FOR RATIFICATION: Antimicrobial guidelines (interim update)

Public Health England has published in January 2017 an update of *the Management of infection guidance for primary care for consultation and local adaptation*. As a consequence of this update, the local Antimicrobial guideline was revised and presented at the APC meeting for ratification. The changes were minor, affecting the UTI section by introducing fosfomycin as a third line option in Lower UTI and methenamine to the recurrent UTI section. All changes had been tracked in the original document to ease the review.
The group offered some input regarding:

- *Eradication of H Pylori* section, as it was felt that there was too much text and the section was hard to read.
- To include links in the guideline with the patient leaflets found on the Royal College of GP's website (UTI leaflet, Treating your infection leaflet, Get well soon without antibiotics leaflet).
- Some other minor changes.

The updated guideline was approved for ratification pending these small changes.

Action: IV to feedback to the authors and circulate the final version once comments have been incorporated. IV to upload to the APC website once the updated version is ratified.

10. FOR DISCUSSION: Guidelines on the Management of Antipsychotic-Induced Hyperprolactinemia (New)

This guideline had been developed by the mental health divisional drugs and therapeutics committee with support from local endocrinologists and had been approved by NHCT. The mental health GP leads from local CCGs have asked that this document be made more accessible to GPs as it is useful and supportive to their practice.
The group discussed the possibility of hosting this guideline on the APC website to improve accessibility for GP colleagues. The guideline was created to serve secondary care and it was felt that it was unsuitable for use by primary care without making a few adjustments. However, due to a lack of resource from the group creating the original guideline, it was decided that the guideline will be linked as it is to the Nottinghamshire Joint Formulary clearly stating that it is a secondary care guideline to help GPs understand the management plan of this condition.

Action: Interface team to link the guideline to the Joint Formulary,

11. Formulary amendments and horizon scanning:

Sertraline
Formulary to be updated with sertraline as first choice SSRI and citalopram and fluoxetine to remain as options.

Demeclocycline
The wording on the formulary should be changed to:" Treatment should only be initiated and reviewed by a consultant endocrinologist"

Estradiol 0.06% gel
A traffic light reclassification from AMBER2 to GREEN was agreed. Sandrena to be added to the formulary

as GREY and the HRT section of the Formulary to be reviewed at the June JFG.

Fosfomycin granules for oral solution
A traffic light reclassification was supported from AMBER2 to AMBER3, in line with the updated Antimicrobial guidelines with an emphasis on brand prescribing of Monuril®.

Xyloproct 5%/0.275% ointment
The group agreed on changing the classification of Xyloproct® ointment to GREY and adding Scheriproct® ointment as GREEN.

Calcium gluconate effervescent tablets
It was agreed to change the classification of calcium gluconate effervescent tablets to AMBER2 from RED and to classify all other calcium supplements as AMBER2.

Strontium
A traffic light reclassification from AMBER2 to GREY was agreed, in view of product discontinuation at the end of August 2017. The Osteoporosis Guidance, currently recommending strontium should be reviewed and primary care should review patients currently being treated with strontium.

Polycal®
A change in classification from RED to GREEN was agreed for Polycal® in view of the reduction of sugar content in Lucozade® by 50%. However Polycal® cannot be prescribedfor the oral glucose tolerance test in primary care as it is not listed in the ACBS criteria The need to change the classification of Rapilose OGTT® was therefore also discussed.

Rapilose OGTT®
A change in classification from GREY to GREEN was agreed to allow GP's to prescribe this product for oral glucose tolerance test.

Action: LK/ NS/IV to update formulary and update osteoporosis guideline

12. NEW SUBMISSIONS:

a) Adrenaline auto-injector(Emerade®) for emergency treatment of anaphylaxis

A submission for Emerade® was received from SFHT for the emergency treatment of anaphylaxis and a classification to GREEN was requested. The JFG was supportive of the addition to the formulary with a GREEN classification alongside Jext® and Epipen®, due to the advantage of the new device and the availability of the 500micrograms strength. However, the choice to add Emerade® to the resuscitation trolleys was deferred to secondary care.
The APC agreed with this proposal and supported the classification of the new product as GREEN.

Action: NS to feedback to the submitters and update the formulary.

b) Prucalopride (Resolor®) – chronic constipation in men

NUH gastroenterologists had requested a traffic light reclassification for prucalopride from RED to AMBER2 in men. The use of prucalopride for chronic constipation in women was supported by the NICE TA 211 issued in December 2010. At that time, prucalopride was only licensed to be used in women. Since then, the license has been extended to men also, based on recent clinical trial data. NICE do not plan to review their recommendation.
The evidence for the use of prucalopride in men was discussed at the JFG and found to be similar to that in women, previously noted to be weak. The APC agreed with the JFG's proposal to reclassify prucalopride for use in chronic constipation in men as AMBER2.

Action: IV to feedback to the submitters and update the formulary.

c) Opicapone (Ongentys®)-adjunctive therapy in adult patients with Parkinson's disease

The JFG received a submission for opicapone to be used as adjunctive therapy to preparations of levodopa/ DOPA decarboxylase inhibitors (DDCI) in adult patients with Parkinson's disease and end-of-dose motor fluctuations who cannot be stabilised on those combinations. Currently available COMT inhibitors are entacapone (classified Amber 2) and tolcapone (classified Red), but the use of tolcapone is restricted by its side effect profile and monitoring requirements. Entacapone is taken multiple times a day with levodopa (either as a separate tablet or combination tablet), whereas opicapone is a once daily agent, therefore the proposal is for it to be considered in patients in whom difficulties with concordance/compliance are anticipated. Opicapone would be favoured in patients taking multiple doses of L-Dopa (>4 doses per day) as these patients have the most to gain from a simplified medication regime.

The submission was discussed at the April JFG and the group recommended that opicapone is added to the formulary with an AMBER2 classification as a second line to COMT inhibitor after entacapone. However, the members had some reservations that patients may be inappropriately switched to opicapone during the titration phase, preventing the use of Sastravi, which is a more cost effective product. It was requested that the service audits the use of this medicine and that the data is submitted in 6 months' time. Tolcapone should be re-classified as GREY. The APC agreed with these proposals.

Action: LK to feedback to the submitter and update the formulary.

d) Toujeo 300units/ml pre-filled pen (insulin glargine) – treatment of diabetes mellitus in adults.

The Endocrinology department at SFHT requested a re-assessment of the decision made at APC in November 2015. Based on the inherent risk of the current high-strength insulin prescribed at SFHT (Humulin R U-500), the department wishes that Toujeo® is added to the formulary as AMBER2. The JFG reviewed the submission and agreed with an AMBER2 classification for patients that would otherwise receive insulin 500units/ml. Patients currently prescribed insulin 500units/ml may be actively reviewed and switched onto Toujeo® if possible.

NS had contacted the district nurses lead and confirmed that they do not have an issue with injecting from a pre filled pen, and any possible problems can be resolved through appropriate training. The APC was also informed of another high strength insulin product, Tresiba® (insulin degludec) which although is currently GREY is being prescribed. Following this, the APC group concluded that an audit on insulin prescribing is required.

Action: NS to update the formulary and feedback to the submitters.

e) Ethinylestradiol 30mcg/drospirenone 3mg tablets (Yasmin®)- contraception for those with intolerance to other products

Ethinylestradiol 30 mcg / drospirenone 3mg tablets (Yasmin) are currently non-formulary and classified GREY. Despite this, there is a significant usage in primary care and CCGs have been recommending branded generics to reduce costs. It had been requested that a branded generic version (Lucette) is added to the formulary.

The JFG agreed to add the drospirenone containing pill to the formulary as a 3rd/4th line agent in women who are intolerant to other progestogens with a GREEN classification. Its restricted use and cost compared to other COCs should be emphasised.

A price graph including the costs of different types of COC should be linked to the formulary to aid the decision. CCG medicines management teams should highlight the most cost effective brand to their prescribers

Action: LK to update the formulary.

f) Acetylcysteine-pulmonary fibrosis

Acetylcysteine is currently classified as Amber 2 for the treatment of pulmonary fibrosis and as a second line mucolytic. Historical use has been of an unlicensed 600mg capsule, but now a licensed 200mg sachet is available preventing the import of the unlicensed product. The 200mg sachet increases the cost of treatment significantly.
Feedback from both NUH and SFHT clinicians suggests that a 2nd line mucolytic is not needed on the formulary and acetylcysteine is no longer offered to new patients for the treatment of pulmonary fibrosis due to the lack of published evidence for benefit. There is a small amount of usage at NUH for distal intestinal obstruction in CF and acetylcysteine is in use at both trusts for renal protection prior to contrast media, but decisions around these indications were deferred to the Trust's DTCs.

Following discussion, the APC concluded that acetylcysteine should be reclassified as GREY for pulmonary fibrosis, as the evidence is poor and as a second line mucolytic for new patients. The patients currently being prescribed acetylcysteine for the above indications should be actively reviewed and switched if possible to carbocysteine. The increased potential of cardiac risk seen in the Panther Study with acetylcysteine should be highlighted on the formulary. The group asked for a review of the situation in 6 months.

Action: LK to update formulary and Interface team to bring this back to the APC in 6 months. LC/ TB to liaise with prescribing advisors regarding review of existing patients in primary care.

g) Glycopyrronium- hypersalivation

A request had been received from NUH to review the two licensed glycopyrronium liquid preparations available. Glycopyrronium is currently classed Amber 2 for the treatment of hypersalivation/ upper airways secretions in paediatrics. Recommended products are 1mg/ml unlicensed liquid and 2mg tablets. The request is to switch to a licensed liquid product.
The licensed liquids are available as 1mg/5ml glycopyrronium bromide and 320mcg/ml glycopyrronium (equivalent to 400mcg/ml of glycopyrronium bromide), but only the 320mcg/ml liquid is licensed for hypersalivation.
The JFG concluded that currently the 1mg/5ml product is the more preferable product because although the 320 mcg/ ml product is licensed for hypersalivation, dosage recommendations are not in line with cBNF and a dose conversion would be required when prescribing. The APC agreed to add the 1mg/5ml liquid to the formulary with an AMBER 2 classification and classify other formulations as GREY. Patients currently prescribed other formulations in primary care should be reviewed with a view to switching to the 1mg/5ml product.

Actions: LK to update the formulary, LC/TB to request that prescribing advisors review patients currently prescribed glycopyrronium with a view to switching to the 1mg/5ml product.

13. FOR INFORMATION: APC forward work plan

The Forward Work Programme was noted. It was raised that current Shared Care Protocols contain a statement that medications revert to a Red classification after the expiry date of the document and this was historical to encourage authors to review documents. Members agreed that this statement should be removed.

Action: Interface team to remove statement when updating SCPs

FOR INFORMATION: APC annual report 2016/2017

LC presented the APC annual report for 2016/2017. The members were satisfied with the report, and subject to a few spelling amendments they ratified the document.

Action: LC to upload document to website

14. FOR INFORMATION: Declaration of compliance with NICE TAs

NICE TA410 – talimogene laherparepvec for treating unresectable metastatic melanoma, NUH remains partially compliant with regards implementation of providing the treatment at NUH, although significant work is progressing towards this. NUH will refer patients to Leicester if treatment is required in advance of the treatment being available in Nottingham. There are no patients at present.

15. MEETING MINUTES FROM TRUST DTC:

It was proposed that for future APC meetings the minutes from other trusts should be attached in a separate document but in the same email with the meeting papers, rather than as part of the later. This was accepted by the APC members.

16. Future dates of meetings:

Thursday 20th July 2017
Thursday 21st September 2017
Thursday 16th November 2017
Thursday 18th January 2018

17. Any other business:

Ethosuximide 250mg/5ml syrup – the brand was removed from the market and the medication is currently only available as a generic with a price of £173/200ml however the drug tariff price reflects the brand at £4. This has led to a community pharmacist refusing to supply. It was felt that this may have been a one off and patients should be directed to other pharmacies if they have problems in the future until the drug tariff price is updated.

Regional Medicines Optimisation Committees: the application process is open and healthcare professionals across Nottinghamshire should be encouraged to apply to increase the chances that our county is represented.

Vitamin D guidelines for children and adults: The vitamin D dose recommended in children is in accordance with the vitamin D dose in the BNF for children but higher than the dose recommended by the SPC.

Action: NS to clarify on the guideline where the dose has been derived from and circulate for ratification

The Meeting closed at 16:35.

Date of next APC meeting - Thursday 20th July 2017, 2-5pm, The Boardroom, Duncan Macmillan house