

Nottinghamshire Area Prescribing Committee

APC meeting 21st May 2020, due to the COVID-19 Pandemic the papers were considered virtually.
The following minutes provide an account of the decisions and comments made by the APC members, 14th to 28th May

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.

Provided comment:

Tanya Behrendt (TB)	Associate Chief Pharmacist, Medicines Management	NHS Nottingham & Nottinghamshire CCG
Khalid Butt (KB)	GP, LMC representative	NHS Nottingham & Nottinghamshire CCG
Laura Catt (LC)	Prescribing Interface Advisor	NHS Nottingham & Nottinghamshire CCG
Matt Elswood (ME)	Chief Pharmacist	Nottinghamshire Healthcare NHS Foundation Trust
Esther Gladman (EG)	GP Prescribing Lead	NHS Nottingham & Nottinghamshire CCG
Tim Hills (TH)	Interim Assistant Head of Pharmacy	Nottingham University Hospitals NHS Trust
Susan Hume (SH)	Advanced Podiatrist	Nottinghamshire Healthcare NHS Foundation Trust
David Kellock (DK)	Chair SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Sarah Northeast (SN)	Advanced Nurse Practitioner	Nottingham CityCare Partnership
Amanda Roberts (AR)	Patient representative	
Debbie Storer (DS)	Medicine Information Pharmacist	Nottingham University Hospitals NHS Trust
David Wicks (DW)	GP	NHS Nottingham & Nottinghamshire CCG

Interface support:

Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist
Jill Theobald (JT), Specialist Interface Efficiencies Pharmacist
Karen Robinson (KR), APC Interface Technician

1. Declarations of interest (DOI)

None declared.

Annual DOI forms sent out to members for completion

2. Minutes of the last meeting/matters arising

The minutes from the previous meeting (March 2020) were attached within the papers sent for

virtual approval. No comments for correction were returned and as such the minutes were taken to be reviewed and agreed as accurate.

Matters arising:**Phosphate binders shared care protocol**

- Awaiting a review from NUH renal pharmacist

Type 2 diabetes (March 2020) (Update)

- On-going discussions around the potential cost impact of the updated guidance. Authors have been asked to estimate patient numbers as cost impact is likely to exceed the APC mandate.

Melatonin and sleep guidance

- The guidance is expected to be coming to APC in July.

Adult ADHD shared care

- Mental health commissioning team continues to work with NHCT to develop an adult service. Once in place the shared care protocol (SCP) will be finalised.

Cinacalcet prescribing information sheet was noted and approved

Verkazia Prescribing information sheet was noted and approved

Dacepton information sheet and addition to the shared care protocol as noted and approved.

****All other actions were either complete or on the agenda****

3. FOR RATIFICATION – Dermatology SCP and traffic light amendment of hydroxychloroquine

Request to reclassify hydroxychloroquine from RED to AMBER 1 for dermatological conditions. A supporting primary care information sheet had been written. The overarching SCP document (due for full review Nov 2020) had been updated to include hydroxychloroquine. Some comments were received regarding minor typographical errors and referencing. Clarity was requested regarding the need for patients to address any sight problems immediately with a clinician and not await their annual review.

AMBER 1 classification agreed and the SCP approved subject to minor amendments.

ACTION: LK to finalise SCP and information sheet and upload to APC website

4. FOR RATIFICATION – Heart failure guideline (update)

The Nottinghamshire Heart Failure Traffic Light Guidelines had been reviewed and updated in line with NICE guidance (NG106: Chronic Heart Failure in Adults, 2018). Some comments regarding minor typographical errors and formatting required were received. Currently the document contains NUH badged guidance about secondary care medicines which was questioned. It was requested that 'seek specialist advice' is highlighted to ensure appropriate referral. Other comments included the hydralazine/ nitrate combination now being an option for all ethnic groups, highlighting not to use 2.5mg ivabradine tabs, and changing µg to micrograms. The updated guideline was approved subject to minor amendments

ACTION: LK to finalise the guideline and upload to APC website.

5. FOR RATIFICATION – Nausea and vomiting in pregnancy (Update)

The guideline had been reviewed and updated by Miss Corah Ohadike, Consultant in Obstetrics and Gynaecology, SFH. Some questions were received regarding duration of treatment and repeat courses of antiemetics. Members opinions on the removal of ondansetron in response to a potential increased risk of congenital anomalies discussed at the previous meeting were sought following some feedback from a GP. It was suggested that a link to the MHRA alert could be added and a note to document discussion of risks vs benefits by the clinician and review regularly, but other feedback from GP members was that specialist advice would be preferred before initiation of ondansetron. The appropriateness of using ketones to indicate dehydration was questioned, and the relevance of the BNF warning regarding promethazine and cyclizine co-prescribing.

The updated guideline was approved subject to minor amendments

ACTION: LK to seek clarification on the points raised, finalise document and upload to APC website.

6. FOR RATIFICATION – Statement regarding prescribing of Gonadorelin analogues (update)

The gonadorelin analogue statement had been updated following the addition of new licensed indications for leuprorelin (Prostap SR DCS[®], Prostap 3 DCS[®]), the licence now includes early and advanced breast cancer.

LC commented that triptorelin 3mg is also now licensed for early breast cancer, but isn't listed on formulary for that indication, the following is to be added to the joint formulary, "The Zoladex[®] brand of goserelin 3.6mg is currently the only gonadorelin analogue on the formulary licensed for both early and advanced breast cancer".

The updated statement was approved.

ACTION: KR to update the joint formulary with the above comment and upload the statement to the APC website

7. FOR RATIFICATION – Antimicrobial guideline updates

Diabetic foot ulcers

The diabetic foot ulcer section of the antimicrobial guideline had been updated in line with updated NICE guidance (NG19).

A question was raised by DW and KB as to whether Mid Notts has the facility for patients to be seen within 24hrs of a referral to the diabetic foot ulcer clinic and if this is provided over weekends and bank holidays. KB wished to review the audit completed by NUH (microbiology) in order to satisfy the variation of guidance from NICE. This was provided post meeting

ACTION: KR to clarify the availability of 24hour provision for Mid Notts then finalise and upload the updated guideline to the APC website.

Bronchiectasis

The bronchiectasis section of the antimicrobial guideline had been updated to include details of empirical treatment as per NICE NG117 (2018).

AR raised the issue of risk of antimicrobial resistance if prescribing of antibiotics occurs for cases that might be viral. The author confirmed that it was not possible to accurately distinguish between viral and bacterial infection, and given the severity of the infection it is appropriate to use antibiotics empirically in this case.

ACTION: LC to upload the final updated guideline to the APC website.

8. Formulary Amendments

Minor amendments carried out since last meeting:

- Sandocal 1000 brand name changed to Calvive 1000
- Renitinol Palmitate and soft paraffin eye ointment (VitA-POS[®]) brand name changed to HYLO-NIGHT[®], in line with other HYLO products in the SCOPE eye-care range.

Other amendments:

- **Prednisolone 5mg EC** request to make EC tablets preferred option over plain tablets based on cost. *Since papers were prepared for JFG, the price of EC has increased slightly and it is no longer less expensive than plain (£1.68 vs £1.48 for 28 x5mg).*
No change
- **Atomoxetine liquid 4mg/ml** – agreed to add to formulary with an Amber 1 status and add to SCP for patients that are unable to swallow capsules – Children only. RED for adults.
- **Mesalazine 1600mg MR tablet** – request to add to formulary **not approved** due to large tablet size and that fact that it is £9 per month more expensive than 2x 800mg tablets.
- **Desmopressin** - added polyuria or polydipsia after hypophysectomy indications with an Amber 2 classification.
- **Omeprazole 4mg/ml powder for suspension** – agreed to add 4mg/ml strength to formulary with an Amber 2 status for children <10 kg receiving PPI via enteral tube
- **Esomeprazole sachets** – Agreed to add to formulary for children >10kg receiving PPI via enteral tube with amber 2 status.
- **Medroxyprogesterone** - Classified as green for its gynaecological indications.
- **Norethisterone** - Classified as green for its gynaecological indications.
- **Bimatoprost with Timolol Maleate PF (Ganfort[®] Preservative free)** - Classified as Amber 2 .
- **Insulin needles** – Agreed to remove 8mm, 10mm and 12mm needles from the formulary (leaving 4mm, 5mm and 6mm), as needles of 8mm and longer are no longer recommended (regardless of BMI) due to risk of intramuscular injection.
- **Metformin for polycystic ovary syndrome (PCOS)** - Classified as Amber 2.
RCOG recommends that metformin can be considered in women with PCOS who are already undergoing lifestyle treatment and do not have improvement in impaired glucose tolerance and in women with impaired glucose tolerance.
- **Altrajuce** – Agreed to add to formulary alongside other juice products. Highlight to primary care teams that it may be a more cost effective product.

Action: KR to complete the formulary amendments

For information: MHRA or other safety bulletins, links added to the formulary:

- Esmya (ulipristal acetate): suspension of the licence due to risk of serious liver injury
- SGLT2 inhibitors: monitor ketones in blood during treatment interruption for surgical procedures or acute serious medical illness
- Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression
- Ingenol mebutate gel (Picato ▼): suspension of licence due to risk of skin malignancy
- Nexplanon (etonogestrel) contraceptive implants: new insertion site to reduce rare risk of neurovascular injury and implant migration

9. FOR INFORMATION: Forward work plan

Members approved the proposal to decommission the local laxative guideline and instead refer to NICE CKS constipation guidance. ME raised a concern that the NICE guidance omits the risks and management of clozapine-induced constipation, further information is being sought.

Action: HG to add appropriate guidance to the formulary entry for clozapine.

10. Dates of Future Meeting

Date of next meeting – 16th July 2020