These minutes are in draft form until ratified by the committee at the next meeting on 19th May 2022.

Nottinghamshire Area Prescribing Committee Meeting Minutes

APC meeting 17th March 2022: due to the COVID-19 Pandemic the meeting took place as a web conference using Microsoft Teams.
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:

David Kellock (DK) Chair	**SFH Drug and Therapeutics Committee**	**Sherwood Forest Hospitals NHS Foundation Trust**
Laura Catt (LC)	**Prescribing Interface Advisor**	**NHS Nottingham & Nottinghamshire CCG**
Asifa Akhtar (AA)	**GP – South Notts ICP**	**Nottingham & Nottinghamshire CCG**
Esther Gladman (EG)	**GP - City ICP**	**NHS Nottingham & Nottinghamshire CCG**
Tim Hills (TH)	**Assistant Head of Pharmacy**	**Nottingham University Hospitals NHS Trust**
Clare Nowak (CN)	**Deputy Chief Pharmacist**	**Nottinghamshire Healthcare NHS Foundation Trust**
Susan Hume (SH)	**Advanced non-medical prescriber**	**Nottinghamshire Healthcare NHS Foundation Trust**
Jennifer Moss Langfield (JML)	**GP**	**LMC representative**
Sarah Northeast (SN)	**Advanced non-medical prescriber**	**Nottingham CityCare**
Katie Sanderson (KS)	**Patient representative**	
Ann Whitfield (AW)	**Patient representative**	

Interface support (NHS Nottingham & Nottinghamshire CCG):
Nichola Butcher (NB), Medicines Optimisation and Interface Pharmacist
Hannah Godden (HG), Specialist Mental Health Interface Pharmacist
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH (from item 12)
Vimbayi Mushayi (VM), Specialist Interface Medicines Optimisation Pharmacist
Michalina Ogejo (MO), Medicines Optimisation and Pain Clinic Pharmacist (left at 16:30)
Karen Robinson (KR), APC Interface & Formulary Pharmacy Technician (left at 16:30)
Jill Theobald (JT), Specialist Interface Medicines Optimisation Pharmacist
Shary Walker (SW), Specialist Interface & Formulary Pharmacist for NUH

1. Apologies

Tanya Behrendt (TB), Senior Medicines Optimisation Pharmacist,
NHS Nottingham & Nottinghamshire CCG
Khalid Butt (KB), GP and LMC representative Mid Notts ICP,
NHS Nottingham & Nottinghamshire CCG
Steve May (SM), Chief Pharmacist Sherwood Forest Hospitals NHS Foundation Trust
David Wicks (DW), GP Mid Notts ICP Nottingham & Nottinghamshire CCG
Ankish Patel (AP), Head of PCN Workforce

2. Declarations of interest

None declared.

3. Minutes of the last meeting / matters arising

The minutes from the previous meeting were reviewed and accepted as an accurate record, subject to minor amendments.

Ibandronic acid for adjuvant treatment of breast cancer
TH informed the committee that discussions were ongoing within the CCG about commissioning this treatment with a meeting scheduled for early April. TB and TH to keep APC informed on progress.

Diabetes Guideline - options paper
The updated NICE guidance has been published. LC and LK are updating the guideline and providing support for the CCG business case. LC and LK to keep APC informed on progress but agreed guideline be removed from the APC agenda.

Sativex traffic light status
Agreed to remove from the APC agenda, NUH reviewing and will inform APC if any changes need agreement.

Amiodarone
The publication of the RMOC amiodarone shared care template is still awaited. SW informed the APC that the minor changes suggested at the December APC were completed. However, there is an ongoing discussion about how the labs at the acute trusts report TFTs. The labs (NUH and SFH) had confirmed that if a TFT is requested, they will do TSH initially and only do a T4 and T3 if TSH is abnormal. If, though, TSH, T4 and T3 are requested separately, all three will be tested. SW also mentioned that GPs can order "XTFT" by using ICE, which will request all three tests. GPs at the meeting said that, in practice, only TFT is usually requested, and the labs will test for T3 and T4 if TSH is abnormal. Changing the way that TFTs were ordered would not be easy for GP practices, so clarification was requested on how essential it was to test T3 and T4 if TSH was normal.
ACTION: SW to clarify with Endocrinology whether it is essential to routinely test T3 and T4.

Fentanyl patches – switch to Opiodur® brand
Active switches will not be taking place in GP practices, due to lack of capacity. MO has discussed this with the PCN teams and it is agreed that patients will be reviewed and switched to Opiodur® at their annual medication reviews. Practices have been reminded of the need to prescribe by brand. Agreed to be removed from the APC agenda.

Inclisiran
LC informed the committee that educational resources had been circulated. The discounted price for Inclisiran is now available for secondary care as well as primary care but initiation and administration will remain with primary care because the acute trusts do not have the capacity to take this on. Agreed that this item can be removed from the APC agenda.

DOAC rebates
LC explained that the NHSE Investment and Impact Fund (IIF) indicators for 2022/2023 include an incentive to increase the number of patients on DOACs for treatment of AF, but also incentivises increasing the percentage of AF patients on edoxaban compared to other DOACs. It is, therefore, possible that clinicians in primary care will consider switching patients to edoxaban from other DOACs. VM is working with specialists to develop a set of principles, to avoid inappropriate switching.

Terms of Reference
The APC terms of reference have been published and will be reviewed when the ICS is established in July.

Steroid Cards
The steroid card guidance is complete and published. Jo Freeman is currently creating an accompanying patient information leaflet which will be presented at a future APC meeting.

Gastroprotection and Antithrombotic Guideline
The APC was asked to host the NUH guidance on gastroprotection with antithrombotics. However, national guidance had changed since the guideline was written, so it has been removed from the APC website. A new guideline about gastroprotection for patients on NSAIDs or antiplatelets is in development and will be presented at APC in May.

Pabrinex® IM Injection
A traffic light reclassification from AMBER 2 to AMBER 3 was discussed at APC in December 2021 and more information on patient cohorts and observation period post-injection was requested. HG summarised that a 15-minute observation period is recommended post-injection, due to a slight risk of anaphylaxis. It is expected that patient cohorts will include high-risk drinkers who are not accessing a specialist alcohol service. Agreed as AMBER 3.
ACTION: HG to change traffic light status from AMBER 2 to AMBER 3 and update the APC alcohol dependence guideline.

Acamprosate
A traffic light reclassification from AMBER 2 to AMBER 3 was requested and discussed at the Joint Formulary Group (JFG) meeting in November 2021. JFG recommended the traffic light remain as AMBER 2 but this was not discussed at APC in December 2021. HG summarised the request and asked APC for confirmation of agreement to the traffic light classification. The requesting clinician had asked for AMBER 3, but the committee agreed that AMBER 2 was more appropriate.
ACTION: HG to feed back to the requesting clinician.

Hypothyroidism in pregnancy
NB has written a primary care guidance document to summarise treatment pathways for hypothyroidism management during pregnancy and is awaiting comments. Management differs between NUH (managed in primary care) and SFH (managed by the midwifery team and secondary

care). JML informed the committee that she had a meeting scheduled to discuss the possibility of SFH adopting primary care management and would let NB know the outcome.
ACTION: NB to liaise with JML and develop a primary care guideline.

4. Sick Day Rules Guidance

This item was removed from the agenda pending further discussion with renal specialists. Sick day guidance will continue to be developed and will be presented at a future APC meeting. No further action is required by APC at this time.

5. FOR RATIFICATION - Allergic Rhinoconjunctivitis Guidance

JT presented the guidance, which had been reviewed by the secondary care allergy team and changed to include more detail, especially around self-care and referral criteria.
The main changes were:

- Changed title from Allergic Rhinitis to Allergic Rhinoconjunctivitis Treatment Pathway.
- Added montelukast as a consideration for patients who also have asthma.
- Added link to SPS guidance on treating hayfever or allergic rhinitis in pregnancy.
- Removed "Seasonal" and "Perennial" as not the same as "Mild and intermittent" and "Moderate-severe or persistent".
- Added patient leaflet with nasal douching instructions as an appendix and strengthened advice to recommend nasal douching.
- Added advice to purchase eye drops. Sodium cromoglicate is currently GREY on the formulary; the price has come down so agreed to GREEN classification, with advice to purchase OTC.
- Added advice to consider high-dose antihistamines for moderate-severe symptoms (cetirizine only) – highlighted that this is an off-licence indication.
- Addition of advice to counsel on correct nasal spray technique with link to instructional video.
- Changed prednisolone course from 5 days to 5-10 days (as per NICE CKS).
- Expanded referral information to include specific referral for immunotherapy or to ENT if non-allergic.

The committee welcomed the timely publication of more detailed guidance prior to the hay-fever season. JML requested clarification on whether dose tapering is required following a 10-day course of prednisolone. The group agreed to the addition of the off-licence higher- dose antihistamine, but requested the addition of a warning regarding the need to counsel patients about the risk of it causing drowsiness. Sodium cromoglicate classification was agreed as GREEN, but with a strong message that patients should be advised to purchase it over the counter.
The guideline was ratified, subject to the agreed changes.
ACTION: JT to make the agreed changes and upload the guideline to the APC website.
Post-meeting note: Tapering of prednisolone is not routinely required for courses of less than 3 weeks at doses of less than 40mg daily.

6. FOR RATIFICATION – Aminosalicylates in Inflammatory Bowel Disease in Adults

SW presented the information sheet, which has been adapted from the NUH guideline, ‘’A Guideline for the Use of Aminosalicylates in Inflammatory Bowel Disease in Adults.”. The main change was

the monitoring schedule, which was increased from yearly to 6-monthly. It was mentioned that NUH gastroenterology governance has asked for the guideline to be reviewed again, particularly around the monitoring section as some consultants do not agree to the increased monitoring schedule. SFH consultants expressed concerns that switching to 6-monthly monitoring would be a significant increase in workload and in inconvenience to patients. APC felt an agreement is needed prior to ratifying the information sheet.
The addition of Octasa® suppository was agreed. APC requested further clarity on the urine dipstick as it was not included in the guideline but was recommended on SPS.
ACTION: SW to contact the author of the SPS Drug Monitoring to seek clarification on the monitoring schedule recommendation and risk factors for aminosalicylates and to clarify with NUH and SFHT the need for periodic urine dipstick monitoring. SW to make the required changes and bring back to APC in May.

7. FOR NOTING – Preferred brands list (CCG)

JT presented the CCG preferred brands list, which was approved in January 2022 by the CCG Chief Pharmacist Management Team (CPMT) and is published on the Shared Medicines Management website. The committee noted the list and made a recommendation to improve the formatting of the controlled drug section.
ACTION: JT to change the formatting of the controlled drug section of the list.

8. FOR DISCUSSION – Melatonin Prescribing Update and Options paper

HG presented an update and options paper, following on from discussions at the October 21 and December 21 APC meetings.
Concerns have been raised by both SFHT and NUH regarding the number of patients prescribed unlicensed melatonin products when licensed products are now available, albeit at an increased cost. The cost pressure of switching to licensed products is significant. The current position is that SFHT have a pass-through arrangement funded by the CCG while NUH covers the costs themselves with no pass-through.
TH supported option 2 or 3, with a slight preference toward option 3. APC supported a move towards an AMBER classification with defined criteria, or restrictions for melatonin prescribing.
HG also noted that a new melatonin liquid is due to be launched which has a more favourable excipient profile for children.
The prescribing of licensed melatonin products for paediatrics will exceed the APC mandate and a business case will be required. Part of the business case could include highlighting the benefit of a commissioned sleep service, using the Northamptonshire CCG melatonin pathway as a good example.
ACTION: HG to create a system-wide melatonin working group with relevant stakeholders, to support a business case. JML asked to be included as part of her CDA (Clinical Design Authority) role.
Post-meeting note: NUH discussed melatonin prescribing at DTC and would like to be included in the working group.

9. FOR RATIFICATION – Ciclosporin Eye Drops Information Sheet

MO presented the new information sheet which combined what were previously two separate documents, Ikervis® and Verkazia® both due for a review. Dr Maharajan, Consultant Ophthalmologist at NUH, had reviewed and approved the changes.

Main changes:

- After eye drops application, keep eyes closed for 2 minutes to increase local drug action and reduce systemic absorption.
- Patients and carers should be counselled on the effects on driving and performance of skilled tasks because of increased risk of blurred vision.
- Avoid use in pregnancy and during breastfeeding.
- Ikervis® brand: BNF lists pomelo juice as a possible factor in increasing ciclosporin exposure, while purple grape juice is predicted to decrease it.
- Ciclosporin eye drops should be prescribed by brand.
- List of references extended, with websites links for easier access.

The committee ratified the information sheet but requested that it needed to specify that Verkazia® was only licensed for use in 4-17year olds.

ACTION: Ratified with the minor amendment. MO to update the information sheet and upload it.

10. FOR RATIFICATION - Vitamin B12 Deficiency In Adults; Primary Care Guidance

LC presented the guidance on behalf of Kyla Twigger (KT) (Medicines Optimisation Pharmacist, Mid Notts CCG). The NICE guideline is due next year; in the interim of that being published, KT had worked with Steve Jones (Haematologist SFHT) to adapt the Sheffield CCG guideline which was produced in line with the current CKS guidance. Oral cyanocobalamin is currently classified as GREY on the joint formulary with self-care advice if the deficiency is due to diet. A licensed oral cyanocobalamin, Orobalin® , became available in July 21; however, the committee felt the current classification was still appropriate. Suggestions were made to increase the emphasis on self-care, especially in the initial stages and where no symptoms were present.

ACTION: LC will feed back the actions to incorporate self-care information and the RCGP information and bring back to the next APC.

11. FOR RATIFICATION – Acute Cough/Bronchitis

NB presented the updated guideline. This guideline was reviewed as it had reached its review date. The main changes were:

- Acute Bronchitis CKS (June 21) and NICE NG120 (2019) reviewed and incorporated.
- Self-care strategies and links to TARGET RTI and APC Cough PIL's added.
- Guidance on when to consider offering an antibiotic added.
- Guidance on prescribing after a CRP test result added.
- Information about medications not to be offered and about worsening symptoms added.
- Antibiotic options for >18 years and <18 years added.

Comments from the committee:

- A statement about the erythromycin and statin interaction was requested.
- A statement about RSV and about considering this as a cause of a cough in <2 years was requested,
- The CRP values need adjustment.

It was agreed that if these minor changes were made the document would be ratified without requiring further review.

ACTION: NB to make the changes and upload the document.

12. FOR RATIFICATION – Shared Care Patient Information Leaflet

HG presented the information sheet, which was produced with APC patient representatives AW and KS. The aim of the leaflet is to answer some of the most frequently asked questions that patients/carers have about shared care in our local health community.
Discussion took place around the specific wording that describes GP responsibilities when accepting or refusing shared care. AA highlighted that a section on patient responsibilities was important.
ACTION: HG to action the suggested changes and email a final version to the committee for ratification.

13. FOR RATIFICATION – Clonidine for Tic Disorders in Children: Formulary Submission and Prescribing Information Sheet

Clonidine for tic disorders in children was discussed at the February JFG meeting; an AMBER 2 classification was recommended and an APC prescribing information sheet requested. HG presented the clonidine information sheet, which was written in conjunction with specialists. The information sheet was well received.
It was noted that the prevalence of tic disorders during childhood has increased during the COVID-19 pandemic. Clonidine discontinuation will be specialist-led and is usually before the age of 18 years. Clonidine 100microgram tablets are currently non-formulary. An AMBER 2 classification was agreed and the prescribing information sheet ratified.
ACTION: HG will add the clonidine 100microgram tablets to the next JFG formulary amendments and upload the information sheet.

14. Formulary Amendments and Horizon Scanning

Traffic light changes:

- **Antibiotics for acne** – Update all antibiotics for acne as AMBER 3, in line with APC antimicrobial guidelines, to promote good antimicrobial stewardship (some were previously AMBER 2) and suggest using the dermatological section of the formulary for acne.
- **Atropine 1% eye drops preservative free minims** – Clarified as AMBER 2 for hypersalivation.
- **Chloral hydrate & chloral betaine** - Clarified RED for short term use for sleep disorders and AMBER 2 for movement disorders or sleep problems associated with a movement disorder, in line with NPPG guidance. Work is ongoing with MSOs to identify current patients in primary care; appropriate repatriation should take place for any patients identified for review, as careful withdrawal of the medication will be required. JML requested that consideration also be given to patients who may have transitioned to adult services.
- **Fexofenadine 30mg tablets (paediatric strength)** – GREEN (higher strengths already GREEN).
- **GnRH analogues for gender dysphoria** – Clarified that triptorelin is the first-line GnRH analogue; (remains AMBER 2). Leuprorelin and goserelin are second-line (AMBER 2).
- **Hydrogen peroxide 3% solution** – AMBER 2 on tissue viability recommendation (previously unclassified).
- **Methadone tablets and liquid** – AMBER 2 classification to be expanded to include initiation by the palliative team.
- **Methadone 10mg/ml solution for injection –** deferred to trust DTCs for RED, based

on potential availability problems in primary care and low frequency of use.

- **Minoxidil 5% scalp foam (Regaine®)** – to remain GREY non-formulary as it is available to purchase OTC as part of self-care option.
- **Nirmatrelvir / ritonavir film-coated tablets (Paxlovid®▼)** – RED.
- **Orlistat** – GREY (was AMBER 3), less suitable for prescribing; also, there is a dedicated service commissioned by Public Health, who should manage such treatments.
- **Pfizer BioNTech COVID-19 vaccine paediatric strength 10 micrograms/dose (Comirnaty®▼)** – GREEN, for use in line with National programme as per other Covid-19 vaccines.
- **Potassium permanganate (Permitabs®)** - AMBER 2 (previously unclassified) on tissue viability recommendation.
- **Venlafaxine oral solution** – GREEN (expensive). Add the following wording: "Liquid formulations are very expensive. Only use where switching to another antidepressant (e.g. orodispersible mirtazapine) is not clinically appropriate."

Horizon scanning - added as GREY no formal assessment:

- Fenfluramine hydrochloride (Fintepla oral solution® ▼);
- Glucagon (Ogluo®) solution for injection in pre-filled pen;
- Glyceryl trinitrate topical gel (Eroxon MED3000 DermaSys®);
- Salmeterol xinafoate / fluticasone propionate inhalation powder (Seffalair Spiromax®);
- Propamidine isetionate 0.1% eye drop (an aromatic diamidine antibacterial), Brolene® eye drops;
- Dibrompropamidine isethionate 0.15% antibacterial eye ointment (Brolene®).

Post-meeting note: Propamidine eye drops and dibrompropamidine eye ointment are currently classified RED for Acanthamoeba keratitis. Therefore, to remain classified RED.

For noting:

- Solriamfetol for narcolepsy (NICE TA758) – Under review by NUH DTC.

New applications:

Palforzia (NICE TA)

NICE TA Palforzia® for treating peanut allergy in children and young people was published on 2nd February 2022. APC are mandated to make it available in the formulary by the first week of May. The NUH allergy service is unable to offer Palforzia® at present as they do not have capacity to deliver the service safely. NUH is currently waiting for guidance from BSCAI on the patient eligibility criteria and guidance from the tertiary allergy centres to understand realistically how much resource is needed to implement this service. Similar concerns were expressed by the Leicester allergy centre regarding service delivery of Palforzia®. Due to the inability to implement the service at present, it was agreed to leave Palforzia® unclassified and add that a local pathway is currently being developed.

ACTION: Leave unclassified for now and await the tertiary centres' decisions.

Bevespi® and Trixeo® inhalers

Bevespi® - SW presented an overview of Bevespi® Aerosphere as the first and only LAMA/LABA combination available as a pressurised metered-dose (pMDI) inhaler in the UK. Therefore, it provides a device option that can be used with or without a spacer, which will be

very useful in patients with COPD who have a preference for using a pMDI device. It was agreed that there will always be some patients for whom an MDI device is clinically appropriate.
SW contacted the respiratory specialist prescribers across Nottinghamshire and sought their opinion on whether there is a need for a LAMA/LABA MDI device or whether the Spiolto® Respimat is already sufficient. The feedback from the specialist prescribers was all positive in favour of Bevespi® Aerosphere. They agreed that there is a need for a LAMA/LABA MDI device in patients with COPD, particularly in COPD patients over the age of 60, and in patients with severe COPD, as they manage better with an MDI device and a spacer. Additionally, in their experience the Respimat device often causes a cough that is not tolerable for patients. Finally, with dry powder devices, they reported that the patients' inhalation tends to be insufficient and that the powder leads to "clumping" in the upper airways.

ACTION: Add to formulary with AMBER 3 classification and also add to the COPD guidelines.

Trixeo® – This is a triple fixed-dose LAMA/LABA/ICS combination in a pMDI device, licensed as a maintenance treatment in adult patients with moderate to severe COPD, who are not adequately treated by a combination of ICS/LABA or LABA/LAMA.
Trimbow® pMDI is another triple combination device already available on the formulary for COPD. There is a slight advantage in Trixeo® over Trimbow®, in that it does not require fridge storage before use. Additionally, the submitter felt that it was a better progression from Bevespi® in terms of patient compliance as it is a similar device.
An overview of the pulmonary rehab programme provided by AZ to patients on Trixeo® was also presented. SW summarised feedback from the ICS-wide respiratory meeting about concerns that virtual rehabilitation is not seen as a gold standard and that patients could miss out on a better local service if those patients on Trixeo® opt into the AZ pulmonary rehabilitation service. Therefore, the pulmonary rehab offer should not be a reason to use Trixeo® Aerosphere.
The JFG felt it was unnecessary to have two triple MDI options on the formulary, particularly since Trixeo® Aerosphere does not have an overwhelming advantage over current triple inhalers on the formulary. It was therefore agreed that Trixeo® be classified as grey non-formulary.

ACTION: Add to formulary with GREY classification.

Trurapi®
The JFG had discussed the addition of Trurapi® (biosimilar insulin aspart) to the formulary. This offers significant cost savings compared to Novorapid®, the originator brand. Preliminary discussions with clinicians have indicated support for this product as the first-line insulin aspart product for new patients, but further discussions are ongoing. Trurapi® is
available as cartridges, prefilled pens and a 10ml vial. As device presentation may be different and it is a biosimilar product, it should be prescribed by brand.

ACTION: APC agreed to the addition of Trurapi® to the formulary with an AMBER 2 classification.

15. APC Forward Work Plan

Extensions were agreed for the following documents:

- *Dronedarone shared care protocol – extended to September 2022 (awaiting RMOC);*
- *Adult ADHD shared care protocol and prescribing information sheets – extended to September 2022 (awaiting RMOC);*
- *End of life guidance – extended to May 2022;*
- *Wound care formulary – extended to September 2022. It was suggested that Harjinder Dhillon (pharmacist) may be able to support from NUH but there is no specialist wound care pharmacist.*

16. AOB

There were no AOB items to discuss.

17. Date of the next meeting 19th May 2022

The meeting closed at 16:56.