Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 21st March 2019 at 2:00pm Boardroom, Duncan MacMillan House, Porchester Road, Nottingham, NG3 6AA

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:

Tanya Behrendt (TB)	Associate Chief Pharmacist, Medicines Management	NHS Nottingham City CCG
David Kellock (DK)	Chair SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Laura Catt (LC)	Prescribing Interface Advisor	Representing County CCGs
Khalid Butt (KB)	GP	LMC representative
Steve May (SM) (Chair)	Chief Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Esther Gladman (EG)	GP Prescribing Lead	NHS Nottingham City CCG
Matthew Prior (MP)	Chief Pharmacist,	Nottingham Treatment Centre
Debbie Storer (DS)	Lead Pharmacist, MI, DTC & formulary	Nottingham University Hospitals NHS Trust
Nick Sherwood (NS)	Mental Health Interface Pharmacist	Representing Nottinghamshire Healthcare Trust
Ben Rush (BR)	Public Health ST3	Nottingham City and County Councils
Mark Flanagan (MR)	Advanced Podiatrist, non-medical prescriber	Local Partnerships, Nottinghamshire Healthcare Trust
Mike Jones (MJ)	Community Pharmacist	Local Pharmaceutical Committee (LPC)
Nick Hunter (NH)	Community Pharmacist	Local Pharmaceutical Committee (LPC)

In attendance:

Jill Theobald (JT), Interface Efficiencies Pharmacist, Greater Notts CCGs
Karen Robinson (KR), Prescribing Interface Technician
Irina Varlan (IV), Specialist Interface and Formulary Pharmacist, Nottingham University Hospitals
Karen Chappell, Practice Pharmacist observing

Apologies

Matt Elswood (ME), Chief Pharmacist , NHCT

Amanda Roberts (AR), Patient representative
Jenny Moss-Langfield (JML), GP, LMC representative
David Wicks (DW), GP Prescribing Lead, Representing Mid-Notts CCGs
Sarah Northeast (SN) CityCare, Advanced Nurse Practitioner
Paramjit Panesar (PP), Nottingham East CCG, GP

1. Chair – Steve May

Welcome and apologies

2. Declarations of interest

None declared

3. Minutes of the last meeting/matters arising

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

Antimicrobial Prescribing Guidelines for Primary Care- Jan 19
The short version has now been removed. Uploading the new guidelines is currently underway. Once this has received a final check it will be published on the APC website and the old version will be removed.

Anticoagulants in AF
Still awaiting renal consultants' confirmation that the creatinine calculators currently used incorporate dosing calculated on ideal body weight for overweight patients.

All other actions were either complete or on the agenda

4. FOR RATIFICATION – APC Framework

A few minor amendments were suggested with the trusts asked to update appendix 10.
The review date will be amended to a year to take into account the structure changes taking place with CCGs as they move to Integrated Care Service (ICS) and Integrated Care Providers (ICPs).
Action – DS to share comments with LC on appendix 10
LC to add suggested comments and finalise

5. FOR RATIFICATION – JFG Terms of Reference

Agreed at JFG. The committee ratified the terms of reference with no further changes
Action – LC to upload the updated terms of reference to the APC website.

6. FOR RATIFICATION – HRT brand choice summary

A flow chart summary had been developed to aid selecting locally preferred brands of HRT products. There was discussion around supply issues with some brands of HRT.

The committee ratified the document with minor changes.
Action – JT to make minor changes and upload to the APC website

7. FOR NOTING – Self-Care patient information leaflets

Derbyshire CCG have kindly given the Nottinghamshire CCGs permission to adapt a set of patient information leaflets to give guidance on self-care for the conditions listed in the NHS England guidance.
David Sharpe, practice pharmacist NW CCG, adapted the leaflets for Nottinghamshire in consultation with GPs and CCG medicines management teams.

The committee agreed that the leaflets will be uploaded to the patient section of the APC website and linked to individual drugs on the Joint Formulary as well as to OptimiseRx messages.

Amanda Roberts, patient representative, had sent some comments regarding terms that patients may difficult to understand and minor changes were suggested.

Action - JT to make minor changes and upload to the APC website.
JT to add links to the formulary and OptimiseRx messages.

8. FOR RATIFICATION – Allergic Rhinitis Pathway

JT presented an updated version of the allergic rhinitis pathway. Changes included adding a stronger message about self-care, a section on red flag symptoms and advice on when to prescribe corticosteroids.
Additional changes to the pathway were discussed, including improved wording for “normal sleep disturbance” and removing prescription prices for OTC products.

Action – JT to make changes and send to APC members via email for ratification.

9. FOR RATIFICATION - Hyperlipidaemia guidelines (interim update)

A request for minor amendment to APC Hyperlipidaemia Guidelines was received from Dr Alia Elkadiki (SFH) to include where PCSK9 inhibitors fit in. There are two PCSK9 inhibitors available, alirocumab and evolocumab and both are covered by a NICE TA. Both are listed as RED on the Joint Formulary. Dr Elkadiki felt that some patients that may benefit are not being referred for consideration of these drugs because prescribers are unaware that they are available.

The committee approved the updated guidance with minor changes.

Action – JT to make minor changes and upload to the APC website.

10. FOR DISCUSSION – FreeStyle Libre National Arrangements for Funding

NHS England (NHSE) have published the arrangements for Freestyle Libre funding along with criteria for eligibility, which is less strict than the current APC guidance (which is based on RMOC criteria). It was felt that funding from NHSE (for a proportion of the cost of each senor for 20% of the type 1 diabetic patients in each CCG) would not cover the actual patient numbers, which would present a financial risk to the CCGs. TB agreed to flag the financial risk with

commissioners. The committee acknowledged that savings are likely to be made elsewhere through reduced admissions and improved management of diabetes.

The deadline for implementation of the NHSE criteria was 1st April 2019, but the committee agreed that it would not be possible to review and update the local guidance by this date. The changes will be made as soon as possible and will be ratified via email. The committee noted that some CCGs do not have flash glucose monitoring available at all so Nottinghamshire was ahead of the game by having it available and a short delay would not be detrimental to patients.

Action- JT to update the local FreeStyle Libre inclusion criteria and send to specialists for comment and then APC for ratification. Upload to website once ratified.

11. RMOC update

No RMOC update – the next meeting is on the 4th April

12. Formulary amendments & horizon scanning

All suggested formulary amendments were accepted except:

Dutesteride reclassification deferred until May 2019 when the LUTs guidelines are due for review.
Kerraped Agreed GREEN, but primary care guidance needed on when to prescribe it. Action: TB to arrange for guidance to be authored.
Pentosan – currently RED with request to change to AMBER. NUH are restricting to existing patients only until NICE publish guidance (due Sept19). Agreed to defer until September 2019.

Naloxeol and Prucalpride - Deferred until chronic constipation pathway is finalised

Horizon scanning

Oxycodone modified release – Discussion about possibility of switching from Longtec® to more cost effective brand. Decision deferred until further risk assessment complete. No plans to change immediate release preparation (currently Shortec®).

Action: Interface team to bring back to next meeting once risk assessments complete

13. Formulary Submissions

a) Clonidine for spasticity in children and young people

A submission was received from the Paediatric Neurology team at NUH to add clonidine to the formulary with an Amber2 classification for spasticity in children and young people. The submission supports an off-label indication for all products except the patches, which are unlicensed.
JFG recommended that all the clonidine formulations were classified as Red for this indication and that the submission will have to go through the NUH DTC for approval of this classification. The current formulary entry is to be clarified with the current uses of clonidine that have been considered by the JFG/APC so far:

Action – IV to feed back to submitters. DS to take the submission through NUH DTC

b) Glycopyrronium for hypersalivation in Parkinson's Disease

JT presented a submission from the Parkinson's Disease (PD) specialists at SFH to add glycopyrronium liquid to the formulary for treatment of hypersalivation in PD patients. JFG were supportive of an Amber 2 classification.

Sialanar® was the only glycopyrronium product licensed for hypersalivation (up to 18yrs) at the time of the JFG meeting (February 19). Since the JFG meeting, Clinigen (Colonis) has been awarded a license for hypersalivation in children for their 1mg/5ml product. The Parkinson's team agreed to use Sialanar® also to reduce risk of dosing / dispensing errors that may be caused by having more than one strength liquid available. NUH and the CCGs have already started to switch paediatric patients over to Sialanar®. The committee felt that the main reason for preferring Sialanar® was because it had a license for hypersalivation in children, but now that the 1mg/mg was also licensed for this indication there was no longer a preference and both should be made available.

The following decisions and actions were agreed:

- Make both strengths of licensed liquid available on formulary (Amber 2) with a note to prescribe Sialanar by brand to prevent confusion (note that the 1mg/5ml does not have a brand name for prescribing purposes).
- Make licensing status of each product clear.
- Leave tablets as GREY as they are not cost effective or licensed for hypersalivation.
- Stop the current switching programme for paediatric patients and accept that both strengths will be in circulation because both strengths are now licensed for hypersalivation in children.
- Send communication to community pharmacies, GP practices and medicines management teams to inform them of the decision and to advise caution when prescribing and dispensing to prevent confusion between the strengths.

Action – JT to action the above

c) Inhixa® (enoxaparin biosimilar)

JT presented a submission from NUH to switch the preferred enoxaparin brand from Clexane® to Inhixa® (enoxaparin biosimilar) - cost saving and in reaction to the recent Clexane® shortages. An updated enoxaparin information sheet was discussed and differences in dosing were noted for extremes of body weight and pregnancy for SFH. JT to confirm dosing at SFH before uploading the document.

JFG were supportive of switching to Inhixa®, with an amber 2 classification, and approved the updated enoxaparin information sheet.

APC ratified the enoxaparin information subject to confirming doses that SFH use for extremes of body weight and pregnancy. Minor amendments were also suggested.

Action – JT to make changes and confirm doses with SFH then upload to APC website.

d) Thealoz Duo® (Thea Pharmaceuticals Ltd)

The current formulary choices for eye lubricants were reviewed and decided upon in collaboration with the Ophthalmology Departments at NUH and SFHFT in August 2017.
Thealoz Duo® is currently non-formulary in Nottinghamshire, with Hylo-Forte® 0.2% PF,

Clinitas® UDVs 0.4% PF and Oxyal® 0.15% being the preferred sodium hyaluronate containing eye lubricants.

The submission requests an Amber 2 classification for Thealoz Duo ® for the treatment of dry eye with coarse, confluent epithelial erosions, filamentary keratitis, central superficial epithelial keratitis and severe dry eye syndrome.
The submission also suggests that Thealoz Duo® should replace Oxyal®, currently Amber2 for punctate keratitis.

The submission is supported by both NUH and SFHFT

JFG (February 19) discussed the evidence behind Thealoz Duo® and agreed a further review of the Doan trial and Cochrane review was required prior to a recommendation. Other specialist eye centers had been contacted a summary of findings were available in the APC paper for reference.

APC agreed a GREY classification due to:

- Limited trial evidence was found and it did not show superiority over other eye lubricants but with increased cost

Action – IV to feed back to submitters

e) Semaglutide (Ozempic®, Novo Nordisk Ltd)

IV presented a submission for Semaglutide (Ozempic®),a new Glucagon-like peptide-1 (GLP-1) analogue, currently listed as Grey on the Nottinghamshire Formulary. The submitters request the addition to the formulary with an Amber 2 classification, in line with the other GLP1 agonists. The request is in line with the licensed indication and is supported by Consultants in Diabetes and Endocrinology from NUH and SFHFT, along with the local DSNs.
The committee upheld the JFG decision to add semaglutide with an Amber 2 classification as an add on therapy, in line with local and national guidelines but the use of monotherapy was not accepted.

Action- IV to make changes to the formulary and update the diabetes guideline.

14. For Information – APC forward work plan

The forward work plan was noted by the group.

The End of Life guidelines are currently awaiting ratification by NottsHC as the lead author of the guidance.

15. FOR INFORMATION - Declaration of compliance with NICE TAs

Agreed

16. Future Dates of Meetings 2019

For information

17. Other Business

Pregabalin/gabapentin update and impact on guidelines
IV enquired if the guidelines required an update in light of the recent legislation change
Action – Interface team to update the wording on the formulary entries

NS explained that although the ADHD in Children shared care protocol requires an update and is significantly overdue. There has been lack of agreement between primary care and the providers to move this forward.
NHCT are not commissioned to provide a service for adults with ADHD and may not be able to accept referrals. The commissioners are working with NHCT to resolve this. Once the service has been agreed the shared care protocol will be updated accordingly
Action – NS to extend the date of the update

JT raised the issue of current stock shortages of nifedipine and asked if the committee were happy to adopt the Specialist Pharmacy Service (SPS) guidance on switching to an alternative. The committee agreed that this would be helpful.
Action: JT to add a link to the guidance to the Joint Formulary.

MP highlighted a recent alert around the safety of quinolones. This will be reviewed and the antimicrobial guidelines amended accordingly.

Date of next meeting 23rd May, 1400-1700hrs, The Boardroom – Duncan MacMillan

Meeting finished 1650hrs