NHS Bassetlaw Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 24th June 2021 12 Noon start

Meeting held over Microsoft Teams

Present:	Dr David Crichton	Chair, APC Chair DCCG
	Mr Alex Molyneux	Head of Medicines Management DCCG
	Mr Rob Wise	Head of Medicines Management, Deputy APC Chair BCCG
	Dr Rachel Hubbard	Doncaster GP
	Dr Rumit Shah	Local Medical Committee Representative
	Dr Lucy Peart	Acute Consultant Physician DBTHFT
	Mr Lee Wilson	Consultant Pharmacist DBTHFT
	Miss Amanda Hemmings	Senior Medicines Management Technician DCCG (Secretary)
In attendance:	Ms Faiza Ali	Locality Lead Pharmacist DCCG
Minutes only:	Dr Rupert Suckling & Dr Victor Joseph	DMBC Representatives

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
6/21/1	**Apologies for Absence:** Mr Stephen Davies Chief Pharmacist RDaSHFT Mr Munashe Mvududu Local Pharmaceutical Committee Representative Mr Andrew Shakesby FCMS Representative			
6/21/2	**Declarations of Interest:** DC attended a second AHSN leadership workshop sponsored by Pfizer, the committee agreed that this would have no impact on today's agenda items.			
6/21/2.1	**Fire Alarm Procedure:** N/A Meeting online.			
6/21/2.2	**Notification of Any Other Business:** RW notified the committee of an update regarding mycophenolate for the condition of myasthenia gravis.	**NHSB-RW**	**Aug-21**	
6/21/3	**Notes of the Meeting Held On:** Thursday 27th May 2021 were agreed as a true and accurate record.			
6/21/4.1	**Matters Arising not on the Agenda:** RW updated on chloramphenicol eye drops for under 2yr olds. He has a further meeting scheduled with the microbiologist and an ophthalmology consultant to discuss what the recommendations might be going forward will be. RW will feed back to the committee at the next meeting.	**NHSB-RW**	**Jul-21**	

5/21/4.2	**SYB Epilepsy SCP:** The committee received the version 8 SCP developed by STH for the Medical Management of Epilepsy in Adults. This was the amended version with feedback incorporated into the document from Sheffield's APG. Changes to note in were updates in the section regarding pregnancy prevention program and the use of valproate which the committee agreed were helpful. The committee have previously commented on the removal of the drug retigabine and updates to the protocol with some newer hospital agents such as cannabidiol and everolimus, which are Red listed drugs. Stiripentol and clobazam are also included in the protocol as Amber drugs. It was noted as a previous action that these drugs should all be cross matched with the current TLS in Doncaster and Bassetlaw. Currently the TLS for the clobazam entry of epilepsy is Amber G, the committee felt that this was suitable and fitted within the guidelines. It was however though that stiripentol would need to be considered by the committee as this does not currently have a TLS in Doncaster and Bassetlaw, RW and AH were tasked with looking at information about the drug for this condition and it will come to the next meeting for a formal classification. Once this has been done the committee will take a view on whether the SCP can be adopted.	**NHSB-RW**	**Jul-21**	
6/21/4.2	**Vancomycin:** The committee discussed an alert that had come through the SPS (specialist pharmacy service). This was in relation to advice that local decision makers should choose between the numerous options for oral vancomycin. This drug is listed in Doncaster and Bassetlaw's formulary antibiotic guidance and the committee considered whether this would need to specify which preparation to choose. Currently the drug is mainly used by secondary care as treatment for clostridium difficile with the favoured preparation being capsules; however sometimes the injectable solution was also given orally when capsules are unavailable. On discussion the injectable solution was thought to be a safety issue if used in primary care. It was agreed by the committee that the safest route and form would be the licensed oral capsules, the dosing of which also corresponds with the current Ab formulary guidance. It was accepted however, that on occasion that this may be unsuitable for patients with dysphagia. In these cases, other preparations would need to be considered in place of the capsules. It would also	**NHSD-RW**	**Jul-21**	

	depend on what preparation could be sourced in community pharmacies in event of a shortage of the licenced products. DC suggested that the information be implemented through Optimise-Rx so that the licenced capsules would flash up as the first line choice on the prescribers' clinical systems. Also, whether to recommend a Green G status on the TLS advising prescribers to choose the licensed capsules first line. It was decided that this will be taken to the MMG meeting with these recommendations to agree a stance. AH will liaise with KJ secretary of the MMG about this. AM who attends MMG will then feedback to the committee at the next meeting.			
4/21/4.7	**Melatonin in adults:** AM introduced FA locality lead pharmacist at DCCG who gave the committee a verbal update regarding guidance that was being updated to support prescribing of melatonin in adults with learning disabilities. This was originally discussed by the committee with a view to amending the current guidance hosted by Doncaster and Bassetlaw which was produced by RDaSHFT. This was considered because NICE NG11 states that if medication is needed to aid sleep, then melatonin should be considered in patients with learning disabilities (LD) (adults). The current guidance only supports prescribing for children and adolescents under the age of 18yrs old within a specific pathway. This is off-label use of the drug. FA has recently attended an MMC meeting at RDaSHFT to discuss the possibility of a change in guidance. This was well received, and she has an upcoming appointment at RDaSHFT to further discuss incorporating the use of melatonin in patients with LD over the age of 18yrs into the current guidance. There is also a meeting with the CAMMS team at RDaSHFT planned to ensure that they capture any transition of patients with LD using melatonin once they reach 18yrs to support the patients going forward. There have also been conversations with DRI to look at the development of a pathway to support the transition of LD patients taking melatonin once they reach adulthood. Further updates will be brought back to the committee by AM or a member of the DCCG MMT as things develop.	**NHSD-FA**	**Sept-21**	

8/20/4.3	**Denosumab:** The Committee have previously received the denosumab SCP and put forward comments. The version today was received for information and with some revised formatting and contact details. The committee agreed that this was now ready to be added to the DCCG website.	**NHSD-AM**		
4/21/4.4	**Vitamin D guidance:** The vitamin D guidance for adults has been updated and was received by the committee today for information. It was previously discussed by the committee due to information being published by the Royal College of Obstetricians and Gynaecologists (RCOG) regarding the use of vitamin D in pregnancy. The information has been added to the new document. The committee found that the updated guidance was useful as it discussed pregnancy and recommended dosing. It also discussed giving self-care and lifestyle advice for maintenance treatment with vitamin D. It was raised about whether the guidance needed to have additional information about the BAME community. This was regarding whether a maintenance dose is prescribed regardless of testing as this is a more at-risk group. It is mentioned in the updated document that darker skin types are more susceptible be deficient of vitamin D. Current NICE guidance does not suggest that prescribing should be undertaken routinely, and this was not thought necessary at this time. It was also asked whether institutionalised patients would be expected to apply self-care and if this should be mentioned within the document. Prescribing would be undertaken in primary care in certain circumstances to patients in care homes, but this would not apply to such as prisons and various inpatient wards at RDaSH as these would be expected to have their own protocols/policies in place or advice about self-care. The protocol for RDaSHFT will be checked with SD. RS talked about if it was a health inequalities issue and that if a patient was found deficient then prescribers had a responsibility to act on it. Self-care would not always be undertaken by patients for a variety of reasons and in these cases then prescribing was necessary. It was also discussed about what patients should be tested and whether this should be carried out routinely. This was thought to be more of a public health issue and DC will pick this up with the Public Helath team at DMBC outside of this meeting. Also, regarding care home patients and continued prescribing DC will also liaise with the aging well group. The guidance was viewed as being aimed at what to do when a patient was already deficient, and it was discussed as to whether it might benefit from	**NHSD-AM**	**Aug-21**	

	incorporating what to do as a preventative measure beforehand. AM will also feedback the comments made today to MMG for further discussions. All updates will come back to the APC once the discussions mentioned today have taken place.			
6/21/4.3	**Levothyroxine: switching between products:** The MHRA have issued new prescribing advice for patients who experience symptoms on switching between different levothyroxine products. The advice is to consider consistently prescribing a specific product (brand/manufacturer) known to be well tolerated by the patient. This is only where a patient reports persistent symptoms when switching between products. It also denotes that if symptoms or poor control of thyroid function is persistent then an oral solution should be considered. The committee discussed about firstly ensuring that patients are checked to make sure that their TFT levels are in the correct range before switching between products. It was decided to cascade this information through the GP bulletin to make prescribers aware of the new advice.	**NHSD-AM**		
6/21/4.6	**NICE CG150 Topiramate:** The NICE guidance was discussed which recommends the use of topiramate for specific types of headaches in patients 12yrs and over. Currently we have a TLS for the drug for the indication of migraine in adults and the listing is Green G. The committee agreed that the current entry would need to be amended due to the NICE recommendations to include patients 12yrs and over. RH discussed about including additional information to the entry about ensuring that females of childbearing age were on an appropriate contraception while taking the drug. This is in line with MHRA safety advice on the use of antiepileptic drugs and pregnancy and FSRH guidelines. The TLS entry should also include a statement that GPs will monitor and prescribe appropriate contraception to this cohort of patients. AM thought another appropriate safety measure would be to get this information on the Ardens system and as a flash up warning on Optimise-Rx at the point of prescribing. AM will take this to the MMG meeting for further comment and ratification.	**NHSD-AM**	**July-21**	

6/21/4.7	**NICE sore throat antimicrobial prescribing:** In previous meetings it was discussed that there was a change to the length of prescribing of penicillin for sore throats/tonsillitis. There is now a recommendation in NICE guidance that states this should be used for between 5-10 days. RW confirmed that he has spoken to the microbiologist at DRI regarding this update to clarify what information should be added to our current antimicrobial prescribing guidance. RW discussed how it was difficult to know the exact length of time prescribing should be given for this condition without the patient having throat swabs taken. It is thought that 5 days may be enough for symptomatic cure but that a 10-day course would increase the chances of microbiological cure and would be needed in cases where a patient was infected with Streptococcus A. RW is currently reviewing the formulary guidance for sore throats. He suggested to add a statement to advise initial prescribing of penicillin should be for 5 days, this can then be extended to 10 days if infection has not been resolved or if a swab has been taken which shows the patient has a Streptococcus A infection. This would ensure that we encompassed the NICE guidance while being clear about the length of prescribing and when to extend or review this under certain circumstances. RS mentioned that this was a solution, so it is clear to prescribers across primary care and that we are working in line with the antibiotic stewardship programme. RW will feedback to the committee once the review has been done and the guidance incorporated.	**NHSB-RW**	**Aug-21**	
6/21/4.8	**Endometriosis shared care proposal:** AM brought forward a document for discussion regarding shared care of Gonadotrophin Releasing Hormone (GnRH) Analogue treatments for Endometriosis and other Gynaecological Conditions which was developed by Sheffield APC. This was to discuss whether Doncaster and Bassetlaw should adopt the document as shared care for our area as this could work across the ICS footprint at a more regional level. It was noted that some of the drugs specified within the document (Triptorelin, Goserelin and Nafarelin) were already Amber G on the D&B TLS for the indications mentioned in the document, however Leuprorelin was not. The document proposes that these GnRH drugs be reclassified as Amber and be subject to certain monitoring requirements if the shared care was adopted.	**NHSD-AM**	**Jul-21**	

	It was felt that within the D&B area that the current Amber G TLS was appropriate and works well. There is clear guidance on the TLS for these drugs, however it was noted by RH that there should be additional guidance added to state that pregnancy testing should be performed before each injection of these drugs. This will be added as an update to the guidance on the TLS entries. The Sheffield document references DEXA scans monitoring taking place; however, there was not evidence in the document as to why this was necessary? AM will liaise with Sheffield as to why this was and will feedback to the committee once a response is received. This is so further guidance can be added to the D&B TLS entries later if appropriate. It was discussed as to whether we should be specifying a preparation for the GnRH drugs as they come in monthly and 3 monthly preparations. LW will discuss this with the consultants in secondary care as to what is preparation they would use and feed this back to the committee, this can then added to the D&B guidance.			
6/21/5	**Drugs for Review:** **Recommended:** **Ivabradine** indicated for angina chronic stable and heart failure was given the recommended TLS of **Green G**, this will be taken to the MMG meeting for discussion. **Ranolazine** for all licenced indications was recommended as **Green G** this will be taken to the MMG meeting for discussion.	**NHSD-AM**	**Jul-21**	

6/21/5.1	**Drugs for Review:** **Final:** **Osimertinib** for the treatment of early stage non-small-cell lung cancer was given the finalised TLS of **Red** 1,2,8. **Dolutegravir sodium** for treatment of HIV in combination with other antivirals for adults, adolescents, and children <4 weeks and weighing <3kg was finalised as **Red** 1,2. **Tafamidis** for Wild-type or hereditary transthyretin amyloidosis with cardiomyopathy in adults was given the finalised TSL of **Grey** 1. **Enzalutamide** for treatment of metastatic hormone-sensitive prostate cancer was given the finalised TLS of **Red** 1,2. **Aviptadil/Phentolamine** indicated for erectile dysfunction was given the finalised TLS of **Amber G**. **Imatinib** indicated for philadelphia chromosome positive chronic myeloid leukaemia in adults was given the finalised TLS of **Red** 1,2. **Ivabradine** for postural tachycardia syndrome (off-label use) was given the finalised TLS of **Amber G**.	**NHSD-AM**		
6/21/6	**Officers' Actions:** All officers' actions were finalised and will be updated on the medicine's management website except for: Bromocriptine used for lactation suppression after intrapartum loss or neonatal death. It is not NICE recommended for this indication; suggested as a change in entry to Grey but is currently on as a Red listed drug. LW will liaise with the nursing team in secondary care to what would be used in these circumstances and feedback at the next meeting so Bromocriptine can be appropriately traffic-lighted, or the entry removed. It was thought that Cabergoline would be the drug most often used in these cases, LW will check this and if that is the case then this drug will be considered for a TLS for the same indication at the next meeting. **Returning drugs:** All returning drugs were finalised and will be updated on the medicine's management website.	**NHSD-AM**		

6/21/7	**Drugs for Consideration:** **Recommended:** **Pemazyre** for the treatment of locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) was recommended for a TLS as **Red** 1,2 **Andexanet alfa** used to reverse anticoagulation from apixaban or rivaroxaban in adults with life-threatening or uncontrolled bleeding was given a recommended TLS of **Red** 1,2,4 this will go to the MMG meeting. **Ofatumumab** for relapsing–remitting multiple sclerosis was given a recommended TLS of Red 1,2 this will go to the MMG meeting.	**NHSD-AM**	**Jul-21**	
6/21/7.1	**Drugs for Consideration:** **Final:** **Fexofenadine** for chronic idiopathic urticaria in adults and children aged 12 years and over was given the finalised TLS of **Green G.** **Trastuzumab deruxtecan** for treatment of HER2+ve unresectable or metastatic breast cancer in adults after 2 or more anti-HER2 therapies was given the finalised TLS of **Red** 1,2.	**NHSD-AM**		
6/21/8	**DBTHFT D&TC Update:** The Committee received minutes from the meeting held May 2021			
6/21/9	**Formulary Liaison Group Update** The Committee received minutes from the meeting held May 2021			
6/21/10	**DCCG Medicines Management Group** The Committee received minutes from the meeting held May 2021			
6/21/12	**RDaSH FT Medicines Management Committee update** The Committee received minutes from the meeting held April & May 2021			
6/21/13	**Barnsley Area Prescribing Committee Update** The Committee received minutes from the meeting held May 2021			
6/21/14	**Rotherham Medicines Optimisation Group Update** The Committee have not received any up-to-date minutes.			
6/21/15	**Sheffield Area Prescribing Committee Update** The Committee have not received any up-to-date minutes.			
6/21/16	**Nottingham Area Prescribing Committee Update** The Committee have not received any up-to-date minutes.			

6/21/17	**SY& B ICS Medicines Optimisation Work-stream Steering Group** The Committee have not received any up-to-date minutes.			
6/21/18	**Northern Regional Integrated Medicines Management Meeting** The Committee have not received any up-to-date minutes.			
6/21/19	**Any Other Business:** RW made the committee aware of an update regarding Mycophenolate for the condition of myasthenia gravis. In the HoMM meeting for South Yorkshire and Bassetlaw it was discussed about a shared care document which is condition specific being produced, this would include the use of Mycophenolate as 2nd line for myasthenia gravis. Other drugs such as Azathioprine would be included in the document as a proposed first line choice and would need a TLS for that indication. Once the draft has been produced, RW will bring this to the APC meeting for comment. RS gave apologies for the next APC meeting in July and will organise a representative to attend the meeting in his place.			
6/21/20	**Date and Time of Next Meeting:**12 noon prompt Thursday 29th July 2021 Meeting via Microsoft Teams			

KEY

Completed / Closed	**To Action**
In Progress	**To be actioned but date not yet due**