Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 15th March 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:

Tanya Berendt (TB) (chair)	Deputy AD Medicines Management	NHS Nottingham City CCG
Khalid Butt (KB)	GP	LMC representative
Steve Haigh (SH) (deputising for SM & DK)	Medicines Information and Formulary Pharmacist	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
Paramjit Panesar (PP)	GP	Representing Greater Notts CCGs
Matthew Prior (MP)	Chief Pharmacist	Nottingham Treatment Centre
Peter Richards (PR)	Prescribing Adviser and Medicines Management Lead	Newark and Sherwood CCG

The meeting was not quorate due to having no committee member present from Nottinghamshire Healthcare Trust. However the papers were reviewed and comments received ahead of the meeting by ME

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
Tanatswa Mabhoyi, Pre-registration Pharmacist Sherwood Forest Hospitals NHS Foundation Trust (observing)
Dr Sunil Samuel, Gastroenterologist, Nottingham University Hospitals NHS Trust (agenda item 14)
Dr Rosemary Gradwell, Associate Specialist in Community Paediatrics & Community Paediatric Service Lead, Nottingham Children's Hospital (agenda item 13)

Apologies:

Sachin Jadhav (SJ), Chair NUH Drug and Therapeutics Committee, Nottingham University Hospitals NHS Trust
Amanda Roberts (AR), Patient representative

Jenny Moss- Langfield (JML), GP, LMC representative
Ankish Patel (AP) Community Pharmacist Local Pharmaceutical Committee
David Kellock (DK), Chair SFH Drug and Therapeutics Committee, Sherwood Forest Hospitals NHS Foundation Trust
Steve May (SM), Chief Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
Matt Elswood (ME), Chief Pharmacist, Nottinghamshire Healthcare Trust

1. Apologies

Noted.

2. Declarations of interest

LK declared attending a respiratory study day sponsored by several pharmaceutical companies including Chiesi, the manufacturer of Trimbow®, triple therapy inhaler discussed in matters arising. LK did not contribute to this discussion.

3. Minutes of the last meeting/matters arising

The minutes from the previous meeting were reviewed and agreed as being accurate subject to some clarity of wording for item 9 and the correction of one typographical error on page four, agenda item number 10.

Restless legs treatment algorithm
SH is working on this and will bring to April JFG.

Omega 3 for hypertriglycerideamia
TB tabled an updated Hypertriglyceridaemia guideline that included a raised threshold for treatment with omega 3 to TG levels >10. NUH lipid clinic agreement had been received but feedback from SFH lipidologists was awaited. It was highlighted that ePACT data suggested a greater number of patients on omega 3 than anticipated by the lipid clinic and clinical input had been offered for patient reviews. The APC agreed to ratify the document subject to a positive response from SFH clinicians.

Action:

- **TB/ LK to confirm with lipid clinic at SFH that they agree with the current version of the Guidance for Management of Hypertriglyceridaemia.**
- **Interface team to upload to the APC website.**

Trimbow® (Formoterol fumarate, beclometasone dipropionate and glycopyrronium bromide) for COPD patients
LC and TB have sought commissioner opinion on the potential QIPP savings from the addition of Trimbow® to the Nottinghamshire Joint Formulary. Currently this is not being considered a priority. Some concerns had been expressed that the availability of the inhaler could result in a "blanket switch" and detract from more appropriate review and step down. There are some current primary care workstreams looking at this area and there was a suggestion that availability of Trimbow may negatively impact on this work. However, prohibiting use of the inhaler in appropriate patients will result in missed potential for cost savings and patient convenience/ compliance benefits. It was highlighted that the original submitter had offered assistance in creating appropriate guidance for reviewing patients and ensuring appropriate use of the triple inhaler. After discussion it was agreed that Trimbow should not be added to the formulary at present, but will be revisited at the July APC.

Action:

- **LK to clarify the formulary entry with reasons for grey classification.**

Ferric Maltol (Ferracru, Shield TX) for iron deficiency anaemia
A flowchart detailing the criteria for initiation and responsibilities for review had been requested from submitting clinicians.

Action:

- **LK to share flowchart once received.**

Freestyle Libre (Abbott Diabetes Care)
LC presented the APC group with an update on Freestyle Libre. At the January APC meeting the criteria for initiation and continuation was amended, narrowing the patient group and it was concluded that the Freestyle Libre submission exceeded the £10k financial threshold and therefore needed to be approved by each CCG.
Since January the Freestyle Libre submission has been discussed at all six CCG clinical cabinets and the two financial recovery groups.
Following further discussions the Greater Nottinghamshire Group (formed of City CCG, Rushcliffe CCG, Nottingham West, Nottingham NE) had approved the use of Freestyle Libre for all age groups with the caveat that a report will be submitted at 6months and 12 months to show benefit.
The Mid Nottinghamshire Group (formed of Mansfield and Ashfield CCG, Newark and Sherwood CCG) is meeting again on Monday the 19th March to make a final decision on Freestyle Libre. They are considering only permitting the use in children and asking for data on the outcomes at 6 months, on the grounds that there is insufficient evidence on the estimated savings and it will cause a great pressure in the current financial setting.
LC sought clarification form the APC on how and when the formulary should be updated, considering the current division in the county.

The APC was disappointed that different decisions had been made by the two localities and voiced concerns on possible issues with age discrimination and inequity for Nottinghamshire patients due to the split decision.

Action:

- **LC to feed back the APC concerns to the Mid Notts Financial Recovery Group**.

Prescribing for transgender patients practice policy.
TB suggested that this may be appropriate for hosting via the Shared Medicines Management and LMC websites

Action:

- **TB to forward guideline to LMC group**.

COPD Exacerbation Rescue Medication Guidance.
TB stated that this is in progress.

Action:

- **LC to circulate to APC group via email for ratification.**

All other actions were either complete or on the agenda

4. FOR RATIFICATION – Anticoagulation in AF guideline (update)

IV presented the updated guideline that now included edoxaban due to increased levels of prescribing. Previously edoxaban prescribing information had been a separate guideline. IV highlighted the main changes in the guideline and informed the committee that the original authors had expressed an interested in making further more significant changes to the guideline. The APC agreed to ratify the updated guideline, but the review date of the document will be left unchanged and a working group will be convened to review the guideline on a larger scale.

EG raised the point that the Creatinine Clearance Calculator in the APC guideline can give a different result to the one in SystmOne. The group concluded that it is suitable to use the calculators incorporated into clinical systems as long as the clinician is aware of the effect that extremes of body weight may have.

Actions:

- **IV to upload the guideline to the APC website.**
- **IV to liaise with clinicians regarding a working group to review the guideline**

5. FOR RATIFICATION – Barrier creams formulary (new)

The Barrier preparations formulary is a new document submitted to the APC for ratification. The members required further clarification on the consultation process when creating this formulary and if anybody from SFHFT had been involved. For Medi Derma-S® clarification was requested on the intended patient group and whether this would be for use with stoma devices only. There was a concern that this document overlaps with the stoma formulary. It was suggested that the opinion of stoma nurses should be sought or it should be specified that this formulary excludes stoma patients. It was questioned why the NUH moisture lesions and continence teams will not be adopting this guidance until they had completed a 6 month trial.

Action:

- **IV to clarify the points raised with the author and once updated to share via email for ratification.**

6. FOR RATIFICATION – Emollient formulary (update)

The Emollient Formulary had passed its review date and an updated version was presented. The format has changed considerably and the document now consists of a guideline and a one-page guide. This update received a considerable amount of comments from primary care that were summarised by IV.
IV requested advice from the APC regarding the wording on self-care that the Project Management Office suggested to be added on the emollient formulary. The APC were in favor of the self-care advice to be added to the emollient formulary, subject to minor amendments. TB briefly presented the NHS position on educating and encouraging patients regarding self-care.
Comments received on the formulary included:
- the section on topical corticosteroids should be reduced as this would be more appropriate as a separate document;
- rationalisation of first line options (to maybe 2-3) and the preferred product to stand out at the top;
- add information that the emollients are also available OTC, so that the formulary could be used

on recommending self-care as well;
- add a comment that for the products that do not appear listed in the formulary the Nottinghamshire Joint Formulary should be checked for appropriateness.
- the MHRA alert on paraffin containing emollients should be detailed in the guideline, rather than just linked.

The group agreed that more work needs to be done until the emollient formulary reaches the desired format.

Actions:

- **IV to feed back to authors and once updated to bring to May APC.**

7. FOR RATIFICATION – Riluzole SCP (update)

The Riluzole shared care protocol had been reviewed as it has reached its expiry date. The changes were minor but the authors had requested the addition of riluzole liquid to the SCP and the formulary for patients who have experienced problems with crushing and dispersing tablets.

The committee discussed the proposal and agreed that the addition of riluzole liquid to the formulary was not supported due to the unjustified high cost compared to tablets (£13.26 for 56x50mg tablets vs £200 for 300mls oral suspension). Subject to its removal, the committee agreed to ratify the document.

Action:

- **LK to remove the riluzole liquid from the shared care protocol and classify as Grey on the formulary.**
- **LK to upload the updated SCP to the APC website**

8. FOR RATIFICATION – Prescribing Policy (update)

The Prescribing Policy was presented at the January APC. However, since then further comments were received and LC had updated the document. The main sections for discussion were the monitored dosage systems and the pre-op medication.
Minor amendments were suggested by the committee and the group agreed that the wording on pre-op medication was appropriate. JG had some final suggestions for the wording of the monitored dosage system section which she agreed to e mail to LC

Actions:

- **JG to e mail LC will further comments. LC to update the document and recirculate via email for ratification.**

9. FOR DISCUSSION – Derby post bariatric surgery guidelines

Feedback from GPs in Newark and Sherwood CCG highlighted that there is uncertainty on prescribing after bariatric surgery. PR clarified that all the bariatric patients from Nottinghamshire receive surgery in Derby or Sheffield and that we would use their guidelines on Monitoring and Medication after Bariatric Surgery.

The APC group suggested that we adopt this guideline and link it from the APC website with an APC logo.

Action:

- **PR to request permission to adopt guideline from Derbyshire and to request an editable version.**
- **Interface team to add APC logo and upload to APC website.**

10. RMOC update

TB updated the committee that the next RMOC meeting is scheduled for April. The SPS website is functioning and that suggestions for discussions can be logged once you register.

The website can be accessed via https://www.sps.nhs.uk/home/networks/

11. FOR RATIFICATION – Antipsychotic prescribing information sheets (update)

The antipsychotic prescribing information sheets had been updated as they had passed their review dates. The main changes included the monitoring information, which had been amended to reflect current practice, the safety information and the specialist contacts. The responsibilities had been clearly divided between primary and secondary care.

Paliperidone IM injection exists as two brands, one with monthly administration (Xepilon®) which is classified as Amber 2 and the second Trevicta® which can be given 3 monthly in patients already established on the monthly preparation. The latter is currently classified as Red and the clinicians had requested a traffic light change to Amber 2 to allow GPs to prescribe.

An information sheet had been produced for **lurasidone** with the request that the medication is changed from Red to Amber 2 and this request was supported by psychiatrists from NHCT and Bassetlaw. The committee requested more information on where this fits in the treatment pathway and it was suggested that this should be discussed further at JFG.

Action:

- **NS to upload updated antipsychotic information sheets to APC website**
- **NS to change traffic light status of Trevicta to AMBER 2**
- **NS to discuss lurasidone traffic light change with Notts HC, re-submit at next JFG if change still desired.**

12. FOR DISCUSSION – Coroners letter on benzodiazepines and suicide

The letter will be circulated via email to APC members with suggested actions.

13. FOR RATIFICATION – SCP for children with ADHD (update)

The SCP for ADHD in children had been updated and Dr Rosemary Gradwell, Associate Specialist in Community Paediatrics & Community Paediatric Service Lead, Nottingham Children's Hospital was in attendance to support the update and answer clinical questions. The main points that generated discussion were:

- Clarification around responsibilities and monitoring requirements after dose changes.
- Approach to dose change with regards to growth and increased attention demands etc

and if further monitoring is required as patient is considered stable
- How DNAs should be handled; specific instructions for GPs should be added.

The clinicians support that when a dose change is required the nearest rounded dose available should be used. The GPs requested some assistance on determining what a significant weight loss means and a suggestion was made to link the height and weight centile charts along with the BP ones.

Ongoing issues regarding Shared Care uptake in mid-Notts were raised and these will be discussed at the Mid-Notts prescribing subgroup.

Actions:
- **NS to amend SCP with the suggested changes, share with members via email for final ratification.**
- **NS to share with CAMHS and obtain confirmation that they are in agreement with the SCP.**
- **RG to share letter that is sent to patients in the case of a DNA for information.**

14. Colesevelam update

LK presented a summary of the previous discussions at JFG and APC regarding the addition of colesevelam to the formulary for patients with bile acid malabsorption who are intolerant to colestyramine.
Dr Sunil Samuel, Gastroenterologist at NUH was in attendance to support the addition of colesevelam to the formulary and to answer clinical questions from the committee members.

The consequences of untreated bile acid malabsorption were questioned and it was stated that this would be incredibly problematic diarrhea, for example leading to incontinence and nocturnal frequency. There are some patients that refuse to take colestyramine because of its unpalatability and prefer to remain isolated at home due to incontinence. It is for these patients that colesevelam is requested. Colesevelam should not be offered to patients who are intolerant of colestyramine because of side effects such as bloating and constipation as this is likely to be a class effect. Colesevelam is currently ten times more expensive than colestyramine and there is no evidence to support that it is more effective.

It was suggested that the proposed criteria for colesevelam use be expanded to include these points. It was suggested that Derbyshire be asked about their levels of prescribing since colesevelam was made available and whether any audit work has been conducted.

Actions:
- **LK to obtain prescribing data form Derbyshire.**
- **LK to circulate amended prescribing criteria for colesevelam for ratification via email.**

15. Formulary amendments and horizon scanning

Due to the absence of a JFG meeting in February the formulary amendments and Horizon scanning items had been brought direct to the APC without prior discussion at JFG.

All suggested amendments were accepted with the exception of:

Flurbiprofen- an Amber 2 classification with a restriction to NUH ophthalmology consultant initiation for scleritis 2nd line to conventional NSAIDs was agreed.
Metformin/sitagliptin (Janumet)- deferred to JFG for further discussion
VZIG- this remains in discussion
Enoxaparin for pre-operative use- this remains in discussion
Oxitriptan- Classifiy as Amber 2 for adults under the care of a tertiary metabolic centre and Red for paediatric patients as this service is delivered through NUH.
Betamethasone with clioquinol (previously Betnovate C)- Reclassify as grey. Dermatologists had suggested Synalar C may be an appropriate alternative if needed. Significant amounts of primary care prescribing were highlighted and the ePACT data would be shared with prescribing advisors.
Azithromycin- confirm that amendments are in line with antimicrobial guidance.
Clobetasone/ oxytetracycline/ nystatin (previously Trimovate)- deferred to JFG for further discussion
Mexilitine- deferred to JFG for further discussion
Riluzole liquid- Classify as grey as per item 7.

The Horizon scanning item was deferred to JFG due to time constraints.

16. FOR INFORMATION: APC forward work plan

Noted. LK stated that the Dopamine agonists in Parkinson's Disease information sheets had been circulated to members for email ratification as minor updates only had been required.

17. 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.

18. Future Dates of Meetings 2018

- 17th May 2018
- 19th July 2018
- 20th September 2018
- 15th November 2018

19. Any Other Business (AOB)
None raised

The meeting closed at 5.10pm