Nottinghamshire Area Prescribing Committee

Minutes of the meeting held on Thursday 16th November at 2:00pm
Wollaton Room, Easthorpe House, Ruddington, Nottingham NG11 6LQ

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
Amanda Roberts (AR)	Patient representative	
Khalid Butt (KB)	GP	LMC representative
Jenny Moss- Langfield (JML)	GP	LMC representative
Tanya Berendt (TB)	Deputy AD Medicines Management	NHS Nottingham City CCG
Ankish Patel (AP)	Community Pharmacist	Local Pharmaceutical Committee
Judith Gregory (JG)	Assistant Head of Pharmacy	Nottingham University Hospitals NHS Trust
Esther Gladman (EG)	GP Prescribing Lead	NHS Nottingham City CCG
Laura Catt (LC)	Prescribing Interface Advisor	Representing County CCGs
Paramjit Panesar (PP)	GP	Representing Greater Notts CCGs
Matthew Prior (MP)	Chief Pharmacist	Nottingham Treatment Centre
Sarah Northeast (SN)	Advanced Nurse Practitioner	CityCare

The meeting was not quorate as there was inadequate representation from Nottinghamshire Healthcare Trust.

In attendance:

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

1. Apologies:

Rachel Sokal (RS), Consultant in Public Health, Nottingham City Council – Now stood down as a committee member with no active replacement currently
Sachin Jadhav (SJ), Chair NUH Drug and Therapeutics Committee, Nottingham University Hospitals NHS Trust
Matt Elswood (ME) Chief Pharmacist Nottinghamshire Healthcare Trust
Lynne Kennell (LK), Specialist Interface and Formulary Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust

2. Declarations of interest

None declared. LC to share declaration of interest forms with new members of the committee.

3. Minutes of the last meeting/matters arising

The minutes from the previous meeting were reviewed and agreed as being accurate – some spelling mistakes noted.

Farco-Fill® protect, triclosan 0.3% catheter solution
The interface team is still waiting for a flowchart demonstrating the place in therapy from the submitters.

ADHD Shared Care Protocol
Hazel Johnson (Nottinghamshire Healthcare Trust) is researching patient numbers in order to assess the potential cost impact of implementation of this SCP – not present this meeting.

Action: Further update to follow in January APC.

Enoxaparin for long term anticoagulation
LK previously shared a draft information sheet on enoxaparin biosimilar, which has since been amended following feedback. This re-write is to be recirculated via email, with a deadline of 1 week for responses.

Action: LK to recirculate updated info sheet with 1 week deadline for responses.

Request from pharmaceutical industry to use APC guidelines
No further update.

Colesevelam – Bile Acid Malabsorption
The group discussed the potential for "set criteria" for patients that could be prescribed colesevelam (e.g. clinically confirmed bile acid malabsorption). Recent submissions were unsuccessful due to high expense with lack of evidence; other localities have added the medication to their formulary and it appears Nottinghamshire is an outlier. The group discussed patients that may be suffering BAM (bile acid malabsorption) and the treatment options available to them which are currently very limited. The committee would like to invite the submitting gastroenterologist to the next meeting. If clinicians are unable to attend the next APC meeting due in January 2018, a telephone/skype conversation will be considered as an option.

Action: LK to invite gastroenterologist to January APC.
LK to circulate the set criteria via e mail, clarifying if the points are ALL required to be satisfied.

INR self-testing strips
The INR self-testing strips were discussed as there had been queries regarding GPs refusing to prescribe and appropriate quantity to give. Clarity from NUH anticoagulation clinic was shared; the strips should be used infrequently, with patients using a test strip once every 3 weeks. For this reason, the committee expects patients to use one box per year (one box contains 24test strips), and no patient should be using more than two. The patients with a fluctuating INR are not appropriate for self-testing as they require closer monitoring by specialists.
The APC agreed that the prescribing teams should monitor prescribing for these patients

Action: LC to highlight information regarding self-testing strips to the APC bulletin

Freestyle Libre
The Interface team is awaiting a submission for this device from NUH, expected for December JFG. The RMOC position statement on Freestyle Libre was briefly discussed and the group agreed that the document is very broad, with no precise information on affordability or cost model. This item led to a wide discussion on involvement of patients in decision making on the formulary. It was agreed that patient input is paramount when the APC assesses submissions, however this is difficult to achieve – the APC is responsible for population management of prescriptions, rather than individual cases.
It was agreed that part of the submission process should involve a review of patient views and contacting patient groups for their support. It is important that value to the population is taken into account rather than individuals, and the submitter is responsible for contacting and collating this information.

Action: Submitter of Freestyle Libre to be invited to the JFG and APC

4. FOR RATIFICATION- Lamotrigine prescribing information sheet for bipolar disease

NS presented this updated information sheet. Most of the changes were for supplementary information, including further information on suicidal ideation while using the medication, updated information on interactions with contraceptives and further included information from the UKTIS. Some members raised grammatical errors in the information sheet which will be amended. Otherwise all members satisfied with the changes.

Action: JG to share grammatical errors with NS, who is to update and publish to the APC website.

5. FOR RATIFICATION- Overactive Bladder Guidelines

NS presented an updated version of the APC OAB guidelines. These changes were initiated by a consultant at SFHT (who has since retired). Changes to the guidelines include addition of red flags, assessment criteria. The prices have been updated and the drug therapy table has been clarified to make the pathway through prescribing more clear. All information has been fit onto two sides of an A4 page.
Included in the papers was feedback from the original author of the guide, which suggested the guidelines are too busy and complex, and would suggest the guidelines exist as an aide memoir rather than a concise resource for prescribers.
The committee discussed the changes to the guidelines and feedback received from the original author. The sheet was deemed to be useful, and having extra information was seen as more useful to non-specialists. The group discussed the inclusion of a link to medications classed as anticholinergics for information, and re-arranging tables to ensure the most cost effective medications are at the top of the prescribing options.
The group also discussed the inappropriateness of mirabegron in dementia patients.

Action: NS to update with suggestions, contact HCE consultant to discuss the use of mirabegron in dementia patients. Once all changes made, to be uploaded to the APC site.

6. FOR RATIFICATION- Dermatology SCP and information sheets

Updated information sheets were included for ratification. Azathioprine is no longer used by dermatology under a shared care protocol at the Treatment Centre. However SFH confirmed that they do still use Azathioprine under shared care. As such the azathioprine information sheet has

not been updated and was not included within the papers.
The group discussed the monitoring of procollagen III levels, which are anecdotally measured very infrequently; this was suggested to be highlighted in the APC bulletin

Action: Information on procollagen III levels to be highlighted in the APC bulletin this month.
LC to update the azathioprine information sheet, circulate for ratification then finalise and upload all documentation.

7. FOR RATIFICATION- Feedback from Shared Care Development Group

LC briefly discussed the SCP working group that convened recently. It was stated that GP capacity and funding are the main areas of contention in pushing forward with newly developed SCPs. Since this meeting LC has drafted a procedure for development of new SCPs, yet to be widely shared.
The new focus of SCP development is from a commissioning standpoint, with the suggestion that resource allocation should be paired with shared care protocols in an effort to drive through as service developments. The committee discussed concerns over the potentially lengthy process in implementing SCPs after submission.
Any comments on the draft SCP procedure should be shared with LC. APC will be consulted on further developments

8. Formulary amendments and horizon scanning

All suggested amendments were accepted. Further information;

Famciclovir
Currently grey, reclassified as AMBER 2

Mefenamic
Reclassified to Grey

Insulin degludec
The group agreed to amend the formulary entry, currently restricting initiation to consultants only, to allow specialist nurses initiation also.

6-mercaptopurine for auto-immune hepatitis
A request was received to add 6-mercaptopurine to the SCP for auto-immune hepatitis. This was deferred to the trust DTCs

9. NEW SUBMISSIONS

a) Melatonin in elderly at risk of falls or with dementia and in PD patients with REM sleep behavioral disorders

This submission from NUH was discussed extensively in October’s JFG. The group agreed that the requested patient group was far too large and undefined to be supported in changing the formulary status of melatonin to GREEN. Although theoretically beneficial in reducing harm from

sedative medications, there is very little evidence to support this and the potential cost implication is extremely large.

The group agreed that if the medication were to be added to the formulary it should only be for PD patients found to suffer REM sleep disorders in line with the NICE Guideline. Due to the lack of supporting evidence it was requested that this group is monitored closely, with audit data presented to the JFG/APC in 1 year.

IV presented the information obtained since the October JFG to clarify this submission. There is no available evidence comparing melatonin with clonazepam (the stated comparator by the NICE guideline 71).
NICE clinical guidance suggests melatonin is an option in sleep disorders in PD; therefore the APC opted to support only this group (as per JFG recommendations).

Action: Melatonin to be added to formulary as AMBER 2 for "Parkinson's patients found to suffer REM sleep disorders in line with NICE guidance". IV to share the decision with the submitter.
Audit of use in November 2018

b) Goserelin in prostate cancer (Zoladex▼, AZ)

Resubmission of zoladex was considered following a request form NUH consultant. Despite the submitter suggesting 4 types of patients that would be appropriate to use the medication, the JFG agreed with only one in principle "patients who do not achieve adequate testosterone suppression with decapeptyl, prostap or degarelix".
NS has since discussed the item with the submitter, requesting patient numbers for this group, and aiming to discuss the submission further. NS presented a cost table outlining the treatment options for LHRHs. It clearly showed that goserelin is the more expensive treatment option. He also referenced PresQIPP guidance promoting the use of alternatives, with no evidence available to suggest any LHRH is the most efficacious/prone to side effects.
The change from zoladex to decapeptyl took place >3 years ago. Several information sheets have been released since outlining practice (these were widely shared in consultation). The medication is also the last choice in other localities as per national recommendations by prescQIPP.

Action: Zoladex to remain non-formulary, NS to share with submitter.

c) Eluxadoline (Truberzi▼ , Allergan) for treating irritable bowel syndrome with diarrhoea (NICE TA471)

The committee agreed that eluxadoline should be added to the formulary as per NICE TA471recommendation.
It was agreed that a 4 week supply would be given at the first appointment with the specialist. There were concerns over the medication going unused if further than 4 weeks were supplied (the medication is expensive, and should be reviewed at 4 weeks – some patients may discontinue if the medication is intolerable/ineffective).

Action: Add to formulary as AMBER 2. 4 weeks supply should be given to the patient when first prescribed by specialist. Specialist review prior to primary care handover is required.

10. FOR INFORMATION: APC forward work plan

The Position statement on prescribing of homeopathic medicines was extended by 12 months due to no required change.

The APC Framework was extended by 12 months to allow time for RMOCs to be established

11. FOR INFORMATION: Declaration of compliance with NICA TA's

NICE TA 464 Bisphosphonates for treating osteoporosis
Nottinghamshire formulary is compliant with the recently released NICE TA 464. After discussion with endocrinology consultants, NS shared that the guidance seems to lean heavier on IV bisphosphonates. This will be addressed, and the bisphosphonate guidance updated in September 2018 when the APC guidelines are due for update.

Action: No further actions until September 2018 review of bisphosphonate guidance.

12. Meeting Minutes from SFH DTC and NUH DTC
These were noted.

13. Future Dates of Meetings 2017-18

18th January 2018
15th March 2018
17th May 2018

14. Any Other Business (AOB)

Timing of meeting papers
LC asked the group if releasing papers 1 week before the meeting, rather than 2 would be feasible. Group agreed – papers form APC will now be sent 7 days before the meeting.

Member leaving
The group thanked NS, interface pharmacist, for his contributions, before he moved on to his new role as Mental Health Efficiency Pharmacist.

Meeting closed at 17:00

Next meeting Thursday 18th January – Duncan Macmillan House