These minutes are in draft form until ratified by the committee at the next meeting on 16th November 2023.

Nottinghamshire Area Prescribing Committee Guidelines Meeting Minutes

APC Meeting 21st September 2023: 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: -

Laura Catt (LC) Chair	**Prescribing Interface Advisor**	**NHS Nottingham & Nottinghamshire ICB**
Tanya Behrendt (TB)	**Senior Medicines Optimisation Pharmacist**	**NHS Nottingham & Nottinghamshire ICB**
David Kellock (DK)	**Consultant in Sexual Health & SFH Drug and Therapeutics Committee Chair**	**Sherwood Forest Hospitals NHS Foundation Trust**
Tim Hills (TH)	**Assistant Head of Pharmacy**	**Nottingham University Hospitals NHS Trust**
Jennifer Moss Langfield (JML)	**GP**	**LMC Representative**
Ann Whitfield (AW)	**Patient Representative**	**Representative for the local population**
Asifa Akhtar (AA)	**GP**	**South Notts PBP, Nottingham & Nottinghamshire ICB**
David Wicks (DW)	**GP**	**Mid Notts PBP, NHS Nottingham & Nottinghamshire ICB**
Khalid Butt (KB) (in attendance until 1540pm)	**GP**	**Mid Notts PBP, NHS Nottingham & Nottinghamshire ICB**
Mark Clymer (MC)	**Assistant Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
John Lawton (JL) (2pm-3.30pm)	**Clinical Pharmacy Manager**	**Nottinghamshire Healthcare NHS Trust**

Hannah Godden (HG) (3.30-5pm)	**Principal Pharmacist, Adult Mental Health Community Teams**	**Nottinghamshire Healthcare NHS Trust**
Georgina Dyson (GD)	**Advanced Nurse Practitioner**	**CityCare ICB**

In Attendance:

Matt Lawson presented agenda item 5 and attended the meeting until 3.30 p.m.
Beth Rushton was present as a PCN representative for the duration of the meeting.

Interface Support (NHS Nottingham & Nottinghamshire ICB):

Karen Robinson (KR), APC Interface and Formulary Pharmacy Technician
Nichola Butcher (NB), Specialist Medicines Optimisation Interface Pharmacist
Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH (onwards from item 9)
Shary Walker (SW), Specialist Interface & Formulary Pharmacist for NUH (in attendance for own agenda items only).

Apologies received from:
Kuljit Nandhara (KN), Deputy Chief Pharmacist, Head of Pharmacy Mental Health Services, Nottinghamshire Healthcare NHS Trust
Susan Hume (Shu), Advanced Podiatrist, Nottingham University Hospitals NHS Trust

1. Welcome and apologies.
APC members were welcomed, and the apologies were noted.

2. Declarations of interest.
Nothing was 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 grammatical amendments.

The previous meeting was not quorate, therefore LC requested that SFHT acknowledge the minutes of the previous meeting. MC, attending for SFHT, confirmed this.

The colistimethate guideline had been emailed out for final ratification; if agreed, this will be uploaded to the APC website.

ACTION: KR to upload when ratified. Complete

All the actions from the July meeting are complete or on the agenda for the present meeting.

4. FOR RATIFICATION – Anticoagulants in AF

IV presented the updated anticoagulants in AF guideline. The guideline had been updated earlier this year but since then several questions had been raised that needed clarification. These included the use of edoxaban in patients >120kg; patients with CrCL below 50mls/min and elevated renal function (CrCL 80 to over 95mls/min); DOAC review and monitoring in the first year from initiation; bleeding events in patients over 75 years old taking dabigatran.

The guideline has since been revised and the following are the main changes:

- Links fixed and general line added about local consensus (e.g. for weight, dabigatran in over 75 yrs, CrCl edoxaban <50 and over 80).
- The DOAC monitoring section and the review table have been changed to add the information that patients require a DOAC review appointment at 1,3,6,9 and 12 months in the first year. Added 6-monthly monitoring in patients >75 years or frail, as per NICE CKS. Also added section for CrcL15-30mls/min. Same information as the previous guidance but it had been mentioned below the table, so it was included in the table for greater visibility. Clarified the meaning of routine surveillance at 3 months and added a statement about use in weight >120kg.
- New section on points for discussion during DOAC review from NICE CKS and used colour to break up the information.
- Some of the table rows from the DOAC comparison table were removed as the information is available in the spc or was not relevant anymore.
- The link to the edoxaban switching principles has been removed as the document has been retired.
- The local DOAC position statement is due for review in October 2023; currently, edoxaban is the most cost-effective option.
- The DOAC alert card link has now been removed from the formulary and from the guidance as this printed resource is no longer available.
- The guideline now includes direct links from the index page and a caveat has been included to state that some prescribing advice has been agreed on locally.
- For the full list of changes, please see the front sheet.

Beth Rushton asked if the SystmOne calculator should be used, given that there was no national stance. Due to all the calculators working slightly differently, IV recommended using all three and then making a clinical judgement or, alternatively, the anticoagulant teams could be contacted.

Some members requested additional clarity in the cohort boxes to prevent the >75 yrs cohorts from getting missed. IV will make these changes.
Clinicians asked for the CrCl to be reworded as the recall is usually based on renal function.
MC explained that he had a paper recommending not switching patients from warfarin to a DOAC and will send it to IV for review. Clinicians felt that the monitoring was too prescriptive and over-medicalised. IV will contact haematology for further information to verify that annual monitoring was suitable; any changes will be emailed to members for consideration.

ACTION: IV will make the changes to the cohort boxes as discussed and contact the haematology specialists to obtain confirmation about monitoring.

MC will email the above paper to IV.
Final ratification will be obtained via email.

The monitoring table is still being discussed, some further clarity on renal monitoring has been requested.
IV will send out for e mail ratification as planned

5. FOR RATIFICATION – Oral Nutritional Supplements (ONS) in Adults guidance and quick reference.

Matt Lawson, Senior Medicines Optimisation Dietitian, presented the updated ONS guidance and quick reference guide. He explained that this was a minor update following on from the guidance review in 2020. This 2023 update aims to give clear and concise advice to prescribers for them to be able to follow nationally supported procedures when there is an identification of undernourishment in a patient following the use of the Malnutrition Universal Screening Tool (MUST). ML explained that this guidance is aimed at general use and does not provide a specialist product list.
ML explained that the update had been completed in consultation with the Medicines Optimisation team to ensure the accuracy, quality, safety and cost-effectiveness of the products recommended. Engagement with national forums had taken place. Lead Dietitians from local Dietetic teams (including Secondary Care) and GP partners across the ICB had been consulted and feedback implemented.

This update created no additional cost implications or formulary product changes.
The format of the documents was discussed, and it was agreed that from a Primary Care point of view two documents were necessary on the APC website to allow quick reference guidance and the MUST form to be printed by prescribers. The MUST template and Care Home Request form will be highlighted to the care home team.
Clinicians requested that 'not for repeat' be made very clear in the guidance and asked that the use of MUST forms be promoted. AW suggested that the promotion of the guidance could be supported via HealthWatch.

ACTION: Matt Lawson will add an emphasis that ONS are not to be placed on repeat prescription status and he will also look into ways to promote the guidance.
Agreed as ratified, subject to minor changes. complete

6. FOR RATIFICATION – Antimicrobial – Meningitis

SW presented the updated Meningitis antimicrobial guideline, updated in consultation with Dr Vivienne Weston, Consultant Microbiologist/ Community Infection Control Doctor South Nottinghamshire, due to reaching its review date.

The following updates have been made to the guideline:
a. Notifiable disease: Updated contact details.
   i. Public Health now changed to the UK Health Security Agency (UKHSA).
   ii. Links added: Guidance on notifiable diseases and notification form.
b. Added "Clinical Features: may include fever, headache, neck stiffness, photophobia, nausea and vomiting, non-blanching rash (petechial or purpuric), and the presence of an altered mental state (there is often a degree of overlap with encephalitis)."

c. Ceftriaxone and cefotaxime dose changed to 2g as per NUH and the British National Formulary (BNF). Age group as per the BNF.
d. Included additional information for rifampicin.
e. Added patient information and support, including patient links and further reading.

Clinicians requested the repositioning of the prophylaxis box before the treatment box. The update also needs PHE to be amended to UKHSA.

ACTION: The Meningitis antimicrobial guideline was ratified, subject to the minor changes discussed. SW to update and upload to the APC website. Complete

7. FOR RATIFICATION – Antimicrobial Vaginal Candidiasis

NB presented the updated Vaginal Candidiasis antimicrobial guideline, updated in consultation with Dr Vivienne Weston, Consultant Microbiologist/ Community Infection Control Doctor South Nottinghamshire and Dr David Kellock, Consultant in Sexual Health and HIV (SFH), due to reaching its review date.

The following updates have been made to the guideline:

- Information added relating to recurrent candidiasis. The previous version related only to acute cases.
- Candida – Female Genital (July 2022) Clinical Knowledge Summary (CKS) referred to and reference link added.
- Self-care treatment options and patient information leaflets added. These are relevant to acute and recurrent indications, as well as to during pregnancy.
- Intravaginal clotrimazole can be bought over the counter for self-treatment of acute cases (as per the product licence).
- Uncontrolled diabetes, immunocompromised patients and pregnancy added to the list of patients who should have an assessment with a health care professional.
- Information added about the effectiveness of both oral and topical treatments, that topical treatment gives a more immediate response and that previous use, patient preference and contraindications need to be considered. Oral fluconazole is contraindicated during pregnancy or when breastfeeding.
- The treatment table has been divided into three tables, for the three different indications:
  - Acute –Treatment changed from 100mg clotrimazole to 200mg as per CKS.
  - Pregnancy – Treatment changed from 100mg clotrimazole to 500mg clotrimazole as per CKS.
  - Recurrent – Induction regimen followed by a maintenance course. Fluconazole is the preferred option, but contra-indications, patient preferences need to be considered.

ACTION: The Vaginal Candidiasis antimicrobial guideline was ratified. NB to upload to the APC website. Complete

8. FOR RATIFICATION – Auto-Immune Hepatitis Shared Care Protocol (SCP)

NB presented the updated Auto-immune Hepatitis SCP.
The standardised national templates (RMOC) aim to improve patient safety, reduce duplication, and reduce inequity of patient access. The national template has been cross-

referenced against the APC overarching auto-immune hepatitis (AIH) shared care protocol (SCP) and the individual information sheets for azathioprine.
Consultation had taken place with the following:

- Dr Sharat Misra – Consultant Gastroenterologist. Lead for Clinical Governance (Medicine) (SFH)
- Dr Sara Benfield – Consultant Gastroenterologist/Hepatologist SFH)
- Dr Emilie Wilkes – Consultant Hepatologist (NUH)
- Joanna Freeman – Assistant Chief Pharmacist (SFH)

The following information has been added or changes made to the SCP:

- The specialist, Primary Care, and patient/carer responsibilities were aligned with the existing locally agreed shared care protocol and standardised with other shared care protocols.
- Community pharmacist responsibilities were added.
- The agreed contact information for both Trusts and information on local arrangements for referral was added.
- Transfer of monitoring and prescribing to Primary Care is normally after the patient has been treated for 3 months, the dose has been optimised and there have been satisfactory investigation results for at least 4 weeks.
- Secondary Care will prescribe sufficient medication to enable transfer to Primary Care (usually 28 days).
- Patients are not normally under a Patient Initiated Follow-Up, so this comment was removed.
- It was agreed to follow the RMOC's reference values for contraindications and cautions and monitoring. Pregnancy and breastfeeding are no longer contraindicated; RMOC has classified these as use with caution.
- The shingles vaccine guidance was updated in line with changes to the Green Book from September 2023.
- It was agreed that the RMOC appendices would not be included.
- The maintenance dose was changed from 1-2mg/kg/day to 0.5-2mg/kg/day.
- Liquid preparations were removed as they are non-formulary.
- Dose reduction for concomitant use of allopurinol removed, leaving the statement as "should be avoided, except with specialist input".
- Phenytoin, sodium valproate and carbamazepine added.
- Concomitant use with trimethoprim or co-trimoxazole should be avoided.
- Screening for infections on initiation will be at the discretion of the consultant.

The APC clinicians wanted additional clarification in the SCP to ensure that patients were not transferred earlier than 3 months. Subject to this, the SCP was ratified.

ACTION: NB to add clarity to the SCP to ensure that patients are not transferred earlier than 3 months. The SCP was agreed as ratified, subject to this minor amendment. NB to upload to APC website. Complete

9. FOR RATIFICATION – Testosterone Information Sheet

LK presented the updated prescribing information sheet for testosterone for male hypogonadism. This information sheet has been reviewed, due to it having reached its review date. LK explained the following minor changes:

- Therapeutic summary information has been condensed.
- Safety advice about product transfer to other people has been aligned with that from the MHRA contained in prescribing information for other conditions.
- Recommendations for timing of monitoring testosterone level amended, based on consensus opinion.
- Contraindications updated in line with references.

The updated information sheet has been reviewed in conjunction with Rosa Bell, endocrinology pharmacist NUH, and it has been circulated and approved by local endocrinologists and consultants from the Chandos clinic at NUH.

In addition to the information sheet, LK also highlighted the current supply problems with Tostran© gel. Secondary Care clinicians support the switching by Primary Care of patients affected to an alternative testosterone product in a pump dispenser, if required due to the unavailability of their usual product. Conversion guidance from the SPS is that patients should be switched to the nearest mg equivalent, but patients will require a testosterone level to be measured following any switch as it is likely that the products may not be directly equivalent. Dose titration may then be required. LK will add the additional information to the joint formulary. All the products are similarly priced on a mg for mg equivalence therefore a cost impact is not expected from this change.
An alternative, more cost-effective testosterone ,pump product is available; Testavan©. However, when this was previously reviewed by the APC there were concerns about excess plastic in its presentation and it was not recommended for use locally due to these environmental concerns. It was suggested that, due to the unavailability of Tostran, this product should be made available for prescribing to increase the options available.

LK answered questions from members and explained that assessing the response to treatment involves assessing the symptomatic response.

Members ratified the updated testosterone information sheet.

ACTION: Testavan pump dispenser to be added to the formulary and information sheet with an Amber 2 classification.
LK will update the formulary with the testosterone dose equivalents and upload the finalised information sheet to the APC website. Complete

10. <u>FOR RATIFICATION – Unlicensed Specials Database</u>

NB presented the updated unlicensed specials database which had been reviewed by the Medicine Optimisation pharmacy technicians.

The following changes had been made to the database:

- All entries have been reviewed in line with the SPS, joint formulary, Drug Tariff, NEWT and other reference sources.
- Any prices increases or decreases highlighted.
- Any new licensed oral liquids added to the database.

- Thiamine - "Note that 100mg/5ml oral solution in tariff, but not as cost effective as 100mg/5ml oral suspension." removed. Solution added as unlicensed special option.
- Solifenacin - "Slightly" removed as oral solution now significantly more expensive than solution.
- Sitagliptin - New entry added. "Licensed oral solution available (100mg/5ml, 60-day shelf life once opened). AMBER 3 - specialist and non-specialist initiation." added. "No information on administering sitagliptin via enteral feeding tubes or to patients with swallowing difficulties has been located. The tablets will dissolve rapidly in water. They are film coated and may taste unpleasant if the coating is removed." added. "Unlikely to need unlicensed special as licensed alternative available" added.
- Pyridoxine - "also in tariff, but oral solution is more cost-effective" removed. 100mg/5ml suspension included in Part VIIIB of Drug Tariff added.
- Penicillamine - NEWT information added: "Tablets can be crushed and mixed with water for enteral or oral use. Give immediately."
- Morphine - sachets and suppositories removed; orodispersible tablets added.
- Losartan - Oral solution added as unlicensed special.
- Loperamide - NEWT guidelines updated. "There are reports of capsules being opened for administration via enteral feeding tubes. Flush well after each dose." added. "Opening capsules is not recommended as it can change the bioavailability and will block feeding tubes" removed.
- Linagliptin - New entry. "No licensed oral liquid available AMBER 3 - specialist and non-specialist initiation." added. "Tablets disperse very slowly in water, may need crushing. Thay have an unpleasant taste." added. "No liquid in drug tariff." added.
- Levomepromazine - "No licensed oral liquid" removed. "Licensed liquid available (5mg/ml); expensive >£170 per 10ml." added. Haloperidol and chlorpromazine added as "considerably more cost-effective". "Sulpiride available as LICENSED liquid." removed.
- Ketamine - "solution is more expensive" removed. "Solution also available at similar cost." added.
- Fluoxetine - "Sugar free is not as cost effective." removed.
- Fludrocortisone Acetate - New licensed oral solution added (100mcg/ml) together with formulary status "AMBER 2 - use in primary adrenocortical insufficiency in Addison's disease". Unlicensed special from DT part VIIIB removed.
- Enalapril - Information from formulary added: "5mg/5ml oral suspension (unlicensed) is RED - only for use in paediatric patients who require a dose under 2.5mg".
- Dipyridamole - 200mg/5ml solution removed as discontinued. Shelf life updated to 1 month after opening. New information from NEWT added. " There is a difference in indication between the modified-release preparation and standard-release tablets and liquid. National recommendations for secondary prevention of occlusive vascular events is the use of MR. The manufacturer encourages the use of the MR preparation where possible as the two products have significantly different pharmacokinetic profiles, and the MR preparation should have a better side effect

profile. When not possible to use the MR preparation, e.g. enteral tube blockage is a problem, the standard-release tablets can be used."

- Co-Careldopa - New information to NEWT added: "Levodopa is mainly absorbed in the jejunum. Drug effect may be particularly unpredictable in patients with enteral tubes terminating in the jejunum."
- Captopril - New information from NEWT added: "Captopril tablets have been given sublingually. To use this route, the dose should be halved and given twice as frequently, i.e. 25mg twice daily becomes 12.5mg four times daily. Monitor blood pressure. Some brands of captopril have slightly different absorption characteristics, therefore monitor blood pressure closely when switching between brands, and consider re-titrating the dose."
- Acetylcysteine - Changed from Grey to Green if used as mucolytic; "use carbocisteine" removed. "LICENSED Mucolight 600mg tablets" removed. "Capsules" added as grey and as very expensive alternative.

In addition to these changes, references and version control had also been updated.
TH asked if the NUH family teams had seen the document; NB explained that it had been sent to Debbie Storer for NUH approval.

ACTION: Ratified. NB to upload to the APC website. Complete

11. <u>FOR RATIFICATION – Principles for Specifying Brand Names on Joint Formulary</u>

NB presented the updated guideline, Principles for Specifying Brand Names on Joint Formulary. This guideline had been updated in conjunction with the Medicine Optimisation pharmacist, due to it having reached its review date.

The following changes had been made:

- All references to CCG changed to ICB.
- The Pharmaceutical Services Negotiating Committee document has been retired, replaced by the Specialist Pharmacy Services (SPS) 'Examples of medicines to prescribe by brand name in Primary Care' guidance.
- The 'Drugs to consider prescribing by brand or where brands should not be switched' guidance has been retired, replaced by the SPS guidance 'Prescribing by generic or brand name in Primary Care'.

LC explained that the document was to provide guidance on when brands would be added to the formulary. The APC would consider bioavailability, safety and cost, as well as the impact on both Primary and Secondary Care, noting that what might be most cost-effective in Primary Care may not necessarily be the most cost-effective in Secondary Care.
LC explained that the Medicines Optimisation Team were looking across the system for longer-term cost-effective use of prescribed medication.

ACTION: Members ratified the updated principles. NB will feed the decision back to Jill Theobald and upload to the APC website. Complete

12. FOR DISCUSSION – Rheumatology SCP

NB and SW had jointly discussed the Rheumatology SCP at a previous meeting and the progress of this was to be presented at today's meeting. However, there had been some late input from the Secondary Care specialists at SFHT. Subsequently, a meeting had been arranged between SW, NB, SFHT and NUH for 28th September. This meeting aims to discuss thresholds of care and the transfer of patients following 6 weeks of blood results; it was felt in Primary Care that patients should receive 3 months' treatment to allow patient stability.

ACTION: SW and NB will take the item forward and update the APC accordingly on any progress. Agreed and complete

13. APC Forward Work Programme

APC members noted the APC forward work programme.

14. Any Other Business

- **Amiodarone update**

NB presented an update for amiodarone prescribing and explained pushback from both Primary and Secondary Care as the SCP contradicted itself on when transfer of care would occur. NB confirmed that transfer of care is at four weeks, with no further monitoring required until 6 months. NUH want to use their own clinic letter, not the RMOC letter and it was agreed that either letter format could be used.

NB explained that patients could be referred back to Secondary Care for an ECG if it was not available in Primary Care.

ACTION: Members ratified the update. NB will make the changes and upload to the APC website. Complete

- **NICE TA – Semaglutide to manage overweight and obesity**

LK presented an update on the NICE TA and explained that currently there was no local tier 3 or 4 weight management service in Nottinghamshire so our patient population were sent to Derby for these services. However, the Derby Trust had stated that they were not commissioned for the prescribing of weight loss medications.

LK explained that we have until December 2023 to comply with the TA. The Senior Leadership Team (SLT) is aware of the situation and the service is being scoped.

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GP members expressed the need for communication around this as they were continually receiving requests for treatment.

ACTION: LK will update the APC on any progress

- **St Marks solution electrolyte replacement solution.**

TH requested clarification on how patients could obtain the products if they were unable to purchase them over the counter (OTC). LK will investigate whether ingredients can be prescribed.

Date of next APC Formulary meeting - Thursday 19th October 2023 (2pm – 5pm, MS Teams)

Date of next APC Guideline meeting – Thursday 16th November 2023 (2pm – 5pm, MS Teams)