

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 27th October 2022 at 12 Noon,
Meeting Held over Microsoft Teams

Present:	Mr Rob Wise	Senior Pharmacist NNICB - Bassetlaw Place Partnership, APC chair
	Mrs Charlotte McMurray	NHS SYICB Doncaster Place Deputy Chief Pharmacist, Deputy APC chair
	Dr Rachel Hubbard	Clinical lead for Doncaster place
	Mr Lee Wilson	Consultant Pharmacist DBTHFT
	Ms Karen Jennison	NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (Secretary)
	Miss Faiza Ali	NHS SYICB Doncaster Place Locality Lead Pharmacist
	Dr Rमित Shah	Local Medical Committee Representative
In attendance:	Dr Mallicka Chakrabarty	Bassetlaw GP Representative
	Tracey White	NHS SYICB Doncaster Place Practice Support Technician – APC induction
	Funmilayo ('Layo) Ogunremi	NHS SYICB Doncaster Place Locality Lead Practice Pharmacist
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
10/22/1	Apologies for Absence: Rachel Wilson – DBTHFT Chief Pharmacist Lucy Peart – Consultant DBTHFT Nick Hunter – LPC Ashley Hill - NHS SYICB Doncaster Place Steve Davies - Chief Pharmacist RDaSHFT			
10/22/2	Declarations of Interest:			
10/22/2.1	Fire Alarm Procedure: N/A Meeting Online			
10/22/2.2	Notification of Any Other Business It was requested that any other business be given at the end of the meeting Rob Wise: Asthma Guidelines for Adults			
10/22/3	Notes of the Meeting held on: Thursday 29th September were agreed as a true and accurate record and will be made available on the medicines management website.			
10/22/4	Matters Arising not on the agenda			

06/22/8.1	Private Healthcare Services FA gave a verbal update on document: RW and RH had given feedback re the document, which is now in the process of being amended. There is still further work required on the document before submitting for approval, but it is hoped that the document will be ready by the November APC meeting.	NHSD-FA	November 2022	
09/22/7	Metolazone (Xaqua). LW advised the committee that he will communicate with cardiologists and heart failure nurses in Doncaster and Bassetlaw before the November APC and forward information to SD to inform RDaSH	DBTHFT-LW	November 2022	
09/22/8.3	Action reliever brace FA informed committee that she had had some conversations with colleagues & was of the understanding that orthotics would be reviewing the patients/supplying these. Correspondence is ongoing and an update will be provided at the November APC meeting.	NHSD-FA	November 2022	
10/22/4.1	Matters Arising			
09/22/8.4	HRT Prescribing Guide RH presented the final draft of the guidance, and it was approved by the committee. A question was raised around availability of products, RH suggested including a link to BMS which is a website that identified stock shortages, and this was agreed by the committee. It was noted that this document has been previously approved at the MOG and FLG in previous draft versions, but the versioned document could be tabled at both meetings for information.	NHSD- RH/KJ/AH		

	<p>RH to add the link and then send the final draft to KJ to embed onto the website and MPD.</p> <p>KJ/ AH to forward the versioned document for inclusion in the next MOG FLG agenda for information</p>			
07/22/8.1	<p>Cinacalcet</p> <p>The committee discussed the draft SCP in depth and there were suggestions made around the formatting of the document and some clarification on the responsibilities and monitoring. LW made some amendments to the draft document during the meeting and advised the committee that he would liaise with the endocrinologists around the finer points, included in these were clarification regarding renal ultrasound vs CT KUB, ECG frequency for long QT & Dexa Scan. LW undertook to have further dialogue with endocrinology consultants and would bring back the SCP at the November APC for further discussion.</p>	DBTHFT -LW	November 2022	
10/22/5	<p>Drugs for Review</p> <p>The October's 2022 drugs for review were discussed and the following agreed:</p> <p>Estradiol Patches (Elleste Solo MX Patches)-HRT was recommend as Green G TLS</p> <p>Estradiol Tablets (Elleste Solo)-HRT was recommended as Green G TLS</p> <p>Estradiol/Northisterone Patches (Evorel Sequi)-HRT was recommended as Green G TLS</p> <p>Estradiol/Northisterone Patches (Evorel Conti)- HRT was recommend as Green G TLS</p> <p>Estradiol/Northisterone Tablets (Ellest Duet)- HRT was recommended as Green G TLS</p>			

	<p>Estradiol/Northisterone Tablets (Ellest Duet Conti)-HRT was recommended as Green G TLS</p> <p>Icosapent ethyl (Vazkepa) -Reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides (≥ 150 mg/dL [≥ 1.7 mmol/l]) and • established cardiovascular disease, or • diabetes, and at least one other cardiovascular risk factor. – Layo Ogunremi lead a discussion around this drug, and it was agreed that this drug may be included in the lipid pathway for secondary Prevention of stroke, there may not be a large cohort of patients that fulfil the criteria and statins should be maximized in the first instance. It was noted that there are several side effects to this drug, in particular AF, which was a concern to clinicians; also potential allergic reactions, so care must be taken when initiating. LO informed committee that Sheffield had not yet identified a place for it in their pathways; also, that an updated to the national lipid pathway was anticipated. The committee recommend this drug should be currently categorised as AMBER G TLS with the guidance being a link to the NICE TA.</p> <p>Ozanimod (Zeposia) -Ulcerative Colitis was recommended as Red TLS</p> <p>Testosterone gel (Testogel, Tostran)Testosterone replacement therapy for male hypogonadism when testosterone deficiency was recommended Amber TLS</p> <p>Testosterone decanoate (Nebido)-Testosterone replacement therapy for male hypogonadism was recommended Amber TLS</p>			
10/22/6	<p>Officers' Actions and returning drugs</p> <p>All officers' actions were agreed as proposed and will be updated on the MPD</p> <p>Returning drugs: The following drugs were discussed at October's MOG meeting, but the MOG requested further discussion at the FLG around product choice.</p> <p>Sodium Hyaluronate Eye drops-Karen Jennison / Charlotte McMurray to request</p>			

	<p>a further selection of sodium hyaluronate eye drops that are more cost effective than the chosen products. A note can be included in the MPD to allow primary care prescribers to switch to a more cost-effective choice. MOG agreed Green-G TLS</p> <p>The following drug was discussed at October's MOG meeting, but MOG requested an alternative listing to the listing originally chosen by APC</p> <p>Tadalafil (once daily) (Cialis 2.5, 5mg) MOG recommended Green G TLS (2.5mg non-formulary 5mg formulary) instead of Amber G.</p> <p>APC agreed with the suggestion from MOG.</p> <p>All other returned drugs were discussed at October's MOG meeting were agreed without amendment and will be updated on the MPD:</p> <p>Asciminib (Scemblix)- Chronic myeloid leukaemia agreed Red TLS Avacopan (Tavneos)- Vasculitis agreed Red TLS Avalglucosidase alfa (Nexviadyme)- Pompe disease agreed Red TLS Rimegepant (VYDURA)- Migraine agreed Grey TLS Rituximab (Truxima & Rixathon)- Rheumatoid arthritis agreed as Red TLS</p>			
10/22/7	<p>Drugs for Consideration</p> <p>TLS categorized at APC to go to MOG for information: Dydrogesterone & Estradiol (Femoston)-Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women- Suggested Green G TLS</p> <p>Dydrogesterone & Estradiol (Femoston Conti)- Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women- suggested Green G TLS</p> <p>Estradiol (Sandrena)-Oestrogen Gel- suggested Green G TLS</p>			

	<p>Estradiol (Estradot)-Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women- suggested Green G TLS</p> <p>Estradiol (Sandrea) -Hormone Replacement Therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women- suggested Green G TLS</p> <p>Estradiol (Evorel)-HRT Patch – suggested Green G TLS</p> <p>Estradiol (Oestrogel Pump-Gel 0.06%)-HRT- suggested Green G TLS</p> <p>Estradiol (Lenzetto)- Hormone Replacement Therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women- suggested Green G TLS</p> <p>Estradiol and micronised progesterone (Bijuva) - Continuous combined hormone replacement therapy (HRT) for estrogen deficiency symptoms in postmenopausal women with intact uterus and with at least 12 months since last menses- suggested Green G TLS</p> <p>Estradiol hemihydrate & levonorgestrel (FemSeven Conti)- Hormone Replacement Therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women- suggested Green G TLS</p> <p>Included in the list but noted as already approved by APC</p> <p>Testosterone gel (Testogel) Testosterone replacement in women (out of licence/ 'off label') – Amber G TLS if referred from specialist</p> <p>Testosterone gel (Testogel)-Testosterone replacement in women (out of licence/ 'off label') – Green G TLS if GP has a specialist interest and training in HRT</p> <p>Further discussion at the Next APC or on hold:</p> <p>Aripiprazole oral (Abilify)- Tics- No categorisation was agreed, further discussion is needed, and it was suggested that this drug may be discussed at the ICB IMOC meeting to establish an ICB-wide decision.</p>			
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NHSD-AH

	<p>Chlordiazepoxide (Librium)- Short-term use in anxiety- Decision deferred to the November APC for further discussion to include RDASHFT</p> <p>Cinacalcet (Mimpara)-Endocrinology- Decision deferred until SCP is complete</p> <p>Phytomenadione (Neokay)-Vitamin-K deficiency in babies- Decision deferred until further information gathered and LW to liaise with Mark Fairweather</p> <p>The following items will be discussed further at the next MOG meeting:</p> <p>Avacopan (Tavneos)- Granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA)- suggested Red TLS</p> <p>Eptacog beta (CEVENFACTA)-Treatment of bleeding episodes- suggested Red TLS</p> <p>Setmelanotide (IMCIVREE)-Treatment of obesity and the control of hunger- suggested Red TLS</p> <p>Tezepelumab (Tezspire)- Severe asthma- suggested Red TLS</p> <p>Vutrisiran sodium (Amvuttra)-Hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis)- suggested as Red TLS</p> <p>Trifarotene (Aklief)- Acne Vulgaris of the face and/or the trunk- suggested Green TLS Non-formulary</p>	DBTHFT -LW	November 2022	
10/22/8	New Business			

10/22/8.1	<p>Drug Safety Update-Methylphenidate</p> <p>The committee discussed the drug safety update which advised that switching brands was not recommended. Some brands have been unavailable, and this would lead to problems where patients must switch.</p> <p>It was noted that the MPD already has the link to the DSU for information and it was agreed that KJ should add a link to the SPS to assist prescribers when a brand is not available as this has some information on interchangeability between certain products. FA will also contact Steve Davies to discuss an amendment to the SCP to include this information</p>	NHSD-KJ/FA		
10/22/8.2	<p>Testosterone replacement therapy in men with hypogonadism and testosterone deficiency SCP</p> <p>The committee acknowledged the Leger Clinic Contract is ending soon and there are concerns for the patients currently under the Leger Clinic, and their continuing treatment and support. It is estimated 300 patients are on testosterone products that are currently being treated at the Leger Clinic. RH explained that this SCP document was intended for new patients, whereas for current patients there would likely be a guidance document, however RH had no plans to write this.</p> <p>There was significant concern expressed re the commissioning aspects of service not being in place currently to support shared care; however recognised this was beyond the remit of APC.</p> <p>Some minor amendments were suggested to the document & also noted that there may be a need for more complex patients to be seen in secondary care.</p> <p>It was agreed that the document requires review by DBTHFT endocrinology to ensure that they have opportunity to comment/suggest changes etc and can agree the document. It will also be reviewed by MOG.</p> <p>CM will liaise with Nabeel Alsindi to establish progress on commissioning a replacement service and to identify which endocrinology consultants to ask to review the SCP.</p>	NHSD-CM	November 2022	

	Update will be provided at the November APC meeting.			
10/22/9	DBTHFT D&TC Update The Committee received minutes from the meeting held in September 2022			
10/22/10	Formulary Liaison Group Update The Committee received minutes from the meeting held in July 2022			
10/22/11	Doncaster Place MOG The Committee received minutes from the meeting held in September 2022			
10/22/12	RDASH FT Medicines Management Committee update The Committee received minutes from the meeting held July 2022			
10/22/13	Barnsley Area Prescribing Committee Update The Committee received minutes from the meeting held August/September 2022			
10/22/14	Rotherham Medicines Optimisation Group Update The committee received minutes from the meeting held in October 2022			
10/22/15	Sheffield Area Prescribing Committee Update The Committee received minutes from the meeting held in July 2022			
10/22/16	Nottingham Area Prescribing Committee Update The committee received minutes from the meeting in September 2022			
10/22/17	SY& B ICS Medicines Optimisation Work-stream Steering Group The Committee received minutes from the meeting held July 2022			
10/22/18	Northern Regional Medicines Optimisation Committee The Committee have not received any up-to-date minutes			
10/22/19	Any Other Business RW advised the committee that the asthma guidance for adults, agreed at the Sep APC meeting, was being amended to reflect comments received by colleagues. KJ explained that these were dosing changes. It was agreed that since this did not affect traffic light listing, or involve any new additions, that the	NHSD-KJ		

	<p>minor changes could be made, and the document included in the November agenda for information.</p> <p>Transfusion Policy The committee briefly discussed the shortage of blood products and blood. LW informed the committee that his secondary care colleagues had enquired if there were any plans for primary care to support the transfusion service as in other areas of the country. LW asked the committee if there was an appetite to investigate this. It was agreed that LW would liaise with RS and Dean Eggitt from the LMC and MC from Bassetlaw to share more information.</p>			
10/22/20	<p>Date and Time of Next Meeting</p> <p>12 noon prompt Thursday 24th November 2022 Meeting Via Microsoft Teams</p>			

KEY

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