Nottinghamshire Area Prescribing Committee

DRAFT Minutes of the meeting held on Thursday 15th November 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 Behrendt (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
David Wicks (DW)	GP Prescribing Lead	Representing Mid-Notts CCGs
Laura Catt (LC)	Prescribing Interface Advisor	Representing County CCGs
Amanda Roberts (AR)	Patient representative	
Jenny Moss-Langfield (JML)	GP	LMC representative
Randeep Tak (RT)	Community Pharmacist	Local Pharmaceutical Committee
Sachin Jadhav (SJ),	Chair NUH Drug and Therapeutics Committee	Nottingham University Hospitals NHS Trust
Steve May (SM) (Chair)	Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Lisa Fitzpatrick (LF) (representative for Sarah Northeast (SN), Advanced Nurse Practitioner)	Lead Pharmacist	CityCare
Matt Elswood (ME),	Chief Pharmacist	Chief Pharmacist, Nottinghamshire Healthcare Trust
Debbie Storer (DS) (representative for Judith Gregory (JG),)	Lead Pharmacist, MI, DTC & formulary	Nottingham University Hospitals NHS Trust

In attendance:

Lynne Kennell (LK), Specialist Interface and Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
Jill Theobald (JT), Interface Efficiencies Pharmacist, Greater Notts CCGs
Karen Robinson (KR), Prescribing Interface Technician
Nick Sherwood (NS), Mental Health Efficiencies Pharmacist, Nottinghamshire Healthcare Trust
Peter Richards (PR), N&S CCG Prescribing Advisor, Representing Mid Nottinghamshire CCGs
Ankish Patel (AP) – final meeting and handover to RT - Local Pharmaceutical Committee

Apologies
Judith Gregory (JG) Assistant Head of Pharmacy Nottingham University Hospitals NHS Trust
Ben Rush (BR), Public Health ST3, Nottingham City and County Councils
Paramjit Panesar (PP), GP, NHS Nottingham North East CCG
Irina Varlan (IV), Specialist Interface and Formulary Pharmacist, Nottingham University Hospitals
Sarah Northeast (SN), Advanced Nurse Practitioner, City Care
Esther Gladman (EG), GP Prescribing Lead NHS Nottingham City CCG
Matthew Prior (MP), Chief Pharmacist, Nottingham Treatment Centre

1. **Chair – Steve May**
   Welcome and apologies

2. **Declarations of interest**
   None declared

3. **Minutes of the last meeting/matters arising**

The minutes from the previous meeting were reviewed and agreed as being accurate.

Palliative Care Pocketbook

This is currently with the author for finalising.

Action: LC to email the finalised document to APC members for final ratification.

Review of lidocaine plasters restriction

JT informed the APC that commissioning issues that prevent the pain service in County CCGs from prescribing red medications are being addressed.

Action: JT to update APC at next meeting regarding progress.

Antimicrobial Guideline (update)

IV had discussed the FDA's warning about clarithromycin use in patients with heart disease with the MHRA. The MHRA had no plans for issuing a safety alert or restricting the use of clarithromycin as the results from studies looking at this had been variable. They had advised that information on the findings from epidemiological studies would be added to SPCs so that prescribers could make an informed decision. IV had also discussed this with Dr Vivienne Weston and it had been suggested that clarithromycin remain as a treatment option in the guidelines and to also include the previously suggested alternative antibiotic and highlight the warning. APC members agreed.

In addition to these changes, some further updates may also be needed due to the publication of NICE guidance on some urological conditions and this is currently in progress.

Action: IV to update the document and bring to January APC

Nausea and Vomiting in Pregnancy Guideline (update)

LK had received some feedback from secondary care and had circulated an updated version to APC members for ratification via email.

Actions: LK to finalise document and upload to APC website

Formulary amendments and Horizon scanning

LK informed the APC that the formulary status of cromoglicate preservative free eye drops had not yet been amended to grey as previously suggested as there was no alternative to replace it on the formulary. A formulary submission for ketotifen preservative free eye drops was awaited from ophthalmology, but as ketotifen is potentially a more cost-effective option it was suggested that this be looked at proactively by the JFG.

Action: LK to take to JFG

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

6. FOR RATIFICATION- Medicines and Appliances of Limited Clinical Value

JT presented an updated and revamped low priority list at JFG. A strengthened message on OptimiseRx for medicines that should never be prescribed and for those that should only be prescribed in certain situations was supported.
TB highlighted that eflornithine cream is listed in the NHSE service spec for transgender patients so its inclusion in the list may not be appropriate. TB had contacted the gender clinic who stated it was occasionally recommended. After discussion it was agreed that eflornithine cream should remain in the list due to the lack of evidence of benefit and inequitability of allowing it for a specific patient group.

Since the JFG it had been requested that non-hormonal vaginal moisturisers be added to the list and this was agreed.

APC members approved the updated document subject to some minor amendments.

Action: JT to finalise document and upload to APC website.
JT to create messages for OptimiseRx.

7. FOR RATIFICATION – Vitamin D for adults guideline

The Vitamin D guideline for adults had been reviewed and updated. The main changes involved the incorporation of self-care guidance on purchasing maintenance doses and the addition of more cost-effective product options. The clinical content remained unchanged.
The updated guideline had been widely consulted and a few minor amendments to the version of the document included in the papers had been suggested. No comments were received from secondary care clinicians.

Actions: JT to finalise guideline and upload to the APC website.

8. FOR RATIFICATION – Cow's milk allergy guidelines and Neocate Syneo submission

The Cow's milk allergy guideline had been reviewed by a working group consisting of dietitians from primary and secondary care, primary care pharmacists and consultants from both NUH and SFH.

There are different patient pathways across the region due to different commissioning arrangements and in order to ensure that navigation through the varying referral processes was clearer, the guideline had been split so that there was one overarching summary, as well as supplementary documents for City and County (separated to north and south).

There had been some differing opinions from clinicians regarding product choice and it was suggested that first and second line choices should not be stated as agreement had not been reached. It was highlighted that several conflicts of interest had been declared by members of the working group. The addition of Neocate Syneo was agreed; APC members also requested the following

- A 'review' date should be stated at the time of the initial prescription. .
- Parents should be made aware at initiation that it is a therapeutic trial and an appropriate quantity of milk be prescribed to reduce wastage. The message regarding weening off the formula milk once the child reaches 12 months old is strengthened.
- The inclusion of Calcichew D3 was questioned as this is currently classified grey.

Actions: LC to feedback comments to Lisa Waddell and Anna Clark.
Once updated LC to upload the document.
JT to work with the Mid Notts Medicines Management Dietician (Hayley Spencer) to produce a 1 or 2 page summary for the GPs.
LC to investigate the availability of prescribing data for specific ages and bring an analysis of savings to JFG

9. FOR RATIFICATION – Managing Behaviour and Psychological Problems in Patients with Diagnosed Dementia

NS presented an updated guideline that had been reviewed by a working group involving original authors and stakeholders. APC members approved the updated document subject to some minor amendments and the inclusion of information about considering the patients personal history through discussions with them directly or via carers or family

Action: NS to make requested changes to the document and upload to APC website.

10. FOR RATIFICATION – Lithium Prescribing Information

NS presented an updated lithium prescribing information sheet which had been reviewed as it had reached its review date. Members agreed with the minor amendments made, but it was requested that the requirement for a patient's mental state to be stable be removed from the criteria for care transfer.

It was questioned whether 6- monthly weight monitoring is essential or whether this could be decreased to annually. Thresholds for referring patient back to secondary care because of weight gain were requested.

Actions: NS to seek clarity on weight monitoring and finalise document
NS to send to APC members for ratification via email.

11. 11. FOR RATIFICATION – Vitamin B12 flowchart

LC presented a flowchart for the management of Vitamin B12 deficiency that had been discussed at the previous meeting. It was requested that advice on dietary management be added as an appendix and direction to investigate for other causes of neurological symptoms if B12 is at a normal level.

Discussion ensued regarding the advice to purchase OTC supplements of cyanocobalamin. It was agreed that these should not be prescribed in line with the self-care agenda and other vitamin supplements. Patients that were not appropriate for self-care could receive hydroxocobalamin injections.

Actons: LC to finalise document and upload to APC website.

12. FOR DISCUSSION - Gender Identity Services

TB informed the APC that NHS England's service specification for Gender Identity Services had been updated and is now available. Current links from the APC website / formulary will need updating.

Action: Interface team to update links to this document.

12. FOR DISCUSSION - ASS1 forms

ME raised that various problems with the current processes for completion of these forms have become apparent and it has been added to the MSO agenda. He sought the opinions of members regarding current issues for feeding back to the MSOs. Suggestions included:

- Issues with sending them to care homes without nhs.net email accounts
- Expiry of forms
- Differences in forms used
- Appropriate storage of forms.

Actions: ME to feedback points raised to the MSO for Notts HC Trust to take forward.

13. FOR RATIFICATION – Glycopyrronium switch documentation

Following on from discussions at the previous meeting about choice of glycopyrronium product, JT had produced some dosing guidance and a patient information leaflet to support the introduction of Sialanar®. Subject to minor amendments, members ratified the documents.

Action: JT to finalise documents and upload to APC website

14. RMOC update- guidance on liothyronine

TB highlighted the recently published RMOC guidance on liothyronine. ME raised an objection

to the advice contained within this document regarding management of patients prescribed liothyronine for resistant depression as there is no evidence to support the recommendation to use levothyroxine as an alternative. Currently liothyronine for resistant depression is classified grey; when this was reviewed previously, an Amber classification had been suggested but work had stalled due to issues with shared care uptake. Locally there are some patients prescribed liothyronine for depression that have been repatriated to Notts HC and it was agreed that a red classification would be more appropriate than grey

TB updated members with the topics currently being considered for prioritisation by the RMOC.

Actions: Interface team to amend traffic light classification of liothyronine from GREY to RED for resistant depression for use at Notts Healthcare Trust only.
ME to feedback concerns regarding levothyroxine recommendation to RMOC

15. Formulary amendments & horizon scanning

All suggested amendments were accepted with the exception of:

Ubidecarenone- deferred to JFG whilst further information regarding commissioning arrangements is obtained.

Escitalopram- Re-classify as green, but leave restriction as third line agent.

Actions: Interface team to amend formulary

16. Formulary Submissions:

a) Liraglutide 1.8mg (Victoza, Novo Nordisk)

A formulary submission for liraglutide 1.8mg had been discussed at the JFG. Currently liraglutide is classified as Amber 2, but is restricted to a maximum dose of 1.2mg as the 1.8mg dose is significantly more expensive and the evidence; when previously reviewed in 2009, did not support significant clinical benefits. A now retired NICE TA also restricted the dose to 1.2mg. The only additional evidence found to support the 1.8mg dose was the LEADER study. This was a placebo controlled study looking at cardiovascular outcomes of liraglutide 1.8mg. No additional comparative evidence of the two doses was found. A response from NICE regarding the removal of the restriction to 1.2mg is awaited.

During discussions with an attending clinician at JFG it had been suggested that a recently published guideline published by the ADA / EASD may be changing local practice regarding the treatment of Type 2 diabetes. This guideline recommended GLP-1 agonists earlier in a patient's pathway if a patient had cardiovascular disease and recommended that a GLP-1 agonist with cardiovascular outcome data be used preferentially. As liraglutide is the only currently available GLP-1 agonist with such evidence it was suggested that this is being used first line despite local guidance recommending the most cost effective option. LK had since discussed these points with the clinician requesting the 1.8mg dose of liraglutide who provided reassurance that local guidance is still followed, but suggested that a review of local guidance may be something to look at in the future. It was noted that this topic is being considered by the RMOC for prioritisation.

APC discussions therefore focused on the formulary submission for 1.8mg liraglutide and the

impact of the ADA / EASD guidelines will be addressed as a separate issue. It was agreed that due to the lack of supporting evidence and significant extra cost of the 1.8mg dose, the restriction to 1.2mg should remain.

Actions: LK to feedback to submitting clinician regarding 1.8mg liraglutide dose
TB to seek feedback from NICE regarding removal of restriction to 1.2mg
LK to look further into the impact of the ADA / EASD guideline

17. FOR INFORMATION - APC forward work plan
Noted

18. FOR INFORMATION - Declaration of compliance with NICE TAs
Noted

19. Future Dates of Meetings 2019

- 17th January 2019
- 21st March 2019

20. Any Other Business

- ADHD SCP update - there are ongoing issues with incorporating recommendations from NICE guidance and potential work shifts from secondary to primary care. Input from contracting is awaited. As current documentation is now out of date it was agreed to extend the expiry date until April 2019.
  Action: NS to extend expiry date of documents on APC website

- Definition of specialist for initiation of Amber 2 medications - LF raised that the current wording of the Amber 2 definition suggests that a specialist must be from secondary care. It was agreed that this is not the case and the wording should be amended accordingly.
  Action: Interface team to review wording

- Spacer update - LK informed members that following a formulary submission for Aerochamber flow Vu, work had been ongoing to review the spacers recommended on the formulary and a working group convened. However after review it was felt that no changes were necessary apart from an addition of a spacer for use in secondary care which will be addressed through Trust DTCs.

- MDS supplies from NUH - RT raised that the current policy for 7 days of discharge medications in MDS from NUH causes problems in primary care and requested whether a longer duration of supply could be considered.
  Action: DS to raise at NUH

- Freestyle Libre - LK highlighted the recent press release from NHS England that stated that Freestyle Libre should be available for all patients that meet defined criteria from April 2019. It is currently unclear how this will be funded and which guidance should be followed.
  Action: TB to update the APC once more detail is released from NHS England.

- Hydroxychloroquine for lupus - dermatology clinicians at the Treatment Centre had been requested to submit a formulary application in order to progress the development of a

shared care protocol. Rheumatology services will be retaining the responsibility for referring patients for ophthalmological monitoring following guidance from the Royal College of Ophthalmology, but this had been flagged with MSOs in case there is historical prescribing for hydroxychloroquine for other indications in primary care.
Action: interface team to discuss with MSO group

The meeting closed at 5pm