Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 21st November 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
Laura Catt (LC)	Prescribing Interface Advisor	Representing County CCGs
Matt Elswood (ME)	Chief Pharmacist	Nottinghamshire Healthcare Trust
Tim Hills (TH)	Interim Assistant Head of Pharmacy	NUH Trust
David Kellock (DK)	Chair SFH Drug and Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Jenny Moss Langfield (JM)	GP	LMC representative
Sarah Northeast (SN)	Advanced Nurse Practitioner	CityCare
Amanda Roberts (AR)	Patient representative	

****The meeting was not quorate because there was no GP representation. To enable quoracy all APC agreed actions will be reviewed by a GP CCG representative prior to implementation****

In attendance:
Deepa Tailor (DT), Specialist Interface & Formulary Pharmacist
Jill Theobald (JT), Specialist Interface Efficiencies Pharmacist
Shadia Jenner (SJ), Specialist Interface & Formulary Pharmacist
Karen Robinson (KR), APC Interface Technician

1. **Apologies**
   Khalid Butt (KB), GP, LMC representative
   Mark Flanagan (MF), Advanced Podiatrist, non-medical prescriber, Local Partnerships, Nottinghamshire Healthcare Trust
   Esther Gladman (EG), GP, Nottingham City CCG
   Mike Jones (MJ), Community Pharmacist, Local Pharmaceutical Committee (LPC)
   Paramjit Panesar (PP), GP, Nottingham North & East CCG
   David Wicks (DW), GP, Newark and Sherwood CCG

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.

Testosterone – Shared care protocol (from APC Sept 19)
ACTION: DT to circulate draft to APC members for comments and bring to APC in January for ratification.

Infant feeding - LC reported that this is still in progress
ACTION: LC to bring to January APC

The committee raised concern over the limited GP membership and the importance of sufficient cover at meetings.
ACTION: LC to raise concerns to Mindy Bassi (Chief Pharmacist) to highlight to the CCG

All other actions were either complete or on the agenda.

4. **FOR RATIFICATION – Children and adolescents ADHD Shared Care Protocol (Update)**

LC presented the updated shared care protocol (SCP) on behalf of the author, Nick Sherwood.

Issues around roles and responsibilities between GPs and Secondary Care were discussed in brief, it was noted that commissioners were working on the payment mechanism (via a LES) and it was hoped that this would be resolved by next financial year.

It was agreed that Guanfacine should remain RED and will not be included in the shared care protocol.

The committee noted that references to patients' ages within the document were inconsistent and needed amending. The SCP needed to clarify the term 'paediatrician' to specify specialist community paediatrician in relation to medicines initiation.

ACTION: NS to make changes and send for ratification via email and upload to the APC website.

5. FOR RATIFICATION – Gynaecomastia guideline (Update) Plus anastrozole and tamoxifen 10mg submission

SJ presented the updated gynaecomastia in adults guideline. This accompanied a submission for tamoxifen 10mg daily for 3 to 9 months and anastrozole 1mg daily for 3 months for the treatment of gynaecomastia.

The cost pressure of using tamoxifen 10mg had been discussed with the specialists and they were supportive of recommending tamoxifen 20mg on alternate days, but had slight reservations about the effect this would have on compliance. It was noted that the Association of Breast Surgery (ABS) were considering a review of the use of tamoxifen 10mg daily. The committee

agreed to recommend alternate day dosing.

The committee heard that this was a second submission for anastrozole 1mg for this indication. The submitter presented no new evidence to support the submission application, but there had been new guidelines for gynaecomastia, published by the ABS in June 2019. The committee agreed that since the original submission in 2015, three things had changed. Firstly, the cost of anastrozole had dropped. Secondly, the ABS had published guidelines that included anastrozole 1mg for 3 months and thirdly, the CCG no longer commission surgery for this indication.

The length of treatment was discussed. It was agreed that tamoxifen 20mg on alternate days should be approved for 3 to 9 months. The patient would be reviewed by the GP at 3 months and treatment could continue for up to 9 months if a benefit was seen. Anastrozole 1mg daily for 3 months was approved for use if tamoxifen was not tolerated. Both medicines were approved with an AMBER 3 classification for this indication.

JM asked if bone protection or monitoring would be required and requested more information for GPs about managing side effects. The group also questioned if a second course could be supplied after 9 months and if a course of anastrozole could be used after tamoxifen if no benefit was seen. DK requested that the term “drug” be changed to “medicine” throughout the document.

ACTION: SJ to update gynaecomastia indication to the formulary entry for tamoxifen and add this indication for anastrozole with a traffic light classification of AMBER 3.
SJ to clarify the points above then send finalised guideline for ratification via email and upload to the APC website.

6. **FOR RATIFICATION – Edoxaban – First line DOAC for non-valvular AF position statement (New)**

The CCGs in Nottinghamshire receive a rebate for using edoxaban that makes it less expensive than the other DOACs (apixaban, dabigatran and rivaroxaban). The committee was asked to approve a position statement, and changes to the APC AF guideline, to make edoxaban the preferred first line DOAC for patients with non-valvular atrial fibrillation (NVAF), unless there is a specific clinical reason not to do so.

The committee was supportive, but asked for assurance that there is sufficient evidence for edoxaban at the lower dose (30mg) used in renal impairment when compared to warfarin. The committee noted that there were no head to head trials with other DOACs.

The committee thought that the manufacturers of the other DOACs may also offer a rebate and it was agreed that if a rebate was agreed on another DOAC then the position statement would be reviewed.

ACTION: JT to seek clarification of the evidence for the lower dose.
JT to send the position statement and updated guideline for ratification via email and upload to the APC website.

7. FOR RATIFICATION – Medicine and falls chart (update)

LC presented the updated Medicine and falls chart from the falls prevention team, the main change being the use of symbols instead of colours for easier reading. This document is hosted

by the APC and was developed to assist in identifying medicines that could increase the risk of falls.

The committee agreed the document subject to a couple of minor amendments:
- change the word “drug” to medicine.
- reduce the size of one of the symbols as it was obscuring some of the table content.

ACTION: LC to ask the Falls Prevention Team to make the changes and upload to APC website.

8. FOR RATIFICATION – Opioids in persistent non-cancer pain guideline interim (update)

JT presented the updated APC Opioids in Persistent Non-Cancer Pain guideline. This was an interim update to recalculate the opioid dose equivalences in the table on page 2 using the ANZCA Faculty of Pain calculator. The Nottinghamshire medicines safety officers agreed, in consultation with pain specialists, that in order to provide consistency when calculating total opioid intake and when switching between opioids, just one calculator would be used locally. The ANZCA calculator is already in use locally and has received positive feedback due to its ease of use.

The updated guideline was ratified subject to approval from a GP representative.

ACTION: JT to obtain approval from GP representative and upload to APC website.

9. FOR RATIFICATION – End of Life (EoL) Guidelines (Update)

KR presented the updated EoL guideline which had previously been ratified by Nottinghamshire Healthcare Trust Medicines Optimisation Group (TMOG) in October 2019.
A few minor amendments were requested by the committee including:
- Addition of document management
- Change abbreviated “mcg” to micrograms
- Ensure that opioid dose conversions are done with the ANZCA calculator and to consider adding a link to this calculator.

JM requested that links to the guideline be added to F12 and other GP systems e.g. Arden and GP Team Net.

The updated guideline was ratified subject to minor amendments as above and approval from a GP representative.

ACTION: KR to ask the authors to make the suggested changes.
KR to obtain approval from GP representative and upload to APC website.
KR to request that links are added to F12 etc.

10. FOR RATIFICATION – Medicines and Appliances of Limited Clinical Value list (Update)

JT presented the updated Medicines and Appliances of Limited Clinical Value list (previously known as the low priority list). Probiotics and aliskiren have been added as products that should NEVER be prescribed in primary care as per NHSE recommendations. Probiotics are new to the list and aliskiren has been moved from the rarely used section.

The committee approved the document, subject to approval by GP representative, and requested that resources are produced to help with deprescribing of aliskiren.

TB mentioned that Sativex® (cannabis extract) may soon be approved by NICE for epilepsy (but not pain) and if this happens then the limited clinical value list will need to be updated.

ACTION: JT to obtain approval from GP representative and upload to APC website.
JT to produce deprescribing resources for aliskiren.

11. FOR RATIFICATION - Adult Headache Pathway (Update)

SJ presented the updated adult headache pathway. It was suggested a prompt was included to consider Serotonin syndrome, in addition to anticholinergic burden with amitriptyline use.

Query as to why naproxen was included but not ibuprofen for medication overuse headache.

It was suggested that Nortriptyline be add back into pathway as an alternative to amitriptyline for patients in whom amitriptyline has been effective, but where side effects are intolerable.

JM suggested having a pregnancy section and to add either as link or a section. It was also suggested that combined oral contraception pill be changed to combined hormonal contraception.

There was some query around the absorption of nasal triptans, which require further investigation. In addition, there were many formulary amendments to consider as a result of the pathway review.

ACTION: SJ to follow up the queries and make any changes and bring back to January APC

12. FOR RATIFICATION – RED/GREY repatriation letter (New)

JT presented a template letter designed for primary care prescribers to use to refer inappropriate prescribing requests back to specialists. The letter is based on a similar letter already in use in Mid Notts CCGs and wording from the BMA and has been reviewed by CCG medicines management teams. The plan is to publish the letter on the APC website and put links on to F12 and the inappropriate request log on eHealthscope. The committee approved the letter and suggested that adding a space to record the indication for the medication would be useful.

ME noted that mental health teams have noticed an increase in referrals received from primary care with assistance with dosulepin deprescribing. It was felt that the current SOP did not provide enough advice for primary care prescribers and needed to be reviewed.

ACTION: JT to make minor amendment and obtain approval from GP representative and then upload to APC website.
JT, ME and NS to review the primary care dosulepin SOP.

13. FOR RATIFICATION – Solar Keratosis Guideline (Update)

JT presented the updated guideline which had reached its review date. The main changes included:

- a new patient information section
- curettage excision added as an alternative to cryotherapy for single or hyperkeratotic lesions
- added reference to MHRA alert for Picato® (ingenol mebutate) – increased risk of skin tumours seen in some clinical trials.
- link to PCDS diagnostic tables has been added

Discussion took place around curettage vs shaved excision and JT agreed to get confirmation from specialists that shaved excision is a viable alternative to curettage excision.

ACTION: JT to confirm if shaved excision could be added as an alternative to curettage. Circulate via email for ratification.

14. FOR RATIFICATION – Overactive Bladder Guidelines (Update)

DT presented the updated guidelines. Discussions took place around clarity of first and second line treatment based on cost and side-effect profile. Also whether to strengthen wording around contraindication and cautions, especially in the elderly population. To add "prolonged release" to mirabegron entry.

ACTION: DT to check side-effect profiles with care of the elderly team and liaise with Richard Parkinson to make amendments.
DT to email final document to APC members for ratification.

15. FOR DISCUSSION – Nefopam position statement – review of need

The committee agreed that the statement was no longer needed, but felt that a summary of the information in the statement should be included on the formulary entry instead

ACTION: LC to update following approval from GP representative and remove the statement from the website

16. FOR DISCUSSION – Melatonin; place on formulary and cost impact

LC initiated the discussion and updated the group on a recent PrescQIPP bulletin. The committee's discussion centered around how the cost may be contained within the current cost envelope.
The committee felt that a separate working group was required to look specifically at the commissioning.

ACTION: LC to set up working group and continue to work with the commissioning teams and the trusts to find a solution

17. RMOC update

SM and TB gave a brief overview from the recent meeting of the Midlands and East RMOC.

18. Formulary amendments and horizon scanning

All suggested formulary amendments and horizon scanning were agreed as:

a. Formulary amendments

- Solifenacin liquid (Vesicare®) will be added as amber 3 as an option for those with swallowing difficulties where oxybutynin patches are contraindicated / unsuitable.
- Celecoxib awaiting formal review by SH

ACTION: SH to bring review to a future JFG

- Anthelios® XL (SPF 50+) sun cream to be added as a cost effective alternative to Sunsense® Ultra 50 with a note about appropriate prescribing and volume.
- Kelhale® MDI replaces QVAR® MDI as preferred brand for new patients.
- Aqueous cream – committee asked to consider GREY traffic light. Committee requested opinion from dermatologist.

ACTION: JT to contact dermatologists for advice on restrictions for use and bring to December JFG

ACTION: KR to update the formulary amendments

b. Horizon scanning

- Diclofenac 3% gel agreed as GREY for actinic keratosis. To add note that 3% diclofenac gel not to be used for arthritis.
- Bee venom and wasp venom added with GREY traffic light classification.
- Volanesorsen sodium (Waylivra®) added as GREY.

ACTION: KR to update the formulary

19. New Submissions

a. Depagliflozin (NICE TA 597)

For use with insulin in Type 1 diabetes in adults with BMI of at least 27kg/m2, when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if:

- Patients are on insulin doses of >0.5units/kg of body weight
- They have completed a structured education programme (including information about diabetic ketoacidosis.
- Treatment is started and supervised by consultant physician specialising in endocrinology and diabetes. SPC says initiated and supervised by specialist in type 1 diabetes.

Current APC classification of dapagliflozin for Type 1 diabetes is Grey – No formal assessment.

- 10mg tablets not licensed for use in Type 1 diabetes
- 5mg licensed for Type 1 diabetes and must only be administered as an adjunct to insulin.

The committee approved dapagliflozin as amber 2 as an adjunct to insulin for adults with type 1 diabetes with caveat that a reduction in HbA1c in line with NICE is achieved within a 6 month period before prescribing is passed to the GP.

ACTION: To obtain approval from GP representative and update formulary and diabetes guideline.

b. Xonvea®

A submission was received from Obstetrics and Gynaecology at NUH requesting a green classification for Xonvea® (10mg doxylamine succinate and 10mg pyridoxine hydrochloride) for the treatment on nausea and vomiting in pregnancy (NVP).

It is currently the only licensed product for NVP that has not responded to conservative measures.

The committee noted that there were no direct comparison trials of Xonvea® compared to antihistamines or phenothiazines. There is extensive clinical experience with antihistamines and phenothiazines and their use in NVP is established.

APC agreed that Xonvea® was not cost-effective and should be GREY – non-formulary.

ACTION: To obtain approval from GP representative and update formulary.

20. APC forward work plan
Noted

21. Declaration of compliance with NICE TAs
Noted

22. Dates of Future Meeting

Next APC meeting is Thursday 23rd January 2020, 2pm – 5pm (Boardroom, Duncan Macmillan House)

23. Any Other Business

Meeting closed at 1710hrs