

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**17 August 2017**

**2.00 pm – 4.00 pm. Main Meeting Room, Freshney Green, Grimsby**

1. **In Attendance**

Paul Fieldhouse (PF) - Chief Pharmacist & Clinical Lead for Medicines Optimisation (NLaG) (Chair)

Dr Rana Ahmad (RA) – Prescribing Lead (North Lincs)

Dr Chathley, General Practitioner (North East Lincs)

Janet Clark (JC) – LPC Pharmacist Representative

Jim Devlin (JD) – Medicines and Therapeutics Committee Chairman (NLaG)

Paulash Haider (PH) - Procurement Pharmacist (NLaG)

John Harper (JH) – Care Plus Group – deputising for Sarah Spooner

Eddie McCabe (EMc) – Assistant Director of Finance, Contracts & Procurement (NECS)

Rachel Staniforth (RS) – Senior Pharmacist, North East Lincolnshire (NECS)

Mrs Aliya Turk (AT) – Professional Secretary APC

Margaret Henry (MH) - North East Lincolnshire Community Representative for Prescribing

Hazel Tait (HT) - Assistant Contracts Manager (NLaG)

Alex Molyneux (AM) – Pharmacist, North East Lincolnshire (NECS)

Dr Anand – General Practitioner (North Lincs)

**In Attendance**:

Bryony Franks, Pharmacy Administrator (NL&G)

**2 Apologies**

Apologies were received from:

Tara Filby (TF) – Chief Nurse (NLaG)

Andy Karvot (AK) – Consultant Pharmacist Antimicrobials (NLaG)

Gemma McNally (GMc) – Strategic Lead Pharmacist (NECS)

Sarah Spooner (SS) – Clinical Lead Care Plus Group

Dr Ramesh, General Practitioner (North East Lincs)

**3 Declarations of Pecuniary Interest**

There were no declarations of financial interest.

**4 Minutes of Previous Meeting and Matters Arising**

The minutes of the previous meeting held on 8 June 2017 were taken as read and accepted as a true record.

**Matters Arising**

1. Primary Care Antimicrobial Guidance –RS to action in GMc’s absence, RS to circulate the final version to the APC members prior to the September APC meeting.

**Action RS**

1. Constipation Pathway – Deferred to the September APC meeting.

**Action RS**

1. Trans Anal Irrigation Pathway – Due to annual leave and diary commitments a further working group has not been scheduled*.* It was thought this may not be possible until October 2017.
2. Review of the use of NOACs – HT has not received a response from the NLaG clinical lead, Dr Susan Levinson-Keating regarding this. The LMC view specifies that if a patient is admitted into hospital on warfarin, but is switched to another agent due to the chemotherapy treatment; this is Secondary Care’s decision and is therefore the hospitals responsibility to prescribe. NLaG’s view specifies that the patient has a condition that is being managed by the GP, who should provide a continuity of care and introducing more doctors to deal with the condition introduces more risk. This has resulted in the patient going back and forth from Secondary Care to Primary Care with no answers. RS to speak to Paul Twomey regarding his stance on the above situation.

**Action: RS**

The Trust’s Thrombosis committee has disbanded however it was suggested that a Thrombosis committee would be re-established with GP representatives to review anticoagulation and create a clinical pathway for the situations explained above. This will encompass all procedures which may result in a switch to a low molecular weight heparin. Following the creation of these pathways, contracting and commissioning responsibility will be clarified within the pathways. The initial meeting will aim to take place in September 2017.

**Action - PF**

**5 APC Working Arrangements**

1. NICE TA & NG Updates (May, June & July 2017) –

**July 2017 –**

[TA446](https://www.nice.org.uk/guidance/ta446): Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma – Add to the formulary in line with NICE recommendations.

[TA447](https://www.nice.org.uk/guidance/ta447): Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer – Add to the formulary in line with NICE recommendations.

[TA448](https://www.nice.org.uk/guidance/ta448): Etelcalcetide for treating secondary hyperparathyroidism – This service is provided via Hull and not prescribed locally. Add to formulary: RAG rated as Red, and add a comment “only available from specialist centres”.

[TA449](https://www.nice.org.uk/guidance/ta449): Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease – Add to the formulary in line with NICE recommendations.

[TA450](https://www.nice.org.uk/guidance/ta450): Blinatumomab for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia – Add to the formulary in line with NICE recommendations.

[TA451](https://www.nice.org.uk/guidance/ta451): Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia – Add to the formulary in line with NICE recommendations.

All above to be added to the formulary – RAG rated red, specialist initiation only.

**Action – AT**

**June 2017 –**

[TA444](https://www.nice.org.uk/guidance/ta444): Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal) – NICE were unable to make recommendations – no action.

[TA445](https://www.nice.org.uk/guidance/ta445): Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs – This medication is already on the formulary however it should not be used in this indication until NICE + 90 days. It must be agreed where this medication would fit in order of priorities.

May 2017 –

[TA440](https://www.nice.org.uk/guidance/ta440): Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine – Not recommended – no action.

[TA441](https://www.nice.org.uk/guidance/ta441): Daclizumab for treating relapsing-remitting multiple sclerosis – Specialist centres only, not supplied within NLaG.

[TA442](https://www.nice.org.uk/guidance/ta442): Ixekizumab for treating moderate to severe plaque psoriasis – CCG commissioned, to be provided by specialist providers only, not NLaG – Add to the formulary with a RAG rating of Red. Virgin Health care must be consulted on their stance with biologics and invited to the APC meetings as a provider of Sexual Health Services and Dermatology Services. EMc to provide Virgin contact.

**Action - EMc**

PH confirmed that this medication has been set up for Homecare.

[TA443](https://www.nice.org.uk/guidance/ta443): Obeticholic acid for treating primary biliary cholangitis – NLaG is not commissioned as an organisation to be a specialist gastroenterology provider. Clarity is required from NHS England.

**Action – HT**

If NLaG are commissioned this should be added to the formulary in line with NICE recommendations.

1. Net.formulary –
2. Editorial Policy Draft – The policy has been slightly amended since circulation, however the policy states who has access to Net. Formulary, how it will be populated including formulation and RAG rating. Each formulation can be RAG rated differently.

NHS dm+d descriptions and generic names are to be used. Primary care would appreciate preferred formulations due to costings being stated to ensure the cheapest options are used. The policy requires further details regarding a standard format on how each drug will be represented. An agreed RAG rating with confirmed definitions is required.

**Action – AT & RS**

A discussion regarding non-formulary prescribing took place. It was noted that the monitoring of non-formulary prescribing is much easier in Secondary Care, however once a GP writes a prescription for a non-formulary item it is likely a community pharmacy will not query it. The possibility of a Black- Do not prescribe rating was suggested for unlicensed, high cost non-formulary drugs.

1. RAG Ratings – AT is awaiting approval from the consultants.

**6 Formulary Requests, Amendments and Actions**

1. Entresto acubitril with valsartan (NICE TA388) -Dr Thackary has requested a three month pause on developing the prescribing guidance. Dr Chathley noted multiple criticisms of the evidence provided and questioned the possibility of challenging the NICE TA. It was noted that following a NICE TA the APC are under legal obligation to make it available on the formulary; however to ensure appropriate use of this medication clear guideline are needed. AT advised, Dr Thackary has only used Entresto in a limited number of patients in line with NICE guidance. A heart failure consultant has been appointed within NLaG and he will lead on developing local guidance. Due to no guidance, the RAG rating will be Red, however following local care pathways the RAG rating could be reviewed and if necessary with a shared care agreement . The community care cardiology team will be invited to assist in the production of the documentation.
2. Abasaglar insulin glargine biosimilar – Abasaglar offers no clinical advantage, however there is a cost advantage. Abasaglar is not available in all devices currently used for other insulin glargine i.e. for a vial to pen switch. RS agreed to share the new line request with a diabetes specialist nurse to ask their opinion on initiating a patient on a Lantus vial but switching to an Abasaglar pen.

**Action – RS**

Biosimilars must be processed through a New Line Request. All biosimilars already on the formulary should be presented to the APC and recorded within the September 2017 minutes. Any biosimilar requests from today forward will need to be processed through a New Line Request. **Action -AT**

1. Guanfacine (Intuniv) – It was agreed that Dr Nelapatla should be invited to present the New Line Request when the meeting is based in Brigg. This request is solely for North Lincolnshire patients.
2. Evolocumab for treating primary hypercholesterolaemia and mixed dyslipid – Approved.

**Action – AT**

1. Proflavine Cream – hospital only – APC for information – Hospital only – Approved.

**Action – AT**

1. Penthrox (Methoxyflurane) – Used in urgent care centres. Approved with a Red RAG rating.

**Action – AT**

1. Copal Bone Cement – HT has not received any queries regarding commissioning for this procedure and believes it is appropriate for NLaG to use.
2. Toujeo insulin glargine 300Units/mL – Insulin glargine300 Units/mL is already on the formulary, however AT has had multiple requests from Endocrinologists wishing to change the RAG rating, which is currently Red. Toujeo is a high concentration of insulin glargine. With regards to safety, the measurement is completed in units of insulin not volume. It was felt that the GP would not be happy initiating this medication; however, hospital initiation with GP continuation would be acceptable. AT to change the RAG rating to Amber with no shared care agreement.

**Action – AT**

1. Melatonin – AT received a request from GMc regarding changing the annotation of “paediatric use only” to “Secondary Care only”. The melatonin formulation on the formulary is for paediatric use is unlicensed. The APC discussed the appropriateness of initiationing treatment in Primary Care and noted there had been no formal review of meltonin use in adults but there was some use in mental health. The APC agreed to change the RAG rating to Red “Secondary Care” only.

**Action – AT**

1. Chapter Update - AT is awaiting AMD comments. Chapter four requires input from mental health and surgery, Steve Davis (RDaSH) has been contacted regarding this. As this is an adult and paediatric formulary, each chapter should be reviewed by a paediatrician. AT to send final reviews to JD to ensure each review has a paediatric perspective.

**Action – AT**

**7 Items for General Notice**

1. MHRA Drug Safety Update – The APC noted the contents of the alert for June & July 2017 – an email cascade to relevant leads has been completed.

PF noted a new MHRA safety update which was published this week which refers to EpiPens. The alert noted that all users should be provided with two EpiPens, this is due to another possible EpiPen being required. Dr Chathley looked into secondary schools in Grimsby and found that all secondary schools in Grimsby had not used one EpiPen in three years. However the law is changing which will warrant schools to stock their own EpiPen for use for any appropriate student.

1. Poster recommendations for the Prophylaxis and treatment of DVT and PE for discussion at APC re: community – This document is currently used in Secondary Care, however could be used as a referencing guide in community clinics. APC to publish as an NLaG document for information purposes only

**8 Items by Prior Notice**

1. Degarelix NICE TA404 – Degarelix has been added to the formulary in line with NICE TA404

**9 AOB**

1. Sodium Valproate – RS requested that Sodium Valproate be added to the September 2017 agenda. It has been noted that the PSA regarding Sodium Valproate has not been actioned in all cases.

**Action – JR**

1. Shared Care Guidelines – There are meetings taking place at both CCGs regarding shared care. RS to update within the September 2017 meeting.

**Action – RS**

1. Methocarbamol and Nefopam – AM requested that Methocarbamol and Nefopam are added to the September 2017 agenda.

**Action – JR**

**Date, Time and Place of Next Meeting**

It was agreed that the next meeting shall take place on Thursday 14 September 2017, 2 pm to 4 pm, Health Place, Brigg.