Nottinghamshire Area Prescribing Committee Meeting minutes

APC meeting 22nd April 2021, due to the COVID-19 Pandemic 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:

Steve May (SM) Chair until 15:48hrs	**Chief Pharmacist**	**Sherwood Forest Hospitals NHS Foundation Trust**
Tanya Behrendt (TB)	**Senior Medicines Optimisation Pharmacist**	**NHS Nottingham & Nottinghamshire CCG**
David Wicks (DW)	**GP – Mid Notts ICP**	**NHS Nottingham & Nottinghamshire CCG**
Laura Catt (LC) Chair from 15:48hrs	**Prescribing Interface Advisor**	**NHS Nottingham & Nottinghamshire CCG**
Matt Elswood (ME) Until 3pm	**Chief Pharmacist**	**Nottinghamshire Healthcare NHS Foundation Trust**
Tim Hills (TH)	**Assistant Head of Pharmacy**	**Nottingham University Hospitals NHS Trust**
David Kellock (DK)	**Chair SFH Drug and Therapeutics Committee**	**Sherwood Forest Hospitals NHS Foundation Trust**
Khalid Butt (KB)	**GP – Mid Notts**	**LMC Representative**
Amanda Roberts (AR)	**Patient representative**	
Jennifer MossLangfield (JML)	**GP**	**LMC representative**
Sarah Northeast (SN)	**Advanced non-medical prescriber**	**Nottingham CityCare**
Asifa Akhtar (AA)	**GP – South Notts, ICP**	**NHS Nottingham & Nottinghamshire CCG**
Susan Hume	**Advanced non-medical prescriber**	**Nottinghamshire Healthcare NHS Foundation Trust**

Interface support:
Lynne Kennell (LK), Specialist Interface & Formulary Pharmacist for SFH
Shary Walker (SW), Specialist Interface & Formulary Pharmacist for NUH
Hannah Godden (HG), Specialist Mental Health Interface and Efficiencies Pharmacist
Irina Varlan (IV), Specialist Interface Efficiencies Pharmacist
Karen Robinson (KR), APC Interface Technician
Jill Theobald (JT), Specialist Interface Efficiencies Pharmacist (did not attend)

Apologies:
Esther Gladman (EG), GP, City ICP, NHS Nottingham & Nottinghamshire CCG

Declarations of interest (DOI)

None declared.

Minutes of the last meeting/matters arising

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

Ibandronic acid for adjuvant treatment of breast cancer
Ibandronic acid for adjuvant treatment of breast cancer was approved clinically at July's APC, but due to the significant cost associated with the intervention, further commissioning approval needed to be sought as it exceeded the threshold for the APC's financial mandate. A business case had been submitted by NUH to the CCG and is currently being reviewed
TB and TH will continue working towards a resolution and will feed back their findings
ACTION: TB and TH to continue to seek resolution

Guideline on the Management of Sleeping Difficulties in Childhood (New)
LC had fed the previous comments from the February APC back to the authors. The final version had not been returned to upload.
ACTION: TH will contact the authors on behalf of the APC once returned LC will upload the final version

Covid vaccine allergy guidance and referral form
LC explained that a flow chart and referral form was now available on the APC website.
The clinicians felt this was a valuable resource.

Minor updates
HG had updated the galantamine information sheet to include some additional cardiac precautions about QTc prolongation in line with the Summary of Product Characteristics. HG has also updated the APC Alcohol Dependence Guideline with links and contact information as requested by lead author Stephen Willott. The Children and young peoples ADHD medication information sheets have also been updated, with links to APC blood pressure monitoring guidance for children and information about transitions of care in line with the newly approved shared care protocol for adult ADHD.

Accu-Chek Instant Blood Glucose Monitor
For noting Accu-chek has replaced Performa on the preferred prescribing list.

Semaglutide (Rybelsus® 3mg, 7mg and 14mg tablets, Novo Nordisk Ltd) for the treatment of Type 2 Diabetes Mellitus
The APC previously approved oral Semaglutide as Amber 2 for specialist initiation only after consultant only recommendation. SW has since been in contact with a Specialist Diabetic Nurse, (SDN) who runs a Tier 2 Diabetic clinic for Mid Notts. The Mid Notts diabetic clinic has no consultant oversight and is not a consultant led service; consequently the specialist nurse prescribers are unable to prescribe oral Rybelsus®. The APC felt that the specialist diabetic nurse prescribers should be able to access oral Rybelsus® and therefore agreed to amend the formulary entry to "specialist" initiation. They should also be informed that an audit data will be required in the future.

****Other actions were completed or on the agenda for todays meeting****

FOR DISCUSSION – RMOC Shared Care for Medicines Guidance – A Standard Approach

In March 2021 RMOC (North) published the document "Shared Care for Medicines Guidance – A Standard Approach". This guidance defines the principles for a national system of shared care for medicines and aims to provide a framework for the seamless sharing of care between the patient, specialist service and primary care prescriber in circumstances where this is appropriate, benefits the patient, and is supported by them. It builds on the NHS England guidance "Responsibility for prescribing between primary and secondary/tertiary care" (2018). LC discussed the mention of shared care in relation to private providers; the committee members aired their concerns over the access to test results and private specialists. It was also of concern that the GP shared care enhanced service may not cover shared care with private providers.
Consent for shared care was felt to be applied and did not need separate clarification.
The standardised documentation templates will be used moving forward to allow for consistency.
Locally GPs historically were asked to write back to the consultants to formally agree to shared care due to a number of issues the requirement for this was as removed. Instead in Nottinghamshire acceptance is assumed unless shared care is **not** agreed in which case the GP would need to write back within fourteen days.
The RMOC guidance does allow for the same medication to be classified differently for different indications.

ACTION: LC to ensure the APC thoughts are reflected in the CCG private to NHS prescribing policy. Interface team to begin to use the standard templates for future updates and new SCPs.

FOR DISCUSSION – RMOC Shared care – Lithium and amiodarone – local plan

RMOC recommends shared care for Lithium; currently this is amber 2 with a prescribing guideline rather than shared care. Discussion took place around the advantages and disadvantages of bringing in a shared care guideline.
Consensus was to wait and see what neighbouring counties do. HG to contact other counties (Derbyshire, Leicestershire, Lincolnshire) to get an update and bring back to the next APC meeting. HG will take the discussion to the Nottinghamshire Healthcare Trust Medicine Optimisation Group to consider the impact of lithium shared care on community mental health services in terms of referrals back and no longer having the ability to discharge these patients to primary care. LC and TB will inform the group of any progression made by RMOC

ACTION: HG to feedback at a future meeting

IV gave a progress report about amiodarone SCP, APC had felt that all new patients should be managed under shared care and existing patients need to receive a review. IV will add a statement line stating side effects will be explained to the patient. RMOC are to review amiodarone but as there wasn't a scheduled meeting date the APC felt it was safer not to wait for the RMOC review. IV was still waiting for comments from NUH and SFHT.

ACTION: IV to re-contact Secondary care and if no significant changes are made ratification can be done via email. Also to check MHRA for any new alerts regarding amiodarone.

Post meeting note – the RMOC has scheduled amiodarone as one of the first shared care medications to be reviewed, therefore IV will pause the local work until the RMOC confirm a timescale.

FOR RATIFICATION – Fludrocortisone information sheet

Fludrocortisone for Orthostatic Hypotension Information Sheet was presented at the APC meeting in November and requested to be brought back with the following additional information:

1) Clarify the need for the steroid card
2) Implication of stopping the medication abruptly
3) Dose equivalence against prednisolone
4) Optimise Rx message
5) Opinion from the community geriatrician on the appropriate setting for early monitoring

Clarifications of the points raised have all been reviewed and are included within the information sheet.
APC suggested that geriatrician contact details would be useful information to have included in the information sheet.

ACTION: SW will contact Adrian Blundell and Steve Rutter and ask permission for their contact details to be included in the information sheet. Once added, the information sheet is considered ratified.

FOR RATIFICATION - Renal function calculations Statement

The need for a position statement for the calculation was requested at Nov APC. Local consensus had been acquired in conjunction with MSO input.
DK asked that consideration for transgender patients was included. MI will be contacted to ascertain which gender would need to be used for the calculation

ACTION: LC to submit the enquiry to MI, following that LC to upload the document

FOR RATIFICATION - Riluzole for Adults with Motor Neurone Disease SCP + Information Sheet

SW presented the Riluzole SCP and information sheet which was due for review in March 2021. There were no major updates apart from the contact details for advice and support, medicine costs, and some minor errors.
NUH Consultant and Specialist Nurses were consulted; they wished to temporarily remove the monthly monitoring due to the issues for patients attending within the current Covid-19 situation. They gave reassurance that the baseline blood results would suffice as an interim approach and review the situation again in September. LC explained that for other areas, changes such as this had been added to the Covid-19 FAQs. There was interim monitoring guidance already available on the APC website including Riluzole. APC agreed for a link to be added to the formulary directing clinicians to the Covid-19 statement and not change the monitoring requirement within the SCP and information sheet.

ACTION: SW to add a formulary link and inform the requesting consultant regarding the Covid-19 FAQs.

FOR RATIFICATION - Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Patients under the Specialist Gender Identity Service for Adults

TB presented what is now an amalgamation of two previous documents. The existing guideline on prescribing for adults under the NHSE service specification has been updated and includes two new sections. The original section required minimal changes – with a small section which included a link

to NHSE guidance that is no longer available removed.
There is a new section on prescribing in children and adolescents, which highlights the guidance in the NHSE service specification for this area.
It also now incorporates a document on prescribing in situations outside of the NHS service specification – this document was previously only available internally to practices. All advice is in line with current NHSE service specifications and guidance on NHS prescribing following private consultation.
The document has been sent to the transgender clinic and Crips for comment.
TB has a few changes to make to the document following a recent publication by NHSE and is currently awaiting an email response to a query about the expectation of prescribing.
TB will contact the LMC via KB and JML for comment on the responsibilities.
TB will remove the names of the private providers

ACTION: TB will update following the comments received and circulate to the APC for comment via e mail.

FOR DISCUSSION – Prescribing Policy

LC presented the prescribing policy for discussion and review. The APC prescribing policy sits within the contracts between the CCG and provider trusts. This outlines principals such as quantity of medication supply following discharge, appropriate communications and medication management responsibilities as patients move between settings.

Historically NHCT have not accepted the policy however the principals within it have generally been followed.
The update has only included minor changes and has been reviewed by NUH DTC and is due for a review at the next SFH DTC.

NHCT have added a short paragraph under the 'communication' section to reflect discharge processes across mental health & forensic services and also wish to discuss point 1.20 "The provider should not request that the GP takes on prescribing of any medications which are classified as RED or GREY on the Nottinghamshire Joint Formulary. Similarly providers will not be expected to continue any medication classified as GREY for patients not initiated on such medication by themselves"

Clarity was requested for the appropriate action for RED drugs that have been initiated either by private providers or out of area. This has been a sticking point for NHCT in the past where the expectation is to take patients onto mental health team caseloads and continue prescribing of red drugs started elsewhere when a patient has no other need to be open to a mental health team

It was suggested that scenarios should be included within the policy to add greater clarity of the processes. LC will collate the comments and discuss the wording for NHCT with ME and HG

ACTION: LC to update the policy and re circulate to the trusts for further review

FOR RATIFICATION – DOACs in DVT and PE Guidance
Hermans Joannes (Clinical Haematology) Joined the meeting at 15:15hrs

Dr Joannes Hermans joined the meeting to explain how the guidance had been reviewed and updated following the publication of NICE guideline on the 26th March 2020: NG158 Venous thromboembolic diseases: diagnosis, management and thrombophilia testing.

Dr Hermans explained that NICE was mainly recommending the use of Apixaban as it was considered safer long term. The specialists do not recommend automatically switching patients to Apixaban but they will consider the option when reviewing patients. Patients South of the county will be seen by a Haematologist either in the DVT or PE clinic at NUH. Arrangements for the North of the county are less clear since Dr Tim Moorby left, however Dr Steve Jones had been approached and he was in support of the guidance.
There is a reversal agent now available for Rivaroxaban and Apixaban in the context of GI bleeding, however this is not in use within NUH or SFHT yet and awaiting DTC decision. As reversal agents are not used in Primary Care, the APC felt it was not required within this document.
NICE recommend starting treatment and continuing DOAC treatment for suspected DVT/PE, current practice also includes the use of enoxaparin for suspected DVT/PE. There are no clinical trials that directly compare DOACs but they are all considered to be equally efficacious.
Discussion about the DVT pathway currently managed through NEMS highlighted a need to include a hyperlink within the guidance. The guidance was approved.

ACTION: IV to upload once the hyperlink has been added.

FOR RATIFICATION - Antimicrobial guidelines

SW provided an update on the recent changes to the following antimicrobial guidelines. Vivian Weston, NUH consultant Microbiologist and Infection control were consulted for all of the guidelines.

- **Otitis media**

The Otitis Media antimicrobial guideline was updated in line with the recommendations from NICE guidelines and BNFc.

- **Conjunctivitis**

The Conjunctivitis guideline was updated following a recent update on the product literature for chloramphenicol 0.5% eye drops, which is now contraindicated in children less than 2 years of age due to the boron content which may impair fertility. The Paediatric team in both NUH and SFH had suggested using the chloramphenicol1% eye ointment as the option if required for this age group, as the eye ointment does not contain any boron. It was suggested to emphasize that self-care is the first line treatment for non-severe conjunctivitis.

- **Human and animal bites**

The Human and Animal bite guideline was updated as per the NICE recommendations, which was recently published on the 4th of November 2020. It includes a table summarising whether to consider prescribing antibiotic as a prophylaxis or a treatment. The antibiotic co-trimoxazole is also included as per NICE for use in children. This is an off label use.

ACTION: SW will make the slight amendment to the conjunctivitis guideline and upload all documents

FOR RATIFICATION – COPD guideline

TB presented the update and gave a bit of background. The COPD working group was convened in 2019 to update the local COPD guidelines following the publication of NICE guidance, NG115: Chronic obstructive pulmonary disease in over 16s: diagnosis and management. Although this was published in 2018 the group wanted to wait for the update in 2019 regarding triple inhalers to be published. The near final guideline was then delayed due to impact of Covid-19.

The updated guideline has involved respiratory consultants from NUH and SFH, COPD nurses and

specialist pharmacists, CCG pharmacists & GPs.

KB requested some information related to Covid-19 and not using spirometry, it was agreed that a statement needs to be added to the Covid-19 FAQs. The updated guideline was agreed by APC.

ACTION: TB to upload the guideline and review the formulary with one of the interface team to ensure the correct wording and traffic lights are being used.
LC to produce an FAQ around spirometry

FOR RATIFICATION – Opicapone place in therapy

The JFG had discussed a request to remove the current restriction on opicapone to 2nd line therapy after entacapone and had requested that LK liaise with the requestor to agree a cohort of patients in whom this may be appropriate. The proposed patient groups were:

Those with a large pill burden of x7 levodopa doses per day, those on Duodopa and those patients with severe or disabling off periods or significant pain in the Off-state. At the JFG meeting Dr Gillian Sare had highlighted the need for slow dose titration of entacapone in order to avoid side effects such as diarrhoea. For patients with significant problems in the “Off state” this results in a problematic delay in achieving a therapeutic dose.

The APC agreed with the removal of the restriction for these patient groups with the exception of those with a large pill burden. It was requested that clinicians audit future use of opicapone and patient outcomes and feedback the audit data in 6 months time.

Action: LK to update formulary and feedback to clinicians

FOR RATIFICATION – Parkinson’s Disease prescribing information sheets

The Parkinson’s Disease information sheets were due for review in March 2021.

The information sheets updated include:
1. Cabergoline Information Sheet
2. Pramipexole Information Sheet
3. Ropinirole Information Sheet
4. Rotigotine Information Sheet

There were no recent updates on Parkinson’s Disease on NICE NG71 since 2017, and therefore, the highlights of the updates were the medication prices.

There is currently no summary of product characteristics for Pergolide, it is not listed in the BNF either and has been out of stock for a while (as per the procurement team at SFH). Henceforth, the Pergolide information sheet has not been updated and will be removed from the APC website.

Neurology consultants, specialist pharmacists and nurses were consulted from both sites, no comment had been received. SW will chase for completeness

ACTION: SW to gain confirmation from Secondary Care if no changes are required upload to the APC website

Formulary amendments and Horizon scanning

Formulary amendments

LK gave a brief overview of the medications that had been discussed at JFG that warranted further discussion as below. All other formulary amendments carried forward from JFG were agreed.

>Zonisamide liquid - LK highlighted that it is not possible to reliably predict potential patient numbers from ePACT2 data, but numbers are not expected to be large. APC agreed to expand use to include adult patients.
>Dulaglutide- APC agreed to add the 3mg and 4.5mg doses to the formulary.
>Adrenaline 1 in 1000 ampoules- APC agreed to classify the topical use of these as Amber 2 for use on Palliative care advice for surface bleeding if the topical solution is not available. A filter needle should be used to remove the contents.
>Galantamine liquid- APC agreed to add to the formulary with an Amber 2 classification. Highlight that it needs to be prescribed as Galzemic 4mg/ml oral solution.
>Silver nitrate 75% - LK had reviewed ePACT2 data and there is usage of 40%, 75% and 95% currently. APC agreed to add the 75% to the formulary with an Amber 2 classification. JML highlighted that use of silver nitrate for the treatment of umbilical granulomas may no longer be needed. SH highlighted that the 75% is used in community podiatry.

Action: KR to update the formulary

Horizon scanning

>Fixkoh Airmaster (fluticasone/ salmeterol): New Medication – Grey (new initiations of fluticasone/salmeterol not recommended).
> Trixeo Aerosphere® (formoterol, budesonide, glycopyrronium): New Medication - Grey no formal assessment.
> Bevespi Aerosphere® (formoterol, budesonide): New Medication - Grey no formal assessment.
>Inclisiran (Leqvio®): New Medication - Grey no formal assessment.
>Delafloxacin: New Medication - Grey no formal assessment.

Action: KR to update the formulary

New applications

a) Ketotifen (Zaditen, Alfasigma) for allergic disorders

The JFG had discussed a formulary application for ketotifen tablets and syrup for the treatment of allergic and immunological disorders. The conditions for which the medication was requested for were:
-Chronic spontaneous urticaria resistant to standard treatment and/or not fulfilling eligibility criteria for omalizumab or not responsive to omalizumab
- Induced urticaria (including cold or delayed pressure urticaria) resistant to standard treatment
- Mast cell activation syndrome (MCAS)
- Idiopathic anaphylaxis resistant to standard treatment
- Allergic rhino-conjunctivitis: According to the SPC, Ketotifen is licensed to use for symptomatic treatment of allergic rhinitis and conjunctivitis.
- Allergic dysmotility and inflammatory responses secondary to food intolerances in children

The JFG had recommended an Amber 2 classification, but had requested that use be monitored as there have been problems previously with product availability and use of unlicensed preparations.

APC agreed with this recommendation.

ACTION: LK to update formulary and feedback to clinicians

b) Sodium Cromoglicate (Nalcrom, Sanofi) for food allergy, mast cell stabilisation, and systemic mastocytosis

An Amber 2 traffic light classification was requested for oral Sodium cromoglicate for food allergy, mast cell stabilizer, and systemic mastocytosis. Nalcrom®'s mode of action is as a mast cell stabilizer and it is licensed as an adjunct in patients with food allergy from 2 years old. However, sodium cromoglicate is unlicensed for use in systemic mastocytosis, yet it is a recognised treatment for the management of the gastrointestinal symptoms of this condition. Additionally, it is usually used as a 3rd line treatment for gastrointestinal symptoms that have failed to respond to H2 blockers and PPIs. Without the option of sodium cromoglicate, patients with significant symptoms would need to be considered for immunosuppressive therapy as an alternative.

The JFG had recommended amber 2 for all of the indications requested and the APC agreed this recommendation.

ACTION: SW to update the formulary and feedback to clinicians

c) Solifenacin suspension (Vesicare, Astellas Pharma Ltd) for neurogenic detrusor overactivity (NDO) in children

SW discussed the request for solifenacin suspension to be added in the formulary as Amber 2 for NDO. NDO is a licensed indication of Vesicare suspension for children from 2 to 18 years. The oral suspension is for the small proportion of patients in whom swallowing tablets is problematic. It is currently being used as the third line treatment for NDO at NUH.
The JFG had recommended amber 2 as this is the most cost-effective and the most appropriate choice if a liquid preparation is required.
The APC agreed but a message on optimise Rx should be included to encourage a transition to a more cost-effective tablet when the patients reach 18 years and/or swallowing improved.

ACTION: SW to update the formulary and feedback to clinicians. Optimise Rx message to be developped

d) Dapagliflozin (Forxiga, AZ) for heart failure- NICE TA 679

The JFG had discussed the addition to the formulary of dapagliflozin for heart failure in line with NICE TA 679 and had recommended an Amber 2 classification. LK highlighted that depending on patient numbers, the cost implication could be significant. The Nottinghamshire Heart Failure Lights Guidelines will be updated to include dapagliflozin. The APC agreed with the JFG's recommendations.

ACTION: LK to update formulary and feedback to clinicians
LK to update Heart Failure Lights Guidelines and email to APC for ratification
LK to liaise with LC/ TB regarding cost implications for highlighting to CCG if needed

FOR INFORMATION - APC forward work plan

- **Venlafaxine Higher Doses Information Sheet – discussion of on-going need**

HG presented the information sheet to ascertain if it could be retired. HG suggested that the most important information is around blood pressure monitoring as highlighted in the product SPC and whether a short paragraph could be added to the venlafaxine and duloxetine formulary entries to highlight this instead. Currently the higher dose information sheet advises to monitor BP every 3 months but unlikely this happens in practice. Discussions took place around whether there is a need to review blood pressure at defined intervals as this isn't clear in the product SPC which just advises blood pressure monitoring at baseline, after initiation, after dose increases and then 'periodic monitoring'. 6/12 intervals for those receiving high doses ≥300mg and annually for those <300mg was suggested but felt to be unrealistic in practice. JML queried whether OptimiseRx could be utilized to highlight the monitoring requirements. HG to discuss regarding monitoring requirement with NHCT and will bring a consensus statement to the group at a later date for approval. In the interim it was felt this document could be retired

ACTION: HG to remove and retire the venlafaxine information sheet and establish if an optimise messages could be used to highlight monitoring requirements at reauthorisation

AOB

Vancomycin for *c.diff* – SW updated the APC about a recent incident, wherein a patient had been hospitalised due to the delay in obtaining oral Vancomycin for c.diff for over a week. Community Pharmacies do not stock this item due to less demand and this medication is very expensive to stock. It is important to reiterate to the patients not to shop around different pharmacies for the medication and that the prescription should be given to their usual pharmacy to be ordered. The order is usually arrive within 48 hours.
An optimise message or noting in the dosage instructions was requested.
Post meeting note: Mid Notts currently incorporate this message within the dosage instructions

SN asked about the advertising of updates to the antimicrobial guidelines and whether the Newsfeed of the APC website could be used to pick this up. It was not thought to be possible to manually update this feed, but there were plans to produce APC antimicrobial bulletins going forward.

19 Date of next meeting – 17th June 2021

Meeting ended at 16:57hrs