Nottinghamshire Area Prescribing Committee

DRAFT Minutes of the meeting held on Thursday 16th May 2019 2:00pm Boardroom, Duncan MacMillan House

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)	Associate Chief Pharmacist, Medicines Management	NHS Nottingham City CCG
Khalid Butt (KB)	GP	LMC representative
Laura Catt (LC)	Prescribing Interface Advisor	Representing County CCGs
Matt Elswood (ME),	Chief Pharmacist	NHCT
Mark Flanagan (MF)	Advanced Podiatrist, non-medical prescriber	Local Partnerships, Nottinghamshire Healthcare Trust
Esther Gladman (EG)	GP Prescribing Lead	NHS Nottingham City CCG
Judith Gregory (JG)	Interim Chief Pharmacist	NUH Trust
Tim Hills (TH) (will be deputizing for JG over next 12 months)	Lead Pharmacist Antimicrobials and Infection Control	NUH Trust
David Kellock (DK)	Chair SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Jenny Moss-Langfield (JM)	GP	Notts City CCG and LMC representative
Amanda Roberts (AR)	Patient representative	
Ben Rush (BR)	Public Health ST3	Nottingham City and County Councils
David Wicks (DW)	GP Prescribing Lead	Representing Mid-Notts CCGs

In attendance:

Steve Haigh (SH) for item 3
Shadia Jenner (SJ), Mid Notts CCG Practice Pharmacist (will be covering IV's maternity leave)
Karen Robinson (KR), Prescribing Interface Technician
Nick Sherwood (NS), Mental Health Efficiencies Pharmacist, Nottingham CCGs/Notts HCT
Deepa Tailor (DT), City CCG Practice Pharmacist (covering Lynne Kennell's maternity leave)
Jill Theobald (JT), Interface Efficiencies Pharmacist, Greater Nottingham CCGs
Irina Varlan (IV), Specialist Interface and Formulary Pharmacist, Nottingham University Hospitals

1. **Apologies**
   Sarah Northeast (SN), Advanced Nurse Practitioner, CityCare
   Paramjit Panesar (PP), GP, Nottingham East CCG
   Matthew Prior (MP), Chief Pharmacist, Nottingham Treatment Centre
   Mike Jones (MJ), Community Pharmacist Local, Pharmaceutical Committee (LPC)

2. **Declarations of interest**
   None declared.

3. **10 minute learning**
   The committee thanked Steve Haigh, Medicines Information Pharmacist at SFHFT for his presentation on "Cognitive Bias".

4. **Minutes of the last meeting/matters arising**
   Correction: Paragraph 17 - NHCT are not commissioned to provide a service for adults with ADHD and will not accept any further referrals. Should read may not.

   Subject to the above correct, the minutes from the previous meeting were reviewed and agreed as being accurate.

   Oxycodone modified release – Risk assessments have been completed and a decision has been made to not switch brand at this time due to safety concerns around moving away from the Shortec®/Longtec® combination.

   Anti-coagulation in AF Guideline – The committee discussed the inconsistency between creatinine clearance calculations for obese patients in EMISWeb and SystmOne (GP practice computer systems), but agreed that they should be used for the purposes of DOAC dosing. However, the interface team will attempt to raise the issue nationally.

   ACTION: IV to complete and publish guideline.
   DT to raise this issue with EMIS and SystmOne

   Diabetes guideline update – not yet finished as awaiting all submissions to be completed rather than updating multiple times (see item 16c).

   Glycopyrronium – DW expressed concern that prescribing of oral glycopyrronium for hypersalivation in Parkinson's Disease had increased in his practice since the APC decision to add to formulary.

   ACTION: JT to monitor EPACT data and address with Parkinson's team if prescribing has increased.

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

5. **FOR RATIFICATION : APC Annual Report 2018/19**
   LC presented the annual report for comment. AR asked if a patient aspiration statement could be included in future priorities. SM asked for the inclusion of developing and maintaining guidelines, shared care protocols etc. also within future priorities.

   ACTION: Any additional comments to LC via email with an aim to publishing the annual report at the end of May.

6. FOR DISCUSSION: Osteoporosis guideline and bisphosphonates review

JT presented a draft of the updated osteoporosis guideline for discussion. The guideline has proved difficult to update and several decisions were needed before the guideline could progress.

The following was agreed:

a. **Zoledronic acid** – Agreed no change to traffic light (Amber2 / RED), but to make joint first line with alendronic acid to give specialists the option of using it before alendronic acid if appropriate. There was discussion around which preparation should be advocated by the APC. NUH use the 4mg preparation off license, following an in-house risk assessment. Other areas also using the 4mg preparation at their own risk. APC agreed that there should be no change to the advice on the formulary to use the preparation licensed for osteoporosis (5mg), but the strength will be taken off the guideline to prevent any confusion in the community.

b. **Denosumab** – currently under review as part of fracture liaison service pathway review (currently out to tender). Agreed to leave as RED and change if necessary when the updated pathway is published.

c. **Steroid use** – agreed need more detailed local guidance about bone protection whilst on intermittent high dose courses e.g. for COPD.
ACTION: JT to raise with specialists.

d. **Strontium ranelate** – Protelos® brand discontinued in Aug 17 and made GREY on formulary. Generic now available and Dr. Masud requested that it be added back onto the formulary.
ACTION: JT to get more information and bring back as a formulary amendment to next APC.

e. **Community service do not accept referrals for patients aged <50yrs** – APC agreed that appropriate to refer <50s to secondary care.

f. **Bisphosphonate review** – more work needed to try and reduce the number of referrals for DXA scans. Agreed to leave as is for now, but arrange meeting with specialists and GPs to discuss review of the bisphosphonate review process.
ACTION: JT to set up working group to work on bisphosphonate review process.

ACTION: JT to finalise guideline and bring to July APC for ratification.

7. FOR RATIFICATION: Male LUTS Guideline

DT presented the updated LUTS guideline. Some changes had been made following discussion at JFG and subsequent discussion with the author.

The committee requested the word "bothersome" to be strengthened on the guideline to prevent referrals for routine night-time waking for urination. The committee agreed to make Noqdirna® amber 2 and to remove from the updated Male LUTs guideline.

A comment was made that treatment with finasteride causes a decrease in serum PSA levels and an additional table with specific range values to account for this cohort of patients would be useful.

ACTION: DT to discuss potential additional PSA table with urologist and update the Male LUTs guideline. Final version to be ratified via e-mail.

8. **FOR INFORMATION: ADHD Update**

NS gave a verbal update regarding the ADHD service for children and adults. Work is still underway between commissioners and the mental health service to agree funding for an adult service. Some referrals may not currently be accepted, all will be assessed on clinical need. Difficult to give criteria for acceptance because every case will be different. Children's ADHD service is also under review as the Shared Care Protocol (SCP) is not reflective of current practice. APC documents have been extended to April 2020 to allow for this delay. NS will update group on both work streams when information is available.

9. **FOR RATIFICATION: Naltrexone information sheet**

NS presented the information sheet. KB wanted "GP with appropriate training" highlighted. DW suggested some GPs would be reluctant to prescribe if they were not doing the monitoring.
To make clear that GPs will only prescribe once the medication has already been initiated by specialist (as per Amber 2 status)

ACTION: NS to make the changes and circulate via email for ratification

10. **FOR DISCUSSION : Out of area requests**

Derbyshire and Northamptonshire have useful guides on how to manage out of area prescribing. JT proposed that Nottinghamshire adopt a similar guideline. The committee was in agreement for producing a guideline and suggested examples of how it would work in practice.

ACTION: JT to create a local Out of Area prescribing guide (with examples) and take to June JFG.

11. **FOR DISCUSSION: Urticaria Guideline**

IV presented the Urticaria guideline. This is a new document that was proposed by the Immunology team at NUH. The aim is to provide education on diagnosing and a clear treatment algorithm for urticaria, in order to reduce the number of secondary care referrals for urticaria.

The NUH and SFHFT dermatology specialists and GPs have also been consulted for comments. There is no immunology service at SFHFT. The Dermatology team at SFHFT suggested that levocetirizine and loratadine could also be used with up to 4 tablets per day (levocetirizine is currently classified as Grey, cetirizine, loratadine and fexofenadine are Green).

Additional information is required regarding the use of off-label doses for antihistamines and the referral pathway needs to be clarified. There was also a suggestion that GP education on diagnosing and treating urticaria will be well received and help with the guideline implementation.

ACTION: IV to feed back the comments to the authors for further ratification by email.

12. **FOR RATIFICATION: Azathioprine monitoring alignment for shared care**

Currently there are five different azathioprine information sheets on the Nottinghamshire APC website linked to five separate shared care protocols. The monitoring requirements were different for the inflammatory bowel disease (IBD) and auto-immune hepatitis protocols and aligned for rheumatology, dermatology and neurology. The proposal was to unify the monitoring

needed in primary care, because having to distinguish between conditions when organizing the monitoring at practice level was making the task difficult and increased the risk of errors.

Input had been sought from hepatology and gastro-enterology and it was agreed to align monitoring with the other 3 protocols. All specialties have been informed of this action and made aware that any changes to the monitoring table will have to be shared and agreed upon with the other teams.

ACTION: IV to update the monitoring table on the azathioprine information sheet for the IBD and auto-immune hepatitis and upload on the APC website.

13. FOR DISCUSSION: Melatonin (Slenyto®)

NS introduced a new Melatonin MR brand Slenyto®. APC supported the JFG decision to add the medication to the formulary as GREY based on lack of evidence for MR versions of the medication. Extreme cost pressure of the medication was also discussed.

Melatonin prescribing for children is historic and pre-dates the APC, so an evidence review was never completed. It was agreed a full evidence review should take place, to be taken to the next JFG. It was suggested the interface team discuss a business case with the commissioners for other non-pharmacological options for sleep support.

ACTION: NS make Slenyto® grey await further decision following the evidence review. LC/TB to discuss other options with commissioners.

14. RMOC update

RMOC newsletter issue 4 was included within the papers. Topics discussed from RMOC included:

a. GLP-1 mimetics for diabetes

The RMOCs are currently awaiting publication of the updated operating model from NHS England.

In the interim, it was agreed that a summary of the evidence of the effect on cardiovascular outcomes of this class of medicines would be of value to APCs. The Specialist Pharmacy Service (SPS) will look to publish a summary of clinical trials in this field.

b. AMR mapping tool and AMR networks

The SPS website now contains a detailed mapping tool of the majority of AMR networks across England. These can be displayed at local or regional levels. The map is available at https://www.sps.nhs.uk/home/networks/antimicrobial-resistance-networks-in-england/.

The committee commended the tool and discussed how the RMOC could promote AMR networks and best practice.

15. Formulary amendments & horizon scanning

a. Formulary amendments

All formulary amendments were accepted with the exception of:

- **Mexiletine hydrochloride**, (Namuscla® 167 mg capsules). New licensed preparation indicated for the symptomatic treatment of myotonia in adult patients with non-dystrophic myotonic disorders. Currently Amber 2 for ventricular arrhythmias only, all other indications classified as GREY. As Namuscla® is not licensed for the Amber 2 indication of ventricular arrhythmia, the committee agreed

to leave as GREY for all other indications. Neurology was contacted and they will submit a request to add the new preparation to the formulary for the licensed indication. Cardiology to be contacted to confirm their use of this product.
ACTION: IV to contact cardiology to confirm their use of this product.

b. Horizon scanning
All horizon scanning recommendations were accepted.

16. Formulary Submissions

a. Noqdirna® (Desmopressin, Ferring Pharmaceuticals) for nocturia
Noqdirna® approved as Amber 2 for idiopathic nocturnal polyuria but was not to be added to Male LUTS guidelines due to concerns regarding the patient cohort (difficulty in differential diagnosis to confirm the condition and elderly population having the tendency to wake up during the night). Also concerns about side effects.

A prescribing guidance information sheet was requested for prescribers that would include ongoing monitoring requirements, reviewing and stopping advice.

ACTION: DT to produce a prescribing guidance information sheet. To add Noqdirna® as Amber 2 and to complete the LUTS guideline as above

b. Softacort® (Hydrocortisone sodium phosphate 0.3% PF single use eye drops) for ocular surface inflammation
The Softacort® submission was previously discussed at the JFG meeting in April and there were a few questions requiring clarification before a decision could be made. IV contacted the submitters and clarified the place in therapy, intended only for patients currently using PF prednisolone eye drops and for patients using preserved prednisolone eye drops but who develop increased intraocular pressure. The new eye drops will not replace dexamethasone PF, as the latter is used in more complicated conditions involving intra-ocular inflammation and the patient numbers were also confirmed. The APC agreed with an Amber2 classification and an audit on usage was suggested in 6 months.

ACTION: IV to feedback to submitters, add on the formulary as Amber 2 and audit use in 6 months' time.

c. Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes (NICE TA 572)
NICE TA 572 published 27th March 2019; Compliance with TA required by 27th June 2019.

Current APC guidance relevant to this medication: "Nottinghamshire Health Community Treatment Guideline for the management of type 2 diabetes", due an update in March 2020. Currently there are a few separate updates to be made, so this TA should be included too. APC agreed Amber 3 was appropriate as per other SGLT2 inhibitors.

ACTION: Classify as Amber 3, interface team to consult with Rosa Bell to update the guideline to include Ertugliflozin and several other changes from previous APC updates.

d. Jorveza® (Budesonide 1mg orodispersible tabs) for eosinophilic oesophagitis
The Jorveza® submission was discussed at the JFG meeting in April and a number of

questions were raised. The submitter was contacted for clarification and the response was presented at the APC meeting.

The group concluded that the addition of Jorveza to the Nottinghamshire Formulary would be appropriate – since it is the only licensed product in UK for eosinophilic esophagitis and the alternatives currently used are not appropriate. However, a NICE TA is in development and due to be published in October 2019 and a Red classification was considered to be more appropriate until then with a review of the APC decision and product usage at the end of the year.

ACTION: The submission is to go to NUH and SFH DTCs for discussion in view of a Red classification until the NICE TA is published. Submitting consultants to retain data for APC discussions later in the year.

17. APC forward work plan

The COPD guideline review date was extended as well as the ADHD Shared care documents

18. Declaration of compliance with NICE TAs

Noted

19. Dates of Future Meetings

- Thursday 18th July 2019, 2pm – 5pm (Boardroom, Duncan Macmillan House)
- Thursday 19th September 2019, 2pm – 5pm (Boardroom, Duncan Macmillan House)

20. Any Other Business

A query was raised about guidance for using clopidogrel in combination with a DOAC. JG informed the group that they attempted this at NUH a while ago but the cases are very complex.

ACTION: JG to email information to the interface team as to progress on this from NUH.

This will be the last attendance for IV before she starts her maternity leave. The committee thanked her and wished her well.

JT left the meeting at 1550hrs

Meeting finished at 1700hrs