

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 28th July 2022 12 Noon start,
Meeting Held over Microsoft Teams

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| Present: | Mr Rob Wise (RW) Mrs Charlotte McMurray Mr Andrew Houston Dr Rachel Hubbard Mr Lee Wilson Mrs Ashley Hill Miss Faiza Ali Dr Rमित Shah | NHS Bassetlaw Head of Medicines Management, APC chair NHSD Deputy Chief Pharmacist, Deputy APC chair (<i>only in attendance for item 07/22/8.3</i>) Senior Pharmacist RDaSHFT Doncaster GP Consultant Pharmacist DBTHFT NHSD Senior Medicines Management Technician (Secretary) NHSD Locality Lead Pharmacist Local Medical Representative |
| In attendance: | Ms Amina Hussain Ms Egun Ojo Dr Dr S Muniyappa | Locality Lead Pharmacist (Induction) Sheffield Medicine Management Pharmacist DBTHFT Consultant in Diabetes and Endocrinology |
| Minutes only: | Dr Rupert Suckling & Mr 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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| 07/22/1 | Apologies for Absence: Rachel Wilson – DBTHFT Chief Pharmacist Mr Stephen Davies - Chief Pharmacist RDaSHFT Dr Lucy Peart – Consultant DBTHFT Mr Nick Hunter – LPC | | | |
| 07/22/2 | Declarations of Interest: | | | |
| 07/22/2.1 | Fire Alarm Procedure: N/A Meeting Online | | | |
| 07/22/2.2 | Notification of Any Other Business It was requested that any other business be given at the end of the meeting | | | |
| 07/22/3 | Notes of the Meeting held on: Thursday 30th June were agreed as a true and accurate record and will be made available on the medicines management website | | | |
| 07/22/4 | Matters Arising not on the agenda | | | |

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| 05/22/7 | Ketovite Liquid This was discussed under drugs for consideration | | | |
| 05/22/7.2 | Goserelin (Zoladex)- Breast Cancer CM to update at September's APC meeting | NHSD- CM | | |
| 03/22/5 | Tinzaparin (Innohep) To return to APC when SCP has been developed | NHSD-CM | October 2022 | |
| 05/22/7 | Sucralfate AH to forward LW list of Doncaster patients who are currently prescribed Sucralfate to discuss with DBTHFT consultants. | NHSD-AH | September 2022 | |
| 06/22/8.1 | Private Healthcare Services FA currently preparing a statement and will discuss at September's APC meeting | NHSD-FA | September 2022 | |
| 07/22/4.1 | Matters Arising | | | |
| 11/21/8.4 | Paroxetine and Sertraline for premature ejaculation Paroxetine and Sertraline guidelines were approved by the APC committee in June and were delivered to July's MOG meeting for information and financial approval. RH explained that MOG had some queries and is currently reworking the guidance document with Dr Madlom to make it more streamlined. MOG agreed that Sertraline and Paroxetine should be the first- and second-line choice of SSRIs for premature ejaculation and should be TLS as Green G, as there is more evidence to support this. MOG suggested that Citalopram and Fluoxetine should have the TLS as Grey as an alternative if required. The committee debated the reasoning behind the decision to make Fluoxetine and Citalopram Grey and discussed that either they should not be on the MPD at all for this | NHSD-RH | September 2022 | |

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| | <p>indication, or if they are listed then they would have the same traffic light listing as Paroxetine or Sertraline, but with a note that they are non-formulary. Dapoxetine agreed as Amber G by the APC and MOG. RH will return to MOG with APC's comments and will return the document once changes have been agreed at MOG.</p> | | | |
| 07/22/5 | <p>Drugs for Review The July's 2022 drugs for review were discussed and the following agreed:</p> <p>Bempedoic Acid and Ezetimibe (Nustendi) -Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, was suggested as Amber G</p> | | | |
| 07/22/6 | <p>Officers' Actions and returning drugs All officers' actions were agreed as proposed and will be updated on the MPD</p> <p>Returning drugs:</p> <p>The following drugs were discussed at July's MOG meeting but have had their TLS changed following recommendation from APC:</p> <p>Citalopram (Cipramil)- Premature ejaculation (off label use) MOG discussed the recommendation as Green G but requested TLS as Grey and to be discussed at FLG for an official formulary status. To return once document has been agreed</p> <p>Grey listing not accepted by APC as noted above, see 11/21/8.4</p> <p>Fluoxetine- Premature ejaculation (off label use) MOG discussed the recommendation as Green G but requested TLS as Grey and to be discussed at FLG for an official formulary status. To return once document has been agreed</p> <p>Grey listing not accepted by APC as noted above, see 11/21/8.4</p> <p>All other returned drugs were discussed at July's MOG meeting were agreed without amendment and will be updated on the MPD</p> | | | |

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| | <p>Filgotinib (Jyseleca)- Ulcerative colitis MOG agreed Red TLS</p> <p>Dexamethasone sodium phosphate & Levofloxacin hemihydrate eyedrops 1 mg/ml + 5 mg/ml (Ducressa)- Prevention of infection associated with cataract surgery in adults agreed as Red TLS</p> <p>Dexcom G6 -Continuous Glucose Monitoring Device agreed as Red TLS</p> <p>Dexcom G7 -Continuous Glucose Monitoring Device agreed as Red TLS</p> <p>Dexcom One -Continuous Glucose Monitoring Device agreed as Red TLS</p> <p>Difelikefalin (Kapruvia) -Pruritus agreed as Red TLS</p> <p>Eletriptan (Relpax)- Migraines agreed as Red TLS</p> <p>Faricimab (Vabysmo)- Bispecific IgG1 antibody agreed as Red TLS</p> <p>Freestyle Libre 3- Continuous Glucose Monitoring Device agreed as Red TLS</p> <p>Haloperidol 5mg/ml Injection- Palliative Care agreed as Green G TLS</p> <p>Hyoscine butylbromide 20mg/1ml Injection- Palliative Care agreed as Green G TLS</p> <p>Midazolam 10mg/2ml Injection- Palliative Care agreed as Green G TLS</p> <p>Migalastat hydrochloride (Galafold)- Fabry disease agreed as Red TLS</p> <p>Morphine Injection- Palliative Care agreed as Green G TLS</p> <p>Oxycodone Injection- Palliative Care agreed as Green G TLS</p> <p>Paroxetine- Premature ejaculation (off label use) agreed as Green G TLS</p> | | | |
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| | <p>Dapoxetine – Premature ejaculation was agreed to stay as Amber G TLS</p> <p>Pitolisant hydrochloride (Wakix)- Excessive daytime sleepiness caused by obstructive sleep apnoea agreed as Red</p> <p>Romosozumab (EVENITY)- Osteoporosis agreed as Red TLS</p> <p>Sertraline (Lustral)- Premature ejaculation (off label use) agreed as Green G TLS</p> <p>Sucralfate- Gastric ulceration,Benign duodenal ulceration,Chronic gastritis,stress ulceration agreed as Red TLS</p> <p>Water for Injection- Diluent agreed as Green TLS</p> <p>Sodium Chloride – Diluent agreed as Green TLS</p> <p>LW informed APC that Faricimab and Romosozumab were currently in the process of being approved for use locally.</p> | | | |
| 07/22/7 | <p>Drugs for Consideration</p> <p>The following items will be discussed further at the next MOG meeting:</p> <p>Angiotensin II (Giapreza)- Refractory hypotension- APC suggested Red TLS</p> <p>Camouflage creams/powders (Dermacolour,Veil,Covermark,Dermablend,Keromask)- To conceal colour or contour irregularities or abnormalities of the face or body- The APC committee suggested Red TLS.LW spoke to Dermatology and although there are no safety concerns they decided that to keep it within secondary care to treat the small number of patients that require it for specialist conditions.</p> <p>Cinacalcet (Mimpara)- Endocrinology- APC suggested Amber TLS - to bring</p> | | | |

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| <p>back when SCP has been approved</p> <p>Durvalumab (Imfinzi)- Non- small cell lung cancer (NSCLC)- APC suggested Red TLS</p> <p>Efmody - Congenital adrenal hyperplasia- noted that this is a brand name for hydrocortisone, so can be included in the hydrocortisone listing as Amber under the shared care protocol</p> <p>Fenfluramine (Fintepla)- Treating seizures associated with Dravet Syndrome- APC suggested Red TLS</p> <p>Fluorometholone eye drops (FML)- Corticosteroid eye drop- APC suggested Amber G TLS. The committee discussed what formulary Evolutio use as there has been some prescribing inconsistencies. It was requested that the Evolutio formulary should be shared with the FLG to consider. RH has an email address and will forward this to LW and FA to begin discussions.</p> <p>Forceval - As a therapeutic nutritional adjunct in conditions where the absorption of vitamins and minerals is suboptimal- APC suggested Green TLS</p> <p>Glycopyrronium bromide 1mg/5ml oral solution (sugar free)- Excessive saliva- APC suggested Amber G TLS</p> <p>Ketovite Liquid (Ketovite)- Prevention of vitamin deficiency- APC suggested Grey TLS for self-care patients – Green for long term patients that require who cannot use forceval. Current patients to be reviewed and switched back to Forceval if required</p> <p>Ketovite Tablets (Ketovite) - Prevention of vitamin deficiency- APC suggested Grey TLS for self-care patients – Green for long term patients that cannot take Forceval. Current patients to be reviewed and switched back to Forceval if required</p> <p>Landiolol hydrochloride (Rapibloc)- Supraventricular tachycardia,rapid control of</p> | <p>NHSD FA/ DBTHFT LW</p> | | |
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| | <p>ventricular rate, Non-compensatory sinus tachycardia- APC suggested Red TLS</p> <p>Melatonin (Adaflex)- Insomnia in children and adolescents aged 6-17 years with ADHD- APC suggested Red TLS temporarily and to bring it back after further discussion. Melatonin is shared care, however a different brand is included in the shared care document. This is more of a formulary discussion. FA to bring back when further discussions of where this brand sits on the formulary</p> <p>Podophyllotoxin (Condylone 5 mg/ml Cutaneous Solution)- Warts affecting the penis or the female external genitalia- The APC suggested Red TLS as discussed with GUM and HIV consultant</p> | NHSD-FA | | |
| 07/22/8 | New Business | | | |
| 07/22/8.1 | <p>Cinacalcet</p> <p>Dr Muniyappa arrived at 12:25</p> <p>LW and Dr Muniyappa presented Cinacalcet guidelines to be prescribed in primary care for Hyperparathyroidism for long term use. The document presented also includes for other indications. LW discussed that the TLS would be Amber G as the patient would be discharged from the service once stable and the GP to maintain prescribing and the monitoring of the calcium. Some patients will be on the thyroid register as well and will fall under the Endocrine clinic and GP. RH and SH discussed that the document would be more beneficial if written as a shared care document to make it clear on monitoring that is required and from a safety aspect. LW to review Sheffield's shared care protocol and to develop a shared care protocol with Dr Muniyappa. The chair also discussed the impact blood monitoring would have in GP Practices and concerns regarding additional workload, LW has patient number and will share with the chair. LW to bring update in September's APC meeting.</p> <p>Dr Muniyappa left at 12:50</p> | NHSD-LW | September 2022 | |
| 07/22/8.2 | <p>Lipid guidelines/secondary prevention for Doncaster & Bassetlaw</p> <p>EO arrived at 12:30</p> | NHS- AH / CM | | |

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| | <p>EO presented the committee with LIPID Optimisation for the secondary prevention of cardiovascular disease in adults: A 3 Step Approach guidance document. Which is an adapted version of Sheffield's guidance document that has had inputs from DBTHFT consultants. The document is to provide GPs a visual step by step approach to improve lipid optimisation. EO disclosed that she is a champion for Yorkshire and Humber Academic Health Science Network with the implementation of Inclisiran across South Yorkshire. EO discussed that a search had been done for Doncaster patients, currently there are 3860 SystmOne patients and 1600 Emis web patients that could use a high intensity statin because they are not reaching target LDL cholesterol level. That just by implementing step one of the pathway patient numbers could improve. EO also shared those patients who are already on a high intensity statin but still have LDL cholesterol levels greater then 2.5 comes down to 270 patients in Doncaster. So, if the pathway is followed most of the interventions will be putting patients on a high intensity statin. RS asked if EO would present at a Target session as it would benefit the GPs to hear the patient numbers and introduce the pathway. EO to get in touch with Primary Care - Karen Forshaw. RH to arrange communication with EO and Karen Forshaw. In step three there is now NICE TA for Bempedoic Acid/ Ezetimibe which is currently traffic lighted as Red to be changed to Amber G for patients who cannot tolerate statins. Inclisiran injections was discussed as it is step 3 for primary care to prescribe and give. It was noted that more education will need to be given to primary care clinicians before commencing. EO is currently working on a patient leaflet for shared decision making with patients. The chair requested that the document be updated with the new Bassetlaw logo and Doncaster ICB logo. APC agreed the guidance document. AH to share the searches with the chair so that they can be undertaken in Bassetlaw.</p> <p>EO left at 13:20</p> | | | |
| 07/22/8.3 | <p>Nice NG28 Diabetic type 2 CM attended for this item only to present NICE NG28 guidelines that have been released March 2022. Which is a visual summary of choosing the correct medication for adult type 2 diabetics. CM has approached the diabetic</p> | NHSD-CM | | |

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| | consultants at DBTHFT and no objections were made regarding the document. The committee agreed that this would be a useful guide to adopt and implement. It was agreed that this document should be hosted on the MMT website. RH discussed a recent target session which discussed an alternative approach to diabetic guidelines that were different to NICE, the speakers were very influential. CM confirmed that there is an American/European guideline, but consultants at DBTHFT have endorsed NICE guidelines and this should be endorsed in primary care. CM to pick up the Target session with PCD. CM also shared Leeds guidance for safe and appropriate use of SGLT2i's which Leeds were happy to share with acknowledgment. The committee agreed that this would be a useful resource. The chair asked CM to review the document with the consultants and once agreed to format the document with appropriate Logos and upload onto the MMT website. | | | |
| 07/22/8.4 | APC Annual report AH presented the APC annual report from April 2021 – April 2022. The committee was asked if there was any comments or corrections required. No changes were made. AH was thanked for the effort involved in collating the information. The annual report was accepted and will be versioned and updated onto the MMT website. | | | |
| 07/22/9 | DBTHFT D&TC Update The Committee received minutes from the meeting held in June 2022 | | | |
| 07/22/10 | Formulary Liaison Group Update The Committee received minutes from the meeting held in May 2022 | | | |
| 07/22/11 | DCCG Medicines Management Group The Committee received minutes from the meeting held in June 2022. It was noted that the HRT guidance document is undergoing further amendments. RH confirmed that it would still include Testosterone, and would still refer to the Sheffield Guidance, i.e. this aspect unchanged from what was previously agreed. | | | |
| 07/22/12 | RDASH FT Medicines Management Committee update The Committee received minutes from the meeting held June 2022 | | | |

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| 07/22/13 | Barnsley Area Prescribing Committee Update The Committee received minutes from the meeting held June 2022 | | | |
| 07/22/14 | Rotherham Medicines Optimisation Group Update The committee received minutes from the meeting held in June 2022 | | | |
| 07/22/15 | Sheffield Area Prescribing Committee Update The Committee received minutes from the meeting held May 2022 | | | |
| 07/22/16 | Nottingham Area Prescribing Committee Update No recent minutes were received | | | |
| 07/22/17 | SY& B siCS Medicines Optimisation Work-stream Steering Group The Committee received minutes from the meeting held May 2022 | | | |
| 07/22/18 | Northern Regional Medicines Optimisation Committee The Committee have not received any up-to-date minutes | | | |
| 07/21/19 | Any Other Business Palliative care guidance – LW discussed that there had been some discussion from a Doncaster Practice asking the palliative care team to prescribe Methadone from a Sheffield prescriber. Guidance documents are on the MPD for GPs to refer to. LW asked whether we need to extend our local guidance or adjust our guidance document to match Sheffield. The committee felt that this was an individual incident as the GP was not aware of the MPD and that the new guidance needs to be promoted. | | | |
| 07/22/20 | Date and Time of Next Meeting 12 noon prompt Thursday 29 ^h September 2022 Meeting Via Microsoft Teams | | | |

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