South West Yorkshire Area Prescribing Committee Minutes

17 July 2015 | 12:30 – 2:30 Venue: Board Room, Broad Lea House

Chair: Nigel Taylor (NT)

Attendees: Helen Foster (HF)
Lucianne Ricketts (LR)
John Yorke (JY)
Eric Power (EP)
Ric Bowers (RB)
Jackie Lyon (JL)
Lyndsey Clayton (on behalf of JF)

Apologies: Neill McDonald (NM)
Kate Dewhirst (KD)
Carey Tebby (CT)
Joanne Fitzpatrick (JF)
Ramesh Edara (RE)
Fozia Lohan (FL)

Note taker: Nikki Lawton (NL)

AGENDA TOPICS

Topic 1: Welcome and Apologies

Apologies received as above.

Topic 2: Declarations of Interest

None declared

Topic 3: Minutes of the Last Meeting

The minutes of the last meeting held on 15 May were accepted as a true record.

Topic 4: Action Log

SWYAPC Action Log to be updated and circulated with minutes of the meeting.

Topic 5: Safety

i) **ALERTS** – the latest MHRA drug safety updates (May & June) were discussed. May contained mainly secondary care issues. Key recommendations/changes to note:

- **SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin): risk of diabetic ketoacidosis.**
  Risks discussed at new Medication Safety Network Group, where it was decided that the alert should be publicised in local Medicines Management newsletters, ScriptSwitch where available, alerts in secondary care and to community pharmacists, the latter through Lisa Meeks at Community Pharmacy West Yorkshire (CPWY).

- **High-dose ibuprofen (≥2400mg/day): small increase in cardiovascular risk**.
  Again this should be publicised in Meds Man newsletters, secondary care cascades and practice teams, where available, could be asked to perform searches on clinical systems to identify patients at risk.

- **Intrauterine contraception: uterine perforation; updated information on perforation.**
  Again this should be publicised in Meds Man newsletters, including Spectrum and perhaps Public Health.

ii) **MEDICATION SAFTEY NETWORK (MSN)** – HF gave verbal update on the first meeting which took place on 15 July and included representatives from Locala and CPWY. **HF** will provide the minutes of the meeting for information at the September APC meeting. MSN agreed that error reporting needs to improve. There needs to be more clarity for community pharmacists around what they should report and where. MYHT are now not using OxyNorm caps and may consider using liquid for immediate release oxycodone. Warfarin prescribing will be discussed at MSN meetings e.g. not using 5mg tablets in a similar way to not using Methotrexate 10mg tablets. One GP prescribed warfarin as an 'acute' medicine but the drug interaction checker did not work as the previous supply was made over 28 days previously. This happened 3 times! JL mentioned a patient with both warfarin and rivaroxaban on repeat. The use of NOACs is likely to increase with the antidote soon being available, and NICE recommending NOACs as a first choice option along with warfarin. EP warned we need to be careful with resources, as there may still be poor compliance with NOACs. The MSN also discussed possible adoption of the NOAC warning card and AKI sick day rules across the APC footprint. Each organisation represented on the MSN should decide how to disseminate any information and learning which comes out of the MSN.

iii) **HIGH STRENGTH BUPRENORPHINE PATCHES** – after discussion it was felt that it was good practice to prescribe high strength buprenorphine patches, and other CDs such as oxycodone, by brand to avoid confusion and hopefully prevent errors.

iv) **MISUSE OF HYOSCINE BUTYLBROMIDE –** the PHE alert refers to hyoscine being smoked in prisons. It was discussed at both the MSN and APC and both groups felt that the abuse should be highlighted via newsletters etc. but as the problem was mainly relevant in prisons, there wasn't enough advice available to consider switching away from hyoscine in the general population.

v) **MHRA ADVICE RE GENERIC ANTIEPILEPTIC DRUGS –** NL had contacted DVLA asking for their opinion on the MHRA advice regarding generic antiepilepsy drugs, specifically relating to Keppra (Levetiracetam). Levetiracetam has been classified as category 3 by MHRA i.e. usually unnecessary to maintain patients on a specific manufacturer's product. DVLA advised if a person with epilepsy, on antiepileptic medication has a seizure as a direct result of a documented physician advised substitution, reduction or withdrawal of antiepilepsy medication, then driving may resume after 6 months as long as other criteria can be met (there have been no further seizures in the 6 months and the previously effective medication has been reinstated for at least 6 months). In all other circumstances, a driver with epilepsy would have to wait 12

months following a seizure before resuming driving. Because these regulations are prescribed in law, medical advisers must adhere strictly to the standards and cannot apply discretion because of individual circumstances. Therefore if a change of medication was not a documented physician-advised change, then the seizure cannot be classed as a medication seizure. It was felt that clarity was needed around pharmacist/specialist nurse advised changes and the implications. EP questioned how relevant this was, especially with batch changes etc. and felt the DVLA advice was a 'red herring'. He also stated that MHRA advice is national advice. Neurologists at CHFT however don't seem to follow MHRA advice. **JY** to follow this up. **NL** has asked MHRA if DVLA advice was considered when they provided guidance and, if so, why was there no mention of it, but no reply yet. **NL** to follow up

Actions:

HF to provide minutes from MSN for next APC meeting	HF	4 Sept 2015
Investigate why CHFT Neurologists not following MHRA advice	JY	18 Sept 2015
Provide update from MHRA regarding DVLA rules	NL	18 Sept 2015

Topic 6: Commissioning Statements

i) Silicone scar treatment

Still no comments received from MYHT or Bradford despite several reminders so the group progressed to approval. **APPROVED.**

ii) bDMARDS in RA

MYHT disagree with 3 lines and want more but GHCCG and NKCCG have refused, saying that this would require an IFR. Leeds also feel as a tertiary centre they should not be restricted, but the commissioning statement offers more options than NICE which currently offers 2 lines. EP advised that the APC should note comments and MYHT disagreement and that it was for the individual Wakefield, NK and GH CCGs to discuss with the consultants to try and agree local decisions.

iii) Cough and cold remedies (aromatic inhalations, cough suppressants and systemic nasal decongestants)

Discussion took place regarding an outstanding issue which was resolved**.** **NL** to send to NT for approved by Chairman's action, as not submitted to the meeting.

iv) Commissioning statements in the pipeline:

- ❖ Travel medicines (Hepatitis B now to be prescribed privately for travel rather than combined with Hepatitis A. **NL** to amend and 4 week consultation to commence).
- ❖ Colief (to include health visitors in discussions)
- ❖ Multivitamins (may include post bariatric surgery)
- ❖ Sub-cutaneous Tocilizumab

Actions:

NL to send commissioning statement for cough and cold remedies to NT for Chairman's approval	NL	31 July 2015
NL to amend commissioning statement for travel medicines and proceed to consultation	NL	31 July 2015

Topic 7: RAG List

a) RAG Additions

New inhalers DuoResp Spiromax, Duaklir, Fostair NEXThaler, Flutiform, Umeclidinium and Relvar Ellipta – **GREEN**

New inhalers and devices recently accepted for use in MYHT and the CCGs.

Actions:

None

Topic 8: Shared Care Guidelines (SCGs)

i) Azathioprine – **Approved**
ii) Bicalutamide – **Approved**
iii) Ciclosporin – **Approved**
iv) Flutamide – **Approved**
v) IM gold – **Approved**
vi) Leflunomide – **Approved**
vii) Penicillamine – **Approved**
viii) Sulfasalazine– **Approved**

ix) Hydroxycarbamide – few minor amendments required then can be approved via Chairman's Action. **RB** to amend and **NL** to send for approval.

x) Hydroxychloroquine – few minor amendments required then can be approved via Chairman's Action. **RB** to amend and **NL** to send for approval.

SCGs Currently Out for Consultation

- Cinacalcet – deadline for comments is 4 August
- GnRH analogues - deadline for comments is 4 August

SCGs Returned to Author Post Preliminary (4-week) Consultation

- Cyproterone – still undergoing discussion
- Enoxaparin – may stall as few patients and may change to dalteparin instead
- Desferrioxamine – may stall as most patients are now using Homecare
- Methotrexate
- Dapsone (returned after final 2 weeks)

SCGs in Pipeline

- Darbepoetin
- Apomorphine
- Atomoxetine
- Agomelatine
- Dexamfetamine/Lisdexamfetamine
- Methylphenidate

Actions

NL to upload the approved SCGs to the APC website	NL	31 July 2015
Hydroxycarbamide and Hydroxychloroquine SCGs to be amended by RB and approved via Chairman's Action post 17 July	RB/NL	31 July 2015

Topic 9: Pathways

i) Antimicrobial guidelines review: the first review has been uploaded to the website. Following a lack of comments from MYHT and the microbiologist leaving, further microbiologists at MYHT have been asked to provide comments. This has resulted in a significant number of comments which it was felt would be difficult to resolve via email. It was suggested that a teleconference be held, including NT as GP representative. **NL** to organise towards the end of August.

ii) Gender dysphoria – issues have arisen at Leeds. JL advised that at gender change the patient record stops. LMCs have advised that GPs can't prescribe as they have no patient history but NHSE places expectation on GPs to prescribe. EP said that NHSE don't want to pay specialists to prescribe and the gender service has said they do not have skills to do basic tests. GPs need adequate information to feel confident to prescribe which some but not all letters provide. **Head of Medicines Management** to raise these issues with the 4 LMCs.

iii) Dry eye guidelines – this primary care guideline is currently out for consultation. **JY** mentioned he had received a comment regarding the use of Omega 3 supplements. APC felt that patients should be buying own omega 3 supplements. **JY** to send comments to NL

iv) Covert administration of medicines – in pipeline

Actions

Arrange teleconference to finalise antimicrobial guidelines	NL	By end of August
Raise awareness of prescribing in gender dysphoria issues with LMCs	HOMMs	18 Sept 2015
Provide comments regarding Omega 3 supplements to NL	JY	31 July 2015

Topic 10: D&T Updates

Various organisations' D&T minutes were presented for information. Topics of interest include:

i) Wound formulary group looking at a switch from Cavilon to Medi Derma S
ii) LAPC raised issue of SPCs for NOACs using creatinine clearance rather than eGFR

Topic 11: Date/Time of Next Meeting

Friday 18 September 2015, 12.30 noon – 3.30 pm, Board Room, Broad Lea House

Agenda items to be forwarded to nikki.lawton@nhs.net **by 4th September** (with papers).

Topic 12: General discussion

i) Fosfomycin proforma – HF questioned the need for the proforma as Fosfomycin is now licensed. Community pharmacists won't stock it but it could be obtained the following day. However it is only available from Lexon wholesalers and not all CPs will have an account. Delays may not be due to patient having to collect from hospital. **EP** will speak to Robbie as CPWY to clarify the situation.

ii) Emerade is now available as a similarly priced alternative to Epipen but has a 30 month expiry date. Epipen is meant to be for patient rather than professional use. APC is happy to consider the use of Emerade but patients and practice nurses will need training.

Actions

Clarify Fosfomycin supply situation with Robbie at CPWY	EP	18 Sept 2015