

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 24th February 2022 12 Noon start

Meeting held over Microsoft Teams

Present:	Mr Rob Wise (RW) Mrs Charlotte McMurray Dr Rachel Hubbard Dr Suman Thullimalli Mrs Jennifer Cox Mr Steve Davies Dr Lucy Peart Rachel Wilson (RaW) Mr Aqueel Ashraf	Head of Medicines Management, Deputy APC Chair BCCG Deputy Head of Medicines Management DCCG Doncaster GP Local Medical Committee Representative Senior Medicines Management Technician DCCG (Secretary) Chief Pharmacist RDaSHFT Consultant Physician DBTHFT Pharmacist DBTHFT NHS Doncaster, Locality Lead Pharmacist
In attendance:	Ebun Ojo Stuart Lakin	NHS Sheffield CCG NHS Rotherham CCG
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
02/22/1	<p>Apologies for Absence: Apologies were received from Dr David Crichton Chair, APC Chair DCCG, Dr Rमित Shah - Local Medical Committee Representative, Mr Alex Molyneux - Head of Medicines Management DCCG and Lee Wilson, DBTHFT</p>			
02/22/2	<p>Declarations of Interest: CM informed the committee of her Type 2 Diabetes presentation for Boehringer Ingelheim</p> <p>Dr Thullimalli declared that he is the Clinical Director for the PCN</p>			
02/22/2.1	<p>Fire Alarm Procedure: N/A Meeting online</p>			
02/22/2.2	<p>Notification of Any Other Business: It was requested that any other business be given at the end of the meeting</p>			
02/22/3	<p>Notes of the Meeting Held On: Thursday 25th November 2021 were agreed as a true and accurate record and will be uploaded on the Medicines Management website, with the amendment of:</p> <p>11/21/8.4 – <i>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</i></p>	<p>NHSD-JC</p>		
02/22/4	<p>Matters Arising not on the agenda: It was agreed that updates regarding TA-monitor in item 9/21/5, Shared Care Protocol for Myasthenia Gravis or Chronic Inflammatory Demyelinating Polyradiculopathy (CIDP) in adults, will return to the next meeting</p> <p>Also, an update on Cinacalcet, Item 11/21/8.6 will return to the March meeting</p>	<p>DBTHFT-LW</p> <p>DBTHFT-LW</p>		

02/22/4.1	Matters Arising			
9/21/8	<p>Epilepsy Shared Care Protocol</p> <p>CM informed the committee that the Heidi Taylor, Deputy Head of Medicines Optimisation in Sheffield CCG and AM met with the consultant neurologists at STH to look at how they could incorporate the different pathways represented in Doncaster into the current Shared Care guideline. This is currently being worked on and further updates will return to this meeting</p> <p>SD confirmed that the RDaSH Medicines Management Group are happy with the draft version of the Shared Care Protocol but raised concerns about having three areas involved, Primary Care, Specialist nurses and Tertiary / Secondary care which could cause issues. It was agreed that further discussions would be required to ensure a smooth process</p>	NHSD-AM		
11/21/8.1	<p>Parkinsons Shared Care Protocol</p> <p>CM provided the committee with updates from Mr Greg Westley following on from the queries raised at the November APC</p> <p>It was confirmed that the current waiting time for neurologists is 16 weeks</p> <p>The concerns around the initial prescription, at a remote consultation being issued via the GP causing delays was discussed via the consultants who agreed to change the wording from 'on occasion' to 'in exceptional circumstances'</p> <p>Any further feedback should be sent to CM who will send to GW who will collate the feedback in 12 months' time at which point the consultant neurologists will review</p> <p>It was confirmed that NHS Bassetlaw do have a specialist nurse service available to them, under the name of Specialist Neurology Nurses</p> <p>With the above-mentioned change in wording the Shared Care Document was approved by the committee</p>	ALL		

11/21/8.3	<p>Shared Care Protocol for Topical testosterone replacement therapy in post-menopausal women</p> <p>CM shared the proposed SCP for Topical testosterone at the February MMG who agreed the document should be used as guidance rather than SCP.</p> <p>Two TLS classifications were agreed;</p> <ul style="list-style-type: none"> - Amber-G for patients who are referred by GPs and initiated by the specialist service in secondary care, then continued by the GP. - Green-G for patients who can be prescribed by a GP who have a special interest and training in Menopause and can initiate following the guidance document. <p>The guidance will be updated and added to the Medicines Management website and the TLS status will be updated</p>			
02/22/5	<p>Drugs for Review:</p> <p>The February 2022 drugs for review were discussed and the following agreed.</p> <p>Algenpantucel-L (HyperAcute-Pancreas) - Pancreatic cancer, was agreed to change to Grey 4 as there is no NICE or SPC available</p> <p>Baloxavir marboxil (Xofluza) - Uncomplicated influenza and post exposure prophylaxis of influenza in patients aged 12 years and above, was agreed to update as Grey 4 as NICE have confirmed they are unable to make a recommendation</p> <p>Bicalutamide (Casodex) - Anti-androgen, for advanced prostatic cancer, was agreed to remain Amber</p> <p>Bosentan (Tracleer) - Pulmonary Arterial Hypertension, Digital ulcers (DUs) in patients with systemic sclerosis (SSc) and ongoing DU disease, was agreed to remain Red 1,2</p> <p>Budesonide - Treatment of Covid-19 (off-label) in adults over 50 years old, was agreed as Grey 4 with a review date of 6 months where it will be removed. The Department of health and social care have now withdrawn their recommendation</p> <p>Calcium Polystyrene Sulphonate (Calcium Resonium) - Hyperkalaemia associated with anuria, severe oliguria and in dialysis patients was agreed to remain Red 1,2</p>			

	<p>Crizotinib (Xalkori) - Lung cancer non-small cell (NSCLC) Advanced was agreed to remain Red 1,2,3</p> <p>Cyproterone Acetate (Androcur) - Anti-androgen used in the treatment of severe hypersexuality and sexual deviation in the male was agreed to remain Red 1,2</p> <p>Dapagliflozin (Forxiga) - Diabetes Mellitus Type 1 (in combination with insulin) – NICE have updated the TA guidance and it is no longer recommended for Type 1 Diabetes it was agreed to update as Grey 4</p> <p>Degarelix (Firmagon) - Prostate cancer was agreed to remain Red 1,2,3</p> <p>Docetaxel (Taxotere) - Cancer (head & neck) In combination with cisplatin and fluorouracil was agreed to remain Red 1,2,3</p> <p>E-cigarette (e-VOKE) - Tobacco dependence was agreed to remain Grey 2</p> <p>Etelcalcetide (Parsabiv) - Hyperparathyroidism, secondary (SHPT) in adult patients with chronic kidney disease (CKD) on haemodialysis therapy was agreed to remain Red 1,2,3</p> <p>Everolimus (Afinitor) - Cancer -breast (hormone receptor-positive, HER2/neu negative advanced) was agreed to remain Red 1 and to add 2 to the rationale</p> <p>Flunarizine - Migraine prophylaxis (Unlicensed) was agreed to remain Grey 1</p> <p>Furosemide (sc bolus or syringe driver) - Management of heart failure only when initiated by Palliative Care Service was agreed to remain Amber G with the updated guidance</p> <p>Glycopyrronium bromide oral solution 320mcg/ml (Sialanar) - Sialorrhoea - severe (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders was agreed to remain Amber G</p> <p>Hydroxycarbamide (Hydrea) - Licensed indications: Chronic myeloid leukaemia (CML), thrombocythemia or polycythemia vera. Unlicensed indication: Sickle Cell Syndrome was agreed to remain Red 1,2,3</p> <p>Idebenone (Raxone) - Visual impairment in adolescent and adult patients with Leber's Hereditary Optic Neuropathy (LHON) was agreed to remain Red 1,2,3</p> <p>Iloprost (Ventavis) - Primary pulmonary hypertension was agreed to remain Red 1,2</p> <p>Liothyronine injection (Triiodothyronine) - Hypothyroid coma was agreed to remain Red 1,2</p>			
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	<p>Melatonin 2mg MR tablet (Circadin (off-label use)) – Sleep disorders in children and young people with neurodevelopmental disorders was agreed to remain Amber with the updated Shared Care added to the website</p> <p>Melatonin 3mg and 5mg tablets (Ceyesto) - Short-term treatment of jetlag in adults was agreed to remain Grey</p> <p>Methadone - Pain only when initiated by Palliative Care Service was agreed to remain Amber G with the updated guidance</p> <p>Metyrapone (Metopirone) - Diagnosis & management of Cushing's syndrome. In conjunction with glucocorticosteroids, resistant oedema due to increased aldosterone secretion in cirrhosis, nephrotic syndrome, and congestive heart failure to remain Red 1,2</p> <p>Midazolam Buccal (Buccolam Epistatus) – Anticonvulsant to remain Green G</p> <p>Octreotide (Sandostatin + LAR) - Management of malignant bowel obstruction only when initiated by Palliative Care Service was agreed to remain Amber G with the updated guidance</p> <p>Nabilone - Control of nausea and vomiting, caused by chemotherapeutic agents used in the treatment of cancer, in patients who have failed to respond adequately to conventional antiemetic treatments was agreed to remain Red 1,2</p> <p>Nilotinib (Tasigna) - Chronic myelogenous leukaemia (CML), Resistant Philadelphia chromosome-positive CML was agreed to remain Red 1,2</p> <p>Nonacog gamma, recombinant human coagulation factor IX (rDNA) (RIXUBIS) - Haemophilia B (congenital factor IX deficiency)-treatment & prophylaxis was agreed to remain Red 1,2</p> <p>Oxaliplatin (Eloxatin) - Colon cancer was agreed to remain Red 1,2,3,8 with new indication for 'treatment of metastatic colorectal cancer'</p> <p>Paliperidone injection (TREVICTA) - Schizophrenia (maintenance) in adult patients who are clinically stable on the 1-monthly product agreed to remain Red 1,2</p> <p>Pentamidine (Pentacarinat) - Atypical pneumonias was agreed to remain Red 1,2</p> <p>Pertuzumab (Perjeta) - Metastatic Breast Cancer, Neoadjuvant Treatment of Breast Cancer was agreed to remain Red 1,2 and add 8</p> <p>Pomalidomide (Celgene) - Multiple myeloma was agreed to remain Red 1,2,3</p>			
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	<p>Ranibizumab (Lucentis) - Neovascular (wet) age-related macular degeneration and macular oedema secondary to retinal vein occlusion was agreed to remain Red 1,2</p> <p>Ranibizumab (Lucentis) - Diabetic macular oedema, Choroidal neovascularisation (CNV) was agreed to remain Red 1,2 and add 8</p> <p>Rilpivirine (Edurant, REKAMBYS) - Human immunodeficiency virus-1 (HIV-1) infection was agreed to remain Red 1,2 until new NICE guidance becomes available</p> <p>Sapropterin (Kuvan) - Phenylketonuria (PKU) it was agreed to change to Red 1,2,8 NHS England have recommended and have guidance available. It is not recommended to be available as a treatment option through routine commissioning for PKU</p> <p>Sirolimus (Rapamune) - Prophylaxis of organ rejection in kidney allograft recipients, all indications was agreed to remain Red 1,2,3</p> <p>Sodium Polystyrene Sulphonate (Resonium A) - Hyperkalaemia associated with anuria or severe oliguria, and in dialysis patients was agreed to remain Red 1,2</p> <p>Sofosbuvir/Velpatasvir (Epclusa) - Hepatitis C virus (chronic) in adults was agreed to remain Red 1, and add 8</p> <p>Solriamfetol (Sunosi) – Narcolepsy. NICE have updated guidance and recommend its use if other drugs are not suitable. It was felt there would be very little use. It was agreed to investigate Sheffield’s position for Solriamfetol and to return to the next meeting</p> <p>Tenofovir (Viread, Vemlidy) - Chronic hepatitis B was agreed to remain Red 1,2,8</p> <p>Ticagrelor (Brilique, Possia) - Prevention of atherothrombotic events in patients with acute coronary syndrome (including STEMI, NSTEMI and unstable angina) Myocardial infarction (MI)-history of, with a high risk of developing an atherothrombotic event was agreed to remain Amber G with the out of date NICE guidance replaced with new guidance</p> <p>Tinzaparin (Innohep) - Low molecular weight heparin. It was agreed to investigate why Tinzaparin was removed from the LMWH shared care documents and discuss further at the next meeting</p>			
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02/22/6	<p>Officers' Actions and returning drugs All officers actions were agreed as proposed</p> <p>Returning drugs; Molnupiravir (Lagevrio) and Casirivimab (Ronapreve/imdevimab – COVID 19 were previously suggested as Green G at the November APC, a national commissioning policy has since been released where it is advised that these drugs are given in the COVID Medicine Delivery Unit. MMG suggested Red, this was agreed at the APC and will be updated on the TLS</p> <p>Cenobamate – Epilepsy, focal-onset seizures will be updated once Shared Care in place, it was confirmed that Grey is a holding position</p> <p>All others were agreed as proposed</p>			
02/22/7	<p>Drugs for Consideration: The following items were agreed as final and will be updated on the TLS Berotralstat (Orladeyo) - Hereditary angioedema was agreed as Red 1,2 Diroximel (Vumerity) - Multiple sclerosis (MS) relapsing-remitting was agreed as Red 1,2 Fostemsavir tromethamine (Rukobia) - HIV-1 infection was agreed as Red 1,2 Mogamulizumab (POTELIGEO) - Mycosis fungoides (MF) or Sézary syndrome (SS) who have received at least one prior systemic therapy was agreed as Red 1,2 Roxadustat (Evrenzo) - Anaemia associated with chronic kidney disease was agreed as Red 1,2 Treprostinil - Idiopathic or heritable pulmonary arterial hypertension was agreed as Red 1,2 Velmanase alfa (Lamzede) - Non-neurological manifestations in patients with mild to moderate alpha-mannosidosis was agreed as Red 1,2</p> <p>The following items will be discussed further at the next MMG: Norelgestromin (EVRA) - Female contraception was suggested as Green Amivantamab (RYBREVANT) - Non-small cell lung cancer suggested as Red 1,2 Relugolix, 1 mg estradiol (as hemihydrate), and 0.5 mg norethisterone acetate</p>			

	<p>(Ryeqo) - Uterine fibroids was suggested as Grey 4 as NICE guidance is being developed Ritonavir (Paxlovid) – Covid 19 was suggested as Red 1,2 Selpercatinib (Retsevmo) - Non-small cell lung cancer and thyroid cancer was suggested as Red 1,2 Sotrovimab (Xevudy) - Acute covid-19 infection who do not require oxygen supplementation and who are at increased risk of progressing to severe covid infection was suggested as Red 1,2</p> <p>Parecoxib (Dynastat) - Postoperative pain in adults it was agreed that further information was needed for the guidance to consider Amber G. This will return to the next meeting</p>	<p>NHSD-JC</p>		
<p>02/22/8</p>	<p>New Business</p>			
<p>02/22/8.1</p>	<p>Lipid Guidelines – Primary Prevention and Secondary Care Ebun Ojo (EO) joined the meeting at 12.50 The committee received the ‘Lipid optimisation for the secondary prevention of cardiovascular disease in adults: A 3 Step Approach’ and ‘Lipid optimisation for the primary prevention of cardiovascular disease in adults: A 3 Step Approach’ documents</p> <p>EO attended the meeting to talk the committee though the documents which have been approved at the Sheffield APG. The documents have been adapted from national guidance to include Inclisiran. The ambition was that the guidance would support management of patients in primary care and reduce referrals to secondary care where therapy has not been fully optimised prior to referral</p> <p>RW raised concerns that the guidance wouldn’t achieve the ambition of reducing inappropriate referrals to the secondary care as there were step 3 options in the secondary prevention document that could not be undertaken in primary care and therefore the GP may not be in a position to fully explain to the patient. EO agreed with RWs point and stated that an education campaign is needed alongside the guidance which should help to avoid inappropriate referrals</p>	<p>DBTHFT - LW</p>		

	<p>RW queried if non-HDL was reported routinely for lipid monitoring; it was confirmed that the DBTHFT report triglycerides, cholesterol, serum HDL, non-HDL, and cholesterol/HDL ratio</p> <p>It was agreed that the documents would need further discussion via each organisation's internal groups and an update will return to the next meeting</p> <p>EO Left the meeting at 13.30</p>			
02/22/8.2	<p>Palliative Care Guidance – Furosemide, Ketamine, Methadone and Octreotide</p> <p>The updated palliative Care guidance documents were received by the committee for Furosemide, Ketamine, Methadone and Octreotide. RaW informed the members that the documents had input from the palliative care teams in their review and cardiology have been involved with the Furosemide review</p> <p>The updated documents were approved clinically by the committee and will be taken to MMG for further discussion</p>	NHSD-JC		
02/22/8.3	<p>HRT Guidance</p> <p>The updated draft HRT Prescribing Guidance was received by the committee. RH has reviewed and made some amendments including recognition of a greater use of transdermal products in primary care. Updates have been in line with British Menopause Society guidelines</p> <p>It was noted that testosterone replacement therapy in post-menopausal women is a new addition to the document</p> <p>It was agreed to send the draft document to MMG and Bassetlaw GP Prescribing Leads for further comment before final approval</p>	NHSD-JC		
02/22/8.4	<p>Flash Glucose Monitoring Letter</p> <p>The amended sample letter to GP practices for Freestyle Libre was received. The amendments suggested at the March 2021 APC have been added and the final letter was approved and will replace the current letter on the MMT website</p>			

	<p>RW informed the committee of concerns received from Dr Chaturvedi, Diabetes Consultant DBTHFT requesting the criteria for initiation of Freestyle Libre be amended so that patients who are on multiple daily insulin injections with Type 2 Diabetes could be included. Currently this is not in nationally recognised criteria. It is expected that NICE guidance will be published in March 2022 This query has been discussed at the Doncaster MMG who agreed that current national guidance does not support the request. MMG also agreed to look at the patient numbers to see what the financial impact could be.</p> <p>It was agreed that as a NICE update is still expected we should await the outcome of the guidance and review once received</p>			
02/22/8.5	<p>Transgender Draft Shared Care Proposal Stuart Lakin (SL) joined the meeting at 13.40 SL attended the meeting to present proposal documents for Trans man and Trans woman prescribing guidelines</p> <p>The original guidance was developed in 2017 in conjunction with Porterbrook clinic, Doncaster and Bassetlaw accepted the guidance as a voluntary document that could be used if the GP felt comfortable in prescribing</p> <p>The original guidelines have been reviewed with no major changes to the documents, new products have been added and new referral pathways into the Endocrinology as there is now support available from an endocrinologist</p> <p>Dr Suman raised concerns regarding being thought of as discriminatory if you don't feel comfortable prescribing the drugs, when this is not the case and felt it the lack of training is a key issue. Dr Suman suggested further training or a LES could be considered</p> <p>Dr Hubbard also raised concerns around the complex ongoing monitoring and the funding available. It was agreed that more support would be needed from Porterbrook clinic</p> <p>CM will investigate the progress of a Doncaster CCG discussion regarding a development of a LES and feedback at the next meeting</p>	ALL		

	<p>RW confirmed that Bassetlaw CCG are currently consulting with their practices and will feedback the outcome of the conversations</p> <p>SL confirmed that final comments are being taken for the guidance and then the final draft will be shared. Any comments should be sent to RW to collate and send to SL to be considered. The final document will return once complete</p> <p>RH requested clarity regarding ultrasounds & whether radiology would accept referrals from the GP or whether they would need to come from Porterbook clinic. SL will feed this back</p> <p>SL left the meeting at 14.00</p>			
02/22/8.6	<p>Bicalutamide Shared Care Protocol The committee were informed that LW has liaised with urology and the current guidance was agreed to remain. With the updated review date, the document was agreed and will replace the current SCP on the website</p>	NHSD-JC		
02/22/8.7	<p>Parecoxib 40mg Injection – Request for consideration A request to consider Parecoxib as Amber G was received by the committee. The request was made by LW due to GPs being reluctant to prescribe for palliative care patients</p> <p>It was agreed that it would be for a small group of patients and the Palliative care formulary recommends its use</p> <p>The committee felt that further guidance was needed to make it Amber G and a guidance document was requested similar to the other palliative care drugs. It was also recognised that good communication with the GP at the time of handover could help mitigate any concerns the GP may have.</p> <p>This will be fed back to LW and the palliative care team and will return to the next APC</p>	DBTHFT – RaW / LW		
02/21/9	DBTHFT D&TC Update:			

	The Committee received minutes from the meeting held November and December 2021			
02/22/10	Formulary Liaison Group Update The Committee received minutes from the meeting held November 2021			
02/22/11	DCCG Medicines Management Group The Committee received minutes from the meeting held November 2021			
02/22/12	RDASH FT Medicines Management Committee update The Committee received minutes from the meeting held November and December 2021			
02/22/13	Barnsley Area Prescribing Committee Update The Committee received the November, December 2021 and January 2022 APC memo			
02/22/14	Rotherham Medicines Optimisation Group Update The Committee received minutes from the meeting held December 2021			
02/22/15	Sheffield Area Prescribing Committee Update The Committee received minutes from the meeting held November 2021			
02/22/16	Nottingham Area Prescribing Committee Update The Committee received the December 2021 APC Bulletin			
02/22/17	SY& B ICS Medicines Optimisation Work-stream Steering Group The Committee received the October 2021 action and decision log			
02/22/18	Northern Regional Medicines Optimisation Committee The Committee have not received any up-to-date minutes			
02/22/19	Any other business There was no other business received			

02/22/20	Date and Time of Next Meeting: 12 noon prompt Thursday 31 st March 2022 Meeting via Microsoft Teams			

KEY

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