

**DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)**

**Action Notes and Log**

Thursday 25<sup>th</sup> November 2021 12 Noon start

**Meeting held over Microsoft Teams**

<b>Present:</b>	Dr David Crichton Mr Alex Molyneux Mrs Charlotte McMurray Mr Rob Wise Dr Rachel Hubbard Dr Rमित Shah Mrs Jennifer Cox Mr Steve Davies Mr Lee Wilson	Chair, APC Chair DCCG Head of Medicines Management DCCG Deputy Head of Medicines Management DCCG Head of Medicines Management, Deputy APC Chair BCCG Doncaster GP Local Medical Committee Representative Senior Medicines Management Technician DCCG (Secretary) Chief Pharmacist RDaSHFT Consultant Pharmacist DBTHFT
<b>In attendance:</b>	Mr Greg Westley Evon Boules Dr Susan Stillwell Dr Doug Savage Miss Faiza Ali	Pharmacist (Medicines Optimisation Team) NHS Sheffield CCG Consultant Immunologist Sheffield Teaching Hospital Sheffield Teaching Hospital Leger Clinic Ltd Locality Lead Pharmacist DCCG
<b>Minutes only:</b>	Dr Rupert Suckling & Dr Victor Joseph	DMBC Representatives

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
11/21/1	<b>Apologies for Absence:</b> Apologies were received from Dr Lucy Peart - DBTHFT			
11/21/2	<b>Declarations of Interest:</b> None were received for this meeting			
11/21/2.1	<b>Fire Alarm Procedure:</b> N/A Meeting online			
11/21/2.2	<b>Notification of Any Other Business:</b> It was request that any other business be given at the end of the meeting			
11/21/3	<b>Notes of the Meeting Held On:</b> Thursday 28th October 2021 were agreed as a true and accurate record and will be uploaded on the Medicines Management website	<b>NHSD-JC</b>		
11/21/4	<b>Matters Arising not on the agenda:</b>			
11/21/4.1	<b>Matters Arising</b>			
9/21/8	<b>Epilepsy Shared Care Protocol</b> SD updated the committee regarding a meeting held between RDaSHFT and Doncaster CCG which established that titration prescribing is not deemed part of the current contracted Epilepsy Liaison service. The South Yorkshire shared care protocol for epilepsy is under review, to ensure consistency across South Yorkshire and to reflect what is an agreement between primary care and the neurology department  Doncaster CCG are reviewing the contract with the Epilepsy Liaison services to establish a revised level of service which is likely to include a level of prescribing limited to complex titration situations rather than what appears to be all titrations (simple and complex)			

	<p>SD proposed these complex titrations to be</p> <ul style="list-style-type: none"> <li>• Patients where more than one AED is requiring dose change at a time i.e., cross titration</li> <li>• Patients on funded drugs for their epilepsy management e.g., cannabis, cenobamate</li> <li>• Refractory patients who require frequent adjustments and may never reach a stable dose</li> </ul> <p>This group represents roughly 28% of the current prescribing caseload for the team. The ones that don't fit into this caseload will be moved over to GP prescribing</p> <p>RS raised concerns over taking over the prescribing and the increased workload this would mean for GPs</p> <p>It was confirmed that the full service is not being removed and complex patients will stay with the specialist nurse service once stable the patient will be transferred to primary care</p> <p>It was agreed that SD and RS would discuss further outside of the meeting and further discussion would be held via MMG to agree the appropriate pathway for the group of patients who would not be covered by the specialist service</p>	<p><b>RDaSHFT-SD NHSD-AM</b></p>		
<p>9/21/5</p>	<p><b>Shared Care Protocol for Myasthenia Gravis or Chronic Inflammatory Demyelinating Polyradiculopathy (CIDP) in Adults</b></p> <p>The SCP for Myasthenia Gravis or CIDP in Adults had previously been agreed for use in NHS Bassetlaw but concerns were raised regarding ongoing monitoring for NHS Doncaster. LW was requested to investigate a solution</p> <p>LW updated the committee regarding TA-monitor. TA-monitor is approved for use by gastroenterology. There is currently a business case going through for dermatology and respiratory to also use TA-monitor and neurology can add onto this business case</p> <p>It was agreed that Doncaster is now closer to a robust monitoring solution</p>			

10/21/10	<p><b>Inclisiran</b> RW fed back that NHS Bassetlaw Senior Management Team had been interested to know of other areas decisions, but did not raise any significant concerns regarding the TLS request for Inclisiran</p> <p>DC confirmed the NHS Doncaster Executive came to the conclusions that there are no significant safety concerns and advised that the letter should be implemented as described.</p> <p>It was proposed that the Sheffield Lipid guidelines could be used until further guidance becomes available</p> <p>MMG have agreed as Green G, using the Sheffield Lipid guidelines if required. Although, NHS England have developed a national guidance which is expected to be available early December, along with a tool kit which can be embedded into the prescribing system to highlight appropriate patients</p> <p>The committee agreed Inclisiran as Green G</p>	NHSD-JC		
11/21/5	<p><b>Drugs for Review:</b> The November 2021 drugs for review were discussed and the following agreed.</p> <p>Aripiprazole injection (Abilify) Schizophrenia, rapid control of agitation and disturbed behaviours in patients, when oral therapy is not appropriate – agreed to remain Red 1</p> <p>Buprenorphine/naloxone (Suboxone) Opioid dependence – agreed to remain Red 1,2</p> <p>Etoricoxib (Arcoxia) Anti-inflammatory - Acute inflammation in joints caused by arthritis. Short term treatment of moderate pain associated with dental surgery – agreed to remain Green G</p> <p>Flupentixol decanoate injection) Depixol, Depixol Concentrate, Depixol Low volume) Schizophrenia – maintenance – agreed to remain Red 1,2</p> <p>Fluphenazine decanoate (Modecate Concentrate Injection 100mg/ml) Schizophrenia and paranoid psychoses – agreed to remain Red 1,2</p> <p>Haloperidol injection (Haldol Decanoate) - Schizophrenia – maintenance – agreed to remain Red 1,2</p>			

	<p>Ivabradine (Procoralan) Angina chronic stable, Heart Failure – Agreed to remain Amber-G</p> <p>Levomepromazine (Nozinan) Palliative care – Agreed to remain Green G</p> <p>Magnesium aspartate dihydrate (Magnaspartate) Hypomagnesaemia – agreed to remain Amber G</p> <p>Methylphenidate - Counteracting sedation with opioids in palliative care (off-label use) – Agreed to remain Amber G</p> <p>Naftidrofuryl oxalate (Praxilene) Intermittent claudication in people with peripheral arterial disease – Agreed to remain Green G</p> <p>Olanzapine Embonate injection (ZypAdhera) Schizophrenia – maintenance – Agreed to remain Red 1,2</p> <p>Orlistat (Xenical) Obesity – Agreed to remain Green G</p> <p>Paliperidone injection (Xeplion) Schizophrenia – maintenance – Agreed to remain Red 1,2</p> <p>Pipotiazine Palmitate injection (Piportil Depot) Schizophrenia – maintenance – agreed to change to Grey 4</p> <p>Propafenone (Arythmol) Prophylaxis of and ventricular arrhythmias – Agreed to remain Amber G</p> <p>Regorafenib (Stivarga) Cancer - Colorectal (metastatic) in adults who have been previously treated with, or are not considered candidates for, available therapies – Agreed to change from Grey to Red 1,2,3. Remove NICE guidance TA334 and add NICE TA555</p> <p>Reslizumab (Cinqaero) Asthma (severe eosinophilic) – Agreed to remain Red 1,2 and to add NICE TA479</p> <p>Risperidone injection - Risperdal Consta Schizophrenia – maintenance</p> <p>Topiramate (Topamax) Migraine prophylaxis in adults – Agreed to remain Green G with pregnancy prevention advice added, as agreed in previous meeting</p> <p>Zuclopenthixol deconate (injection) (Clopixol, Clopixol Conc) Schizophrenia and paranoid psychoses – maintenance – agreed to remain Red 1,2</p> <p>Stiripentol (Diacomit) Severe myoclonic epilepsy in infancy (SMEI, Dravet's syndrome) – Agreed as Red 1,2 for children in line with Sheffield. A new entry for Sitripentol in adults will also be added as Red 1,2</p>			
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	<p>Ravulizumab (Ultomiris) Paroxysmal nocturnal haemoglobinuria (PNH)- adults Atypical haemolytic uraemic syndrome – agreed to remain Red 1,2,3 with new indication for Atypical haemolytic uraemic syndrome</p> <p>Prasterone (Intrarosa) Vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms – LW agreed to discuss further at the next FLG meeting to consider Green G</p> <p>All Parkinson’s Drugs will all be updated to be in line with revised Shared Care Protocol.</p> <p>Tolcapone (Tasmar) Parkinson’s was agreed as Grey 5</p>	<p>NHSD-JC</p> <p>DBHFT-LW</p> <p>NHSD-JC</p>		
11/21/6	<p><b>Officers’ Actions and returning drugs</b> All officers actions were agreed as proposed</p> <p>Returning drugs; It was agreed to add ACARIZAX 12 SQ-HDM and ITULAZAX 12 SQ-Bet as Grey 4 Tirbanibulin (Klisyri) was agreed as Amber G, as proposed by MMG</p>	<p>NHSD-JC</p>		
11/21/7	<p><b>Drugs for Consideration:</b> The following items were agreed as final and will be updated on the TLS. Crizanlizumab (Adakveo) - Prevention of recurrent vasa-occlusive crises (VOCs) in sickle cell disease patients aged 16 years and older – agreed as Red 1,2 Cabotegravir (Vicario) - Human Immunodeficiency Virus type 1 (HIV-1) – agreed as Red 1,2,3 Coagent ethyl (Vazkepa) - Reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides (<math>\geq 150</math> mg/dL [<math>\geq 1.7</math> mmol/l]) and • established cardiovascular disease, or • diabetes, and at least one other cardiovascular risk factor. – agreed as Grey 4 Cinnamate (Ontozry) - Epilepsy, focal-onset seizures – agreed as Grey 4 Dapagliflozin (Formica) - chronic kidney disease – Agreed as Grey 4, awaiting NICE guidance</p> <p>The following items will be discussed further at the next MMG:</p>	<p>NHSD-JC</p>		

	<p>Tepedino (Tepmetko) - Advanced non-small cell lung cancer (NSCLC) harboring mesenchymal-epithelial transition factor gene (MET) exon 14 (METex14) skipping alterations – proposed as Red 1,2,3</p> <p>Tafasitamab (Minjuvi) - Diffuse large B-cell lymphoma (DLBCL) – proposed as Red 1,2,3</p> <p>Bertralstat (Orladeyo) - Hereditary angioedema (HAE) – proposed as Red 1,2</p> <p>Selumetinib (Koselugo) - Plexiform neurofibromas (PN) – proposed as Red 1,2,3</p> <p>Molnupiravir (Lagevrio) - COVID-19 – proposed as Green G</p> <p>Casirivimab (Ronapreve/imdevimab) - COVID-19 – proposed as Grey 4, AM to discuss further with Andrew Russell</p> <p>Cenobamate (Ontozry) - Epilepsy, focal-onset seizures – proposed as Grey 4</p> <p>Selpercatinib (Retsevmo) - Non-small cell lung cancer, thyroid cancer – proposed as Red 1,2,3</p>	<b>NHSD-JC</b>		
11/21/8	<b>New Business</b>			
11/21/8.1	<p><b>Parkinsons Shared Care Protocol</b></p> <p>Mr Grey Westley, Pharmacist from the Medicines Optimisation Team at NHS Sheffield CCG attended the meeting at 12pm to present the updated Parkinson's Shared Care Protocol. Previous versions have been received via the committee and comments have been fed back</p> <p>GW informed the committee that the NHS Barnsley SCP for Parkinson's was used as a template as this was the most current version available. It has been approved at Sheffield APG pending a few suggested updates and amendments</p> <p>All the Parkinson's drugs in the updated SCP have been made Amber to fall in line with the NICE guidance NG71 'If Parkinson's disease is suspected, refer people quickly and untreated to a specialist with expertise in the differential diagnosis of this condition'</p> <p>RS raised concerns regarding the long waiting time for neurologists and asked for assurance that patients would be seen in a timely manner. GW agreed to check current waiting times</p>			

	<p>SD asked if the non-neurologist prescriber (geriatrician) using anti-Parkinson's in Doncaster is aware of the updated SCP. LW assured SD that this service had been contacted during the development</p> <p>RW requested that his name be removed from development as this has been added in error</p> <p>The committee discussed why the initial prescription at a remote consultation needs to be issued via the GP as this could cause delays and be difficult to manage. The group recognised that this goes against shared care principles and that the issue is a system one which needs to be addressed. There are temporary provisions available currently, GW will confirm the intended ongoing process</p> <p>It was also discussed that NHS Bassetlaw do not have a nurse specialist service for titration of Parkinson's medication. GW to confirm if the specialist nurses in Sheffield offer the titration service across the ICS or if this is just for Sheffield patients solely</p> <p>Once the queries are clarified and suggested amendments have been made GW agreed to send the final version for formal approval</p> <p>GW left the meeting at 12.30pm</p>	<b>NHSS-GW</b>		
11/21/8.2	<p><b>Grazax and Acarizax</b></p> <p>Dr Evon Boules Consultant Immunologist Sheffield Teaching Hospital attended the meeting at 12.30 to present the risks and benefits of prescribing Grazax and Acarizax. A TLS Application for a proposal for Shared Care was received along with a document explaining the finances involved</p> <p>It is expected there will be around 20 patients across South Yorkshire at a cost of £3000 per patient. It was confirmed that treatment length is 3 years if no improvement is seen after 1 year, treatment will not continue. The patient will be reviewed via a specialist annually</p> <p>EB confirmed that Grazax and Acarizax are available in Community Pharmacy. Sheffield APG have clinically approved the proposal, commissioning</p>			



	<p>arrangements are being considered, Rotherham and Barnsley are currently considering the proposal</p> <p>There was general support and CM to liaise with Sharron Kebell, Specialised Commissioning Pharmacist, NHS Sheffield CCG to organise the development of the Shared Care Documents</p> <p>This item will be discussed further at the next MMG and taken through the usual drugs for consideration route</p> <p>Evon Boules left the meeting at 1pm</p>	<p><b>NHSD-CM</b></p>		
<p>11/21/8.3</p>	<p><b>Shared Care Protocol for Topical testosterone replacement therapy in post-menopausal women</b></p> <p>Dr Susan Stillwell (Menopause Lead) Sheffield Teaching Hospital attended the meeting at 1pm to present the Shared Care documents for Testosterone replacement therapy in post-menopausal women</p> <p>SS informed the committee that the Menopause clinic in Sheffield receive several referrals from Doncaster from Primary and Secondary care for loss of libido. The Shared Care documents have been developed as currently not all GPs are confident in taking over the prescribing of Testosterone</p> <p>DC highlighted that Testosterone is now in BNF, where it states 'Low sexual desire in postmenopausal women (administered on expert advice)'</p> <p>RW queried if there were any licensed products available and it was confirmed that currently there are not. Concerns were raised about using an unlicensed product and the ongoing monitoring requirements could cause an issue</p> <p>Testosterone will be given on a six-month trial and if it does not work it will be stopped at this point. Patients do not need to be weaned off if it has no effect</p> <p>SS highlighted the Fourteen Fish Menopause training package which is available free of charge to one clinician per practice, there is also the British Menopause society advance or basic certificate in menopause, if either of those</p>			

	<p>training packages have been completed this would enable the prescriber to prescribe testosterone for loss of libido</p> <p>It was confirmed that Obstetrics and Gynaecology would be kept up to date with any decisions made regarding this</p> <p>The committee members agreed the shared care guideline which will be discussed further at the next MMG</p> <p>SS left the meeting at 1.20pm</p>	<b>NHSD-AM</b>		
11/21/8.4	<p><b>SSRI's – paroxetine &amp; sertraline for Premature Ejaculation - TLS request</b> Dr Doug Savage, Leger Clinic attended the meeting at 1.25pm to present a request for inclusion the TLS for SSRI's – paroxetine and sertraline for premature ejaculation</p> <p>The benefits and risks and these drugs and other licensed products were discussed</p> <p>It was noted that the BNF recognises these drugs for this indication but gives caution in young adults</p> <p>The committee considered the original request for Amber G on the TLS, but proposed Green G for premature ejaculation as it was agreed it was suitable for Primary care to prescribe, with the guidance to include advice to use behavioural techniques and offer sexual counselling. Details as to why the unlicensed products should be used instead of the licensed product should be documented and that regular review is required</p> <p>DS left the meeting at 1.40pm</p>	<b>NHSD-CM</b>		
11/21/8.5	<p><b>Melatonin Shared Care Documents</b> Miss Faiza Ali, Locality Lead Pharmacist for NHS Doncaster CCG attended the meeting at 1.40pm to present the Melatonin Shared Care Documents, supported at previous meetings</p>	<b>NHSD-FA</b>		

	<p>RW informed the committee that with the addition of Learning Disability in Adults, over 18's will default to the Nottingham CCG position. This will be reflected in the SC paperwork</p> <p>With the above amendment the Shared Care documents were agreed</p>			
11/21/8.6	<p><b>Cinacalcet</b> LW asked the committee if they felt there was a need in Doncaster for Primary Care to prescribe Cinacalcet and if a Shared Care Protocol should be considered. It was agreed that numbers would be small as this would be used for patients where surgery is not suitable</p> <p>It was also queried re whether this was an NHS England specialised commissioned medicine, i.e. what would be the identified route for funding in primary care?</p> <p>LW will look at the current Sheffield Shared Care guidance and feedback</p>	DBHFT-LW		
10/21/14	<p><b>DBTHFT D&amp;TC Update:</b> The Committee received minutes from the meeting held October 2021</p>			
10/21/15	<p><b>Formulary Liaison Group Update</b> The Committee received minutes from the meeting held September 2021</p> <p>The Chair highlighted the section regarding Saxenda for weight management Liraglutide (Saxenda) for weight management was discussed. As the NICE guidance suggests that the drug is prescribed as part of a tier 3 weight management service, there was a broad discussion around how this worked in Doncaster and Bassetlaw.</p> <p>The Senior Management Team have support this and further work is required to bring commissioning the tiers together</p>			
10/21/16	<p><b>DCCG Medicines Management Group</b> The Committee received minutes from the meeting held October 2021</p>			

10/21/17	<b>RDaSH FT Medicines Management Committee update</b> The Committee received minutes from the meeting held September 2021			
10/21/18	<b>Barnsley Area Prescribing Committee Update</b> The Committee received the September 2021 APC memo			
10/21/19	<b>Rotherham Medicines Optimisation Group Update</b> The Committee received minutes from the meeting held October 2021			
10/21/20	<b>Sheffield Area Prescribing Committee Update</b> The Committee received minutes from the meeting held August 2021			
10/21/21	<b>Nottingham Area Prescribing Committee Update</b> The Committee received the October 2021 APC Bulletin			
10/21/22	<b>SY&amp; B ICS Medicines Optimisation Work-stream Steering Group</b> The Committee received the September 2021 action and decision log			
10/21/23	<b>Northern Regional Medicines Optimisation Committee</b> The Committee have not received any up-to-date minutes			
10/21/24	<b>Any Other Business:</b> It was noted that some Sheffield documents have our logo on when they have not been approved via our governance routes. It was agreed to remind Sheffield not to add our logo until approved	<b>NHSD-CM</b>		
10/21/25	<b>Date and Time of Next Meeting:</b> 12 noon prompt Thursday 27th January 2022 Meeting via Microsoft Teams			

**KEY**

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