Nottinghamshire Area Prescribing Committee Guidelines Meeting Minutes

APC Meeting 18th January 2024:

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:

Laura Catt (LC) - CHAIR	**Prescribing Interface Advisor**	**NHS Nottingham & Nottinghamshire ICB**
Jill Theobald (JT) representing on behalf on Tanya Behrendt (TB)	**Senior Medicines Optimisation Pharmacist**	**NHS Nottingham & Nottinghamshire ICB**
Dr David Kellock (DK)	**Consultant in Sexual Health & SFH Chair of the Drug and Therapeutics Committee**	**Sherwood Forest Hospitals NHS Foundation Trust**
Tim Hills (TH)	**Assistant Head of Pharmacy**	**Nottingham University Hospitals NHS Trust**
Dr Jennifer Moss Langfield (JML)	**GP**	**LMC Representative**
Ann Whitfield (AW)	**Patients Representative**	**Local population representative**
Dr Asifa Akhtar (AA)	**GP**	**South Notts PBP, Nottingham & Nottinghamshire ICB**
Dr David Wicks (DW)	**GP**	**Mid Notts PBP, Nottingham & Nottinghamshire ICB**
Mark Clymer (MC) left the meeting during item 9	**Assistant Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Kuljit Nandhara (KN)	**Deputy Chief Pharmacist, Head of Pharmacy Mental Health Services**	**Nottinghamshire Healthcare NHS Trust**
Beth Rushton (BR)	**Senior Pharmacist**	**Primary Integrated Community Services (PICS)**
Georgina Dyson (GD) left the meeting after item 9	**Advanced Nurse Practitioner**	**CityCare ICB**
Katie Sanderson (KS)	**Patients Representative**	**Local population representative**

In Attendance:
Shabnum Aslam – Medicine Optimisation Pharmacist, NHS Nottingham & Nottinghamshire ICB (in attendance up to agenda item 10).

Interface Support (NHS Nottingham & Nottinghamshire ICB):
Nichola Butcher (NB), Specialist Medicines Optimisation and Interface Pharmacist
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH (in attendance up to item 7)
Karen Robinson (KR), APC Interface and Formulary Pharmacy Technician (in attendance up to item 13)
Irina Varlan (IV), Specialist Medicines Optimisation Interface Pharmacist
Vimbayi Mushayi (VM), Specialist Medicines Optimisation Interface Pharmacist
Lidia Borak (LB) – Specialist Medicines Optimisation Interface Pharmacist

1. Welcome and apologies.
APC members welcomed; apologies noted.

2. Declarations of interest.
Nothing declared.

3. Minutes of the last meeting and matters arising
The minutes of the previous meeting were agreed as correct subject to a couple of minor amendments.

Ferric Maltol
TH informed members that following discussions NUH had no plans to reinstate the original IV iron service. Clinicians raised concerns about the service impact, however this was felt to be outside of the APC remit. JT explained the situation was being monitored as part of the prescribing budget monitoring and any significant findings would be brought to the APCs attention. TH shared the current service usage graph with the committee; however, it was too early to see if any impact had occurred.

Heart Failure Guideline
IV gave a brief update on the continuing work being carried out updating the heart failure guidance.

Blood glucose position statement
KR explained the Equality, Quality and Inequality impact Assessments (EQIA) had been submitted to the EQIA team for an assessment decision by the review panel, any comments received will be shared with members via email.

All other actions were noted as complete.

4. FOR RATIFICATION – Daridorexant Information Sheet

LK presented the Daridorexant Information Sheet which has been written to support the APCs AMBER 3 decision on the NICE TA922: Daridorexant for treating long-term insomnia.
LK explained that the daridorexant TA recommends its use following cognitive behavioural therapy for insomnia (CBTi) or where CBTi is not available or is deemed unsuitable. Currently, there are no CBTi services commissioned locally unless other mental health conditions co-exist. This has been escalated to commissioners and discussions are ongoing.
The information sheet had been disseminated to Primary Care Mental Health leads for comment, and their recommended website links and patient information leaflet(s) have been included. KN further recommended sleep applications as a valuable source approved by NICE.
APC members agreed that a discontinuation message needed to be incorporated into the information sheet and that additional information regarding use in pregnancy and breastfeeding be included.
It was noted that TA922 had now reached its compliance deadline.

ACTION: LK is to incorporate a discontinuation message and advice to seek specialist advice for guidance regarding pregnancy and breastfeeding within the information sheet. Final ratification is to be agreed upon by email, once complete LK will upload to the APC website and change the traffic light status to AMBER 3.

5. FOR RATIFICATION – Infant Feeds for Premature Infants

LC presented the Prescribing Guidance for infants born at <34 weeks gestation and Supplements to Premature Infants born at <36 weeks guideline. The guideline had been reviewed due to reaching its review date and the review had been completed by Matthew Lawson, Senior Medicines Optimisation Dietitian in consultation with Professor Helen Budge, Consultant Neonatologist, Dilyana Kraleva, Lead Neonatal Dietitian and the wider specialist NUH team.
No further comments were received by APC members.

ACTION: The updated guidance was agreed as ratified. LC to inform the author Matthew Lawson and upload to the APC website.

6. FOR RATIFICATION – Enoxaparin Information Sheet

NB presented the Enoxaparin Information Sheet. The Information Sheet had been updated due to reaching its review date, in addition NUH have also begun using Arovi® as their first-line brand choice. It was noted there have been no changes to the national guidance.
The following changes have been made:

- The switch by NUH to Arovi® brand was discussed and minuted at the October 2023 APC Formulary meeting.
- Information has been added about Arovi® being the brand of choice for new patients at NUH and in Primary Care. SFHT will continue to use Inhixa®. Existing patients should ideally continue with the brand they were initiated on.
- Arovi® and Inhixa® share the same injection technique and can be interchanged if necessary. The patient must be informed of this to prevent any confusion.

- There has been no change to the recommended doses for adults or to the pregnancy guidelines at either NUH or SFHT, so the treatment tables remain the same. The update to the information sheet has been raised with the Local Maternity and Neonatal System (LMNS).
- Further information has been added about anticoagulation in malignancy.
- Colour chart for the syringe labels of Arovi®, Inhixa® and Clexane® have been updated.

KN noted NHCT also uses Inhixa® as the first-line choice.
TH suggested the information sheet was shared with the Obstetric NUH specialist pharmacist; he will provide NB with the contact details.

APC Members ratified the information sheet and JT, NB and KN agreed to meet to discuss the in-house processes within the individual Trusts.

Post-meeting note: There was a discussion during the meeting as to whether Arovi® was a biosimilar, APC can confirm ***Arovi® is a biosimilar medicine****.*

ACTION: The information sheet with the detailed changes was agreed upon as ratified. JT, NB and KN will meet to discuss the in-house processes within the individual Trusts. TH will send NB the contact details for the Obstetric NUH specialist pharmacist. Agreed as ratified NB to upload to the APC website.

7. FOR RATIFICATION – Nausea and Vomiting in Pregnancy

NB presented the Nausea and Vomiting in Pregnancy Guideline. The guideline had been reviewed due to reaching its review date. Comments had been invited and received from Early Pregnancy leads and specialist pharmacists from SFHT and NUH.

The following changes were agreed by APC members:

- Promethazine dose was changed to '25mg at night, increase to three times a day as needed', in line with NUH and RCOG advice.
- Trial duration was changed to 48 hours from 24 hours. There is no need to titrate the dose as patients can have the maximum allowed dose.
- The treatment steps and final combination has been amended to cyclizine +/- prochlorperazine or metoclopramide.
- Statement added that all antiemetics can be used when breastfeeding.

It was requested that use with caution in breast-feeding was added to the guideline, as well as clarification to seek specialist advice if treatment unsuccessful or required more than 5 days

ACTION: APC members ratified the guideline subject to minor changes discussed during the meeting. Once finalised NB to upload to the APC website.

8. FOR RATIFICATION – Nitrazepam for Children with Epilepsy Information Sheet

NB presented the Nitrazepam for the Treatment of Epilepsy in Children and Young People information sheet (adapted with kind permission from Pan Mersey APC). This new information sheet had been produced following requests from PCNs within the Nottingham and Nottinghamshire ICB following the recommendation made at the October 2023 APC Formulary meeting when nitrazepam for children with epilepsy was classified as Amber 2.

Nitrazepam is not listed in the BNF for Children, therefore as dosing advice is not readily available to Primary Care prescribers, it was requested that prescribing advice should be produced.
The information sheet has been circulated and received comments from the specialists and consultants in Paediatric Neurology at NUH.
During the APC discussion it was noted that nitrazepam suspension albeit licensed is very expensive and should be reserved for exceptional circumstances only, it was agreed this needed to be incorporated into the information sheet to ensure prescribing followed an informed decision process.

APC members ratified the information sheet subject to the changes discussed.

ACTION: APC members ratified subject to the changes discussed. NB to make the changes and upload to the APC website.

9. <u>FOR RATIFICATION − ADHD Children and Young Peoples SCP (VM)</u>
The ADHD in children and young people SCP for methylphenidate, dexamfetamine, lisdexamfetamine, atomoxetine have been updated as they had reached their review date. Comments were invited from previous authors and other relevant specialists.
Comments have been received from specialists at NUH, SFHFT, Notts HCT and Community Paediatrics.

Currently, there are no standardised national templates for ADHD in children and young people. However, RMOC published adult ADHD SCP templates in July 2022 which were reviewed, amended, and adopted locally by the adult ADHD services.
The adult SCP (based on national templates) have been cross-referenced against the APC overarching ADHD in children and young people SCP and the individual information sheets for methylphenidate, dexamfetamine, lisdexamfetamine and atomoxetine. Some amendments to the adult SCP templates were made to reflect differences between adults and children/ young people patient groups, and all were tracked on the documents. The local APC ADHD in children and young people overarching SCP and the individual information sheets will be retired.
There are no updates on recommendations from the NICE ADHD guidance, last updated in September 2019.
All the four medicines are licensed in children from 6 years onwards. A statement was added to acknowledge that although NICE recommends treatment from 5 years this is unlicensed, and these SCP only cover patients who are 6 years and over. In addition, patients who are 18 years and over are excluded as they are covered by the adult SCP.
A general statement was added under adverse effects management for acute medical concerns to be discussed with on call general paediatrician.
Transfer of care statement was changed to at least 4 weeks to align with lisdexamfetamine template and as per current practice within the ICB. Statements in the current children APC information sheets regarding altering doses due to growth and ongoing monitoring were not transferred as there were not in line with NICE, SPC and there was not evidence found to support these.

Individual changes for specific medications are explained in detail on the meeting front sheet but to summarise a few:

- Link to MHRA drug safety update on brand prescribing was added, together with links to the preferred brands and the information on the appropriate course of action to be taken during medication shortages.
- Suicidal tendencies were listed as a contradiction with advice to consult the specialist. Specialists felt that although this is a contraindication it should be reviewed on a case-to-case bases rather than a blanket ban. This was discussed during the meeting, and it was agreed to add suicidal ideation monitoring to the primary care responsibilities or monitoring section too.
- Some statements under adverse management section were added and or rephrased as per specialist and so the advice aligns with other amphetamines and SPCs.

VM explained that in the papers front sheet there was a typing error regarding breastfeeding and prices statement as these statements were **not** transferred to the template from the current APC information sheet.
A statement has been added regarding shared care and private patients and link to ICB policy provided. Members felt that a bit more information still needs to be added on this topic to clarify the situation of patients who chose to go privately.

PIL links in the template had been removed and added a link to APC approved PILS. However, members felt that the generic leaflets on the APC website were inadequate. In addition, it was felt that the general shared care protocol PIL needed updating. VM to add back the PILs links in the RMOC template and look at the shared care protocol with LC as per discussions above regarding shared care and private providers.

APC members felt that a general statement should be added confirming that it is safe to suddenly stop treatment with exception of guanfacine.

ACTION: APC members ratified the Shared Care Protocols with the amendments detailed. VM to update and finalise the information sheets and upload to the APC website.
Post meeting discussion with LC it was decided to remove the statement about shared care and private care providers from the documents as there is still work being done around private care and shared care.

10. <u>FOR RATIFICATION – Dementia Medicines Information Sheet</u>
KN presented the Dementia Information sheets that had been reviewed due to reaching their review dates. KN noted there have not been any major guideline changes since the last review, the leaflet had been checked against the manufacturer's current SPC and any minor changes had been incorporated.

The updated leaflet has been reviewed in consultation with Dr Ola Junaid and Dr Bala Ganesan (Psychiatrists). Dr Ola in turn circulated these to the consultant Forum for any comments.

ACTION: APC members ratified the information leaflets subject to the small amendment. KN to make the small amendment and forward to LC for uploading to the APC website. AW to send an invite to KN for a dementia talk held at Nottingham Trent University with Prof Keeley Brookes as invited speaker.

11. <u>FOR RATIFICATION – Apixaban in Atrial Fibrillation Guidance</u>

IV presented the Apixaban in AF Guidance which had been updated in collaboration with specialists from NUH and SFH.

Since the December meeting, the guidance has been changed to state apixaban is now the first line DOAC, instead of edoxaban, the DOAC position statement supporting edoxaban as first line has been removed from the APC website and the formulary entry was edited to clearly highlight apixaban as first line option.
The Optimise Team have been informed of the changes and they will manage the messages for edoxaban/apixaban.
The specialists (consultants and pharmacists) from SFH and NUH have been informed.

Following the discussions in December TB offered to ask on the NICE forum if other areas continue to apply the review frequency as per NICE CKS or have they relaxed their advice after gaining more experience with DOACs. A few responses had been received and these were available to review within the papers. The conclusion was the NICE CKS guidance was based on the 2018 European Heart Rhythm Association Practical Guide and since then an updated guidance was published in 2021 which advised on a more relaxed monitoring for DOACs, “preferably after 1 month initially and about every 3-12 months thereafter, depending on the individual patient's characteristics, comorbidities and co-medications". The committee agreed that the wording adopted currently in the monitoring table on page 5 is appropriate and no further changes were needed.

NHS England has published on Jan 16th an operational note: Commissioning recommendations for national procurement for direct-acting oral anticoagulant(s) (DOACs). In this document they clearly state that apixaban is the best value DOAC for twice daily dosing followed by edoxaban as the best value DOAC for once daily dosing, followed by rivaroxaban, dabigatran and Eliquis® (branded apixaban). NHSE also suggests that depending on patient factors and local capacity clinicians could consider reviewing current treatments.
JT is writing an options statement to assess the potential for switching if there is capacity to do so. Ideally, all new patients should be started on apixaban however, apixaban is a twice-day dosing regimen so some compliance is required which might be problematic for some patients, and this needed to be recognised. The committee expressed a wish to ensure this information is included in the guideline along with the table stating the DOACs in the order of their cost effectiveness.

The Optimise Team have been made aware of the changes and Optimise RX messages will be implemented once the guideline has been ratified and uploaded.
IV informed the APC members that the haematology specialists received some queries from primary care regarding patients requiring DOAC treatment and with a body weight under 50kg, highlighting that the Anticoagulants in DVT and PE guidance has a visible statement to include this patient cohort under extremes of body weight, but this is less noticeable in the

Anticoagulants in AF guidance. A query was raised with MI at NUH to search for the latest clinical trials with low body weight patients. The results of this enquiry didn't show any new evidence to justify using DOACs in patients with low body weight so no amendments are required to the DVT/PE guidance, but we did add the <50kg under the **Extremes of body weight** criteria on page 3 of the AF guidance to align the two guidelines.

IV also informed the committee that SPS have recently published information on DOAC interactions and that this will be cross checked with the AF guidelines and linked.

ACTION: APC members ratified the guideline subject to the under 50kg information finding and the addition of any relevant interactions. IV to update accordingly and upload to the APC website.

12. FOR RATIFICATION – Spironolactone – Acne Antimicrobial Guideline

NB presented the updated Acne Antimicrobial Guideline. Following the APC formulary meeting in December, spironolactone was approved for use in women aged 18 years and over with persistent or recurrent acne after oral antibiotics and non-antibiotic topical treatment. An AMBER 3 traffic-light classification was assigned, and spironolactone has been incorporated into the acne antimicrobial guideline to support its prescribing.

APC members agreed the information relating to the prescribing of spironolactone should be incorporated into the therapy choices table, in addition, a pregnancy warning to avoid pregnancy or use contraception for one month after stopping spironolactone also needed to be included. The terminology relating to the following contraindication 'contraindicated in pregnancy due to the risk of feminisation of a male foetus' will be changed to read Spironolactone is contraindicated in pregnancy as it reduces testosterone levels and affects foetal development '. A better choice of words was also suggested for "additional option for women" to include patients groups excluded by this phrase.

ACTION: APC members ratified the updated guideline subject to the amendments agreed. NB to update the guideline and upload to the APC website.

13. FOR RATIFICATION - Framework for Managing Medicines across the Nottinghamshire ICS (LC)

LC presented the updated Framework for managing medicines across the Nottinghamshire ICS. The financial situation and significant deficit across the ICS have led to the need to consider ways that additional spend may be reduced or delayed. As NICE TAs are mandated, not allowing access is not an option, however by restricting availability until day 90 post TA publication (in line with NHSE commissioned medications) it is hoped that short term spend will be reduced which may contribute to reducing the remaining deficit for 2023/24.

The APC have been asked to implement this restriction with the additional restriction being added to the Framework document. Furthermore, medicines subject to a positive NICE TA will not be added to the formulary or highlighted to clinicians until day 90 post publication.**ACTION:**

APC members agreed with the change. LC to upload to the APC website.

14. FOR INFORMATION – APC Forward Workplan

LC presented the APC forward work plan highlighting that in some areas the team struggles to engage with secondary care specialists, and this delays guidelines, shared care protocols and information sheets to be updated. The APC was asked for guidance on how it is best to proceed in these situations to prevent medicines being declassified to RED in the detriment of the patients and the local services.

The committee agreed that the team should try again to liaise through the specialist pharmacists, as this can work better if consultants are struggling with time due to industrial actions and high volume of work. Also, that a timeline of a couple of months should be given with a warning of reclassification to RED.

15. <u>ANY OTHER BUSINESS</u>

- **GLP1 updated safety alert and actions:**

The availability of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) continue to be limited, with supply not expected to return to normal until at least the end of 2024.
Byetta® (exenatide) pre-filled pens will be discontinued in March 2024.
Victoza® (liraglutide) continues to be out of stock and further stock is not expected until the end of 2024.
The national safety alert has dictated that the following actions are required by 28th March 2024:

- Prescribe Rybelsus® tablets for new initiations of a GLP-1 RA (in line with NICE NG28).
- Identify patients prescribed Byetta® and Victoza® injections and (in line with NICE NG28) and switch to Rybelsus® tablets.
- Counsel patients on any changes in medication, formulation, and dose regimen where appropriate.
- Do not switch between strengths of a GLP-1 RA solely based on the availability.

Rybelsus® was restricted on the joint formulary for needle-phobic patients and for use in patients that can follow the specific administration guidance: *Taken daily with no more than half a glass of water (up to 120 ml) on an empty stomach at least 30 minutes before eating, drinking, or taking other medicines. Waiting less than 30 minutes decreases the absorption of semaglutide.* This restriction will be removed to allow prescribing. The Optimise Team will develop an Optimise RX message to support the safety alert. Communication of the alert will be disseminated via the bulletin and other practice-supporting communication mechanisms.

It was highlighted that Rybelsus® is classified as Amber 2 and it was agreed that it was appropriate to continue recommending that Specialist advice be sought before switching patients. Particularly as it may not be an appropriate option for all patients and there are important administration instructions that must be complied with, otherwise it may be less effective.

ACTION: APC members agreed to the proposed joint formulary changes. LK to update the joint formulary entries for Rybelsus® and Byetta® and initiate communications with the Medicines Optimisation Team and the Optimise Team.

- **APC Guideline Front Sheet:**

NB presented a new template for the APC meeting Front Sheet (FS) which has been adapted from the FS used at the ICB meetings. This original ICB template has been reviewed and adapted by the Interface team to serve the APC meeting purposes. The committee agreed to the proposed template and the interface team is to start using this new FS from next months' meeting.

Date of next APC Formulary meeting - Thursday 29th February 2024 – 2pm – 5pm, MS Teams

Date of next APC Guideline meeting – Thursday 21st March 2024 - 2pm – 5pm – Hybrid Meeting