

Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 19th July at 2:00pm 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
Tanya Berendt (TB)	Deputy AD Medicines Management	NHS Nottingham City CCG
Khalid Butt (KB)	GP	LMC representative
David Kellock (DK)	Chair SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Sarah Northeast (SN)	Advanced Nurse Practitioner	CityCare
David Wicks (DW)	GP Prescribing Lead	Representing Mid-Notts CCGs
Judith Gregory (JG)	Assistant Head of Pharmacy	Nottingham University Hospitals
Esther Gladman (EG)	GP Prescribing Lead	NHS Nottingham City CCG
Laura Catt (LC)	Prescribing Interface Advisor	Representing County CCGs
Amanda Roberts (AR)	Patient representative	
Matthew Prior (MP)	Chief Pharmacist	Nottingham Treatment Centre
Jenny Moss- Langfield (JML)	GP	LMC representative
Ankish Patel (AP)	Community Pharmacist	Local Pharmaceutical Committee
Matt Elswood (ME)	Chief Pharmacist	Nottinghamshire Healthcare Trust
Ben Rush (BR)	Public Health ST3	Nottingham City and County Councils
Paramjit Panesar (PP)	GP	NHS Nottingham North East CCG

In attendance:

Nick Sherwood (NS), Mental Health Efficiencies Pharmacist, Nottinghamshire Healthcare Trust
 Lynne Kennell (LK), Specialist Interface and Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust

Jill Theobald (JT), Interface Efficiencies Pharmacist, Greater Notts CCGs

1. Apologies

Sachin Jadhav (SJ), Chair NUH Drug and Therapeutics Committee, Nottingham University Hospitals NHS Trust

2. Declarations of interest

None relevant to the agenda

3. 10 minute learning- Biosimilars and High Cost Drugs

The committee gave thanks to Nicola Fawcett, High Cost Drugs Pharmacist at NUH for her informative presentation.

4. Minutes of the last meeting/matters arising

The minutes from the previous meeting were reviewed and agreed as being accurate subject to a minor correction.

Trimbow

A formulary application for Trimbow had been discussed at previous meetings. It was put on hold and scheduled for further discussion at this meeting due to primary care work on reducing inappropriate use of triple therapy for COPD. It was unclear how much de-escalation of therapy had occurred in CCGs, but it was highlighted that the Draft NICE guidance due for publication December 2018 recommends using a minimal number of inhaler devices.

After discussion, the committee agreed that as for appropriate patients, Trimbow offers potential compliance benefits and a cost saving, it should be available for these patients if a face to face assessment and review of current therapy deems that triple therapy is appropriate. The assessment and initiation should be by a respiratory specialist only at this stage. An Amber 2 classification was assigned pending a review following publication of the updated NICE COPD guidance (due in December 2018). It was requested that the pneumonia risk associated with ICS be highlighted on the formulary and OptimiseRx.

**Action: LK to update formulary and inform clinicians
JT to request OptimiseRx message**

All other actions were either complete, on the agenda or on-going on the team work plan.

5. FOR RATIFICATION - Sleep and benzodiazepine step down (new)

Following a coroner's letter, NS has developed a guideline for withdrawing benzodiazepines and "Z" drugs and asked for members' views on its implementation. It was suggested that the patient letter be put through the plain English group and the harms of continued use be highlighted. A process of peer review between well and poorer performing GP practices was suggested with the sharing of examples of good practice.

Action: NS to continue work on this area and inform committee of progress

6. FOR RATIFICATION- Dementia prescribing information sheets (update)

NS had updated the prescribing information sheets following the publication of updated NICE guidance on dementia (NG97). The main changes related to memantine which can now be used in combination with acetylcholinesterase inhibitors and NICE recommend that these medications can be initiated in primary care following specialist recommendation. The APC agreed to remove the current requirement for patients to be stable before prescriptions are transferred to primary care in line with this. It was suggested that

memantine orodispersible tablets are added to the formulary for patients with swallowing difficulties as they are less costly than the liquid formulation. Subject to the correction of some grammatical errors the updated information sheets were approved.

It was highlighted that the Guidelines for the prevention, early identification and management of dementia for Nottinghamshire have expired and the original working group responsible for these is no longer in operation. It was suggested that these be removed from the APC website as the content has largely been replaced by NICE, but if possible a flowchart for dementia medication prescribing be developed based on the NICE guidance.

**Actions: NS to finalise dementia prescribing information sheets and upload
NS to amend formulary entries for dementia medications to reflect removal of requirement for patients to be stable before primary care transfer and approved formulations
NS to remove Guidelines for the prevention, early identification and management of dementia for Nottinghamshire from APC website and produce a flowchart based on NICE guidance, to be reviewed at a later date.**

7. FOR RATIFICATION – Opioid guidelines (update)

JT presented updated guidelines. The main change related to the removal of Targinact and a change of its traffic light classification from Amber 2 to grey in line with NHS England recommendations for it to not be initiated in any new patients and for current patients to be reviewed. The safety message regarding morphine equivalents greater than 120mg/ day had been strengthened and it was suggested that the maximum dose should be discussed with patients before initiation. JT highlighted that the recommendation for 6-monthly reviews remains in the guidance and it was suggested and that this be added as an OptimizeRx message. It was requested that the flowchart be altered to make it clearer that morphine was the preferred first line strong opioid and that the tapentadol column be made less prominent.

**Actions: JT to finalise guidelines and upload to APC website
JT to change Targinact traffic light from Amber 2 to Grey
JT to request OptimiseRx message for 6 monthly reviews**

8. FOR RATIFICATION – Neuropathic pain guideline (update)

JT presented updated Neuropathic pain guidelines. The main change related to the approved indications for lidocaine patches. NHS England restrict the use of lidocaine patches to post herpetic neuralgia, but locally they are also used for local neuropathic pain when there are limited other options. After discussion it was agreed to limit their use currently in the guideline in line with NHS England advice whilst reviewing the evidence base for any wider use through August JFG. Wording for formulary: on Pain Management Service recommendation only for localised neuropathic pain due to post herpetic neuralgia (PHN) only where oral treatments and capsaicin have been ineffective or are contraindicated.

Other changes included emphasizing the continuation criteria for medications and gabapentin warnings. It was highlighted that the renal dosing advice for gabapentin requires clarification

**Actions: JT to make suggested changes to guideline and upload to APC website
Interface team to review evidence for lidocaine patches and take to August
JFG**

9. FOR RATIFICATION- Self Care formulary changes

LC presented some suggested formulary changes following the publication of guidance from NHS England on Over the Counter items that should not routinely be prescribed in primary care. The implications of changes on secondary care were discussed and it was agreed that the same principles should apply to patients receiving outpatient prescriptions, but secondary care will need to be able to supply some of these products for inpatient use. It was suggested that when adding an OTC symbol, licensing restrictions should be added so that patients are not directed to buy products inappropriately.

Action: LC to amend the formulary as agreed

10. FOR RATIFICATION – liothyronine patient information (new)

LC presented a draft patient information leaflet on liothyronine which had been adapted from Brighton and Sussex trust. It had been requested by endocrinologists at SFHT to aid de-prescribing of liothyronine. The APC agreed that this was a useful document and subject to some minor wording changes approved the document.

Action: LC to finalise and upload document

11. FOR RATIFICATION- Nottinghamshire Stoma Ancillary Items Formulary (new)

LC presented the Stoma Ancillary items Formulary which had been produced to support product consistency across organisations and ensure that the most appropriate and cost-effective products are used. The APC ratified the document.

Action: LC to ask the authors to finalise and upload document

12. RMOC update

TB updated the committee with the current RMOC work plan.

13. Formulary amendments and horizon scanning

The APC agreed with the recommendations of the JFG with the following exceptions:

Rosuvastatin- to be discussed further at JFG

Nedocromil, sodium cromoglycate and ketotifen eye drops- to be discussed further at JFG

Levonorgestrel and ulipristal- to be discussed further at JFG

Eflornithine cream had been brought directly to the APC for discussion following a request for a GP to prescribe for a transgender patient. Members agreed that due to a lack of evidence of efficacy, it should not be available for prescribing locally for any patient group, therefore the grey classification should be upheld.

A request to classify Actipatch had been received after its addition to the drug tariff. Members agreed to add it to the formulary with a grey, no formal assessment classification.

Action: LK to amend formulary

14. Formulary Submissions

a) Kyleena (Bayer Plc)

The JFG had discussed a formulary submission for Kyleena, a levonorgestrel releasing intra-uterine system licensed for contraception for up to 5 years use. The APC agreed with the JFG's recommendation of a Green classification.

Action: LK to inform clinicians and update formulary

b) Levosert (Gedeon Richter (UK) Ltd)

The JFG had discussed a formulary submission for Levosert, a levonorgestrel releasing intra-uterine system licensed for contraception and Heavy Menstrual Bleeding. When used as an alternative to Mirena, it offered a cost saving, but was not a suitable alternative in all women due to its larger inserter. The APC agreed with the JFG's recommendation of a Green classification.

Action: LK to inform clinicians and update formulary

c) Insulin degludec (Tresiba, Novo Nordisk)

The JFG had discussed a formulary submission to expand the availability of insulin degludec to include patients with type 2 diabetes as a third line insulin:

- where existing basal insulin is running out
- with poor compliance with the existing regimen
- requiring flexibility of administration
- with recurrent hypos including nocturnal
- or requiring high doses of insulin.

The availability of both the 100 units/ml and 200 units/ ml was requested, with the high strength product being reserved for patients requiring high doses of insulin.

Since the JFG meeting, the RMOC had published guidance on safety factors to consider when adding a new insulin preparation to the formulary. The checklist had been completed as had a local risk assessment requested in the checklist. These assessments had not raised significant safety concerns, but the APC recommended that where possible the two strengths of insulin should be stored separately to avoid product mis-selection.

The APC agreed with the JFG's recommendation of an Amber 2 classification for these patient groups.

Action: LK to update formulary and inform clinicians

**All to share message regarding storage of different strengths separately in own organisations
LK to update Nottinghamshire diabetes guidelines**

d) Prasugrel for use in interventional neuroradiology (Efient, Daiichi Sankyo UK Ltd)

A formulary application had been discussed at the JFG, but it was felt that due to the unlicensed indication, lack of supporting National guidance and lack of robust evidence it was not suitable for primary care prescribing and had been deferred to NUH DTC. Discussions at NUH DTC highlighted potential issues with continuity of supply from secondary care so further discussions were requested at the APC.

Due to the timescales involved, there were no supporting papers for APC members so it was not felt possible for a decision to be made and further discussions were deferred to the August JFG.

Action: LK to add to agenda for August JFG

e) Fluticasone furoate/ umeclidinium/ vilanterol (Trelegy Elipta inhaler)

A formulary application had been received for Trelegy, which is an alternative triple therapy inhaler to Trimbrow, discussed earlier in the meeting. Trelegy is available in the Elipta device and is taken once daily. The individual constituents are currently available on the formulary. It is priced equivalent to Trimbrow. Members agreed that Trelegy should be available with the same initiation criteria as Trimbrow so assigned an Amber 2 classification for patients who have received a face to face assessment by a respiratory specialist and a review of current therapy deems it appropriate. This will be reviewed following publication of the updated NICE COPD guidance. It was requested that the pneumonia risk associated with ICS be highlighted on the formulary and OptimiseRx.

**Action: LK to update formulary and inform clinicians.
JT to request OptimiseRx message.**

15. FOR INFORMATION: APC forward work plan

Noted.

16. a) FOR INFORMATION: Declaration of compliance with NICA TA's

Noted.

17. Future Dates of Meetings 2018/19

- 20th September 2018
- 15th November 2018
- 17th January 2019
- 21st March 2019

18. Any Other Business (AOB)

KB asked for clarity around who is responsible for the supply of Emla cream for patients attending dialysis. It was confirmed this should be supplied by the clinic.

KB asked for an update on what was happening with support for GPs with Valproate pregnancy prevention program. TB confirmed that there was a big piece of work taking place and that guidance would be published soon.

DW highlighted the updated monitoring requirements for hydroxychloroquine which includes referral to ophthalmology. IV is working on this and will update the committee next time

ME highlighted a case where an 18 year old was referred to NHCT for them to take back prescribing of melatonin. The melatonin was started by paediatrics with unclear indication. It was suggested that some guidance could be issued to support GPs to review and de-prescribe

The meeting closed at 5pm