

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

**Action Notes and Log**

Thursday 26th May 2022 12 Noon start,  
**Meeting Held over Microsoft Teams**

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| <b>Present:</b>       | Mr Rob Wise (RW)<br>Mrs Charlotte McMurray<br>Mr Stephen Davies<br>Dr Runit Shah<br>Dr Rachel Hubbard<br>Mr Lee Wilson<br>Dr Lucy Peart<br>Mrs Ashley Hill<br>Miss Eva Gabzdyl | NHS Bassetlaw Head of Medicines Management, APC chair<br>NHSD Deputy Chief Pharmacist, Deputy APC chair<br>Chief Pharmacist RDaSHFT<br>Local Medical Committee Representative<br>Doncaster GP<br>Consultant Pharmacist DBTHFT<br>Consultant Physician DBTHFT<br>NHSD Senior Medicines Management Technician (Secretary)<br>NHSD Locality Lead Pharmacist |
| <b>In attendance:</b> |  |  |
| <b>Minutes only:</b>  | Dr Rupert Suckling & Mr<br>Victor Joseph   | DMBC Representatives   |

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| Agenda Ref | Subject / Action Required  | Action Required By | Timescale | Status of Action (RAG) and Date |
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| 05/22/1    | <b>Apologies for Absence:</b>  |                    |           |                                 |
| 05/22/2    | <b>Declarations of Interest:</b><br>CM declared that she recently chaired a meeting that were sponsored by Boehringer Ingelheim regarding NICE type 2 diabetes guidance and the CKD recommendations  |                    |           |                                 |
| 05/22/2.1  | <b>Fire Alarm Procedure:</b> N/A Meeting Online  |                    |           |                                 |
| 05/22/2.2  | <b>Notification of Any Other Business</b><br>It was requested that any other business be given at the end of the meeting   |                    |           |                                 |
| 05/22/3    | <b>Notes of the Meeting held on:</b> Thursday 28th April were agreed as a true and accurate record and will be made available on the medicines management website  | NHSD-AH            |           |                                 |
| 05/22/4    | <b>Matters Arising not on the agenda</b>   |                    |           |                                 |
| 02/22/8.5  | <b>Transgender Draft Guidelines</b><br>CM updated the committee that the guidelines had been discussed at Sheffield's APC, where amendments were suggested. Updated guidelines have been discussed with the Porterbrook clinic and Stuart Lakin. CM is discussing commissioning arrangements with Nabeel from the Primary care team. RS enquired if there was further information regarding arrangements for adolescents, this is to be discussed further once adult guidelines have been approved. CM to update APC with any further information in June. | NHSD- CM           |           |                                 |

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| 02/22/4.1 | <p><b>Shared Care Protocol for Myasthenia Gravis or Chronic Inflammatory Demyelinating Polyradiculopathy (CIDP) in adults</b></p> <p>CM has arranged a meeting with primary care to discuss monitoring and patient numbers. CM to discuss outcome with LW.</p>  | NHSD- CM               |  |  |
| 05/22/4.1 | <p><b>Matters Arising</b></p>   |                        |  |  |
| 03/22/5   | <p><b>Tinzaparin (Innohep)</b></p> <p>CM shared Rotherham's shared care documents, the committee debated that Tinzaparin should be considered as Amber G, as it is prescribed infrequently. It was suggested that Tinzaparin could be incorporated into the Dalteparin shared care protocol (SPC). SD shared with the committee Rotherham's Dalteparin VTE and prophylaxis doses table. CM discussed preparing a new guidance document to support Tinzaparin and Dalteparin to give the prescribing status as Amber G. RS discussed that community pharmacies would need to be informed and to retain stock if required out of hours. The committee agreed that further analysis of Rotherham's SCP, prescribing table and Doncaster and Bassetlaw's Dalteparin shared care documents are required. SD to share Rotherham's prescribing Dalteparin table with CM. All Tinzaparin and Dalteparin documents to be discussed in June's APC meeting for further discussion.</p>   | NHSD-CM/<br>RDaSHFT-SD |  |  |
| 11/21/8.4 | <p><b>Paroxetine and Sertraline for premature ejaculation</b></p> <p>The committee reviewed the documents supplied by Dr Madlom, to support the Paroxetine and Sertraline for premature ejaculation guidance document. As a committee it was discussed that the ISSM clinical information sheet attached was versioned in 2015, is an outdated version. SD discussed the patient information sheet on Premature Ejaculation was not written in a professional manner. It was suggested that a reference used from Cochrane Database should be added to the guidance document. The chair commented that the guidance should also contain advice to use behavioural techniques and sexual counselling. RH agreed to take away the guidance document to review and make the necessary changes. AH informed the committee that Karen Jennison had written the original Paroxetine and Sertraline document on behalf of Dr Doug Savage. RH agreed to discuss with Karen Jennison and bring a revised document to the June APC meeting.</p> | NHSD- RH               |  |  |

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| <p>04/22/8.1</p> | <p><b>Insulin Pumps and Glucose Monitors in Adults, Children and Young People Policy</b></p> <p><b>Flash and continuous glucose monitoring (CGM) NICE guidance</b></p> <p>CM presented the latest NICE NG17, NG18 and NG28 guidelines. CM discussed that rtCGM is to be offered to all children and young people with type 1 diabetes. To Offer rtCGM or isCGM to all adults with type 1 diabetes, NHS England have still to finalise local guidance. CGM offered to certain adults with type 2 diabetes on insulin. CM informed the committee that there could be over £400,000 + prescribing pressure on Doncaster following the NICE guidance. This is to be presented to MMG in June for final financial approval. RH enquired if further training could be given on how to use the CGM monitors and FAQ, to prepare GPs on questions that may be asked from patients. CM agreed to review this. CM shared a holding letter to inform patients that glucose monitoring is being reviewed until capacity and funding has been decided. The statement was approved by the MMG last month and is hosted on the Medicine Management website:</p> <p><i>NICE Diabetes guidance glucose monitoring holding statement</i></p> <p><i>On Thursday 31st March 2022, the National Institute for Health and Care Excellence (NICE) updated the recommendations in their Diabetes guidance in relation to glucose monitoring. Doncaster CCG is aware of this updated guidance and patients should be assured that we are working closely with local Diabetes Specialist colleagues and other local stakeholders in relation to the implementation of this updated guidance, with the aim to maximise benefits, prioritise Diabetes patients with the greatest clinical need, and allow all patients access to the best possible treatment for their clinical circumstances. We would politely ask our patients to please bear with us whilst we complete this process. Further information will be released when available in due course</i></p> <p>CM has been having regularly liaising with the with the diabetic support nurses at DBHFT and the diabetic liaison team at RDaSHFT. The chair to be invited to future meetings to include a Bassetlaw perspective.</p> | <p>NHSD-CM</p> |  |  |
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| 02/22/8.7 | <p><b>Parecoxib 40mg Injection</b></p> <p>CH presented the committee with a guidance document prepared by LW to support the continuing prescribing of Parecoxib in palliative care patients in the community. SD enquired about issues regarding incompatibilities with other drugs on syringe drivers. LW explained that it would rarely be prescribed by GPs and that the circumstances would be different for different patients, i.e. the combinations that may be used. It would be expected that this would be part of the discharge/clinical letter from the specialist team. The committee agreed to the guidance document with the following amendments: remove bullet points, include Doncaster and Bassetlaw logos, insert review date, and ensure hyperlink is working correctly. AH agreed to make the agreed changes and the amended document will be presented to June's MMG meeting for final approval</p> | NHSD-AH |  |  |
| 05/22/5   | <p><b>Drugs for Review</b></p> <p>The May's 2022 drugs for review were discussed and the following agreed:</p> <p>Acetazolamide (DIAMOX)- Anticonvulsant, was agreed as Amber</p> <p>Acetylcysteine 200mg powder for oral solution (Aceteff)- Respiratory disorders associated with thick, viscous, mucus hypersecretion, was agreed as Green G non formulary</p> <p>Alogliptin (Vipidia)- Diabetes mellitus - Type 2 in adults (18yrs &amp; above) to improve glycaemic control in combination with other glucose lowering medicinal products including insulin, was agreed as Green with the NICE 28 and NICE 18 updated and review date</p>   | NHSD-AH |  |  |

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|  | <p>Anastrozole (Arimidex)- Cancer -breast (oestrogen-receptor positive in post-menopausal women) &amp; post-menopausal women, was agreed as Amber G</p> <p>Brivaracetam (Briviact)- Anticonvulsant, was approved as Amber</p> <p>Carbamazepine (Tegretol, Tegretol PR, Carbagen SR,)- Anticonvulsant, was agreed as Amber</p> <p>Clobazam – Epilepsy, was agreed as Amber</p> <p>Clonazepam- Anticonvulsant, was agreed as Amber</p> <p>Degludec / liraglutide (Xultophy)- Diabetes mellitus. Type 2 was agreed as Amber G for patients who have been initiated by secondary care and Green G for Specialist prescribers in Primary care such as diabetic nurses and GPs who specialise in diabetics to prescribe. LW to amend current formulary guidelines.</p> <p>Diazepam rectal (Diazepam Rectubes, Stesolid)- Anticonvulsant, was agreed as Amber</p> <p>Eslicarbazepine acetate (Exalief, Zebinix)-Anticonvulsant, was agreed as Amber</p> <p>Ethosuximide- Anticonvulsant, was agreed as Amber</p> <p>Gabapentin- Anticonvulsant, was agreed as Amber</p> <p>Insulin Glargine 300units/ml (high strength preparation) (Toujeo)- Diabetes Type 1&amp; 2, was agreed as Green and NICE 18 &amp; NICE 28 updated</p> <p>Lacosamide (Vimpat)- Anticonvulsant, was agreed as Amber</p> | <p><b>DBTHFT-LW</b></p> |  |  |
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|  | <p>Lamotrigine (Lamictal)-Anticonvulsant, was agreed as Amber</p> <p>Levetiracetam (Keppra)-Anticonvulsant, was agreed as Amber</p> <p>Midazolam Buccal (Buccolam Epistatus)- Anticonvulsant, was agreed as Amber</p> <p>Oxcarbazepine (Trileptal)- Anticonvulsant, was agreed as Amber</p> <p>Perampanel (Fycompa)-Anticonvulsant, was agreed as Amber</p> <p>Phenobarbital-Anticonvulsant, was agreed as Amber</p> <p>Phenytoin-Anticonvulsant, was agreed as Amber</p> <p>Pregabalin (Lyrica)-Anticonvulsant, was agreed as Amber</p> <p>Primidone-Anticonvulsant, was agreed as Amber</p> <p>Rufinamide (Inovelon)- Anticonvulsant - Lennox-Gastaut syndrome, was agreed as Amber</p> <p>Sitagliptin phosphate (Januvia)- Diabetes - Type 2, was agreed as Green. As this has already been to the MMG and updated on the MPD.</p> <p>Sodium valproate (Epilim)-Anticonvulsant, was agreed as Amber</p> <p>Topiramate (Topamax)-Anticonvulsant, was agreed as Amber</p> |  |  |  |
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|         | <p>Vigabatrin (Sabril)-Anticonvulsant, was agreed as Amber</p> <p>Zonisamide (Zonegran)-Anticonvulsant, was agreed as Amber</p> <p>All Anticonvulsant drugs above have already been approved by MMG and updated on the MPD, following the updated Epilepsy SCP</p>   |  |  |  |
| 05/22/6 | <p><b>Officers' Actions and returning drugs</b></p> <p>All officers' actions were agreed as proposed and will be updated on the MPD</p> <p>Returning drugs:</p> <p>All returned drugs were discussed at May's MMG meeting and were agreed as proposed and will be updated on the MPD</p>   |  |  |  |
| 05/22/7 | <p><b>Drugs for Consideration</b></p> <p>The following items were agreed as final and will be updated on MPD:</p> <p>Ozanimod (Zeposia)- Ulcerative Colitis was agreed as Grey and will be reviewed once NICE guidelines are released in September 2022</p> <p>Cenobamate (Ontozry)- Anticonvulsant was agreed as Amber as per epilepsy SCP, this has already been approved by MMG and updated on the MPD</p> <p><b>The following items will be discussed further at the next MMG meeting:</b></p> <p>Elosulfase alfa (Vimizim)- Mucopolysaccharidosis type 4A was suggested Red 1,2,7</p> <p>Filgotinib(Jyseleca)- Ulcerative colitis was suggested Grey, due to further NICE guidelines being published in June 2022</p> |  |  |  |



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|  | <p>Glucose monitoring (Gluco Rx Aidex)- Glucose monitoring system was suggested Amber G</p> <p>Goserelin (Zoladex)- Breast Cancer was suggested as Amber G to align with Sheffield TLS.<br/>RH enquired about the duration of prescribing for endometriosis. On the MPD/TLS for endometriosis or fibroids it states:<br/><i>Duration of treatment:</i><br/><i>Maximum duration of treatment will be 6 months as per product licence.</i> The committee agreed more clarity was required to what should happen to the patients after six months. RH explained that this may have been discussed previously at MMG. CM agreed to arrange for the minutes to be reviewed and discuss at next APC meeting.</p> <p>Lidocaine 5% (700mg) Patches (Versatis)- Neuropathic Pain was suggested as Amber G and to be reviewed in six months to be added to comments section under drug name</p> <p>Lidocaine 5% (700mg) Patches (Versatis)- Post-herpatic neuralgia was suggested as Green G as it is supported by NICE CKS, Supported by NICE CKS to be initiated by specialist and to be reviewed in six months to be added to comments section under drug name</p> <p>Lidocaine 5% (700mg) Patches (Versatis)- Opioid Induced hyperalgesia (unlicensed) was suggested as Amber G. To be reviewed in six months to be added to comments section under drug name</p> <p>Micronised progesterone (Utrogestan)- Ectopic pregnancy and miscarriage was suggested as Amber G, Guidance provided by Dr Manju Singh Consultant Obstetrician and Gynaecologist &amp; Clinical Director DBTH (January 2022)</p> <p>Micronised progesterone (Utrogestan 200mg capsules)- Prevention of preterm birth suggested as Red</p> | <p><b>NHSD-CM</b></p> |  |  |
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|           | <p>Nefopam- Relief of acute and chronic pain was suggested as Amber G, with the guidance to include -where other analgesics are not suitable or contraindicated to be added to comments section under drug name; a statement relating to duration of use before review &amp; to emphasize the need for ongoing review to also be added. Optimise RX message to be reviewed by Jennifer Cox when approval has been given by MMG. AH to liaise with Jennifer Cox</p> <p>Parecoixb 40mg injection - Pain relief for palliative care patients was suggested as Amber G</p> <p>Sucralfate- Benign gastric ulceration, Benign duodenal ulceration, Chronic gastritis, stress ulceration proposed as red. The committee discussed that existing patients needed to be taken into consideration. CM to run an ePACT search to determine the number of current patients being prescribed sucralfate. To discuss results further at June's APC meeting prior to traffic light listing being suggested .</p> <p>Ketovite Liquid (Ketovite)- Prevention of vitamin deficiency. CM to run an ePACT search to review current number of patients and to establish the cohort of patients, it is likely to be on this. To be discussed further at June's APC meeting</p> | <p>NHSD-AH</p> <p>NHSD-CH</p> <p>NHSD-CH</p> |  |  |
| 05/22/8   | <b>New Business</b>  |  |  |  |
| 05/22/8.1 | <p><b>TOR SY Blueteq Grouplink</b></p> <p>The chair discussed The South Yorkshire (SY) &amp; Bassetlaw Blueteq terms of reference document. The group is a collaboration between the five CCG and of South Yorkshire and Bassetlaw, where Secondary care must complete Blueteq forms for high-cost drugs. This ensures that high-cost medicines such as biologic therapies ie Rheumatology are being alignment with NICE technology appraisals. The group design the form which will be utilised in acute trusts that cover the five CCGs. Doncaster CCG Chief Pharmacist AJM suggested that a terms of reference should be written to formalise the SY and Bassetlaw Blueteq group. It was requested by the CCG Heads of Medicines</p>  |  |  |  |

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|           | <p>Management/Optimisation collectively that the SYB APC's should agree the terms of reference for their areas. SD and RS discussed that with the CCGs merging as an ICS &amp; the future of APC being unclear and Blueteq not directly affecting prescribing in primary care, the committee was not best placed to approve the terms of reference. RS suggested that the South Yorkshire Acute Collaborative might be an appropriate body to agree them as this represents the acute trusts. An alternative would be South Yorkshire APC, however it was recognised that this did not yet exist.</p> <p>It was acknowledged that TOR did make sense, but overall direction should be to transfer this to this to the new SYB APC/other authority.</p> <p>The committee overall did not think it was appropriate to approve the terms of reference but recognised that the structures at SYB level were not yet established and so approved them as an interim measure. The chair to feedback to the Blueteq group.</p> |         |  |  |
| 05/22/8.2 | <p><b>Erectile Dysfunction Guidance</b></p> <p>AH presented the revised Erectile Dysfunction guidance that was up for renewal. The current guidance was reviewed by Dr Madlom, who will be taking over from Dr Savage. The amendments were shown by track changes. EW noticed that Tadalafil is now has a generic available. AH will make the amendment on the document. The committee agreed the guidance, and this will be presented in at June's MMG meeting for final approval with an updated review date.</p>   | NHSD-AH |  |  |
| 05/22/9   | <p><b>DBTHFT D&amp;TC Update</b></p> <p>The Committee received minutes from the meeting held in May 2022</p>  |         |  |  |
| 05/22/10  | <p><b>Formulary Liaison Group Update</b></p> <p>The Committee have not received any up-to-date minutes</p>  |         |  |  |
| 05/22/11  | <p><b>DCCG Medicines Management Group</b></p> <p>The Committee received minutes from the meeting held in March 2022</p>   |         |  |  |
| 05/22/12  | <p><b>RDASH FT Medicines Management Committee update</b></p> <p>The Committee received minutes from the meeting held February 2022</p>  |         |  |  |

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| 05/22/13 | <b>Barnsley Area Prescribing Committee Update</b><br>The Committee received minutes from the meeting held April 2022  |         |  |  |
| 05/22/14 | <b>Rotherham Medicines Optimisation Group Update</b><br>The committee received minutes from the meeting held in April 2022  |         |  |  |
| 05/22/15 | <b>Sheffield Area Prescribing Committee Update</b><br>The Committee received minutes from the meeting held March 2022   |         |  |  |
| 05/22/16 | <b>Nottingham Area Prescribing Committee Update</b><br>The committee receive the March/April APC and interface Update 2022  |         |  |  |
| 05/22/17 | <b>SY&amp; B siCS Medicines Optimisation Work-stream Steering Group</b><br>The Committee have not received any up-to-date minutes   |         |  |  |
| 05/22/18 | <b>Northern Regional Medicines Optimisation Committee</b><br>The Committee have not received any up-to-date minutes   |         |  |  |
| 05/21/19 | <b>Any Other Business</b><br><br>SD discussed the MHRA alert regarding Pregabalin in pregnancy and recent SPC change of Chlorodiazepoxide, for patients who are pregnant and can affect male patients who are trying to conceive. AH to review MPD entries and update with new SPC and MHRA advice. | NHSD-AH |  |  |
| 05/22/20 | Date and Time of Next Meeting<br><br>12 noon prompt Thursday 30 <sup>h</sup> June 2022<br>Meeting Via Microsoft Teams   |         |  |  |

**KEY**

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