

DONCASTER & BASSETLAW AREA PRESCRIBING COMMITTEE (APC)

Action Notes and Log

Thursday 25th January 2023 at 12 Noon,

Meeting Held over Microsoft Teams and at Sovereign House

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
	Mrs Ashley Hill	NHS SYICB Doncaster Place Senior Medicines Optimisation Technician (Secretary)
	Miss Faiza Ali	NHS SYICB Doncaster Place Locality Lead Pharmacist
	Dr Runit Shah	Local Medical Committee Representative
	Dr Mallicka Chakrabarty	Bassetlaw GP Representative
In attendance:	Layla Smith	NHS SYICB Doncaster Place Practice Support Technician – APC training
	Aqeel Ashraf	NHS SYICB Doncaster Place Pharmacist
	Ewa Gabzdyl	NHS SYICB Doncaster Place Locality Lead Pharmacist
	Dr Muniyappa	Consultant DBTHFT
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
01/23/1	Apologies for Absence: Steve Davis – RDaSH Chief Pharmacist Rachel Wilson – DBTHFT Chief Pharmacist Lucy Peart – Consultant DBTHFT Nick Hunter – LPC			
01/23/2	Declarations of Interest: NA			
01/23/2.1	Fire Alarm Procedure: Follow Sovereign House Fire procedure for members attending face to face.			
01/23/2.2	Notification of Any Other Business: IMOC Terms of Reference IMOC agreed Epilepsy Shared care protocol Conisbrough Group Practice Parkinson’s Shared care protocol			
01/23/3	Notes of the Meeting held on: A post meeting note to be added to the November’s minutes to add clarification: <i>Post meeting note: It was not made clear in the meeting notes that the document did include patients who do not have diabetes. This has been clarified and the heading of the document changed to Optimising the management of CKD in patients with or without diabetes.</i> With this alteration Thursday 24th November minutes were agreed as a true and accurate record and will be made available on the medicines management website.			
01/23/4	Matters Arising not on the agenda			

10/22/7.2	Phytomenadione (Neokay)-Vitamin-K deficiency in babies This was discussed under drugs for consideration. Action is closed	NHS -AH/FA		
10/22/7.2	Goserelin (Zoladex)- Breast Cancer FA gave the committee a verbal update, asking if LW had any other DBTHFT gynaecology consultant contact. Sharron Kebell had responded but there are still some outstanding queries. FA to bring back to APC committee when further updates have been established.	NHS-FA		
09/22/8.3	Action reliever brace RS to liaise with Dean Eggitt if there are any further information regarding raising with commissioner re pathway for clinical oversight/supply of these products. Action reliever brace information is now available on the MPD.	NHS-RS		
11/22/8.1	Blood Monitoring CM discussed that this would be an item to discuss at the IMOC meeting, so that it could be a collaborative piece of work used throughout South Yorkshire. Due to time restraints and the IMOC still establishing itself. It was decided that it would be deferred until a suitable time to be discussed at IMOC.			
11/22/8.2	Pill swallowing leaflets CM informed the committee that it may be part of 2023/2024 QIPP workstream when reviewing specials. Sheffield Children's hospital have many resources and have pill swallowing clinics, also noted that Nottingham University Hospital have done this as well. Query whether this has been considered by DBH. RW has tried contacting Mark Fairweather, however uncertain if has been progressed. RW to forward details to CM and LW to review DBTHFT current procedures/ work for pill swallowing. CM also commented that Sheffield Children's technician may be able to provide a session in Doncaster and could ask re feasibility.	NHS-CM, RW & LW		
11/22/8.4	CKD primary care guidance	CM		

	<p>APC noted that a final version of the document had been circulated separately to the agenda. A change had been made to the document heading from the previous version discussed at APC. RW queried the change as the previously specified ACR level included in the document heading was missing. It was queried whether this made the document more ambiguous re level of CKD. CM to check the version on MPD re ACR level.</p>			
11/22/8.5	<p>Parkinson's Shared Care Protocol The chair discussed that this had been brought to the December's IMOC meeting. Currently the IMOC are establishing a uniform SY TLS, and it was decided that it should be re discussed once this has been agreed. RW will bring back from IMOC once discussed.</p> <p>LW any other business was regarding the Parkinson's Shared care protocol a query was regarding a GP at Conisbrough Group Practice who was not aware of the changes to the TLS of Parkinson's medication. AH to pick this up with the practice manager.</p>	NHS-AH	To be brought back once discussed at IMOC	
01/23/4.1	Matters Arising			
07/22/8.1	<p>Cinacalcet SCP Dr Muniyappa attended the meeting at 12:45pm</p> <p>The Cinacalcet SCP had previously been to APC but there were some outstanding queries. In section 8.3 of the guidance it was confirmed that ultrasound would be conducted by secondary care on initial diagnosis. It was agreed that this should also be referenced in section 9 to inform GP to consider ultrasound if symptomatic of renal stone.</p> <p>Section 9 Bone DEXA scan it was queried whether secondary care or primary care were arranging with concerns that patients may be missed. Dr Muniyappa confirmed that if secondary care are still seeing patient in ongoing clinic appointments, they will arrange DEXA, however if patient discharged e.g. not fit for surgery, frail, in a nursing home then will mention in the discharge letter whether primary care need to continue with scanning every 3 years. Over 84 generally will not need DEXA scan. LW was requested to add detail re if aged over 84, seek advice.</p>	DBTHFT -LW NHS- CM, AH & RS		

	<p>The committee also discussed section 5.3 stopping cinacalcet and repeating bloods within two weeks with a view to restarting with a lower dose of cinacalcet following discussion with consultant and Endocrinologist.</p> <p>LW completed amendments to sections 5 & 9 and the committee approved the SCP to be taken to the next MOG meeting in February.</p> <p>Dr Muniyappa confirmed that there would be a cohort of patients who would be discharged into primary care, who have stable bloods and have been stable on Cinacalcet and they no longer require secondary care reviewing particularly the frail and elderly patients. The committee agreed that there could be a separate Amber G TLS for these patients. The patient would need to be discharged with a clear care plan from secondary care. CM, AH, RS and LW to discuss wording to support the G on the MPD and a proforma letter template to facilitate prescribing responsibilities for shared care</p>			
01/23/5	<p>Drugs for Review</p> <p>The January's 2023 drugs for review were discussed and the following agreed:</p> <p>Bempedoic Acid (Nilemdo)- Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia was recommended as Amber G TLS</p>			
01/23/6	<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:</p> <p>The following medicines were discussed at December's MOG meeting were agreed without amendment and will be updated on MPD:</p> <p>Azacitidine (Vidaza)- Myeloid leukaemia (Acute), Myelodysplastic syndromes. Chronic or Acute myelomonocytic leukaemia agreed RED TLS</p> <p>Belzutifan (WELIREG)- von Hippel-Lindau (VHL) disease agreed GREY TLS</p>			

	<p>Chlordiazepoxide (Librium)- Short-term use in anxiety agreed RED TLS</p> <p>Cyproterone Tablets- Trans Female Medication agreed AMBER G TLS</p> <p>Dapagliflozin (Forxiga)- Chronic Kidney Disease agreed AMBER G TLS</p> <p>Drospirenone/Estetrol (Drovelis)- Oral contraception agreed GREEN TLS</p> <p>Estradiol Gel (Oestrogel,Sandrena)- Trans Female Medication agreed AMBER G TLS</p> <p>Estradiol Tablets- Trans Female Medication agreed AMBER G TLS</p> <p>Finasteride Tablets- Trans Female Medication agreed AMBER G TLS</p> <p>Fluvoxamine (Faverin)- SSRI agreed GREEN G TLS</p> <p>Fostamatinib (Tavlesse)- Chronic immune thrombocytopenia refractory to other treatments agreed GREY TLS</p> <p>Leuprorelin injection -3.75mg-11.25mg- Trans man & Trans Woman medication agreed AMBER G TLS</p> <p>Magnesium Citrate- Hypomagnesemia agreed AMBER G TLS</p> <p>Mosunetuzumab (Lunsumio)- Follicular lymphoma (FL) agreed GREY TLS</p> <p>Pemetrexed (Alimta)- Malignant mesothelioma agreed RED TLS</p> <p>Pemetrexed (Alimta)- Non-small-cell lung cancer agreed RED TLS</p> <p>Relugolix–estradiol–norethisterone acetate (Ryeqo) - Uterine fibroids agreed GREY TLS</p>			
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	<p>Spirolactone Tablets – Trans Female medication agreed AMBER G TL</p> <p>Testosterone undecanoate(1g/4ml) (Nebido)- Trans Man medication agreed AMBER G TLS</p> <p>Testosterone Enantate 250mg- Trans Man medication agreed AMBER G TLS</p> <p>Testosterone Gel (Testogel,Tostran,Testavan)- Trans Man medication agreed AMBER G TLS</p> <p>Testosterone Injection (Sustanon®250®)- Trans man medication agreed AMBER G TLS</p> <p>Tirzepatide (Mounjaro)- Type 2 diabetes mellitus agreed GREY TLS</p> <p>Trimipramine -Antidepressant agreed GREEN G TLS</p> <p>Triptorelin-3mg -11.25mg- Trans Man medication agreed AMBER G TLS</p> <p>Zanubrutinib (Brukinsa)- Waldenstrom’s macroglobulinaemia agreed RED TLS</p> <p>The following drugs was discussed at December’s MOG meeting but were not agreed:</p> <p>Bempedoic Acid (Nilemdo)- Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia to remain grey until there was further evidence to support TLS change.</p>			
01/23/7	<p>Drugs for Consideration</p> <p>TLS categorized at APC to go to MOG for information:</p> <p>Bulevirtide(HEPCLUDEX)-Chronic hepatitis delta virus (HDV) agreed Grey TLS</p> <p>Co-Enzyme Q10 (Ubidecarenone) - indications other than mitochondrial disorders in children agreed Grey TLS. LW to check whether used in paediatrics</p>	DBTHFT -LW		

	<p>for anything other than mitochondrial disorders</p> <p>Eptinezumab (VYEPTI)- Migraine agreed Grey TLS</p> <p>Esketamine Nasal spray (Spravato)-Depression agreed Grey TLS</p> <p>Misoprostol (Cytotec)-Benign gastric ulcer, Benign duodenal ulcer, NSAID-induced peptic ulcer agreed Green non formulary TLS</p> <p>Sofosbuvir & Velpatasvir granules (Epclusa)- Hepatitis C agreed Red TLS</p> <p>Teclistamab (TECVAYLI)- Multiple myeloma agreed Grey TLS</p> <p>Upadacitinib (Rinvoq)- Ulcerative colitis agreed Red TLS</p> <p>Voclosporin (Lupkynis)-Calcineurin-inhibitor immunosuppressant agreed Grey TLS</p> <p>TLS categorized at APC to go to MOG for final approval:</p> <p>Avatrombopag (Doptelet)-Treating primary chronic immune thrombocytopenia suggested Red TLS</p> <p>Cinacalcet (Mimpara)-Endocrinology suggested Amber and Amber G TLS</p> <p>Hydrocortisone cream and Ointment 0.5% and 2.5%- Steroid suggested Green TLS</p> <p>Phytomenadione (Neokay)-Vitamin Supplement suggested Amber G TLS following Leeds children's formulary</p> <p>Ursodeoxycholic acid 250mg/5mL suspension- Cholestasis suggested Amber G TLS following Leeds children's formulary</p> <p>Vitamin A and Vitamin D (Dalivit liquid)-Vitamin Supplements suggested Amber G TLS following Leeds children's formulary</p>			
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01/23/8	New Business			
01/23/8.1	<p>FH/Lipid Clinic pathway</p> <p>Dr Muniyappa and LW presented the committee with a supporting document for Bempedoic acid to be changed TLS to Amber G. This had previously been to MOG where it was decided due to insufficient evidence it could not be re classified. The document presented today was the pathway for Bempedoic acid (Nilemdo®) use for the management of primary hypercholesterolaemia or mixed dyslipidaemia. Dr Muniyappa discussed that this would only affect 5-15% of patients in secondary care. The committee discussed that the evidence of effectiveness was only conducted in small trials and there was no long-term evidence. It was agreed that a review from 3 months after initiation and refer back to lipid clinic in the absence of significant reduction in LDL-C could be added to the document to capture patients that did not require the medication on their repeats.</p> <p>Dr Muniyappa agreed and also noted that uric acid needed to be monitored if patient predisposed to gout. LW to add the necessary changes and send to AH to send to the next MOG meeting in February. The committee agreed the document with the changes above and agreed the traffic light listing of Amber G.</p> <p>Unfortunately, the Lipid Management & Referral Guidelines for Lipid and FH Clinic document was not added to the agenda and was not circulated to the committee in time for this meeting. It was agreed that the document would be circulated after this meeting and any comments to be sent to CM. This would then not cause a delay to the document being reviewed at February's MOG. LW noted that there was a reference to Dr Pillai in the document, however this would need to be changed to Mr Pillai</p>	DBTHFT -LW		
01/23/8.2	<p>Lithium SCP</p> <p>FA informed the committee that the lithium SCP is going to be a shared document with Rotherham. It had recently been reviewed at the Medicines Management Committee where there are some amendments required to the document. RH had noted that a specialist contact detail should be included in the document. FA discussed the use of a proforma for this particular SCP but Rotherham currently do not use one. CM informed the committee that it was going to be discussed at the CRG meeting whether proformas to be used throughout south Yorkshire ICB, once discussed at CRG will then be taken to</p>	NHS- FA/CM		

	IMOC for a collaborative approach. FA to return the Lithium shared care document when amendments have been made.			
01/23/8.3	<p>Tadalafil for urinary purposes</p> <p>FA discussed the prescribing of Tadalafil in LUTS, due to a query from a practice who has received the prescription request from a patient who has been seen privately. FA had reviewed other CCG/ ICB's TLS for this indication and other areas have classified it as not appropriate to be prescribed in primary care. Attached was correspondence from a Doncaster Urologist consultant, where it was stated that it is approved for the use of LUTS with erectile dysfunction. NICE guidance for LUTS is due March 2024. It was noted in the meeting that it does have a licenced indication in the BNF for Benign prostatic hyperplasia for which can cause LUTS. The committee were aware that there are restrictions in the drug tariff for erectile dysfunction medicines; this includes tadalafil. It was queried whether tadalafil was permitted to be prescribed on FP10 for LUTS only. APC concluded that further information was required before an official decision could be made. This has been deferred until FA obtains further information.</p>	NHS-FA		
01/23/8.4	<p>Medication Review Policy</p> <p>MC asked the committee if there were any medication review policies that she could use within her practice to help streamline medication reviews, with current pressures GP practices are having this would be useful. RH discussed some processes that she has at her practice such as scheduled Emis searches set up for patient groups, AccuRX prepopulated text messages and structured medication templates. RH was happy to discuss and share ideas with MC out of the meeting.</p>			
01/23/9	<p>DBTHFT D&TC Update</p> <p>The committee received minutes from the meeting held in December 2022</p>			
01/23/10	<p>Formulary Liaison Group Update</p> <p>There were no recent minutes received</p>			
01/23/11	<p>Doncaster Place MOG</p> <p>The Committee received minutes from the meeting held in December 2022</p>			
01/23/12	<p>RDaSH FT Medicines Management Committee update</p> <p>The Committee received minutes from the meeting held November 2022</p>			
01/23/13	<p>Barnsley Area Prescribing Committee Update</p> <p>The Committee received minutes from the meeting held December 2022</p>			

01/23/14	Rotherham Medicines Optimisation Group Update The committee received minutes from the meeting held in November 2022			
01/23/15	Sheffield Area Prescribing Committee Update There were no recent minutes received			
01/23/16	Nottingham Area Prescribing Committee Update There were no recent minutes received			
01/23/17	SY& B ICS Medicines Optimisation Work-stream Steering Group There were no recent minutes received			
01/23/18	Northern Regional Medicines Optimisation Committee There were no recent minutes received			
01/23/19	IMOC meeting The committee received minutes from the meeting held in December 2022			
01/23/20	Any Other Business Due to time restraints discussions on the IMOC and Epilepsy SCP were postponed to February's meeting. It was briefly discussed that due to difficulties with hybrid approach of the meeting it was difficult for the remote committee members to hear the members in the office. The chair decided that the meeting should revert to Microsoft Teams. RW offered apologies for the next meeting, CM will chair.	NHS-AH	To be added to February's agenda	
01/23/21	Date and Time of Next Meeting 12 noon prompt Thursday 23 rd February 2023 Meeting to be held Via Microsoft Teams			

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