NHS Bassetlaw Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 28th April 2022 12 Noon start,

Meeting Held over Microsoft Teams

Present:	Mr Rob Wise (RW)	NHS Bassetlaw Head of Medicines Management, APC chair
	Mrs Charlotte McMurray	NHSD Deputy Chief Pharmacist, Deputy APC chair
	Mr Stephen Davies	Chief Pharmacist RDaSHFT
	Dr Rumit Shah	Local Medical Committee Representative
	Dr Rachel Hubbard	Doncaster GP
	Mrs Rachel Wilson (RaW)	Chief Pharmacist DBTHFT
	Mrs Ashley Hill	NHSD Senior Medicines Management Technician (Secretary)
	Ms Joanne Sanderson	NHSD Chief Pharmacy Technician
	Miss Eva Gabzdyl	NHSD Locality Lead Pharmacist
	Mrs Mellissa Goodlad	NHSD Locality Pharmacist
In attendance:		
	Mr Alex Molyneux	NHSD Chief Pharmacist
Minutes only:	Dr Rupert Suckling & Mr Victor Joseph	DMBC Representatives

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
04/22/1	**Apologies for Absence:** Lee Wilson Consultant Pharmacist DBTHFT Dr Lucy Peart Consultant Physician DBTHFT			
04/22/2	**Declarations of Interest**: CM declared that she recently chaired two meetings that were funded by Astra Zeneca regarding NICE type 2 diabetes guidance and the CKD recommendations			
04/22/2.1	**Fire Alarm Procedure:** N/A Meeting Online			
04/22/2.2	**Notification of Any Other Business** It was requested that any other business be given at the end of the meeting			
04/22/3	**Notes of the Meeting held on:** Thursday 31st March were agreed as a true and accurate record and will be made available on the medicines management website, with the following amendment: 02/22/8.5 the committee noticed that the spelling of Stuart Lakin was incorrect, this has been corrected.	**NHSD-AH**		
04/22/4	**Matters Arising not on the agenda**			
02/22/7	**Parecoxib (Dynastat) – Palliative Care** Awaiting final guidance document from LW	**DBTHFT -LW**		
02/22/8.5	**Transgender Draft Guidelines** Awaiting final document from Stuart Lakin, to be taken to MMG for approval. CM informed the committee that she is currently discussing with Nabeel Alsindi from the CCG Primary care team regarding the commissioning arrangements.RS	**NHSD- CM**		

	requested if CM could liaise with Nabeel regarding reviewing commissioning guidance arrangements for adolescents. Currently adolescents are referred to the Gender Identify Clinic in Leeds, where unfortunately there are long waiting lists. Patients are accessing private transgender clinics where they are being seen by specialist who then refer them back to their GP to prescribe the medication. CM will discuss further with Nabeel and will bring back to APC with any further updates.			
02/22/4.1	**Shared Care Protocol for Myasthenia Gravis or Chronic Inflammatory Demyelinating Polyradiculopathy (CIDP) in adults** RaW informed the committee of an update from LW regarding using Rheumatology TA monitor for the shared care protocol. There have been outstanding conversations with Gastro team re utilising TA monitor but these are no further forward. It was suggested that it should be reviewed at a commissioning level as it will require additional nurses to support the implementation. The Myasthenia Gravis patient numbers may not require additional nurses, but a wider discussion is required. CM to liaise with internal team members on how to take this further.	**NHSD- CM**		
04/22/4.1	**Matters Arising**			
9/21/8	**Epilepsy Shared Care Protocol** AJM attended the meeting to discuss the amendments that were requested at March's APC meeting. The committee approved the following amendment on page 3 ***Specialist Nursing Service Responsibilities*** *Note - Not all patients will need to be referred to the specialist nursing service, with many suitable for straight to GP practice management.* The following amendments were also approved by the committee: • *Provide patients with contact details of the Epilepsy Nurse Specialist so they can contact the service if needed, if the patient meets the service referral criteria (page 2 under Consultant Responsibilities)*			

	Cenobamate added & traffic categorised as Amber SD will share with the clinicians at RDaSH. The committee accepted the shared care protocol and will go to MMG for final approval.	**RDaSH-SD**		
11/21/8.4	**Paroxetine and Sertraline for premature ejaculation** CM presented the recent guidance document. The committee discussed that further information was required from Doug Savage. AH referenced minutes from November 2021 APC meeting that Dr Doug Savage attended: *The benefits and risks and these drugs and other licensed products were discussed* *It was noted that the BNF recognises these drugs for this indication but gives caution in young adults* *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* The chair articulated that additional evidence information (e.g., trial/published information) should be included to support the guidance to provide assurance as paroxetine is not licenced for this indication. Further information to support GPs on what is expected to happen to patients before treatment has started would be useful. SD brought to the attention of the committee is that the dose of Paroxetine is for depression and the difficulties of weaning a patient off this could be complicated if it is not working for premature ejaculation. CM to liaise with Dr Doug Savage and return with updated guidance.	**NHSD- CM**		

04/22/5	**Drugs for Review** The April 2022 drugs for review were discussed and the following agreed: Alprostadil (Caverject, MUSE, Virudal)- Erectile dysfunction (including aid to diagnosis) currently Green G – agreed to be kept as Green G, awaiting updated guidance from the Leger clinic- Guidance to return once completed Anastrozole (Arimidex)- Cancer -breast (oestrogen-receptor positive in post-menopausal women) currently Amber G – no changes to guidance CM confirmed with DBTHFT. Suggested to keep as Amber G. Clopidogrel (Plavix, Grepid)- Atherosclerotic events (Prevention) currently Green G – remove old guidance and update with new. Suggested to keep as Green -G Lidocaine 5% (700mg) plasters (Versatis)- Off-label use- Amber G CM suggest Grey for neuropathic pain and Red or Amber G for post -herpetic neuralgia. The committee agreed that LW would be best to advise. CM to discuss with LW and return with an update, SD to discuss with the inpatient neuro rehabilitation ward their usage and feedback to CM Lidocaine hydrochloride, phenazone 40mg/10mg ear drop solution (Otigo)- Acute, congestive otitis media; otitis in influenza and barotraumatic otitis to be re categorised as Green G due to recent NICE guidelines – available from community pharmacy. This will be sent to MMG as a returning drug. Linaclotide (Constella)- IBS - Moderate to severe irritable bowel syndrome with constipation (IBS-C) in adults. Agreed to remain as Green G and update with NICE CG61 guidance and change review date to April 2027 Linagliptin (Trajenta)- Type 2 diabetes- agreed to remain Green G	**NHSD-AH** **NHSD-CM** **RDaSH-SD** **NHSD-AH**		

	Malarone- Plasmodium Falciparum Malaria - prophylaxis and treatment- agreed to remain Green G Oseltamivir (Tamiflu)- Influenza in at risk groups only- agreed to remain as Green G Sildenafil (Viagra, Vizarsin)-Erectile dysfunction- Green G agreed to be kept as Green G, awaiting updated guidance from the Leger clinic- Guidance to return once completed Tinzaparin (Innohep)-Low molecular weight heparin- Amber – CM to discuss with LW and AJM and will return with update Zanamivir (Relenza)-Influenza in at risk groups only – agreed to remain Green G Imiquimod (Aldara)-External genital and perianal warts (condylomata acuminata) in adults. – agreed to remain Amber G	**NHSD-AH** **NHSD-CM**		
04/22/6	**Officers' Actions and returning drugs** All officers' actions were agreed as proposed and will be updated on the MPD Returning drugs: There are no returning drugs due to April's MMG meeting being cancelled			
04/22/7	**Drugs for Consideration** The following items were agreed as final and will be updated on MPD: Ambrisentan-Pulmonary arterial hypertension as category Red rational 1,2,5 Finerenone(Kerendia)-Chronic kidney disease as category Grey rational 2,5 Sotorasib(LUMYKRAS)-Positive advanced non-small-cell lung cancer as			

	category Red rational 1,2,8 Vedolizumab (Entyvio)-Pouchitis as category Grey rational 4 **The following items will be discussed further at the next MMG meeting:** Atidarsagene autotemcel-Metachromatic leukodystrophy was suggested as Red 1,2,7 Ixazomib Citrate (Ninlaro)-Multiple myeloma was suggested as Red 1,2 Mobocertinib succinate (EXKIVITY)-Pidermal growth factor receptor (EGFR) exon 20 insertion mutation-positive locally advanced or metastatic non-small cell lung cancer (NSCLC) was suggested as Red 1,2 Morphine sulfate 1mg,2.5mg,5mg,10mg,20mg & 30mg orodispersible tablets (Actimorph)-Severe pain which can be adequately managed only with opioids was suggested as Green G Somatrogon(Ngenla)-Growth disturbance was suggested as Red 1,2,5 Sotorasib(LUMYKRAS)-KRAS G12C mutation +ve locally advanced or metastatic non-small-cell lung cancer was suggested as Red 1,2,8 Tixagevimab/Cilgavimab (Evusheld)-COVID-19 prevention was suggested as Red 1,2,3 Nefopam-Relief of acute and chronic pain as category Grey, there was significant debate on this traffic light status, check what the traffic light status is for local CCGs -CM to discuss further with LW and return to APC with update	**NHSD-CM**		
04/22/8	**New Business**			
04/22/8.1	**Insulin Pumps and Glucose Monitors in Adults, Children and Young People Policy**			

	Flash and continuous glucose monitoring (CGM) NICE guidance The chair discussed that DBHFT had previously requested the CCGs to review the current Flash glucose monitoring guidance to include type 2 diabetics. At the time the request was postponed due to their being no national guidance available to support the decision. The Type 2 diabetes national guidelines have now been updated *(NG28 – updated 31 March 2022)* The chair proposed that this should be re discussed at MMG with a view to amending the current criteria. Liaison with the with the diabetic support nurses at DBHFT and the diabetic liaison team at RDaSHFT including Leanne Parkinson and Sue Robinson is also needed. CM discussed the formulary choice and explained there are now two new competitors to FSL2 called GlucoRx Aidex and Dexcom One. It was proposed that these would be categorised as Amber G, i.e. the same category as FSL2. This was accepted by the committee. NICE have widened the scope for real time Continuous Glucose Monitoring (rt CGM). (*NG 17 & NG 28, both updated March 2022*), - however CM informed the group that we are currently waiting on NHS England to release local guidance. rtCGM is suitable for more complex patients. CM had discussed the categorising of the rtCGM (e.g., Dexcom G6 and FSL3) with the consultant diabetologists at DBTH. They recommended that, due to the intense monitoring required, rtCGM should be classified as red. Group members discussed the practicality of this whether devices should be traffic light listed – it was recognised that prescribing was only needed because it was the supply route. RS felt there should be an ICS approach and to understand what other CCGS are doing with rtCGM The committee agreed that the DCCG CGM policy could not be updated until further information was released by NHS England and CM to discuss with AJM to look at it from an ICS approach. It was felt that if a pathway could be defined for SYB, then this would identify the supply route/traffic light listing. CM to bring back to APC meeting with further information and updates.	**NHSD-CM** **NHSD-CM**		

04/22/9	**DBTHFT D&TC Update** The Committee have not received any up-to-date minutes			
04/22/10	**Formulary Liaison Group Update** The Committee have not received any up-to-date minutes			
04/22/11	**DCCG Medicines Management Group** The Committee have not received any up-to-date minutes			
04/22/12	**RDaSH FT Medicines Management Committee update** The Committee received minutes from the meeting held February 2022			
04/22/13	**Barnsley Area Prescribing Committee Update** The Committee received minutes from the meeting held March 2022			
04/22/14	**Rotherham Medicines Optimisation Group Update** The Committee have not received any up-to-date minutes AH to contact Osman Chohan - Chief Pharmacist TRFT to obtain regular minutes	**NHSD-AH**		
04/22/15	**Sheffield Area Prescribing Committee Update** The Committee received minutes from the meeting held February 2022			
04/22/16	**Nottingham Area Prescribing Committee Update** The committee receive the March/April APC and interface Update 2022			
04/22/17	**SY& B sICS Medicines Optimisation Work-stream Steering Group** The Committee have not received any up-to-date minutes			
04/22/18	**Northern Regional Medicines Optimisation Committee** The Committee have not received any up-to-date minutes			
04/21/19	**Any Other Business**			
04/22/20	Date and Time of Next Meeting			

	12 noon prompt Thursday 26th May2022 Meeting Via Microsoft Teams			

KEY

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