

**The Northern Lincolnshire Area Prescribing Committee**

**M I N U T E S**

**11 January 2018**

**2.00 pm – 4.00 pm. CCG Meeting Room, Health Place, Brigg**

1. **In Attendance**

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

Dr Elizabeth Barron (EB) – Psychiatrist (RDash)

Dr Pratik Basu (PB) – Prescribing Lead (North Lincs)

Dr Chathley, General Practitioner (North East Lincs)

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

Abayomi Olusanya (AO) – Locality Pharmacist North East Lincolnshire (NECS)

Dr Ramesh - General Practitioner (North East Lincs)

Rachel Staniforth (RS) – Medicines Optimisation Pharmacist (NECS)

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

**In Attendance**:

Joanne Rowson, Pharmacy Secretary (JR)

Gursharan Bassan, Locality Medicines Optimisation Pharmacist (NECS), Shadowing Abayomi Olusanya

**2 Apologies**

Apologies were received from:

Ben Griffiths, Senior Medicines Optimisation Pharmacist (NECS)

Paulash Haider (PH) - Procurement Pharmacist (NLaG)

Andy Karvot, Consultant Pharmacist Antimicrobials (NLaG)

Alex Molyneux (AM) – Medicines Optimisation Pharmacist (NECS)

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

Mrs Aliya Turk (AT) – Professional Secretary APC

**Declarations of Pecuniary Interest**

There were no declarations of financial interest.

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

Discussion and Approval of November Minutes:

Biosimilars list – RS would be sent a copy of this list.

**Action: JR**

It was noted that the Antimicrobial Guidelines have been approved but there are still some issues with the formatting. Once these issues are sorted these will go on the website.

**Action: AT**

Constipation Pathway – Miss Kaur has now signed this off. This was circulated during today’s meeting. Discussion took place and amendments agreed. Lubiprostone will be listed as ‘green’ on the formulary.

**Action: AO/AT**

DOAC – a meeting has been arranged for Friday 19 January 2018, at Health Place, Brigg – invitations have gone out. The meeting would be led by Dr Simon Thackery, who was inviting the outside companies to present. It was agreed that even if this was not widely taken up then the presentations made by the companies could be then shared with the APC.

**Action: JR/RS**

Transanal Irrigation Pathway – this had been closed for discussion between CCGs for implementation but unfortunately HT reported that it would appear that further discussion within NLAG is still required. This is going to be reviewed in line with the whole service. It is not clear where transanal irrigation sits within the service as there are already pressures within this service. HT would feedback to the Surgery and Critical Care Management Team and then report back to RS.

**Action: HT**

Trimbow had now been approved at M&T and can now be added to the formulary.

**Action: AT**

Freestyle Libre – this would be looked at again as more guidance has come out from the Regional Medicines Optimisation Committee (RMOC). JR to add to February APC agenda.

**Action: JR**

December Notes – Approved as an accurate representation of the discussions that took place. AT to update on the actions from this meeting.

Prescribing of immunosuppressant’s following kidney transplant – prescribing should not be within Primary Care so no shared care agreement would be required for new patients. Repatriation of existing patients was still to take place. PF would clarify what is happening across the region with regard to receiving oral immunosuppressant’s when he meets with the Chief Pharmacists from across the Region.

**Action: PF**

**Matters Arising**

1. Constipation Pathway – Discussed above.
2. NOACs – Discussed at December meeting**.** AT to update on actions.

**Action: AT**

1. Anticipatory Medication Charts – still awaited from Dr Adcock.

**5 APC Working Arrangements**

1. NICE TA and CG Updates December 2017

It was noted that NHS England have requested Acute Trusts to complete a checklist of requirements before medicines approved by NICE are used in the Local Health economy. The impact of completing these new requirements is being looked at with the Chief Pharmacists across the Region but for now NICE TAs would be dealt with in the normal way.

[TA483](https://www.nice.org.uk/guidance/ta483): Nivolumab for previously treated squamous non-small-cell lung cancer

[TA484](https://www.nice.org.uk/guidance/ta484): Nivolumab for previously treated non-squamous non-small-cell lung cancer

Added in line with NICE Recommendations: NHS England Commissioned.

[TA485](https://www.nice.org.uk/guidance/ta485): Sarilumab for moderate to severe rheumatoid arthritis - Added in line with NICE plus 90 Days. It was noted that the place in therapy for these has not been signed off as yet and it would be in the interests of Primary Care to review these with the Rheumatologists.

[TA486](https://www.nice.org.uk/guidance/ta486): Aflibercept for treating choroidal neovascularisation - HT checking who provides the service for this other than NLaG, PH to confirm we are procuring Aflibercept at price shared with NICE in TA486. It was noted that this was to be fast tracked ie 30 days following publication. RS to check with EMc that he is aware of this.

**Action:HT/PH/AT/RS/EMc**

[TA487](https://www.nice.org.uk/guidance/ta487): Venetoclax for treating chronic lymphocytic leukaemia - Added in line with NICE plus 90 days.

[TA488](https://www.nice.org.uk/guidance/ta488): Regorafenib for previously treated unresectable or metastatic gastrointestinal

stromal tumours - HT checking on behalf of NLaG if NLaG are commissioned to provide this and will add in line with positive NICE TA.

**Action: HT**

[TA489](https://www.nice.org.uk/guidance/ta489): Vismodegib for treating basal cell carcinoma - Not recommended by NICE.

[TA490](https://www.nice.org.uk/guidance/ta490): Nivolumab for treating squamous cell carcinoma of the head and neck

after platinum-based chemotherapy - Added in Line with NICE plus 90 days.

[TA491](https://www.nice.org.uk/guidance/ta491): Ibrutinib for treating Waldenström’s macroglobulinaemia - NHS England Commissioned. Already on formulary and will add NICE TA491 as reference.

For the following three NICE TAs a new commercial access price is available. PH to check that NLaG procuring at this price:

[TA417](https://www.nice.org.uk/guidance/ta417/): Nivolumab for previously treated advanced renal cell carcinoma.

[TA462](https://www.nice.org.uk/guidance/ta462/): Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma (update) - PF checking with PH

[TA458](https://www.nice.org.uk/guidance/ta458): Trastuzumab emtansine for treating HER2-positive advanced

breast cancer after trastuzumab and a taxane (update)

Guidelines:

NG80 – Asthma – diagnosis, monitoring and chronic asthma management – this requires service reconfiguration. British Asthma Society have written to NICE regarding this. No action on our part, just note as present.

NG81 Glaucoma: diagnosis and management – no action for the APC.

CG71 Familial hypercholesterolaemia – no action.

1. Net Formulary Update – work on-going on population of this. RS enquired if we could speed up the process to get more chapters live. AT to come up with a timeline for getting all the chapters on and also share the RDash and NAVIGO formulary with the group.
2. NHS England Circulars – discussed above.

**6 Formulary Requests, Amendments and Actions**

1. Chapter 1 - APC feedback required – this has been on the draft chapters section of the APC website but no comments have been received. Dr Devlin had made some suggestions to AT which would need to be looked at. Ranitidine Syrup to be made green with link to NICE guidelines on Reflux. Omeprazole Tablets MUPS to be amber and just for children. 1.5.1 RS Octasa to be first line choice and Asacol more restricted to existing patients. 1.5.2 prednisolone suppositories and rectal foam removed due to lack of prescribing in Secondary Care but prednisolone foam is useful for proctitis if available from manufacturer so need to retain as green. It was queried whether or not the version sent to APC was actually the final version and AT would be asked to send out the absolute final version electronically for comments with a no response being accepted as an approval.

**Action: AT**

1. Chapter 7 – attached but uploaded for comments – missing 7.4 and 7.10 which is awaiting Urology review. Approved. Intra uterine devices are fitted in Primary Care so IUDs need to be green.
2. Chapter 3 – ready to go live via net formulary. AT to ensure that Trimbow is included on this go live as green.

**Action: AT**

**7 Items for General Notice**

1. MHRA Drug Safety Update – The APC noted the contents of the alert for December 2017 and these would be communicated through the usual channels.

**8 Items by Prior Notice**

1. Aranesp Injections – RS - There are shared care agreements in place North of the Humber for GPs to do monitoring but not prescribing and it was wondered if GPs South of the Humber could also take this on? Discussion took place regarding this and it was therefore, agreed that the APC were happy with the split responsibilities between the hospital consultants and GPs. GPs queried how HEY would check blood results collated South of the Humber. Further discussions with GPs would need to take place regarding GP remuneration for this service. PF would discuss with David Corrall at HEY. **Action: PF RS to take this back to the CCGs including Council of Members for North Lincs.**
2. Guidance on prescribing gluten free products – RS - Essentially NL are due to adopt the same policy as NEL with regard to the quantities of GF products that should be prescribed to each person. Once guidance is approved this will be shared with the APC and the NLaG Dietetic Service.
3. Rifaximin – RS – documentation and a trail of emails had been sent out this morning regarding a patient who is being treated by Leeds with Rifaximin for the prophylaxis of hepatic encephalopathy. GPs have been asked to prescribe in NEL. Discussion took place regarding this and it was agreed that it would stay as Red on our formulary. Tertiary Care Centre should continue to prescribe. RS would make further enquiries regarding the patient and it would also be an item for discussion at the Chief Pharmacists agenda for the joint secondary care/primary care meeting in February.

**Action: RS/PF**

1. Shared Care – Further to what was agreed at the May APC the CCG would like to propose some changes to the shared care guidelines for DMARDs. RS to send to JR for circulation and taking to the Rheumatology Governance meeting.
2. Inappropriate prescribing requests in Ophthalmology – YO and PF to pick up outside of the meeting. This related to who to copy in when replying to the Secondary Care Team regarding inapproptiate prescribing requests in general not just Ophthalmology.
3. Newsletter – AT was still hoping to produce these in the future but was currently busy populating Net Formulary.

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

It was agreed that the scheduled meeting would be moved from 8 February to 1 February 2018 and the venue would be Brigg.

Thursday 1 February 2018

2 pm

Health Place Brigg

**Action: JR**