

**Nottinghamshire Area Prescribing Committee Guideline Meeting Minutes 18<sup>th</sup> July 2024: 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: -**

<b>Laura Catt (LC) (Chair)</b>	<b>Prescribing Interface Advisor</b>	<b>NHS Nottingham &amp; Nottinghamshire ICB</b>
<b>Tanya Behrendt (TB)</b>	<b>Senior Medicines Optimisation Pharmacist</b>	<b>NHS Nottingham &amp; Nottinghamshire ICB</b>
<b>Ann Whitfield (AW)</b>	<b>Patient Representative</b>	<b>Nottingham &amp; Nottinghamshire ICB local population</b>
<b>Katie Sanderson (KS)</b>	<b>Patient Representative</b>	<b>Nottingham &amp; Nottinghamshire ICB local population</b>
<b>Jennifer Moss Langfield (JML)</b>	<b>GP</b>	<b>LMC Representative</b>
<b>Dr Khalid Butt (KB)</b>	<b>GP</b>	<b>LMC Representative</b>
<b>Asifa Akhtar (AA)</b>	<b>GP</b>	<b>South Notts PBP, Nottingham &amp; Nottinghamshire ICB</b>
<b>Tim Hills (TH)</b>	<b>Assistant Head of Pharmacy</b>	<b>Nottingham University Hospitals NHS Trust</b>
<b>Mark Clymer (MC)</b>	<b>Assistant Chief Pharmacist</b>	<b>Sherwood Forest Hospitals NHS Foundation Trust</b>
<b>Hannah Sisson (HS)</b>	<b>Principal Pharmacist, Adult Mental Health Community Teams</b>	<b>Nottinghamshire Healthcare NHS Trust</b>
<b>Beth Rushton (BR)</b>	<b>Senior Clinical Pharmacist</b>	<b>Nottingham West PCN</b>
<b>Susan Hume (SH)</b>	<b>Advanced podiatrist</b>	<b>Nottinghamshire Healthcare NHS Trust</b>
<b>David Kellock (DK)</b>	<b>Consultant in Sexual Health and SFHT DTC Chair</b>	<b>Sherwood Forest Hospitals NHS Foundation Trust</b>

**In Attendance:**

Jo Fleming, Specialist Clinical Pharmacist (Pain), Primary Integrated Community Services Ltd.  
 Nicola Graham, Senior Transformation Manager, NHS Nottingham & Nottinghamshire ICB.  
 Patrick Wilson, Chief Pharmacist, Sherwood Forest Hospitals, NHS Foundation Trust, Nottinghamshire.  
 Shelly Herbert, Practice Nurse, Musters Medical Practice  
 Jacqui Burke, Advanced Nurse Practitioner, Willowbrook Medical Practice, Nottinghamshire.

Linnet Talsma, Heart Failure Nurse, Nottinghamshire Healthcare NHS Foundation Trust  
Peter Richards, Senior Medicines Optimisation Pharmacist, Nottingham and Nottinghamshire ICB, in attendance for item number 9.  
Shabnum Aslam Medicines Optimisation Pharmacist, Nottingham and Nottinghamshire ICB, in attendance for item number 9.

### **NHS Nottingham & Nottinghamshire ICB Interface Support in attendance:**

Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH, in attendance up to agenda item 4.

Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist.

Lidia Borak (LB), Specialist Medicines Optimisation Interface Pharmacist.

Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist.

Nichola Butcher (NB), Specialist Medicines Optimisation Interface Pharmacist.

#### **1. Welcome and apologies.**

APC members were welcomed, new APC members in attendance were introduced, and apologies were noted.

#### **2. Declarations of interest.**

None were declared.

#### **3. Minutes of the last meeting, matters arising and action log.**

The minutes of the previous meeting were agreed to be an accurate account, subject to minor amendments.

##### Heart Failure Guideline.

LC will provide further updates to the APC as these become available.

**ACTION: LC to keep the APC informed of any progress.**

##### Inflammatory Bowel Disease (IBD) Shared Care Protocol (SCP).

At the March APC meeting, APC members queried why live vaccines were listed as a contraindication and not a caution. NB explained that the live vaccination has now been changed to a caution.

**ACTION: No further action required.**

##### Management of Type 2 Diabetes in Young Adults Guideline

At the last APC (May 24) LK presented the guideline Management of Type 2 Diabetes in Young Adults; this was not approved. The NICE TA for Tirzepatide for managing overweight and obesity had been delayed until October 2024, so it was planned to develop this guidance as a signposting guideline in the interim. As it will not contain prescribing advice, it is anticipated that this will be approved via the ICS diabetes group. LK will return the guideline for consideration by the APC later if required.

**ACTION: LK to update the APC if anything of significance arises.**

##### Domperidone

LK explained that she had earlier emailed APC members regarding a minor change to the Domperidone for lactation stimulation guideline. Some responses had been received and members were urged to submit their responses by 1<sup>st</sup> August.

**ACTION: APC members to respond by email.**

Daridorexant (AOB)

LK explained that daridorexant had previously been added to the Joint Formulary as AMBER 3 for consideration if cognitive behavioural therapy for insomnia (CBTi) had been tried but not worked, is unsuitable or unavailable in line with the NICE TA. Currently, CBT is only available locally if there is a co-existing mental health condition, but it had been understood that there would be a nationally commissioned digital CBTi service. Recent communication from NHSE had, however, confirmed that this would not be available for some time, leaving a gap in service locally. This has been escalated to commissioners and an outcome is awaited.

**ACTION: LK to update the APC on any commissioning decisions.**

All other actions were complete or listed on the agenda.

Action log:

The action log was noted by the APC members.

**ACTION: No further action required.**

**4. FOR RATIFICATION – ANTIMICROBIAL GUIDELINES.**

The following antimicrobial guidelines have been updated, due to reaching their review date. Comments were invited and received from microbiology and dermatology leads.

NB presented the following antimicrobial updates:

**For ratification: Acne.**

The following key changes were discussed:

- NICE NG198 was updated December 2023 with no changes to the treatment pathway and antimicrobial choices. There have been no changes to treatment options in the local guidance.
- clarification on trimethoprim has been included:
  - The dose of trimethoprim on the local guideline is 200mg twice a day, whereas national guidance is 300mg twice a day. This lower dose has been used successfully locally, with potentially fewer side effects. Information was added to say the recommended dose differs from national guidance and that it can be increased to 300mg twice a day if required and if tolerated.
  - Specific mention of a rash has been added because of the very rare side effect of a severe cutaneous adverse reaction (Toxic Epidermal Necrolysis). 'Patients should be advised to stop trimethoprim immediately and contact their GP/specialist if they develop a rash.'

Questions around isotretinoin prescribing were raised and NB explained that the pathway for isotretinoin prescribing was under discussion separately from this antimicrobial guideline.

APC members ratified the updated guideline, subject to minor amendments.

**ACTION: NB to make the minor amendments and upload the Acne guideline to the APC website.**

**For ratification: Dermatophyte infection of the scalp.**

The following key changes were discussed:

- At the request of microbiology, information about *Trichophyton indotineae* has been added, as this is an emerging pathogen and is resistant to first-line treatments.
- Self-care information added, including the statement that school, nursery, or work can be attended once treatment has started.
- No change to the available treatment options.
- Adult dose of griseofulvin changed from '500mg daily, increasing if necessary' to '1g daily', as per the NICE Clinical Knowledge Summary. Option of 500mg twice a day has been included for patients who may experience side effects.
- Monitoring information for terbinafine added, for patients who require a longer course than 4 weeks.

NB will check that suitable information for children's dosing is available on the 'Alternatives to using an Unlicensed "Special" information sheet'. Subject to the agreed amendments, APC members ratified the guideline.

**ACTION: NB to ensure that child dosing formulation information is available for prescribers, make the minor amendments and upload the Dermatophyte infection of the scalp Guideline to the APC website.**

**For ratification: Infected Eczema treatment of suspected secondary bacterial infection.**

The following key changes were discussed:

- Information added to advise patients to replace emollients and corticosteroids after the infection if they are likely to be contaminated, i.e. where hands/fingers are put in the tub.
- Information about when not to offer an antibiotic expanded to include that a mild infection may clear with treatment of underlying eczema.
- No change to the treatment options.
- Local resistance to fusidic acid reviewed before retaining this as a treatment option:
  - Local resistance patterns reviewed May 2023-24.
  - 6734 isolates had fusidic acid sensitivity testing, of which only 15 were resistant.
  - **0.2%** resistance rate, which is very low.

Members suggested a few minor amendments, including adding additional emphasis on self-care and, in case of infection, to replace emollients which do not have a pump dispenser. Subject to the agreed amendments, APC members ratified the guideline.

**ACTION: NB to make the minor amendments and upload the Infected Eczema treatment of suspected secondary bacterial infection guideline to the APC website.**

**For ratification: Herpes Simplex.**

The following key changes were discussed:

- Information has been added about self-care pain relief for cold sores and a statement that topical anti-virals should be purchased over the counter and not prescribed.
- Information about prophylaxis has been updated as patients should ideally have a review with a specialist before starting on prophylaxis. The suggested dose information has been removed.
- The treatment table has been updated to clarify the indications and treatments.
- The valaciclovir dose is different for eczema herpeticum and this has been highlighted in the table.

Members suggested a few minor amendments, including additional emphasis on prophylaxis treatment. Subject to the agreed amendments, APC members ratified the guideline.

**ACTION: NB to make the minor amendments and upload the Herpes Simplex Guideline to the APC website.**

#### 5. **FOR RATIFICATION** - Bupropion for Depression Information Sheet.

HS presented the Bupropion for Depression Information Sheet. Bupropion for depression was added to the joint formulary with an AMBER 2 classification in June 2022. This is an off-label indication. A prescribing information sheet was requested for Primary Care, but due to global supply issues of bupropion the information sheet development was put on hold. As bupropion supplies are now re-established it is appropriate for the information sheet to be reconsidered.

This information sheet will not result in any changes to current clinical practice. It aims to support prescribing for patients already stabilised on bupropion for depression by Secondary Care who have also already been transferred to Primary Care.

Discussion took place regarding a patient care plan. HS agreed that discharge and follow-up review information was a reasonable suggestion for all AMBER 2 antidepressants and would be incorporated as per NICE guidelines. Additional clarity will be added about blood pressure monitoring and hyperlinks to the advice line will be added.

Clinicians requested that review information be added for all psychiatric medicines. HS will feed this request back to NHCT.

Subject to the agreed additions and amendments, APC members ratified the information sheet.

**ACTION: HS to make the amendments and additions agreed and a designated member of the APC team to upload the Bupropion for Depression Information Sheet to the APC website.**

**HS to discuss all the feedback received with NHCT.**

#### 6. **FOR RATIFICATION** - Anticoagulants in AF guidance – generic rivaroxaban update.

IV presented the Anticoagulants in AF guidance and explained that rivaroxaban was now available as a generic. When prescribed generically, the cost to the NHS is reflected in the Drug Tariff price. This is expected to decrease over the next few months and cost efficiencies can be made for the NHS.

Specialists (haematology, stroke, and cardiology) from NUH and SFH have been consulted about changing our preferred once-daily DOAC from edoxaban to rivaroxaban; they were supportive of the change and the local guideline has been updated accordingly; apixaban

continues to be the first- line DOAC (twice daily dose) and rivaroxaban is the second- line DOAC of choice locally (once- daily dose).

Members agreed that communication around the changes might alleviate some of the frustration felt by prescribers around the re-occurring medication changes. LC will feed this suggestion back to the Medicines Optimisation Team.

APC Members suggested a few minor amendments. Subject to the agreed amendments, APC members ratified the Anticoagulants in AF guidance.

**ACTION: IV to make the agreed amendments and upload the Anticoagulants in AF guidance to the APC website.**

## 7. **FOR RATIFICATION - Palliative Care in end-stage heart failure – Pocketbook.**

IV presented the Palliative Care in end-stage heart failure – Pocketbook that had been updated in consultation with NUH and SFHT Heart Failure and Palliative Care Specialists.

The following changes to the pocketbook were discussed:

- contacts were updated.
- link added to The National GSF Centre' s guidance for clinicians to support earlier identification of patients nearing the end of life .
- End of Life Care Guide diagram replaced with up-to-date one.
- Some changes in wording in the Diuretic therapy section, to clarify the advice in the old guidance. Added information that the maximum furosemide dose that would fit in a 30ml syringe driver is 220mg/24hrs.
- Minor changes to wording in Breathlessness chapter, details about sublingual lorazepam added.
- Some changes to advice in Pain section to align with End of Life pocketbook (EoL) update.
- Changes to Nausea and Vomiting section to be in line with the EoL pocketbook update; dose advice regarding metoclopramide, levomepromazine and haloperidol.
- Changed wording in the Constipation section to align with EoL pocketbook update.
- Added SGLT2s in the Medication review section.
- Update to the Working Group and to the Reference section.

Clinicians present explained that they would prefer the word 'consider' attached to the PR constipation section of the pocketbook.

The contact information requires additional confirmation to ensure that the whole of the Nottingham and Nottinghamshire ICB have been considered.

To prevent a delay in the availability of the pocketbook it was agreed that, subject to minor amendments being completed, the pocketbook should be uploaded to the APC website while Bassetlaw is contacted for comments.

APC members ratified the Palliative Care in End-stage Heart failure Pocket Book

**ACTION: IV to make the minor amendments agreed and upload the pocketbook to the APC website. IV to contact Bassetlaw for comments and return the item to APC if required.**

## 8. FOR RATIFICATION - Headache Pathway

LB presented the updated headache pathway and highlighted the following key changes, which have been made in consultation with the NUH neurology team:

- Addition of atogepant for migraine prophylaxis following NICE TA973 and formulary submission requesting AMBER 2 classification agreed at the APC Formulary meeting (20/06/24).
- Addition of National Drug Safety Update recommending Pregnancy Prevention Programme (PPP) for topiramate in women of childbearing potential.
- Ibuprofen was removed as a 3rd- line option for treating migraine in pregnancy, based on studies showing miscarriage when used in early pregnancy, BUMPS safety note, and local expert opinion.

TB explained that cost-effectiveness and the high-cost medicine commissioning policy had been discussed with NUH and these will be refined to show where atogepant fits within the pathway. APC clinicians requested the inclusion of hyperlinks for the PPP annual review and the form that needs to be completed for topiramate. The MHRA had issued specific guidance to clinicians regarding topiramate for epilepsy and headache use.

LC explained that the Medicines Safety Officers (MSO) were currently in the process of developing communication for prescribers. Clinicians requested clarification within the guideline of effective contraception recommended for atogepant and for topiramate.

The pathway was ratified, subject to email clarification on contraception advice sent to APC, and the implementing of minor changes.

**ACTION: LB to include information on what contraception is regarded as “effective” for patients using atogepant, and for patients using topiramate on PPP. To email APC members the clarification on contraception and to upload, with minor amendments.**

## 9. FOR RATIFICATION - COPD Guidelines

Peter Richards (PR) presented the updated Nottinghamshire COPD Guidelines, which had been reviewed due to reaching their review date. The guideline has been updated in consultation with the ICS Respiratory Clinical Reference Group.

The update aims to provide a simple visual summary of inhaled treatment for COPD to support decision-making. The only significant change in content is simplified guidance on stopping prescribing of ICS.

Appendix 1 provides a visual summary of first-choice inhalers for COPD.

Appendix 2 offers advice on the environmental impact of inhalers and has been linked to both asthma and COPD guidelines.

No significant change to general COPD guidance had been required, as there had been no updates to The National COPD guidance since the production of the Nottinghamshire COPD Guidelines in April 2021.

APC members suggested a small number of amendments to offer further clarity for clinician decision-making, such as including options for the occurrence of supply issues. It was also agreed that a separate decision-making tree was needed for selecting an appropriate inhaler to suit the patients. PR explained that this is currently under development.

APC members ratified the COPD guidelines, subject to the small number of amendments discussed. It was agreed that Appendix 2 should sit as a stand-alone document on the greener NHS section of the APC website.

**ACTION: PR to make the agreed amendments and a designated member of the APC team to upload the guideline to the APC website and provide a link to Appendix 2 on the greener NHS section of the APC website.**

#### **10. FOR RATIFICATION - Hypertriglyceridemia Guidelines.**

TB presented the updated Nottinghamshire Guidance for the Management of Hypertriglyceridemia; this guideline has been reviewed due to reaching its expiry date and the following changes have been made to the guideline:

- Addition of information relating to January 2024 MHRA Drug Safety Update on Omega 3 and the risk of Atrial Fibrillation (AF).
- QRISK2 changed to QRISK3 in line with NICE Guideline 238 CVD risk assessment.

TB explained that the Nottingham and Nottinghamshire ICB remains an outlier for the prescribing of Omega 3. Most of the prescribing is believed to be historical for non-hypertriglyceridemia use as local Lipidologists have confirmed that it is rarely recommended by them.

Clinicians asked what the practice for re-prescribing should be if the triglycerides increased. TB will confirm this with the Lipidologists and feed back to APC members.

APC members ratified the updated Hypertriglyceridemia Guideline.

**ACTION: APC members ratified the updated Hypertriglyceridemia Guideline; a designated member of the APC team to upload the guideline to the APC website.**

#### **11. FOR RATIFICATION - Antipsychotics Information Sheet (NHCT)**

HS presented the updated Antipsychotics Information Sheet. The review has been led by Zhen Dong Li, Lead Pharmacist at Nottinghamshire Healthcare.

The following changes were discussed:



- Amended link to STOMP- GP prescribing information.
  
- Added links to BUMPs, e-lactancia, and choice and medication under pregnancy and breastfeeding.
- Updated side-effects (for all antipsychotics) table in line with the BNF.
- Updated appendix 1 to remove duplicate references for the need of a care plan.
- Updated appendix 3:
  - In line with the BNF and SPCs.
  - Included doses for off-label use of antipsychotics as per national guidelines (NICE and British Association for Psychopharmacology – BAP). This change is in response to feedback from GPs at Cripps Health Centre.
  - Removal of Risperdal Consta® as this is now non-formulary.
- Checked and updated all references.

HS explained that Appendix 3 presented the greatest change as it included off-license dosing of antipsychotics and might require discussion outside of APC.

HS also explained that the document was large due to a previous request to amalgamate the numerous separate antipsychotic information sheets.

APC members ratified the Antipsychotics Information Sheet, subject to removal of the off-license dosing information. This is an interim measure while discussions regarding off-license prescribing continue outside of the APC.

**ACTION: APC ratified the Antipsychotics Information Sheet with the off-license dosing removed. HS to inform the author and a designated member of the APC team to upload the information sheet to the APC website.**

## 12. FOR RATIFICATION - Clozapine Information Sheet (NHCT)

The APC clozapine information sheet has been reviewed due to reaching its 3-year review date. The review has been led by Matt Roberts, Lead Pharmacist for the Early Intervention in Psychosis Service at Nottinghamshire Healthcare.

The following changes were highlighted for discussion:

- Adding constipation screening to the schedule for physical health monitoring.
- Adding a link to the Choice and Medication patient information leaflet on hypersalivation from clozapine.
- Updating the specialist contact information:
  - Bassetlaw Hospital has been removed as clozapine is no longer supplied by this service.
  - The pharmacy advice line has been added.
  - Rampton Hospital has been removed as there is no identified need for Primary Care to contact; Wells Road Pharmacy serves better as a point of contact.

APC members discussed constipation being a red flag and that more information was required to alert Primary Care prescribers of the importance for constipation screening. Inclusion of the MHRA safety alert on secondary constipation for clozapine was requested.

**ACTION: HS to inform the author and provide additional information to hyperlink constipation in the information sheet. APC members to be emailed for final ratification.**

### 13. FOR RATIFICATION - Fludrocortisone for Orthostatic Hypotension Information Sheet.

VM presented the updated Fludrocortisone for Orthostatic Hypotension Information Sheet which had been updated due to reaching its review date. The document was cross-referenced against the BNF and Summary Product Characteristics (SPC). The NICE evidence review was done in 2013 and currently there is no updated national guidance that the author is aware of. Comments were invited from and received from the author of the original document, Emma Grace, Lead Clinical Pharmacist, HCOP and Stroke Services Nottingham University Hospitals.

The following changes were discussed:

- Changed maximum dose from 300 micrograms to 400 micrograms daily as per BNF.
- Added the live vaccine contraindication due to diminished serum antibody response as per BNF.
- Added information on 100 micrograms tablets being more cost-effective than prescribing 50 microgram tablets as many brands are scored and can be halved as per their product license. Additional details will be added to the Joint Formulary as discussed in June formulary meeting.
- Updated references.
- Minor formatting changes.

APC members discussed the expectation for U&Es and BP check to be completed within a week of discharge and additional clarification was felt to be required if this is to happen within Primary or Secondary care., This will be taken for further discussion by the NUH interface group. As a solution was unavailable at present, APC members agreed to the incorporation of the following line: 'The initiating prescriber is responsible for ensuring that the monitoring is continued until care can be transferred safely to Primary Care'.

The live vaccine contraindication required further clarity and VM will continue this discussion outside the meeting. In addition, it was requested that the phrase "(serum antibody response diminished)" be removed from the BNF- adopted live vaccine contraindication statement.

A few minor amendments within the text were noted.

**ACTION: VM to update the information sheet and email APC members for ratification.**

### 14. FOR RATIFICATION - Parkinson Disease (PD) Information Sheets

VM presented the information sheets (cabergoline, pramipraxole, ropinirole and rotigotine) which have been updated because they had reached their review date. The information sheets were

cross referenced against NICE guidelines (which have not been updated since 2017), BNF and Summary Product Characteristics (SPC).

The Neurology teams had been consulted and they no longer felt the cabergoline information sheet was required as this is not recommended treatment in national guidelines, due to side effects. Subsequently, VM requested that the traffic light classification for cabergoline for treatment of PD be changed from AMBER 2 to GREY for new initiation and AMBER 2 only for existing patients who are currently being treated with the drug.

APC members agreed to the information sheet being retired and to changing the formulary traffic light classification, as discussed above.

The following changes have been made to the Pramipexole Information Sheet:

- Added advice on not stopping the drug abruptly due to risk of neuroleptic malignant syndrome.
- Advice added on doses omitted for modified release (MR) preparations.
- Highlighted that the advice on renal impairment in the information sheet was for MR preparation and to refer to the SPC for advice on immediate release preparations.
- Psychotic disorders and risk of visual disorders added as a caution, as per BNF.
- Added advice from BNF to monitor blood pressure, due to risk of postural hypotension especially on initiation.

VM explained that the patient information leaflet (PIL) for pramipexole states that patients should have regular eye examinations during treatment with pramipexole; the BNF lists risk of visual disorders as a caution and recommends ophthalmological testing, whilst the SPC recommends ophthalmologic monitoring at regular intervals or if vision abnormalities occur. A discussion took place as to whether this could be carried out by an optician or whether a referral to ophthalmology was required. APC members agreed that further clarity from ophthalmology was needed to establish what 'visual monitoring' was required.

The following changes have been made to the Ropinirole Information Sheet:

- Administration advice added.
- Slower titration for patients over 75 years recommended, therefore added this advice.
- Added advice on not stopping abruptly due to risk of neuroleptic malignant syndrome.
- Advice on omitted doses added.
- Caution required with elderly patients. Added this advice.
- Ropinirole contains lactose. Added advice from the SPC that patients with rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.
- Caution required during product selection as name can be confused with risperidone. Added this advice.

APC members ratified the Ropinirole Information Sheet.

The following changes have been made to the Rotigotine Information Sheet:

- Added advice on not stopping abruptly, due to risk of neuroleptic malignant syndrome.
- Added advice that rotigotine patches contain metabisulphite, a sulphite that can cause allergic reactions.
- Added advice from SPC that patients with severe cardiac disease should be asked about symptoms of syncope.
- Added a caution on fibrotic complications.

APC members ratified the Rotigotine Information Sheet.

**ACTION: Cabergoline information sheet :- VM to retire from the APC website and change the formulary traffic light status for cabergoline for treatment of PD from AMBER 2 to GREY for new initiations and AMBER 2 only for existing patients on the treatment.**

**Pramipexole information sheet:- VM to contact Ophthalmology to establish what type of 'visual monitoring' is required when pramipexole is being prescribed. The Pramipexole Information Sheet to be emailed to APC members for final ratification.**

**Ropinirole Information Sheet ratified by APC members; VM to upload to the APC website.**

**Rotigotine Information Sheet ratified by APC members; VM to upload to the APC website.**

## **15. FOR RATIFICATION - Palliative care Pocketbook & EoL guidance**

LC presented the interim Palliative Care Pocketbook & EoL guidance.

The following summary of information was discussed:

- The unification of District nursing authorisation to administer forms has highlighted different ways of working across the ICB. Nottingham City have a long history of widely using small one-step dose ranges in breakthrough/anticipatory medication for both patients who are opioid naive and those already on opioids. This is reflected in the CityCare administration policy.
- The authority-to-administer group asked that the Pocketbook and End of life guidance be updated to make clear that the practice of one-step dose ranges can be used in both circumstances.
- The changes have been taken from the wording in the CityCare policy; the policy has been sent for comment to the working group, which includes community providers, GPs with EOL interest, Secondary Care palliative consultants and pharmacists from community and specialist palliative care.

APC members ratified the two documents, with a small amendment to the constipation section of the Palliative Care Pocketbook: to 'consider' PR for constipation. The two documents will be taken to the Nottinghamshire Palliative Care Board for noting.

**ACTION: LC to make the amendment to the pocketbook, inform the author and upload both documents to the APC website.**

## 16. FOR RATIFICATION – Take Home Naloxone AMBER 3 Information Sheet for Prescribers

HS presented the new Take-Home Naloxone AMBER 3 Information Sheet for Prescribers. The following summary of information was discussed:

- NAPC had previously approved nasal naloxone (Nyxoid) with an AMBER 2 classification and intramuscular naloxone (Prenoxad) with a GREEN classification on the formulary.
- To rationalise this difference, it is proposed that both forms should be reclassified as AMBER 3 drugs, with an Information Sheet for Primary Care Prescribers.
- AMBER 3 status would allow Substance Use Services to continue to initiate and provide further supplies for most service users (and their family/carers/friends) but also, importantly, to allow Primary Care services to also initiate both forms of naloxone on prescription, without Substance Use Services input following individual risk-assessment.
- The proposal is fully supported by Dr Stephen Willott (Clinical Lead for Alcohol & Drug Use) and colleagues across Substance Misuse Services (Nottingham Recovery Network (NRN), Nottinghamshire Healthcare Trust Health Shop, Change Grow Live (CGL) and Framework).

The Take-Home Naloxone Information Sheet for Prescribers for substance misuse was ratified by APC members. The Joint Formulary will be updated to reflect the classification change of Prenoxad injection and Nyxoid Nasal Spray.

**ACTION: APC ratified the Take-Home Naloxone Information Sheet for Prescribers; HS to feed the conclusion back to the author. A member of the APC team to upload to the APC website and update the Joint Formulary entries for Prenoxad injection and Nyxoid Nasal Spray to an AMBER 3 classification.**

## 17. FOR INFORMATION – Alvertine/Simethicone (SimAlvia) & Irritable Bowel Syndrome (IBS) guideline

A temporary classification of AMBER 2 has been agreed for patients who have already been established on the treatment by Professor Corsetti; however, no new initiations should take place until a guideline has been produced.

APC members acknowledged this decision.

**ACTION: LB to add the IBS guideline to the list of additional work requested. As this is subject to capacity, no further action to be taken at present.**

## 18. FOR INFORMATION – Forward work programme

Due to the APC team having an extensive workload, ways to reduce pressure were being explored:

- Preferred Prescribing List (PPL): NB explained that the Preferred Prescribing List (PPL) will no longer be ratified by the APC, and the Medicines Optimisation Governance Group has ratified the latest update.

- Prucalopride Prescribing Information Sheet is due for review and VM explained that it was very similar to the SPC so it was proposed that it should be retired. The eligibility criteria will still be based on the NICE TA211. Although NICE TA only lists women, the drug is currently licensed and on the formulary for both men and women. Therefore, the restrictions on NICE TA will apply to both men and women.
- The APC team were proposing to retire the APC Renal function calculation and drug dosing/monitoring guidance and follow the Specialist Pharmacy Service (SPS) and Medicines and Health products Regulatory Agency (MHRA) guidance for calculating kidney function. BR will consult with colleagues to ensure that the SPS and MHRA resources answer all the questions raised by PCN colleagues.

The work programme was noted by the APC members.

### **19. Any Other Business**

- AW explained that she was attending a webinar on Digital end-of-life records. KB asked that AW raise the topic of the digital drug chart. A link to the webinar will be sent to APC members, should they wish to attend.
- LK had emailed a training needs request sheet and reminded members to respond to the email ASAP.
- The August meeting will be cancelled due to a number of the APC team and APC members having annual leave.
- The transgender guideline has been slightly updated. TB will email the updated guideline to APC members for ratification.
- New APC members will be contacted by a member of the APC team for an informal induction.

**20. Date & Time of next APC Guideline meeting: Thursday 19<sup>th</sup> September 2024 (2pm to 5pm, Hybrid Meeting Teams).**

**21. Date & Time of next APC Formulary meeting: Thursday 17<sup>th</sup> October 2024 (2pm to 5pm, Microsoft Teams).**

Meeting closed at: 5:20 pm