

Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 16th March 2017 at 2:00pm The Boardroom, Duncan MacMillan House, Porchester Road, Nottingham, NG3 6AA

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Present:

David Kellock (DK) Acting Chair	Chair SFH Drugs & Therapeutics Committee	Sherwood Forest Hospitals NHS Foundation Trust
Tanya Behrendt (TB)	Deputy AD Medicines Management	NHS Nottingham City CCG
Beth Carney (BC)	Prescribing Advisor	Nottingham West CCG
Matt Elswood (ME)	Chief Pharmacist	Nottinghamshire Healthcare Trust
Khalid Butt (KB)	GP	Mansfield and Ashfield CCG
Judith Gregory (JG)	Assistant Head of Pharmacy	Nottingham University Hospitals NHS Trust
David Wicks (DW)	GP	Local Medical Committee
Steve Haigh (SH) Deputising for SM	Medicines Information Pharmacist	Sherwood Forest Hospitals NHS Foundation Trust
Amanda Roberts (AR)	Patient representative	
Esther Gladman (EG)	GP Prescribing Lead	NHS Nottingham City CCG
Laura Catt (LC)	Prescribing Interface Advisor	Mansfield and Ashfield CCG
Sarah Northeast (SN)	Advanced Nurse Practitioner	CityCare

The meeting was quorate and all submissions and guideline approvals were undertaken during period of quoracy.

In attendance:

Irina Varlan (IV), Specialist Interface & Formulary Pharmacist, Nottingham University Hospitals NHS Trust
 Nick Sherwood (NS), Specialist Interface & Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust

Lynne Kennell (LK), Specialist Interface and Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust

Tim Ogilvie (TO), F2 Public Health present only for item 3

Clare Davies (CD), Prescribing support dietician, Nottingham CityCare, present only for item 8

1. Apologies:

Ankish Patel (AP), Community Pharmacist, Local Pharmaceutical Committee

Arjun Tewari (AT), GP, NHS Rushcliffe CCG

Rachel Sokal (RS), Consultant in Public Health, Nottingham City Council

Sachin Jadhav (SJ), Chair NUH Drug and Therapeutics Committee, Nottingham University Hospitals NHS Trust

Steve May (SM), Chief Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust

2. Declarations of interest

None declared.

3. FOR RATIFICATION: Smoking cessation guidelines

Tim Ogilvie was in attendance to present the smoking Cessation guidelines for ratification. Most of the amendments were small updates for accuracy however there were some points the APC suggested;

- Add information on cessation services across the County
- Add cautions as per the BNF
- Several additions including dosing, contraindications and interactions for varenicline
- Several typos, and small phrasing alterations

Action: TO to update with suggested changes, LC to upload a final version to the APC website.

4. Minutes of the last meeting & matters arising

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

Melatonin

Work is underway by Paediatricians at NUH to determine current patient numbers, indications and products in use for potential transfer to Shared Care if agreed. This will be brought to JFG once complete.

Action: ME to share NottsHC prescribing information with IV, Audit template to be shared with SFHFT, IV to bring to JFG once complete

Airflusal®

Some unclear wording regarding branded/generic prescribing needing clarity on the formulary was discussed.

Action: LK/NS/IV to investigate and amend

Restricted use medications within mid-Notts CCGs

This has been discussed within NUH and NottsHC where some concerns had been raised.

Actions: Notts healthcare and NUH to share their feedback with Cathy Quinn.

Ulipristal

Although the use of the medication is considered appropriate by the APC, the potential cost implications warrants a business case to be submitted to the CCGs. Medication to remain RED until agreed by commissioners.

Hyperlipidaemia Guidelines

The amended guideline was not ready for ratification at this meeting. An updated revision will be shared via email for comment.

Action: TB to share via email

5. Ten minute learning

The committee thanked JG for her teaching presentation on secondary care procurement and pricing.

6. FOR RATIFICATION: Continence formulary and guideline

LC shared the updated guidelines. There have been few changes made to the guidance which has been developed to address the needs of all stakeholders who provide continence products in different ways. The committee confirmed that the APC logo should be added. Subject to minor amendments, the guidelines

were ratified.

Action: LC to make minor amendments and upload updated guideline to APC website.

7. FOR RATIFICATION: Ocular Lubricant formulary

SH presented the ocular lubricants products table, which has been designed as a method of rationalising ocular lubricant products and promoting the most cost effective version of each type of ocular lubricant, with a few alternatives where necessary.

There was some discussion on the design of the table and whether it is necessary to specify brand names. The group agreed keeping brand names would be appropriate as SystemOne lists the medications as such, but to add the statement that “there is no great need to maintain a patient on the same brand”.

It was agreed that the guidance would be linked to the products on the formulary and suggested that Medicines Management teams update Optimise Rx with product choices.

Action:

- **SH to update with agreed changes and share with group for ratification via email**
- **LC/TB to request that prescribing advisors update Optimise Rx**

8. FOR DISCUSSION: Sip feed guidelines

CD, a prescribing support dietician at CityCare, was in attendance to discuss updated guidance for oral nutritional supplements. The updated guidance presented first and second line supplements for the Nottinghamshire Formulary based on cost-effectiveness. It was proposed that other supplements not included in the guideline but currently listed on the formulary be restricted to specialist dietician recommendation in an effort to ensure clinically and cost effective prescribing. Further work is planned to review other product choices listed in the Borderline Substances section of the formulary.

The guidelines replace 2013 sip feed guidance, ensuring national guidelines are followed.

CD directed the group towards the referral form to be used by care homes requesting a prescription from the GP. The group responded positively to this, and was also supportive of the quick reference guide for GPs.

The group suggested adding a link for patient leaflets in the quick reference guide, guidance on what to do on review and reference to the prices of the products.

Actions:

- **CD to update with suggested amendments and share guidelines with dieticians across the County.**
- **CD to liaise with LK regarding formulary choices. CD to share updated guidelines and outcomes from consultation process with LC for sharing with APC. Depending on extent of comments received, guidelines may be suitable for email ratification.**

9. FOR DISCUSSION: Liothyronine for hypothyroidism – traffic light change

The JFG had discussed the continuing rise in price of liothyronine, with prices per patient hitting >£3000/year compared to <£20/year for levothyroxine. When considering this increase in cost alongside the lack of evidence for the medication, the JFG had recommended that the current AMBER 2 classification for existing patients is changed to GREY and that patients already established on the medication are reviewed.

Through collected data it is estimated that this would affect approximately 100 patients.

IV had discussed the alteration of the status with endocrinologists at NUH and SFHFT who supported the position and had agreed to provide advice on switching patients and review them if necessary. The APC supported patients continuing on the liothyronine only if an NHS consultant endocrinologist had reviewed them and felt that a switch to levothyroxine was not possible. Many of the current patients were originally initiated on liothyronine by a private clinician, if these patients wish to continue using liothyronine, they should be advised that this will need to be obtained via a private prescription.

The APC supported the decision to change the classification to GREY.

Actions:

- **IV to update the March 2015 position statement, feedback to endocrinologists and develop a switching advice document with them.**
- **LC to write to private endocrinologists on behalf of APC to inform them of planned patient reviews.**
- **Formulary entry to be updated to reflect a GREY status for all patients.**
- **ME to audit patients using liothyronine for depression for info**

10. FOR RATIFICATION: Diabetes guidelines

The Nottinghamshire Health Community Guidelines for the Management of Type 2 Diabetes had been updated in line with NICE NG28 and were presented for ratification. Changes included adoption of the flowchart from the NICE guideline rather than the locally produced one however it was suggested that this may require review as it is difficult to read. A potential traffic light reclassification of the SGLT-2 inhibitors on the formulary to Amber 3 was proposed and agreed.

The guidelines have already been shared with primary care GP leads & medicines management teams, as well as consultants and specialist nurses in secondary care and community. The group offered some input relating to grammar and spelling, and approved ratification pending these small changes.

Action: LK to feedback to author & upload amended guidelines

11. FOR RATIFICATION: Nottinghamshire heart failure guidelines

The Nottinghamshire Heart Failure Traffic Light Guidelines were presented, following an update from the submitting clinician. There were several comments including;

- Eplerenone should be highlighted as second line to spironolactone although it is now off-patent, so the cost differential is not as large as previously.
- To clarify the information about the starting dose if concomitantly prescribed with ACEi, or beta blockers.
- The print outs were black and white, and the colour scheme made reading them very difficult.

Action:

- **LC to share feedback with author and upload a final version once comments have been incorporated.**
- **LC to update formulary entry for Entresto to Amber 2 as agreed when first reviewed in July 2016.**

12. FOR DISCUSSION: Nefopam's place on formulary

Nefopam is currently classified GREEN, but recent price increases prompted a position statement from the APC in November 2016, restricting its use to be only if paracetamol, NSAIDs and opioids are unsuitable. The APC has received a request that the traffic light status be once again reviewed with consideration given to a GREY classification.

This suggestion was supported by SFHT pain Consultants; however the renal team at NUH expressed concern due to their limited options when treating pain in patients with renal disease.

The group discussed the extremely limited evidence for the medication, and considered other regions' decisions not to include nefopam on their formularies.

Following extended discussions, the APC felt the medication should be classified as Amber 2 in the short term and restricted to use following pain or renal consultant initiation. LK will consult with the renal team and suggest some guidelines for prescribing be produced within the next 6 months, allowing for Amber 3 classification –prescribed in accordance to guidelines only. Without such guidelines by September 2017 the medications' classification will be changed to GREY.

Action: LK to discuss with the renal team at NUH and update formulary

13. FOR RATIFICATION: Prescribing of nebulised colistimethate (Colomycin®)

These guidelines had been updated as they had reached their expiry date. There have been structural changes made to the guidelines, however no treatment changes.

Minor amendments were suggested and there was agreement that secondary care should be responsible for requesting sputum samples rather than primary care as they will be following up results.

Action: IV to make suggested amendments and share via email for ratification.

14. Formulary Amendments & Horizon scanning

Valaciclovir

Formulary to be updated with regard to outdated valaciclovir pricing.

Sodium chloride preservative free eye ointment

A traffic light reclassification from RED to AMBER 2 was agreed.

Prucalopride

Following updated evidence for prucalopride use in men; the interface team will conduct an evidence review and present the medication at the April JFG with a view to updating the formulary.

Calcium resonium

Calcium resonium has been prescribed in primary care despite the RED classification. However it was deemed appropriate that “primary care prescribing can be undertaken in acute episodes of hyperkalemia under specialist advice” is added to the formulary.

Nortriptyline,

A traffic light reclassification from GREEN to AMBER 3 was supported by the APC.

Action: LK/ NS/IV to update formulary

15. NEW SUBMISSION: Pilocarpine (Salagen®, Merus labs), sicca symptoms in patients suffering with Sjogren’s syndrome

A submission for pilocarpine was received from rheumatology at NUH for the treatment of sicca symptoms in patients with Sjogren’s syndrome in line with BNF, product licensing and the British Society Rheumatology Guidelines.

It is currently classified GREY on the formulary but the JFG recommended an AMBER 2 classification with the caveat that “prescribing should only be undertaken by primary care after dose and efficacy have been established”. The APC supported the decision to classify the medication as AMBER 2.

Action: IV to update formulary and inform clinicians.

16. FOR INFORMATION: Forward work plan

Psoriasis and DMARDs for rheumatological conditions Shared Care Protocols are both expired. It is stated in the document that where a SCP is out of date, the classification of the medication should be reverted back to RED.

In this case the APC accepted the suggestion that the review date be extended further whilst waiting for the publication of the BSR guidelines.

ADHD in adults – ME informed the committee that he had attended the Mental Health Strategic Clinical Contracts board where there was discussion about the prescribing arrangements for the cohort of adult patients that are currently under the care of a Community Psychiatry team. It was deemed appropriate that there should be a Shared Care Protocol available for areas that are willing to take on shared care. LC, JL, ME are to put together the SCP for presentation at the next APC. It was acknowledged that gaps in the

service remain, but this will aim to address the cohort of patients treated under ADHD pathways that remain in the service to adulthood.

Action: LC, JL, ME to develop SCP for presentation at the next APC

17. FOR INFORMATION: Declaration of compliance with NICE TAs

NUH currently working towards TVEC, no further issues raised.

18. Meeting minutes

No issues raised by those in attendance.

19. Future dates of meetings

Thursday 18th May 2017

Thursday 20th July 2017

Thursday 21st September 2017

Thursday 16th November 2017

20. Any Other Business (AOB)

Lucozade – the sugar content is reducing by 50% as a result of the “sugar tax”. This could affect glucose tolerance testing, however the formulary does include Polycal as an alternative.

Guidance on the Use of Psychotropic Medication for Behavioural Problems in Intellectual Disability.

ME tabled this guidance which had been produced in response to a local CQUIN and requested that the APC consider adopting this document. The committee agreed that it was supported in principle and that it will be included as a full agenda item at the next APC meeting in May

Action: LC to add to agenda

Transdermal HRT- EG requested that formulary options for transdermal HRT are reviewed due to the unavailability of some of the current options listed.

Action: LK/NS/IV to review formulary options and bring to April JFG

Colestipol- It was highlighted that there had been some requests for colestipol as an alternative to cholestyramine.

Action: LK/NS/IV to review and bring to April JFG

Meeting closed at 17:10.

Date of next APC meeting - Thursday 18th May 2017, 2-5pm, The Boardroom, Duncan Macmillan house