

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

**Action Notes and Log**

Thursday 29th September 2022 12 Noon start,  
**Meeting Held over Microsoft Teams**

<b>Present:</b>	Mr Rob Wise (RW)	Senior Pharmacist Bassetlaw Place Partnership, APC chair
	Mrs Charlotte McMurray	NHSD Deputy Chief Pharmacist, Deputy APC chair
	Mr Stephen Davies	Chief Pharmacist RDaSHF
	Dr Rachel Hubbard	Clinical lead for Doncaster place
	Mr Lee Wilson	Consultant Pharmacist DBTHFT
	Mrs Ashley Hill	NHSD Senior Medicines Management Technician (Secretary)
	Miss Faiza Ali	NHSD Locality Lead Pharmacist
	Dr Rमित Shah	Local Medical Representative
	Dr Mallicka Chakrabarty	Bassetlaw GP Representative
<b>In attendance:</b>	Ms Ewa Gabzdyl	Locality Lead Pharmacist ( <i>attended to present 09/22/8.7 agenda item</i> )
	Ms Helen Meynell	Consultant Pharmacist DBTHFT ( <i>attended to present 09/22/8.7 agenda item</i> )
	Mrs Rumbi Chiunye	Band 6 pharmacists – APC induction
	Mrs Aisha Ali	Band 6 pharmacists – APC induction
	Mrs Mellissa Goodlad	Practice Support Pharmacist
	Ms Karen Jennison	Senior Optimisation Technician ( <i>attended to present 09/22/8.6 agenda item</i> )
	Mrs Helen Cunningham	Senior Optimisation Technician – APC induction

	Mrs Fiona Bullars Dr Chee-Seng Yee	Practice Support Technician – APC induction DBTHFT Consultant Rheumatologist ( <i>attended to present 09/22/8.1 agenda item</i> )
<b>Minutes only:</b>	Dr Rupert Suckling & Mr Victor Joseph	DMBC Representatives

Agenda Ref	Subject / Action Required	Action Required By	Timescale	Status of Action (RAG) and Date
09/22/1	<b>Apologies for Absence:</b> Rachel Wilson – DBTHFT Chief Pharmacist Dr Lucy Peart – Consultant DBTHFT Mr Nick Hunter – LPC			
09/22/2	<b>Declarations of Interest:</b> CM presented a presentation regarding SGLT2i sponsored by Lily EW attended a Primary Care Respiratory Society conference sponsored by Pharma			
09/22/2.1	<b>Fire Alarm Procedure:</b> N/A Meeting Online			
09/22/2.2	<b>Notification of Any Other Business</b> It was requested that any other business be given at the end of the meeting			
09/22/3	<b>Notes of the Meeting held on:</b> Thursday 28th July were agreed as a true and accurate record and will be made available on the medicines management website			
09/22/4	<b>Matters Arising not on the agenda</b>			

03/22/5	<p><b>Tinzaparin (Innohep)</b> LW gave an update that STH are currently reviewing the current Dalteparin SCP to perhaps incorporate Tinzaparin. LW will adjust the document to fit in line with Doncaster and Bassetlaw prescribing. The new shared care document will be brought back to the APC once prepared. RS enquired if there will be an ICB approach to shared care protocols. CM explained that Heidi Taylor Sheffield Deputy Head of Medicines Optimisation Sheffield Place is leading a group to develop an ICB APC group and will update APC in due course</p>	DBTHFT -LW	Ongoing	
05/22/7	<p><b>Sucralfate</b> AH to chase remaining consultants to review current patients. AH and CM to liaise with pharmacists to stop remaining Sucralfate patients once confirmed by the prescribing consultant.</p>	NHSD- AH/CM		
07/22/7	<p><b>Fluorometholone eye drops (FML)</b> CM and LW to arrange a meeting with Christian Sutton at Evolutio to discuss formulary prescribing at FLG. RH informed the committee that some clinicians at Evolutio are not giving patients their first prescription before it reaches the GP. CM will discuss this in the meeting. It was noted that these are issues which are formulary/commissioning and therefore do not need to return to APC</p>			
07/22/7	<p><b>Melatonin (Adaflex)</b> FA discussed that the paediatric consultants were not keen to incorporate Adaflex to the guidance. FA to bring back to Novembers APC after further discussions.</p>	NHSD-FA	Nov 2022	
07/22/8.1	<p><b>Cinacalcet</b> LW informed APC that he had asked the consultants to write the Shared Care document but did not anticipate that it would be completed for some time.</p>	DBTHFT-LW		

	Therefore, it was agreed to leave off future APC agendas until such time as LW has a document ready for consideration			
09/22/4.1	<b>Matters Arising</b>			
05/22/7.2	<b>Goserelin (Zoladex)- Breast Cancer</b> CM has discussed with Sharron Kebell at STH, who is going to revisit the original document at Sheffield's APC. CM to review reference documents with Sharron Kebell. Will bring back to APC with an update in due course.	<b>NHSD- CM</b>		
06/22/8.1	<b>Private Healthcare Services</b> FA prepared a statement to help prescribers who have been asked to prescribe medication from a private service. RS thought the statement to be useful but asked if a statement could be sent out to private clinics to inform them of the prescribing stance of GPs. It was noted that the statement under review was to support GPs, rather than being addressed to the private clinics. It was noted that there are many such clinics, including Gender Identity, Psychiatry and some overseas. RH discussed that shared care drugs are problematic if it is not clear who the care is being shared with if the GP agrees to prescribe. The chair suggested that the document will still be directed to support GPs but needs some adjustments such as: a line to state that if the patient has been seen in a private clinic & that service is following what the patient would have received via a local NHS treatment pathway then this would be OK. Approved by medicines optimisation team needs to be changed to approved by the APC once the final document has been approved. RH and the chair to share some points with FA that could be incorporated into to the document.	<b>NHSD-FA</b>          <b>NHSD-RH&amp; NHSB-RW</b>	<b>October 2022</b>	
11/21/8.4	<b>Paroxetine and Sertraline for premature ejaculation</b> RH has brought the document for final approval. AH to liaise with KJ to amend document with new ICB logos. The committee approved the document.			
09/22/5	<b>Drugs for Review</b> The September's 2022 drugs for review were discussed and the following agreed: Bempedoic Acid & Ezetimibe (Nustendi)- MOG approved the lipid guidelines and it was recommended to be GREEN G – as per guidelines APC agreed			

	<p>Dexcom One- TLS to be changed to Amber G</p> <p>Midodrine – LW discussing with the care of the elderly team. LW to bring back once further updates</p> <p>FA added Tadalafil be discussed with the recent drop in price. Currently Tadalafil 2.5mg and 5mg once day tablets have the TLS GREY. FA shared NICE Guidance (<a href="#">NICE</a>)that supports once daily prescribing. The APC agreed that Tadalafil 2.5mg and 5mg Once daily should be AMBER G TLS as GPs who are not confident in prescribing could take over prescribing after being initiated by a specialist. It was also agreed that that it should be discussed at the next FLG and MOG to determine formulary status.</p>			
09/22/6	<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>Camouflage creams/ powders (Dermacolour, Veil, Covermark, Dermablend, Keromask)- To conceal colour or contour irregularities or abnormalities of the face or body- APC agreed with MOG to changed TLS to AMBER G TLS. EW discussed that there is a charity that STH providers use called changing faces that patients can get referred to and from.</p> <p><b>The following drugs were discussed at September's MOG meeting but have had their TLS changed following recommendation from APC</b></p> <p>Ketovite Liquid and tablets (Ketovite)-Prevention of vitamin deficiency-MOG recommended Grey TLS, after further discussions at APC it was decided that there were no clinical reasons for it not to be TLS as GREEN non formulary and should be taken to the next FLG meeting. The MPD should also reference that To achieve complete vitamin supplementation Ketovite Liquid should be used in</p>			

	<p>conjunction with Ketovite Tablets as per SPC.</p> <p><b>All other returned drugs were discussed at September's MOG meeting were agreed without amendment and will be updated on the MPD:</b></p> <p>Angiotensin II(Giapreza)- Refractory hypotension- agreed RED TLS</p> <p>Efmody- Congenital adrenal hyperplasia- agreed AMBER TLS</p> <p>Fenfluramine (Fintepla)- Treating seizures associated with Dravet syndrome- agreed RED TLS</p> <p>Fluorometholone eye drops (FML)- Corticosteroid eye drop- agreed AMBER G TLS</p> <p>Forceval- As a therapeutic nutritional adjunct in conditions where the absorption of vitamins and minerals is suboptimal- agreed GREEN TLS</p> <p>Glycopyrronium bromide 1mg/5ml oral solution (sugar free)- Excessive saliva- agreed AMBER G</p> <p>Landiolol hydrochloride (Rapibloc)- Supraventricular tachycardia, rapid control of ventricular rate, Non-compensatory sinus tachycardia- agreed RED TLS</p> <p>Podophyllotoxin (Condyline 5 mg/ml Cutaneous Solution)- Warts affecting the penis or the female external genitalia- agreed RED TLS</p>			
09/22/7	<p><b>Drugs for Consideration</b></p> <p>The following items will be discussed further at the next MOG meeting:</p> <p>Aripiprazole oral (Abilify)- Tics- FA to review as there is further information for prescribing in children in the BNF. To bring it back to Octobers APC</p>	NHSD-FA		

	<p>Asciminib (Scemblix)- Chronic myeloid leukaemia- suggested as RED TLS</p> <p>Avacopan (Tavneos)- Vasculitis- suggested as RED TLS</p> <p>Avalglucosidase alfa (Nexviadyme)- Pompe disease- suggested as RED TLS</p> <p>Brolucizumab (Beovu)- Diabetic macular oedema-suggested RED TLS</p> <p>Hylo range eye drops- Lubricate Dry Eyes-suggested GREEN G TLS, however to specify this as for Hyaluronic Acid preparations rather than being specific to the Hylo brand.</p> <p>Metolazone (Xaqua) (To be prescribed by brand, owing to significant difference in availability between the products)- Oedema in congestive heart failure, oedema in renal disease and hypertension- suggested GREEN TLS.LW explained that there were not many patients currently prescribed metolazone this due to supply problems. LW to communicate with cardiologists and heart failure nurses in Doncaster and Bassetlaw. To forward information to SD to inform RDaSH</p> <p>Rimegepant (VYDURA)- Migraine- Suggested GREY TLS as NICE guidance is due March 2023</p> <p>Rituximab (Truxima Rixathon)- Rheumatoid arthritis- Rheumatoid arthritis with severe activity (DAS28 score &gt; 5.1) and after failure of a TNF inhibitor (NICE TA195) as per pathway (discussed as item 09/22/8.1) – suggested as RED TLS</p> <p>Trifarotene (Aklief)-Acne Vulgaris of the face and/or the trunk- after further discussions and review of other acne medication on the MPD it was suggested as GREEN (non-formulary) TLS. The committee agreed that FA required to provide further information and should discussed at the next FLG meeting for formulary status.</p>	<p>DBTHFT-LW</p> <p>NHSD-FA</p>		
09/22/8	<b>New Business</b>			

09/22/8.1	<p><b>Modification of RA biologic pathway</b>  Dr Dr Chee-Seng Yee presented a modification of the RA biologic pathway for rheumatoid arthritis. To allow the use of rituximab in rheumatoid arthritis with moderate activity (DAS28 score <math>\geq 3.2</math>) and after failure of a TNF inhibitor, therefore allowing patients to access rituximab quicker. The committee agreed the clinical pathway, but the appropriate route would be to present to the Drug and Therapeutics committee for noting/approval. Also, that any financial/contractual elements would need to be considered elsewhere.</p>			
09/22/8.2	<p><b>APC Chairman's Action – Intermittent Flash Glucose Monitoring</b>  AM requested a chairman's action to be made before September's APC, due to a patient who meets the NICE criteria but not the local criteria. To approve to traffic light list Intermittent Flash Glucose Monitoring in accordance with the updated NICE Guidance. The committee members accepted the chairman's action.</p>			
09/22/8.3	<p><b>Action reliever brace</b>  FA discussed under the NICE guidance for the management of osteoarthritis includes a there's a recommendation for patients with joint pain/instability to be considered for assessment for a brace. The committee discussed from a safety perspective re practicality of GP prescribing, if seen by a specialist. It was noted that the braces are listed in the drug tariff. Further discussions should be made with the orthopaedics, CATs &amp; orthotics teams due to it being a specialist product that requires to be fitted to the patient. There is currently not enough information for a GP to initiate the prescribing. FA to collect further information and update at October's meeting.</p>	NHSD-FA		
09/22/8.4	<p><b>HRT Prescribing Guide</b>  RH presented new prescribing guidance which has been presented at MOG in September. SD queried the licensing for Mirena for HRT. RH explained it was licensed for 4 years for endometrial protection, however recommended by BMS for 5 years. RH also informed APC that the Utrogestran regimes are also off licence but that they are in line with BMS guidance.</p> <p>The chair noted that the Logos needed updating and the first sentence to include Bassetlaw prescribers. RH agreed and will make the changes. RH explained that the content was based on guidance that Sheffield had produced. It was</p>	NHSD-RH & CM	October 2022	



	<p>noted that the document also referenced under Bijuva “local experts advise transdermal oestrogen” further information needs to be included to who the local experts are. MC enquired that the contraceptive implant could be used with HRT which is not included in the document; RH will consider adding this &amp; will also check GP notebook reference re contraceptive cover with HRT. The committee agreed that Bijuva should be classified as Green (non-formulary) with a note to say see guidance, together with link to the guidance. Will be reviewed at the next APC meeting with the updated prescribing guide.</p> <p>CM to follow up with Hilde at Sheffield regarding the rationale for the Bijuva statement and RH will review the document and make changes. The guidance document will return once updates have been completed and will also be reviewed at FLG.</p>			
09/22/8.5	<p><b>Dexcom One</b>  CM requested that after further review that Dexcom One monitor should be offered as an alternative to Freestyle Libre. That Dexcom One should be re classified as Amber G. MG enquired if this will be available to all community pharmacies or would they have to be specially ordered for patients. CM explained that they would be available to all community pharmacies and will be kept in stock. The chair requested that Bassetlaw could be included in the pathways for the guidance. CM will liaise with the chair outside of meeting. The committee agreed to the change the TLS to Amber G.</p>			
09/22/8.6	<p><b>Doncaster wide Wound care Formulary</b>  KJ has brought the wound care formulary for information. There is some final formatting needed. Dressings have already been approved by APC &amp; confirmed that no change needed to traffic light listing. The committee approved the document.</p>			
09/22/8.7	<p><b>Asthma Guidance</b>  EW and HM presented the Asthma Guidance that has been to September’s MOG meeting and consulted with RDASH and ICB lead GP for Greener Prescribing. It is a quick reference guide for prescribers following GINA guidelines which is aimed at patients 18 years and above. It has colour coordination to make it easy to read, with greener inhaler choices and intended to help reduce SABA inhaler use. There is a re-launch of the inhaler technique</p>			

	<p>service to adult patients by community pharmacies in Doncaster commencing November. The chair requested that it is made clear that it is only Doncaster who are offering the free inhaler technique service. Patient information resources are being developed by a Dr from Wakefield and will be available in different languages once finished. HM commented that a paediatric version will also be developed for patients under the age of 18. The new asthma guidance &amp; education will be presented at the next Doncaster Target session to inform prescribers and to implement the changes there will be a medicines optimisation team approach in Doncaster. EW informed the committee that there were some minor updates required in the document and will make the amendments. The APC approved the document, and it will also go to FLG for information.</p>			
09/22/9	<p><b>DBTHFT D&amp;TC Update</b> The Committee received minutes from the meeting held in July 2022</p>			
09/22/10	<p><b>Formulary Liaison Group Update</b> The Committee received minutes from the meeting held in July 2022</p>			
09/22/11	<p><b>DCCG Medicines Management Group</b> The Committee received minutes from the meeting held in July 2022</p>			
09/22/12	<p><b>RDASH FT Medicines Management Committee update</b> The Committee received minutes from the meeting held July 2022</p>			
09/22/13	<p><b>Barnsley Area Prescribing Committee Update</b> The Committee received minutes from the meeting held July 2022</p>			
09/22/14	<p><b>Rotherham Medicines Optimisation Group Update</b> The committee received minutes from the meeting held in August 2022</p>			
09/22/15	<p><b>Sheffield Area Prescribing Committee Update</b> The Committee the most recent minutes in time for the meeting</p>			
09/22/16	<p><b>Nottingham Area Prescribing Committee Update</b> No recent minutes were received</p>			
09/22/17	<p><b>SY&amp; B ICS Medicines Optimisation Work-stream Steering Group</b> The Committee received minutes from the meeting held July 2022</p>			

09/22/18	<b>Northern Regional Medicines Optimisation Committee</b> The Committee have not received any up-to-date minutes			
09/21/19	<b>Any Other Business</b> CM informed the committee that Trulicity manufactured by Lilly there is a supply problem. New patients should not be started but there is enough supply for current patients. Not to start new patients but there is enough stock for current patients.			
09/22/20	Date and Time of Next Meeting  12 noon prompt Thursday 27 <sup>th</sup> October 2022 Meeting Via Microsoft Teams			

**KEY**

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