Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 20th September 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)	Deputy AD Medicines Management	NHS Nottingham City CCG
Khalid Butt (KB)	GP	LMC representative
David Kellock (DK) (Acting Chair)	Chair SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
David Wicks (DW)	GP Prescribing Lead	Representing Mid-Notts CCGs
Judith Gregory (JG)	Assistant Head of Pharmacy	Nottingham University Hospitals
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
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
Irina Varlan (IV), Specialist Interface and Formulary Pharmacist, Nottingham University Hospitals
Karen Robinson (KR), Medicines Management Technician, M and A CCG (observing)
Dr Laura Daunt, Consultant geriatrician and Alexander Spurling, Clinical pharmacist at NUH for item 15d

Apologies

Sachin Jadhav (SJ), Chair NUH Drug and Therapeutics Committee, Nottingham University Hospitals NHS Trust
Steve May (SM), Chief Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust
Sarah Northeast (SN), Advanced Nurse Practitioner, CityCare
Esther Gladman (EG), GP Prescribing Lead, NHS Nottingham City CCG
Matthew Prior (MP), Chief Pharmacist, Nottingham Treatment Centre
Matt Elswood (ME), Chief Pharmacist, Nottinghamshire Healthcare Trust
Ben Rush (BR), Public Health ST3, Nottingham City and County Councils

Due to the absence of representation from Nottinghamshire Healthcare Trust, the meeting was

not quorate, but these minutes have been reviewed by ME and no objections to any decisions raised.

1. **Declarations of interest**
   None declared

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

The minutes from the previous meeting were reviewed and agreed as being accurate subject to a minor typographical error.

Sleep and benzodiazepine step down guidance

This is being worked on by NS. APC to be updated at next meeting

Self-Care formulary changes

These have all been made with the exception of the emollient section.
Action: LC to make formulary changes

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

3. **FOR RATIFICATION- Palliative Care Pocketbook (new)**

LC presented an updated version of the Palliative care pocketbook. The proposal was to ratify this document and also host it on the APC website, as previously was mainly used as a paper copy. It was highlighted that the constipation section is different to our current local constipation guidance.
It was requested that abbreviations are standardised, page numbers and hyperlinks added and some grammatical errors were noted.

Action: LC to update document and email to members for email ratification

4. **FOR RATIFICATION- Antimicrobial Guideline (update)**

IV presented the changes made in this latest update of the antimicrobial guidance. The FDA have issued a warning about the use of clarithromycin in heart disease, therefore some cautions have been added into the guidance and doxycycline is recommended rather than clarithromycin in some instances. It was questioned whether the MHRA will be issuing a similar warning and if not whether such dramatic guidance changes are needed. Other changes included clarifying fosfomycin as an alternative to pivmencillinam rather than third line, vancomycin as first line for c difficile infection and the section that previously recommended Polyfax has been updated to reflect its unavailability. Pending a resolution of the clarithromycin query, the APC agreed to ratify the updated guidance.

It was highlighted that an update to Public Health England guidance is awaited but the date of publication is unknown. It was agreed that the updates to the local guidance should not be stalled in order to wait for this. A comment was made regarding the recommendations in the infected eczema section and it was agreed that the text will be reworded in the next update.

Actions: IV to ask MHRA about clarithromycin in heart disease and inform APC of response. If it is decided to amend this section as presented, review COPD guidance antibiotic recommendations.
IV to finalise guidance and upload to website
Interface team to consider an OptimizeRx message and include a message in APC bulletin about clarithromycin in heart disease if appropriate.

5. FOR DISCUSSION- Review of lidocaine plasters restriction

An appeal against the decision to restrict Amber 2 prescribing of lidocaine plasters to local neuropathic pain due to post herpetic neuralgia, in line with NHS E guidance and the licensing, had been received from the pain service. It is RED for other indications. It was acknowledged that there was a lack of published evidence outside the licensed indication, but it was felt that this is a difficult condition to manage and there is a lack of well tolerated alternative options. In addition to this the local pain service in the County CCGs is unable to prescribe in line with the red classification as they do not hold a prescribing budget.

The APC had concerns about going against national guidance and felt that the appeal would be more appropriately managed on a national basis. It was agreed that the red classification should remain for exceptional cases, but the ability of the pain service to prescribe medications should be raised with commissioners.

Actions: JT to feedback to pain service
JT to clarify on formulary that RED classification is for exceptional circumstances.
LC/TB to raise budgetary issues with commissioners

6. FOR RATIFICATION- Dry skin patient information leaflet (new)

In line with NHS England Self-care guidance, Greater Notts CCGs are reviewing the prescribing of emollients. A Standard Operating Procedure and Patient Information Leaflet have been produced and it is suggested that the Patient Information Leaflet is hosted on the APC website. This was agreed subject to a change in logo and some minor changes to grammar.

AR requested that information is added regarding the risk of fire remaining after washing clothes and suggested rewording the section on benefits of smoking cessation on dry skin so as not to insinuate that everyone with dry skin smokes.

Actions: JT to finalise patient information leaflet and upload to website.

7. FOR RATIFICATION- Lactose intolerance guideline and patient information leaflet (Update)

LC presented the updated Lactose intolerance guidelines. The main change related to advice that all lactose free infant formula milk should be purchased. Previously an initial two week course of milk could be prescribed, but this is felt no longer necessary as the specialist formula milks are similarly priced to standard milks. It was requested that the need to re-challenge is emphasised in the summary section, but subject to this, the document was ratified.

Actions: LC to finalise document and upload to website

8. FOR DISCUSSION- Generic antiepileptics

Currently there is a Notts APC position statement on the use of generic lamotrigine, but since the production of MHRA guidance on the use of generic antiepileptics it had been suggested that this may no longer be needed. The APC agreed to decommission this document and instead requested that the MHRA advice be linked to the relevant formulary entries. It was highlighted that the lamotrigine position statement recommends that patients who have been seizure free for more than 6 months are not switched between brands and this is not reflected in the MHRA advice. JG stated that this is no longer specified by NUH Neurologists.

Actions: LK to remove lamotrigine position statement from APC website
LK to link MHRA advice on generic antiepileptics to relevant formulary entries.

9. FOR DISCUSSION- Haematinics guidelines (new)

This guidance had been produced by a local GP in conjunction with Dr Moorby, Haematologist at SFH, for use locally by the practice. It had been requested that it be made available via the APC for wider use. There was not felt to be a need for the Vitamin D or folate sections of the guidance but it was agreed that advice on Vitamin B12 could be useful. The inclusion of cyanocobalamin despite its grey classification was highlighted, but it was suggested that it may be a useful treatment alternative to Vitamin B12 injections for some patients and may reduce an administration burden on practices. It was questioned whether an appropriate dose may be purchased and whether it may be appropriate to advise patients purchase OTC rather than it being prescribed routinely.

Actions: LC to seek primary care opinion on the burden of Vitamin B12 injections
LC to update document and email to APC members for ratification
LC to review the GREY classification of cyanocobalamin and investigate the availability OTC

10. FOR RATIFICATION- Mesalazine monitoring guidance (new)

IV presented a mesalazine information sheet which had been developed based on NUH guidance following requests from primary care for advice regarding appropriate monitoring schedules for patients on mesalazine. Mesalazine is currently classified as Amber 2 which was questioned as it was suggested that the monitoring requirements were not dissimilar from DMARDs used in other conditions which have an Amber 1 classification. It was suggested that the potential workload implications for primary care be flagged to commissioning committees, but in the meantime it should be highlighted on the information sheet that it is prescribing guidance, not a Shared Care Protocol.

It was requested that the monitoring table be clarified regarding monitoring requirements after dose change and that mesalazine be added to the summary table for DMARDs.

Actions: IV to finalise information sheet and upload to APC website
IV to review DMARDS monitoring summary table
LC/ TB to highlight potential workload implications to commissioning committees.

11. FOR RATIFICATION- Nausea and Vomiting in Pregnancy Guideline (update)

LK presented an updated Primary care guideline for Nausea and Vomiting during pregnancy which had been reviewed as it had reached its expiry date. Since the production of the original guidance, a RCOG guideline had been published and this recommended use of the PUQE score as a measure of quantifying the severity of Nausea and Vomiting. The incorporation of this was the main change to the guideline. A local GP with an interest in this area had kindly reviewed the guidance and it had been sent to obstetricians for comment but no responses had been received.

The APC requested that a review of the guidance by secondary care be pursued, but otherwise approved the updated document.

Actions: LK to pursue secondary care feedback
LK to finalise document and upload to APC website

12. RMOC update

TB updated the committee with the current RMOC work plan. The local RMOC are reviewing Shared Care Processes across the region and it was requested that the APC compile response to a questionnaire on the local shared care processes. The questions were discussed and it was suggested that a draft response be circulated amongst APC members.

Actions: TB to summarise responses and circulate via email

13. Formulary amendments and horizon scanning

Due to time constraints it was requested that this item be ratified via email

Action: LK to circulate for ratification via email

14. Formulary Submissions

a) Sialanar (glycopyrronium)

A formulary submission had been received from community paediatrics for the Sialanar brand of glycopyrronium bromide liquid. This had been brought directly to the APC as a QIPP project in primary care on switching patients from glycopyrronium tablets was awaiting the outcome of the submission.

Sialanar had been considered previously by the APC with input from paediatric specialists, but due to the potential for confusion in dose conversion and lack of BNFc dosing advice for this preparation it had been agreed that an alternative liquid preparation be that of choice in Nottinghamshire. Although a licensed preparation, the current formulary choice is used off-

label, whereas the Sialanar product is licensed for the indication for which it is being used (hypersalvation in children and adolescents). Secondary care paediatric clinicians have now requested the availability of Sialanar due to the licensing issues.

It was agreed by the APC that the licensed product should be available for use with an Amber 2 classification, but that dosing guidance be produced. Although it was felt appropriate for patients currently prescribed tablets to be switched in primary care, it had been suggested by NUH that due to potential for dosing conversion errors, liquid switches be managed by secondary care at the next routine appointment. The cost difference between the liquid preparations is negligible, whereas significant cost savings could be realised by reducing the usage of glycopyrronium tablets.

Actions: JT to feedback to clinicians
JT to produce resources to support primary care in switching patients
Interface team to update formulary

b) <u>Prasugrel for use in interventional neuroradiology (Efient, Daiichi Sankyo UK Ltd)</u>

A formulary submission had been discussed through the JFG for prasugrel for the prevention and treatment of device related thrombus formation during and after procedures for unruptured brain aneurisms. The JFG had recommended a red classification due to it being an unlicensed indication without any supporting national guidance and a lack of robust published evidence.

LK highlighted concerns raised by the submitting clinicians regarding the potential consequences of non-adherence and the increased likelihood of this if availability is restricted.

The APC agreed with the red classification recommended by the JFG, and recommended a robust mechanism for supply be developed locally.

Actions: JG to take to NUH DTC

c) <u>Mycophenolate and azathioprine for neuromuscular diseases and inflammatory neuropathies</u>

The JFG had discussed a formulary application for mycophenolate and azathioprine for neuromuscular diseases and inflammatory neuropathies. A red classification had been recommended for mycophenolate in line with other indications for which mycophenolate is on the formulary. An Amber 1 classification had been recommended for azathioprine and the proposed Shared Care Protocol had since been aligned with other azathioprine shared care protocols. The APC agreed with these traffic light recommendations. It was requested that the need for patients to be on a stable dose before transfer to primary care be highlighted. Subject to some minor typographical amendments, the draft shared care protocol was ratified.

It was requested that the workload implications of this be flagged with commissioning committees.

Actions: IV to finalise document and upload to APC website

IV to feedback to clinicians and update formulary
LC/TB to flag with commissioning committees.

d) Melatonin for adults- resubmission

Dr Laura Daunt, Consultant geriatrician and Alexander Spurling, Clinical pharmacist at NUH were in attendance for this item.

Melatonin had been discussed previously and had been classified grey for the treatment of insomnia in elderly patients at risk of falls and with dementia. A resubmission had been received that narrowed its use to patients older than 75 years at risk of falls or with dementia and it had been requested that it is available with an Amber 2 classification. It was therefore anticipated that the patient group would be smaller than that previously requested. There had been no new published evidence since the previous submission and NICE NG 97 has a "do not do" recommendation stating that melatonin should not be offered to patients with Alzheimer's dementia.

Some in house data was discussed that showed over a month on a frailty unit at NUH approx. 1/5 of patients admitted with a fall were prescribed a hypnotic. Approximately 70 % were successfully deprescribed. Currently the only alternative to hypnotics is sleep hygiene which is not a suitable treatment option for some patients therefore it was requested that melatonin is available to aid the deprescribing of hypnotics and also for patients at risk of falls as an alternative to a hypnotic.

A NICE Key Therapeutic Topic was discussed that suggests that melatonin may have similar risks as hypnotics, but the submitters explained that this was after prolonged use rather than use in line with the licensed duration. Concerns were expressed that in practice longer term use may occur and that melatonin may be misinterpreted as being a safer agent.

After discussion it was agreed that the grey classification for melatonin for this patient group should remain as there is a lack of evidence to demonstrate that melatonin will benefit in the longer term. However, the 70% success rate in deprescribing hypnotics was commended and a suggestion was made for a wider joint working project or shared learning to support this work in primary care.

Actions: IV to feedback to clinicians.

15. FOR INFORMATION: APC forward work plan

Noted.

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

Noted.

17. Future Dates of Meetings 2018/19

- 15th November 2018

- 17th January 2019
- 21st March 2019

18. Any Other Business (AOB)

RT informed the APC that a smoking cessation service is about to launch in Nottingham City CCG called GP Plus.

IV requested advice from the APC regarding a new licensed preparation of desmopressin for nocturnal polyuria in adults. Dr. Richard Parkinson had questioned whether a formulary submission would be needed as alternative formulations of desmopressin are available on the formulary. It was highlighted that desmopressin is on the formulary for nocturnal enuresis and diabetes insipidus. It was agreed that as this is an additional indication a formulary submission would be required.

The meeting closed at 5.10pm