

Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 17th May 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:

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| 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 | Public Health ST3 | Nottingham City and County Councils |

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

Irina Varlan (IV), Specialist Interface and Formulary Pharmacist, Nottingham University Hospitals NHS Trust

Jill Theobald (JT), Interface Efficiencies Pharmacist, Greater Notts CCGs (for item 4)

Lindsey Staniforth - Community Specialist Practitioner - Observing

1. Apologies

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

Paramjit Panesar (PP), GP NHS Nottingham North East CCG

2. Declarations of interest

LC declared attending a diabetes study day sponsored by several pharmaceutical companies including Sanofi, the manufacturer of Toujeo® discussed in item 12. LC did not contribute to this discussion.

AR also declared being interested in emollients for personal reasons so did not contribute to discussions on item 6

3. Minutes of the last meeting/matters arising

The minutes from the previous meeting were reviewed and agreed as being accurate subject to some minor grammatical changes.

Prescribing for transgender patients practice policy.

TB informed the committee that NHSE had published a document outlining primary care responsibilities following private provider initiation of hormonal treatment.

Action: TB to forward to APC members.

Barrier creams formulary

This has been sent to members for ratification via email.

Action: IV to collate responses and upload to APC website.

Coroners letter on benzodiazepines and suicide

NS has been working on a piece to support GPs in the safe withdrawal of benzodiazepines and Z drugs as a response to the coroner's letter. Further update to be included in future meetings.

SCP for children with ADHD

This had stalled due to the publication of updated NICE guidance and the potential changes to review schedules are being considered by clinicians.

Action: NS to continue to liaise with clinicians and bring to future APC meeting.

SCP development process

This had stalled due to the current financial climate and lack of new monies for investment. It was felt that this is a significant issue and should be pursued. It was suggested that clinicians flag specific problems and that the LMC input into discussions with contracting teams.

Action: LC to re-convene working group to take forward.

All other actions were either complete or on the agenda

4. FOR DISCUSSION - Specials and Formulary wording

JT has produced a database with formulation options for patients with swallowing difficulties that she would like to publicise in an effort to decrease the primary care spend on specials. Currently the formulary does not contain many of the licensed liquid medicines and it is felt that these should be available for prescribers to choose as an alternative to crushing tablets with the same traffic light classification as the tablet formulation. After discussion it was agreed that the licensed liquids should be added to the formulary with their respective costs so that prescribers are able to make an informed decision regarding the most suitable product for an individual patient. The database will be added to the APC website and updated on a bi-annual basis.

**Action: JT to email database to members for final ratification.
JT to add liquids to the formulary.
JT to upload the database to the APC website following consultation and ratification**

5. FOR RATIFICATION – Ferric Maltol treatment algorithm

A formulary submission for ferric maltol for the treatment of iron deficiency anaemia in IBD patients had previously been discussed and an Amber 2 classification provisionally assigned subject to the production of a flowchart detailing the criteria for initiation and responsibilities for review. The draft flowchart, produced by submitting clinicians, was discussed by the APC. It was requested that secondary care be responsible for the prescribing and monitoring of ferric maltol for the first month and only transfer to primary care once it is known that the haemoglobin has not dropped further. It was questioned when ferric maltol treatment should be stopped and when Hb should be rechecked and whether there are treatment options to consider for prevention of further anaemia. Initiation criteria should restrict its use to failure of at least two conventional iron salts as per previous APC discussions.

**Action: LK to clarify points with authors and seek SFH opinion.
LK to email finalised flowchart to members for email ratification.**

6. FOR RATIFICATION- Emollient formulary (update)

IV presented a revised update of the emollient formulary following previous APC discussions. Advice regarding avoiding oat-containing emollients in unexposed children was questioned and some minor amendments requested. The APC agreed to ratify the document subject to these minor amendments.

Action: IV to make suggested amendments and upload to APC website.

7. FOR RATIFICATION- lurasidone information sheet

The traffic light classification of lurasidone had been discussed at the previous APC meeting and it was agreed that this should remain red. An information sheet had been developed for use for information only, and ratification was requested. Subject to some minor points of clarification, the APC agreed to ratify the document.

Action: NS to make suggested amendments and upload to APC website.

8. FOR RATIFICATION- Venlafaxine high dose information sheet

NS presented an updated Venlafaxine information sheet which had been reviewed as it had reached its expiry date. It was requested that the need for BP monitoring should be highlighted within the request for primary care prescribers to prescribe and that this should be highlighted in the next APC bulletin. Reference to lower dose should be removed, as it is not pertinent to practice. The adherence to monitoring requirements of venlafaxine was suggested as a potentially useful audit topic. Subject to some minor amendments the APC agreed to ratify the document.

Action: NS to make suggested amendments and upload.

1. FOR RATIFICATION-Methylphenidate and atomoxetine for ADHD in adults SCP

Following previous discussions about this SCP at the APC in September 2017, some updates had been made to reflect changes to treatment choices in the updated NICE guidance. The Mental Health Strategic Clinical Board at Nottinghamshire Healthcare Trust had asked the APC to revisit this piece of work in order to address a gap in services for adult patients with ADHD. The commissioners have not yet reached an agreement on commissioning an adult ADHD service or including adult ADHD patients in the GP service specification or LES. GPs highlighted that this would be new work and would expect to be remunerated for the additional associated workload. This SCP is restricted to adults who are under ongoing supervision from a consultant psychiatrist only. Patients graduating from community paediatrics will not automatically be covered by the shared care protocol.

The APC was satisfied with the clinical content of the document and approved the SCP in principle subject to commissioners addressing funding concerns. ME is to source recent patient numbers in order to effectively cost the service in order for each CCG to assess the cost impact and any commissioning issues.

It was noted by AR that the SCP should explicitly specify who is responsible for counselling the patient and direct the responsible party to discuss the “patient responsibilities” from the outset with the patient.

Actions: ME to obtain up to date patient numbers.

LC/ME/TB to highlight progress with this to CCGs for potential inclusion in GP service spec/LES

2. FOR DISCUSSION- Valproate in pregnancy, MHRA drug safety update April 2018

The APC were updated with local progress on implementation of the MHRA requirements. All trust Medicines Safety Officers were aware, but were waiting on the publication of MHRA resources for implementation. The APC had been asked to produce a position statement and it was questioned whether this was an APC responsibility. The East Midlands Medicines Safety meeting was to discuss this and it was agreed to wait for outcomes from this meeting.

Action: SM to feedback to APC following the East Midlands MSO meeting.

Interface team to check if valproate is included in any APC guidelines.

3. RMOC update

TB updated the committee with the current RMOC work plan.

4. Formulary amendments and horizon scanning

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

Metformin/ sitagliptin (Janumet) - to reclassify as Amber 3 for stable patients due to potential cost saving and considerable patent length remaining on sitagliptin.

Lodoxamide/ azelastine eye drops- Classify as Amber 2.

Clobetasone/ oxytetracycline/ nystatin- defer to DTCs for consideration of red classification for select patient groups. Interface team to seek opinion from Treatment Centre dermatology consultants and check with microbiology for advice on prescribing topical antibiotics.

Sodium chloride oral solution- to remain as red due to concerns about potential risk issues with primary care prescribing such as wrong strength selection.

DOACs for treatment of DVT and PE and prevention of recurrent DVT and PE - an Amber 3 classification was agreed subject to ratification of updated prescribing information.

Action: LK/IV to update the formulary.

IV to circulate updated prescribing information on DOACs for email ratification.

5. a) Insulin glargine 300 units/ml, Toujeo[®], Sanofi- resubmission

The JFG had discussed a re-submission for Toujeo from diabetologists at SFH. NUH clinicians had since confirmed their support for a revised patient group of:

- Patients on twice daily basal insulin and those with poorly controlled diabetes *and* lipohypertrophy,
- nocturnal hypoglycaemia or
- require carer administration once a day.

Previous discussions at the JFG had included those with poor compliance, as it was felt that these patients may benefit from a reduced volume. But as it was not felt to be possible to define objective measures of this as requested by the group, this had been removed. This product was already on the formulary with an Amber 2 classification, but the APC were made aware of the draft RMOG guidance on assessing risk with high strength insulin preparations.

The APC agreed to extend the current Amber 2 classification to include the requested patient groups.

Action: LK to update the formulary and inform clinicians.

b) Lithium for cluster headache

A formulary submission for lithium for the treatment of cluster headache had been discussed at the JFG. Due to it being an unlicensed indication, the small patient numbers involved and concerns over the use of a different therapeutic range to that used currently in primary care for the treatment of mental health disorders, a red classification was felt to be appropriate.

Action: JG to take to NUH DTC

c) Rivaroxaban 10mg (Xarelto[®], Bayer) for secondary prevention

The JFG had discussed a formulary submission for rivaroxaban 10mg for secondary prophylaxis of DVT/ PE following initial treatment of at least 6months at standard dose which is a recent license extension. The APC agreed with the JFG's recommendation to add this to the formulary.

Action: IV to update formulary and inform clinicians.

d) Tapentadol (Palexia[®], Grunenthal) for post stroke pain

The JFG had discussed a formulary submission for tapentadol for the treatment of post stroke pain from Healthcare of the Older person clinicians at NUH. Its availability as 3rd line agent after paracetamol and antineuropathic agents was requested. Currently tapentadol is classified amber 2 for pain team initiation when other opioids have been trialled and failed. The APC agreed with the JFGs recommendation for the current formulary status to remain due to a lack of evidence of benefit over other available opioids.

6. FOR RATIFICATION: APC annual report 2017/18

LC presented the draft APC annual report and requested comments.

Action: LC to collate comments and finalise.

LC to upload to APC website.

7. FOR INFORMATION: APC forward work plan

Noted.

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

Noted. JG highlighted that NUH remain non-compliant with NICE TA467 due to practical difficulties and this is reflective of the other specialist centres nationally.

b) FOR DISCUSSION: NICE TA change to implementation schedule

JG highlighted this change that will result in potential differences in implementation timescales for guidelines based on NHS affordability.

9. Future Dates of Meetings 2018

- 19th July 2018
- 20th September 2018
- 15th November 2018

10. Any Other Business (AOB)**Micro spirometry guidance**

LC informed the APC that the Greater Notts respiratory group had requested that the APC host their micro-spirometry guidance. This was not felt appropriate as it was not County wide and not used in Mid-Notts. It was suggested its addition to the F12 function or eHealthscope may be more appropriate.

Nefopam

The prescribing information sheet presented to the APC was created with help from the renal team at NUH to allow an Amber2 classification on the Nottinghamshire Formulary to continue. Without this document the APC will classify nefopam as Grey. The group was also informed that now there are multiple manufacturers producing nefopam and the cost for this medicine has

dropped compared to last year. The committee agreed that more work is needed in order to complete the document.

Action: IV to liaise with the renal team and finalise document before sharing via email.

The meeting closed at 4.45pm