Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 17th January 2019 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)	Associate Chief Pharmacist, Medicines Management	NHS Nottingham City CCG
David Kellock (DK)	Chair SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Laura Catt (LC)	Prescribing Interface Advisor	Representing County CCGs
Amanda Roberts (AR)	Patient representative	
Randeep Tak (RT)	Community Pharmacist	Local Pharmaceutical Committee
Steve May (SM) (Chair)	Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Esther Gladman (EG)	GP Prescribing Lead	NHS Nottingham City CCG
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
Paramjit Panesar (PP),	GP	NHS Nottingham North East CCG

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
Irina Varlan (IV), Specialist Interface and Formulary Pharmacist, Nottingham University Hospitals
Steve Haigh (SH) for item 3

Apologies

Matthew Prior (MP), Chief Pharmacist, Nottingham Treatment Centre
Khalid Butt (KB), GP, LMC representative
Jenny Moss-Langfield (JML), GP, LMC representative
Judith Gregory (JG), Assistant Head of Pharmacy, Nottingham University Hospitals NHS Trust
David Wicks (DW), GP Prescribing Lead, Representing Mid-Notts CCGs
Sarah Northeast (SN) CityCare, Advanced Nurse Practitioner
Ben Rush (BR), Public Health ST3, Nottingham City and County Councils

1. Chair – Steve May

Welcome and apologies

2. Declarations of interest

None declared

3. 10 minute learning

The committee thanked Steve Haigh, Medicines Information Pharmacist at SFHFT for his presentation – "Why do Bogus therapies often seem to work?"

4. Minutes of the last meeting/matters arising

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

Palliative Care Pocketbook
Awaiting final amendments
Action: LC to email the finalised document to APC members for final ratification.

Review of lidocaine plasters restriction
JT informed the APC that the PICS pain team are currently discussing commissioning issues and budgetary implications.
Action: JT to update APC at next meeting regarding progress.

Nausea and Vomiting in Pregnancy Guideline
Reviewed due to hyperemesis guideline in the BMJ, no changes were felt necessary.

Cow's milk allergy guidelines and Neocate Syneo submission
It is not possible to obtain ePACT prescribing data for patients under 1year old as the system can only break down the information in under 5years old and over 5 years old.

ASS1 forms
ME Discussion points raised had been fed back. The work on the issues with the ASS1 forms is in the hands of a Clinical Fellow from NUH.

All other actions were either complete or on the agenda

5. FOR DISCUSSION - APC Terms of Reference (ToR), Mandate and Framework updates

Mandate
The mandate has been sent out to the CCGs to confirm the funding threshold.
Currently the mandate does not include the financial implications for Secondary Care.

Action-SM to send the mandate to finance at SFH for an opinion and to feed back to LC about including a section on secondary care finances.
LC to confirm threshold and ensure the mandate is adopted by CCGs

ToR
The balance of the group's membership for decision making was discussed. Some updates had been made to the wording

Action-LC to share the reviewed ToR via email.

Framework
The framework document was discussed and small amendments to the documents content and structure were suggested. The decision was made to not limit the number of submissions per JFG meeting but to increase the deadline for accepting submissions for JFG to three weeks. LC will email the revised document for comment.

Action-LC to continue to update the document and share the Framework via email with the APC members.

6. FOR DISCUSSION - Specials database update & cost change analysis

JT presented the updated alternatives-to-prescribing-specials database. The list of changes was noted and there was one new addition for discussion - lorazepam licensed 1mg/1mL oral solution which is expensive. £58 to £103.62 monthly for the liquid and £10.50 for tablets (that will dissolve under the tongue).

Suggested wording for formulary and specials database:
"Tablets dissolve under the tongue if patient has sufficiently moist mouth (ref. NEWT guidelines for administration of medication to patients with enteral feeding tubes or swallowing difficulties)
LICENSED oral solution (1mg/mL) available if absolutely necessary, but is expensive (>£100 for 150ml). Expires 90 days after first opening."

It was agreed sublingual administration was acceptable and is already routinely utilised within palliative care. Lorazepam oral solution to be added to the formulary with the above wording

Analysis of the financial impact of adding licensed liquids to the formulary and creating the alternatives-to-prescribing-specials showed no obvious trend in the prescribing of specials. There had been a £23k increase in licensed liquids but this was comparable to Derbyshire who were already using them which suggested a standard growth. JT will monitor the prescribing data again in 6 months-time.

Action- JT to make minor amendments and upload database.
JT to add Lorazepam 1mg/1ml oral solution to the formulary with agreed wording

7. FOR RATIFICATION – Vitamin D for children Guideline

JT presented the updated Vitamin D for Children Guideline.
Main change is the inclusion of self-care for maintenance doses as per NHSE guidance.
The current vitamin D patient information leaflet has been updated to include children.

Added Strivit-D3 and InVita-D3 as options for 800unit capsules (as per the adult guideline). Agreed as ratified with minor amendments.

Action- JT to add Strivit-D3 and InVita-D3 to the formulary for children
JT to finalise the minor amendments to the guideline and the patient information leaflet and upload.

8. FOR RATIFICATION – Amiodarone Information Sheet

The Amiodarone information sheet has been reviewed due to reaching its expiry date. The TFT monitoring advice in the current guideline has also been questioned as it recommends only TSH monitoring whereas T3 and T4 monitoring is also recommended in the BNF and UKMI guidance on drug monitoring in primary care.

Main changes in the updated version are re-formatting and removal of some superfluous text. TFT monitoring advice has been updated to include T3 and T4. Patient information has been expanded to include advice regarding sun exposure and reporting of adverse effects.

The draft NHS England guidance on items which should not routinely be prescribed in primary care recommends that amiodarone is prescribed in primary care only on a shared care basis. Amiodarone is currently classified as Amber 2, but this may require review if these recommendations are upheld in the published guidance due in spring.
Ophthalmological monitoring was discussed and questioned as to whether it was taking place.

Action- LK to make minor amendments and upload.
Interface team to highlight the ophthalmology monitoring requirements to the MSO group for a potential audit
LC to highlight the monitoring requirements in the bulletin

9. FOR RATIFICATION – Antimicrobial Prescribing Guidelines for Primary Care- Jan 19

The Antimicrobial guideline for primary care was discussed at the September APC but was not ratified due to a pending response from the MHRA regarding an FDA alert on Clarithromycin and due to several updates expected in national guidelines. The January 2019 update of the guideline includes the actions below:

- Following the MHRA alert the decision was to keep Clarithromycin and the extra options suggested, but to add information in the guideline regarding the alerts and hyperlink each Clarithromycin entry to this information.
- NICE and PHE in December 18 published a Summary of antimicrobial prescribing guidance - managing common infections and following this we updated several sections of our local guideline (see attached): Eye, Dental, GI, Genital, Skin and UTI.
- NICE also published updated algorithms for diagnosing UTIs and this has also been included in the update.
- MHRA published an alert on quinolones in November 2018 which was considered during the updated and incorporated in the relevant sections.
- BASH guidelines on Chlamydia were updated and the Gonococcal disease advice is under review.
- A problem with the supply of erythromycin syrup was highlighted in primary care and a suggestion was made to add the option to replace with clarithromycin syrup in case of

further supply problems.

- Acne section is awaiting advice from dermatology regarding choices for topical and oral therapy.
- The meningitis section has been updated to include benzylpenicillin OR cefotaxime and advice regarding patients with a history of anaphylaxis.
- Two new sections were created for blepharitis and Lymes disease as per PHE/NICE guidance.

IV fed back the discussions and changes that had taken place with Dr Vivienne Weston- Consultant Microbiologist and Community Infection Control for South Nottinghamshire, NUH. The APC members suggested a few amendments in the updated sections and these were noted by IV. Advice from the local specialists is awaited regarding the updates in the Acne section.
The Acute Diverticulitis section was discussed as it suggested self-care followed by hospital admission without any measures in between and IV was asked to confirm this is accurate with Dr Weston. The APC asked for clarification in the Traveller's Diarrhoea section that the stand-by treatment should be issued on a private prescription as only the actual treatment of acquired disease is eligible for NHS prescribing. A request was made to add to the Lymes disease section the paediatric dosing.
The committee agreed to remove the short version of the antimicrobial guidelines as it lacks important details, encourages printing off which might become outdated and generates unnecessary workload. The summary of changes section will be added as a separate document and a hyperlink back to the alerts for macrolides and quinolones will be added within each section containing the relevant antibiotics.

Action- IV to remove the short version of the antimicrobial guideline from the APC website.
IV and KR to finalise the guideline and upload in the new format on the APC website.

10. FOR RATIFICATION – Anticoagulants in AF

The Anticoagulants in AF guideline has reached its expiry date
Initial changes proposed by the Specialist Haemostasis & Thrombosis Pharmacist at NUH:

- Advice in extremes of body weight to change from "<50 and >140kg" in line with the DVT/PE guidance as there is now evidence that DOACs can be used in patients weighting **50-150kg**.
- To include edoxaban in Table1, Page 3.

Following an incident in a patient taking rivaroxaban, comments on DOAC monitoring requirements had been received. Changes to the monitoring requirements were agreed by the clinicians and this included annual full blood count and annual liver function tests (LFT) in line with the recommendation in the NICE CKS – anticoagulation oral, November 2017.
Creatinine clearance calculators were questioned and confirmation is required to ensure the calculators currently used incorporate height to ensure dosing is calculated on ideal body weight for overweight patients. Renal advice has been requested
NICE CKS recommends 3 monthly checks, to assess compliance, OTC checks, side effects and general wellness. The APC questioned the capacity to enable this and felt that patients were properly counselled when initiating a DOAC so 3 monthly checks could not be supported. This decision mirrors the advice from the clinicians involved in reviewing the

Anticoagulants in AF guideline

Action- IV to obtain clarification regarding the CrCL as detailed above.
IV to update all relevant documents to include the new monitoring advice.
IV to email out to the group for final ratification.

11. FOR RATIFICATION – Constipation pathway

A summary of previous comments was included in the papers for reference.
Discussion took place around the removal of sodium docusate from the guideline and it was suggested to keep it as an option for patients unable to be compliant with macrogols but to clarify that there is a lack of evidence for its long term use. It was also noted that the guideline needed defining what is chronic constipation.

Action- IV to update with comments, complete some costing impact assessments and bring back to the next APC meeting

12. RMOC – verbal

TB updated the APC with the feedback from the December meeting of the Midlands and East RMOC. Potential future areas of work for RMOC were also highlighted..

13. Formulary amendments

All suggested formulary amendments were accepted except:

The decision to classify **prucalopride** and **naloxegol** as Amber3 was deferred until the ratification of the Constipation guidelines.

Ketotifen Preservative free eye drops 0.25mg/ml was deferred to JFG with a Cochrane review being available.

I**ntravaginal oestrogens vaginal ring** (Estring) – To be reviewed as part of the planned menopause guidelines

Kerraped was deferred to JFG for further investigation

14. a, Semglee (Biosimilar Insulin Glargine)

Semglee, a newly launched biosimilar insulin glargine which offers a cost saving of 20% on the originator brand was discussed at JFG in December. The APC group supported the JFG recommendation to add Semglee to the formulary with an Amber 2 classification as first line insulin glargine product for new patients. Brand prescribing should be emphasised and Abasaglar should now be reserved for existing patients only. The NUH DTC also supported this decision

Action- LK to feedback to the submitters, update the formulary entry with the Amber2 classification and update the local Diabetes guidelines.

b Sodium Chloride 3% and 7% Nebuliser Solution

The formulary submissions for sodium chloride 3% and 7% nebuliser solution were discussed previously at the December JFG and clarification was requested regarding the need for both strengths to be on formulary.
The APC was informed that there is little evidence to support choosing between the 3% over the 7% saline nebules and that the bronchospasm risk is present for both.
The APC agreed to support the Amber 2 classification for the proposed indication and advised to recommend the most cost effective brand on the formulary.

Action- IV to inform the submitters and update the formulary to reflect the most cost effect brand and the agreed indications

c, Alkindi (granules in a capsule for opening)

Alkindi is a recently launched formulation of hydrocortisone licensed for cortisol replacement therapy in children with adrenal insufficiency. This is currently the only licensed product for this patient group and the application coincided with the publication of a MHRA alert about avoiding the use of hydrocortisone pellets for this indication.
The submission came from the Endocrinology Paediatric team at NUH and the request was for an Amber2 classification.
The APC supported the JFG recommendation that the 0.5mg, 1mg and 2mg strengths should be added to the formulary with an Amber 2 classification. There is no requirement for the 5mg formulation as by the time a child requires a 5mg dose they would be able to swallow half of a standard 10mg tablet.

Action- IV to add Alkindi 0.5mg, 1mg and 2mg strengths to the formulary with and Amber2 classification in the agreed patient group.

d, DEKAs & Paravit-CF

The submissions for DEKAs and Paravit-CF were discussed at the JFG in December and the group supported the addition of these multivitamin preparations for use in patients with Cystic Fibrosis to the formulary pending clarification with the submitters if all formulations were required.

IV presented to the APC the differences in the multivitamin content of each preparation and fed back that the submitters would like to have all products available on the formulary to be able to better tailor the therapy for their patients. It was noted that the DEKAs Plus chewable tablets was the only option for vegan patients.

Action- IV to add all formulations of DEKAs and Paravit-CF to the formulary with an Amber 2 classification for patients with Cystic Fibrosis

15. For Information – APC forward work plan

Freestyle Libre inclusion criteria is due to be reviewed, however with the RMOC criteria being updated and central funding being proposed it was agreed to defer this update for now.

16. Any Other Business

On-line Pharmacies
AR wished to clarify if there was an issue with on-line Pharmacies. It was discussed that the CCGs would have a mechanism for investigating complaints

Methotrexate and Folic acid
A serious incident had occurred when a patient had not been taking folic acid whilst on methotrexate therapy. Peter Richards suggested to add extra labeling advice on the methotrexate and folic acid packets and asked the APC for guidance. The APC felt this was an MSO issue to follow up.

Action- IV to forward to the MSO group

Bath emollients
AR raised the fact that BAD recently published a position statement clarifying that there is no robust evidence that leave-on emollients are a more beneficial wash product than emollient soap substitutes, despite the general advice circulated and implemented years ago suggesting that bath emollients should not be prescribed as there is a lack of evidence on their efficacy.
In the context of the self-care agenda these products would continue to be recommended for self-purchase only

Enoxaparin (Inhixa)
DS explained that Inhixa was being used by NUH due to cost implications. TB is going to look at the costing as there are implications for GP continuation.

Date of next meeting 21st March, 1400-1700hrs, The Boardroom – Duncan MacMillan

Meeting finished 1710hrs