Nottinghamshire Area Prescribing Committee

APC meeting 17th September 2020, 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:

Steve May (SM) Chair	**Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Tanya Behrendt (TB)	**Senior Medicines Optimisation Pharmacist**	**NHS Nottingham & Nottinghamshire CCG**
Khalid Butt (KB)	**GP**	**LMC representative**
Laura Catt (LC)	**Prescribing Interface Advisor**	**NHS Nottingham & Nottinghamshire CCG**
Matt Elswood (ME)	**Chief Pharmacist**	**Nottinghamshire Healthcare NHS Foundation Trust**
Susan Hume (SH)	**Advanced non-medical prescriber**	**Nottinghamshire Healthcare NHS Foundation Trust**
Tim Hills (TH)	**Assistant Head of Pharmacy**	**Nottingham University Hospitals NHS Trust**
David Kellock (DK)	**Chair SFH Drug and Therapeutics Committee**	**Sherwood Forest Hospitals NHS Foundation Trust**
David Wicks (DW)	**GP – Mid Notts ICP**	**Nottingham & Nottinghamshire CCG**
Amanda Roberts (AR)	**Patient representative**	
Jennifer Moss-Langfield (JML) (from 2:50pm)	**GP**	**LMC representative**
Sarah Northeast	**Advanced non-medical prescriber**	**Nottingham CityCare**
Asifa Akhtar	**GP – South Notts ICP**	**Nottingham & Nottinghamshire CCG**

Interface support:
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH
Shary Walker (SW), Specialist Interface & Formulary Pharmacist for NUH
Hannah Godden (HG), Specialist Mental Health Interface and Efficiencies Pharmacist
Irina Varlan (IV), Specialist Interface Efficiencies Pharmacist
Jill Theobald (JT), Specialist Interface Efficiencies Pharmacist
Karen Robinson (KR), APC Interface Technician

Apologies:
Esther Gladman (EG) GP – City ICP, NHS Nottingham & Nottinghamshire CCG

1. **Declarations of interest (DOI)**
None declared.

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

The minutes from the previous meeting were reviewed and agreed as being accurate.

Adult ADHD shared care
ME provided an update. An interim service is being provided by St. Andrews for adults (with ADHD alone and no co-morbid serious mental illness) who are currently under the care of the Trust. The patients are gradually being repatriated over to St. Andrews by the Local Mental Health teams. The new Neurodevelopmental Specialist Service will be in place in April 2021 and will be based at Highbury, although it may operate out of a number of different bases across the county. The shared care documentation will come to either November 2020 or January 2021 APC so it will be ready by April 2021. As of 1st September 2020, the interim service is accepting referrals from primary care for new assessments and prescribing although there will be a waiting list for new referrals.

Alcohol Dependence Guideline partial update – vitamin B
JT clarified that is not possible to give higher doses of thiamine as a single daily dose because thiamine is not stored to any great extent in the body and excess is excreted. The updated guideline has been published and uploaded to the APC website.

Formulary Amendments
Potassium chloride MR tablets (Slow K®) have been discontinued, A GREY classification was agreed at July's APC meeting pending a review of current prescribing. Patients have been identified at NUH so a request had been made to classify as RED. APC agreed the RED classification.

ACTION: KR to update the formulary

Ibandronic acid (generic) for adjuvant treatment of breast cancer
Ibandronic acid for adjuvant treatment of breast cancer was approved clinically at July's APC, but due to the significant cost associated with the intervention, further commissioning approval needed to be sought as it exceeds the threshold for the APC's financial mandate. A business case has been put together and the contracting team has been contacted but there are no further updates at present.

ACTION: TB to follow up

All other actions were either complete or on the agenda

3. **FOR DISCUSSION – Priadel ® tablets (lithium carbonate MR) discontinuation**

HG informed the committee that Priadel® is being discontinued and stocks will be exhausted by April 2021. Within Primary Care supply and demand has occasionally resulted in some shortages. In light of this, Nottinghamshire Healthcare Trust has created guidance for Primary Care to help with switching patients to other brands of lithium carbonate tablets. It is estimated within Nottingham and Nottinghamshire CCG that there are between 500-600 patients for whom Primary Care are doing the monitoring and prescribing. The Local Mental Health teams will be able to offer advice and support around switching patients but they were unable to accept referrals due to capacity.

The guidance had been ratified by Nottinghamshire Healthcare Trust. HG highlighted a number of key points and requested comments or concerns to be raised by the GPs and members present. AA asked when the work to switch patients should start and HG advised that work should start as

soon as possible to allow time to see and monitor all affected patients.

The committee felt the document provided a comprehensive resource

4. FOR NOTING – High cost drugs treatment pathways

The High Cost Drug (HCD) treatment pathways have been developed by the HCD pharmacists at NUH, Nottingham Treatment Centre and SFHT to provide guidance for clinicians for NICE approved HCD treatments, including cost effective options and suitable alternatives at different stages in the treatment pathway. The pathways are recommended for use to support the clinician but are not rigid if the patient falls outside of the pathway eg co-morbidities. They are 'live' documents and will be updated as costs change or when NICE guidance is published.

The APC endorsed the approach taken and noted the pathways. This will allow pathways to be hosted on the APC website and linked on the Joint Formulary so they're available to prescribers.

ACTION: LC to upload the pathways

5. FOR RATIFICATION – Oral Nutritional Supplements (ONS) in Adults guideline

JT introduced a new version control header that will be added to new APC documents to provide consistency and make it easier to identify version numbers and review dates.

The ONS guideline has been updated by Matt Lawson, CCG dietitian, in consultation with Nottingham and Nottinghamshire CCG, CityCare and NUH. SFHT have also had sight of the document and had no comments. The main changes included a one page quick prescribing guide and greater clarity on first, second and third line product choices. JT highlighted that powdered ONS products are the preferred first line option in primary care.

DK noted a few minor typographical errors. EG sent comments prior to the meeting and asked that the executive summary be moved to the beginning of the document. AR suggested that the further information section be split into patient and healthcare professional information. Some products will require a traffic light change to Amber 3 as they are now included in the guideline.
KB commented that SFHT was discharging patients on ONS products other than the first line choices. SM to feedback to SFHT.

ACTION: JT to make minor amendments and upload to the APC website.
JT to make the necessary changes to the joint formulary.

6. FOR RATIFICATION – Alternatives to using an Unlicensed "Special" database

JT and IV had completed a full annual review of the database. There were no major changes to note and no new additions to the formulary to consider.

JT explained licensed omeprazole liquid was proving to be a greater cost pressure than initially envisaged and JT and IV are working on review of omeprazole liquid in children in primary care with a view to switching to dispersible tablets where appropriate.

ACTION: JT to upload the updated database to the APC website.

7. FOR RATIFICATION - Narcolepsy SCP and information sheets

An AMBER 1 classification for methylphenidate, dexamfetamine and modafanil for narcolepsy was supported subject to the approval of an accompanying shared care protocol at July's APC

meeting.

The shared care protocol documents have been developed. They are based on the draft shared care protocol for methylphenidate and dexamfetamine in Adult ADHD and the monitoring requirements are the same.

The committee felt that the medication should be listed in order of prescribing preference. LK to clarify with the submitter the reasoning for preference of modafinil over methylphenidate to ascertain whether there is any potential for efficiency savings.

It was highlighted that Specialists do not intend on seeing patients for annual reviews as it is considered unnecessary and primary care will be responsible for monitoring. Once stable, narcolepsy treatments are long term. This was considered acceptable as long as there was a method for seeking specialist advice or referring back in case of issues. LK will liaise with the submitter to establish whether an open appointment could be included as part of the shared care.

Modafinil is currently classified as AMBER 2 and a small amount of patients are currently being prescribed methylphenidate and dexamfetamine in primary care despite them being RED for this indication. LC is currently involved in discussions surrounding the commissioning and development of a locally enhanced service agreement (LES), and DW suggested that the shared care documents should not be published until the LES was agreed. However, the consensus was to publish to ensure that existing patients are monitored appropriately, whilst recommending that new patients are not transferred until commissioning issues are resolved

Approved with minor changes

ACTION: LK to clarify modafinil preference and methods for seeking advice or referral of the patient in case of issues
LK to finalise documents and upload to the APC website.
LC to provide update on commissioning discussions at November APC

Post meeting note, the specialists have confirmed that an open appointment is not possible, without this, it doesn't fit the criteria for shared care so publication has been withheld pending further discussion at November APC

8. FOR RATIFICATION - Antidepressants in Primary Care

HG, in consultation with Dr Neil Nixon (NHCT), had updated the primary care guide to prescribing, swapping and stopping antidepressants. Changes reflect NICE guidance updates that are in draft (Depression in adults: treatment and management), current good practice and useful information from practice developments and queries.

The main changes were detailed as follows:

- Information added around what to discuss with a patient when undertaking monitoring and reviews of antidepressants in primary care.
- Information added around relapse prevention, including discussing this with patients and how to assess risk.
- Message strengthened regarding not to start or switch to dosulepin or amitriptyline for depressive illness.
- Extra information around which antidepressant switches require more caution and why.
- Information about withdrawing antidepressants and management of discontinuation symptoms.

- Brief section added on common drug interactions with antidepressants.
- Phenelzine supply issues added to FAQs section.
- Isocarboxazid and Tranylcypromine added to Appendix 2 (information on medicines).
- Appendix 3 (switching table) updated as per Maudsley guidelines. Note now recommends that a direct switch is possible between some SSRIs/SNRIs (not fluoxetine).

The committee agreed that the guide was helpful and practical. KB felt that a summary document would be a useful addition however overall the committee agreed this wasn't necessary. The committee asked that non-pharmacological interventions (sleep hygiene and IAPT signposting) be included towards the beginning of the document rather than in appendices.

ACTION: HG to make the amendments and upload

9. FOR RATIFICATION - Testosterone information sheet

SW presented the updated testosterone information sheet and highlighted the main changes.

The committee asked that the cost comparison table be amended to show cost per 28 days for equivalent doses which would allow better comparison.

TB noted that the testosterone preparations were not interchangeable and that this should be highlighted in the information sheet.

It was agreed that Testavan® should be considered again as a cost effective alternative, it had previously been rejected due to non-environmentally friendly packaging. The other testosterone products will also be considered.

It was agreed that the guidance could be published but that a review of available products should be brought to JFG for further discussion.

ACTION: SW to make amendments and publish the information sheet
SW to obtain samples of Testavan and bring to JFG for discussion in October.

10. FOR RATIFICATION - Opioids for Persistent Non-Cancer Pain guideline

The non-cancer pain guideline has been updated in consultation with Roger Knaggs (advanced pharmacy practitioner – pain management, NUH). JT explained that a full review of the guidance would be delayed until NICE publish their chronic primary pain guidance – due early 2021. It is likely that the new NICE recommendations will aim to reduce opioid prescribing for patients with chronic primary pain e.g. fibromyalgia.

Main Changes:

- Changed name from "Opioids for Persistent non-Cancer Pain" to "Opioids for non-Cancer Pain in Adults".
- Stronger message that alternative pain relief strategies should be used for long term pain and exacerbations rather than opioids (this message will be strengthened further in the 2021 review).
- Oxycodone and fentanyl changed to Amber 2 – specialist recommendation only (this may be via Advice & Guidance). Fentanyl and oxycodone are very potent opioids and high doses can be reached very quickly.

- Removed advice that fentanyl is preferred option if constipation is problematic with morphine.

JML asked for a statement to be included to exclude end of life (EoL) patients.
The committee approved the updated guideline subject to this change.

ACTION: JT to make amendment and upload to APC website.

11. FOR RATIFICATION - Autoimmune hepatitis SCP and information sheet

SW had updated the SCP and information sheet in consultation with the consultants at SFHT and NUH. There were no major changes as the British Society of Gastroenterology had not updated their guidance since the last update.

Minor changes included:

- Updated contact details
- Clarification of patients' roles and responsibilities
- Addition of vaccination information

SW highlighted that azathioprine should not be taken with milk or other dairy products and the committee asked that this was emphasized within the document.

A query was raised regarding antiemetic choice and duration, and also to clarify using Creatinine Clearance (CrCl) for U&Es.

Discussion took place around corticosteroid monitoring which was included in the Azathioprine information sheet. It was decided to remove the monitoring guidance and instead add a link to NICE CKS guidance or make a separate monitoring sheet for corticosteroid monitoring and link the sheet to the azathioprine info sheet.

ACTION: SW to make amendments and circulate via email for ratification prior to uploading

12. FOR RATIFICATION - Antimicrobial Guideline – Vaginal Candidiasis guideline

JT had updated the vaginal candidiasis guideline to include more comprehensive information about dosing in pregnancy. Self-care information was also included and information for treatment of children and adolescent girls. All changes were in line with NICE and PHE guidance. Dr Weston, consultant pathologist, approved the changes

The relative efficacy of treatments was discussed and DK confirmed that efficacy is similar for the different preparations and that selection should be based on patient choice and licensing considerations.

EG sent comments prior to the meeting and requested that a link or information about referral be added about vulvovaginitis in children.

ACTION: JT to make amendments and upload to the APC website.

13. FOR RATIFICATION - Enoxaparin prescribing information

NUH have updated their Guideline for the use of enoxaparin in adults for the prevention of thromboembolic events and the enoxaparin dosing in thromboprophylaxis for patients at

extremes of body weight has now changed.

SFH have been made aware of the changes. They are recommending the same doses for patients under 50kg but still need to change the recommendations for patients over 100kg.

Until both Trusts have the same dosing recommendation for enoxaparin, the APC will have to highlight the differences on the information sheet.

As SFHT currently do not have a specialist hemostasis hematologist, SM requested that the matter was submitted to their DTC for consideration.
The Enoxaparin Information Sheet was approved.

ACTION: IV to upload
LK to take to SFHT DTC

14. FOR RATIFICATION - Childrens monitoring guide

Some GPs locally had requested a monitoring information sheet for paediatric blood pressure and heart rate monitoring to support the children's ADHD shared care protocol. SW presented the new guide which was in line with the NUH paediatric guidelines.

The guideline was approved.

ACTION: SW to upload to the APC website.

15. Formulary amendments and Horizon scanning

LK noted that some items had not gone to JFG, but had been brought straight to APC to prevent delays in implementing the changes.

JT noted that a link to renal dosing for alfentanil that had been removed from the alfentanil entry on the Joint Formulary had been reinstated for use by SFHT only as they are still in the process of switching to SC fentanyl for end of life care. Once the switch is complete the link will be removed.

- **Silver dressings**: Aquacel Ag+ Extra Sheet, Aquacel Ag+ Ribbon and Atrauman Ag – currently unclassified. Changed to **Amber 2** (on Tissue Viability recommendation only). Other silver dressings to be classified **Grey**.
- **Lithium carbonate:** Camcolit® MR 400mg tablets and Essential Pharma® lithium carbonate 250mg tablets – Added as **Amber 2** (as alternatives to Priadel)
- **High strength Alfentanil 5mg/mL solution for injection**: Change from **Amber 2** to **Red** because of safety concerns. The 1mg/2mL to remain amber 2 for palliative care patients with renal disease who cannot have fentanyl.
- **Xailin Night eye lubricant:** Add as **Green** (to replace Hylo Night) and amend eye lubricant formulary
- **Aripiprazole 1mg/1mL oral solution:** Add as **Amber 2** for doses <10mg where orodispersible/liquid formulations are deemed necessary.
- **Sumatriptan 3 mg/0.5 ml solution for injection in pre-filled pen:** Add as **Green** (remove existing strength restriction)
- **Diflucortolone (Nerisone®):** Discontinued so reclassified as **Grey**
- **AYMES Actagain 2.4 Complete:** Add as **Amber 2** – dietitian recommendation only

- **AYMES ActaSolve Smoothie:** Add as **Amber 3** in line with APC ONS guidance
- **Crisaborole ointment (Staquis®):** Add as **Grey** – no formal assessment
- **Hydrocortisone 10mg soluble**: Add as **Green** (noting the high cost) for use where standard tablets are not suitable (standard tablets will disperse in water). JT to add to "Specials" database.
- **Peppermint Oil (Buscomint®)**: Add as **Grey** (less cost effective than Minte® and available as GSL)

ACTION: LK and KR to update the Joint Formulary

16. New applications

Ondansetron for IBD

SW introduced a formulary application for ondansetron tablets to be used for diarrhoea predominant Irritable Bowel Syndrome (IBS-D) resistant to conventional therapy.

APC did not support the submission due to the limited evidence, safety concerns (MHRA warnings - pregnancy and QT interval) and ondansetron for IBS-D is not included in any national guidance. APC decided to put this on hold for the time being and review again when the national guidance is published.

ACTION: SW to feedback the decision to the submitter

17. FOR INFORMATION - APC forward work plan

Smoking Cessation Position Statement
The position statement was approved subject to a few grammatical errors. Approval was also given to retire the smoking cessation prescribing guide as this will be managed by the service provider

ACTION: **KR to update and upload**

18. AOB

Emollient formulary: KR informed the committee that the emollient formulary had been updated to include the updated MRHA safety information regarding fire risk.

ACTION: KR to upload to the APC website.

Heparin flushes / locks for central lines: KB raised the issue of being asked to prescribe heparin flushes for patients with central lines, despite the patients being under secondary care and the medication being supplied by the trust and administered by community nurses at NHCT. There were concerns around the safety of this practice.
The possibility of a PGD may be an option in order to provide safe care.

ACTION: SN to raise at CityCare.
LC to discuss with Rachel Medcalf (NHCT)

Asthma guideline: LK explained that the Asthma guidance was due for review and she planned

to set up a working group. She requested representation from primary care. KB volunteered with having a special interest in respiratory medicine.

19. Date of next meeting – November 19th 2020,

The meeting ended 1635hrs