

## **SOUTH WEST YORKSHIRE AREA PRESCRIBING COMMITTEE**

**Wednesday 7<sup>th</sup> November 2018 at 13:00 to 16:00 held at Huddersfield Royal Infirmary**

### **ATTENDEES:**

Nigel Taylor (NT) – Prescribing Lead for NHS Calderdale CCG and Chair of the South West Yorkshire Area Prescribing Committee  
 Geraldine Rowan (GR) - Medicines Commissioning Coordinator (temp)  
 Kate Norton (KT) – Lead Pharmacist Medicines Information & Commissioning – Mid Yorkshire Hospitals NHS Trust  
 Jo Aldred (JA) – Medicines Effectiveness Lead – NHS Leeds CCG  
 Jane Otter (JO) – Prescribing Advisor Pharmacist – Leeds Teaching Hospital NHS Trust  
 Claire Kilburn (CK) – Lead Pharmacist – Planning and Delivery - Airedale, Wharfedale & Craven CCG  
 Fiona Smith (FS) – Deputy Clinical Director of Pharmacy - Calderdale & Huddersfield Foundation Trust  
 Debbie Pascoe (DP) – Medicines Information Pharmacist - Airedale NHS Foundation Trust  
 Lucy Hennessy (LH) - Senior Clinical Economy Pharmacist - Airedale NHS Foundation Trust  
 Tracey Gaston (TG) – Head of Medicines Optimisation – NHS Bradford City & District CCGs  
 Kate Dewhurst (KD) - Deputy Chief Pharmacist & Medication Safety Officer - West Yorkshire Partnership Foundation Trust  
 Makrand Gore (MG) – Head of Medicines Management – NHS North Kirklees/Greater Huddersfield CCGs  
 Rachel Urban (RU) – Head of Medicines Management - Locala  
 Helen Foster (HF) – Medicines Management Lead – NHS Calderdale CCG  
 Sue Gough (SG) – Senior Medicines Commissioning Pharmacist (left after agenda item 4)  
 Neill McDonald (NM) – Deputy Director of Pharmacy (Medicines Governance Lead) – Bradford Teaching Hospital Trust  
 Joanne Fitzpatrick (JF) - Head of Medicines Optimisation – NHS Wakefield CCG  
 Fozia Lohan (FL) – Medicines Management and Medicines Safety Pharmacist – Spectrum Community Health

### **APOLOGIES**

Lyndsey Clayton (LC) – NHS Wakefield CCG  
 Sameerah Azam (SA) – NHS Bradford CCGs  
 Ruth Buchan (RB) – Community Pharmacy West Yorkshire  
 Lisa Meeks (LM) - Community Pharmacy West Yorkshire

ITEM		ACTIONS	LEAD & TIMESCALES
1	<p><b><u>Welcome, introductions and apologies</u></b></p> <p>Members from Airedale, Wharfedale &amp; Craven and Airedale Hospital were welcomed to their first meeting. Apologies were received and recorded above.</p>		
2	<p><b><u>Declaration of interest</u></b></p> <p>There were no declarations of interest for agenda items.</p>		
3	<p><b><u>Minutes of the last meeting</u></b></p> <p>Minutes from 15.8.2018 were approved with the change item 9e 'ntractable' changed to 'intractable'.</p>		
4	<p><b><u>Action log</u></b></p> <p>Action log updated.</p>	ACTION	Members to review action log and complete actions
5	<p><b><u>To note updates/queries from the APC's sub-groups</u></b></p> <p><b><u>Medicines Safety:</u></b></p> <p><u>Emollients</u> Emollient safety with respect to fire was discussed. It was noted that West Yorkshire Fire Brigade has taken the lead on this. Medicines Safety Group and SG to review our resources. <b>Post-meeting note:</b> MHRA has now issued a press release. A link has been added to SWYAPC's website.</p> <p><u>Nefopam audit</u> The safety audit was discussed. Recommended that GP initiation should stop. It was felt that there is a need to engage with Pain Clinicians. SG has added commissioning statement for this drug to the APC's work plan. <b>Post-meeting note:</b> Agreed black for new patients while develop commissioning statement for consultation.</p>	ACTION	<p>SG/Safety group</p> <p>SG</p>

	<p><b><u>Wound Management:</u></b> nothing to note.</p> <p><b><u>Anti-microbial:</u></b> Use of co-amoxiclav in high risk COPD needs review. The group is reviewing the primary care guidelines now that NICE and PHE have merged their guidelines. <b>Post-meeting note:</b> SWYAPC has agreed to adopt the NICE guideline.</p>		
6	<p><b><u>Commissioning Statements</u></b></p> <p>Statements on silk garments, tocilizumab SC and sildenafil post-prostatectomy have been updated and already sent out for consultation. They will come to a future meeting for approval. Silk garments will be part of NHS England's consultation on low priority items.</p> <p><b><u>Flash Glucose Monitoring Systems</u></b> Commissioning statement tracker to be updated with new wording on flash glucose systems (<b>post meeting note:</b> this has now been actioned). SG has log-on details for national ABCD audit website but is not able to upload results (<b>post meeting note:</b> the Abbot representative has emailed SG to say audit data will be inputted by clinical teams. CCGs will need to ask their clinicians to share the data with them). It was agreed to classify these systems as 'Red'. In 6 - 12 months we need to review audit data. A letter should be prepared stating what data needs to be collected (<b>post meeting note:</b> see national audit <a href="#">template</a>). It was agreed that we need to publish on the APC's website stating that all APC areas have approved use in specific patients (<b>post meeting note:</b> this has been actioned). It was noted that the RMOC has published a position statement.</p> <p><b><u>Actipatch® Pain Management</u></b> A commissioning statement for Actipatch® is necessary. It was noted that Leeds has classified it as 'black' until it is reviewed.</p> <p>A process for horizon scanning new medicines and appliances is necessary. Leeds use MIMS. Members from Leeds agreed to share their list of new products.</p> <p><b><u>Cannabis Products</u></b> Cannabis was discussed. It is not yet clear which consultants want to prescribe it and in which groups of patients. Guidance from NHS England has been published and NICE are due to publish guidance in October 2019. It was</p>	ACTION	JO/JA

	<p>agreed to classify as 'black'.</p> <p><u>Flutter Devices</u> A commissioning statement which has been approved in Dorset was reviewed. It was agreed to add this to the work plan. There is some use in primary ciliary dyskinesia and cystic fibrosis, for example.</p> <p><u>Eltrombopag and Romiplostim for Aplastic Anaemia</u> NICE has only approved for ITP indication. Terminated appraisal for aplastic anaemia as Novartis had not submitted evidence. Licensed but no NICE approval and therefore not routinely commissioned. It would be helpful to have an APC-wide position on romiplostim for aplastic anaemia. Providers were asked to log for 6 months what these drugs are being used for. The IFR team will be asked how many patients have received these via IFRs (from April 18). TG agreed to co-ordinate this work and she asked everyone to send their figures to her and it will be decided if we need a commissioning statement is necessary. Eltrombopag was not a priority for a commissioning statement.</p> <p><b>Action: CCG's to follow up on IFRs and feedback to TG.</b></p>		<p>SG</p> <p>Providers/TG</p>
7	<p><b><u>Shared Care Guidelines (SCGs)</u></b></p> <p><b><u>Azathioprine following transplants</u></b> It was agreed that our website should link to Leeds.</p> <p><b><u>SCG process</u></b> SG to discuss writing of SCGs with writers. At this meeting it will be agreed which hospital will write which SCG.</p>	ACTION	<p>SG</p> <p>SG</p>
8	<p><b><u>RAG Submissions</u></b></p> <p>The following were classified as 'red':</p> <ul style="list-style-type: none"> <li>• anakinra for gout when patient has contraindications to standard treatment;</li> <li>• midostaurin for newly diagnosed acute FLT3-mutation-positive myeloid leukaemia;</li> <li>• alectinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults;</li> <li>• inotuzumab for relapsed or refractory CD22-positive B cell precursor acute lymphoblastic leukaemia;</li> </ul>	ACTION	

	<ul style="list-style-type: none"> <li>• prembrolizumab for relapsed or refractory classical Hodgkin lymphoma in adults who are stem cell transplant-ineligible and have failed brentuximab vedotin;</li> <li>• baricitinib for moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs.</li> </ul> <p>Teriparatide to remain 'red' via home care.</p> <p>Eslicarbazepine</p> <ul style="list-style-type: none"> <li>• green specialist initiation for adjunctive therapy in patients aged over 6 years with partial-onset seizures with or without secondary generalisation.</li> </ul> <p><u>Other anti-epileptics</u> Oxcarbazepine, rufinamide and perampanel were classified as green specialist initiation at APC in March 2014 but were not added to the website at the time. It was agreed that these should now go onto the website.</p> <p><u>Ulipristal</u> The new safety guidance on ulipristal was discussed following MHRA guidance published August 2018 which gives clear information on prescribing and monitoring for liver toxicity. It was agreed to keep it 'red'.</p> <p><u>Anticholinesterases and ECGs</u> A GP practice queried who was responsible for undertaking ECGs in patients on anticholinesterases? KD agreed to look into this.</p>		SG
9	<p><b><u>Secondary Care Requests for Primary Care Prescribing</u></b></p> <p>Wakefield CCG has guidance regarding requests from secondary to primary care for medicines. It was noted that if a request comes from outside SWY area that RAG status takes priority. The situation with tertiary referrals is well-defined; HF agreed to look at the principals which could be adopted across the area.</p>	ACTION	HF
10	<p><b><u>Avastin for wet AMD</u></b></p> <p>No actions are required at present.</p>		

11	<p><b><u>Prednisolone 20mg foam enema</u></b></p> <p>It was agreed to support the use of Budenofalk® due to cost-effectiveness. CCGs can review patients on prednisolone 20mg foam enemas.</p>		CCGs
12	<p><b><u>Xonvea® - doxylamine and pyridoxine</u></b></p> <p>This formulation contains an antihistamine plus vitamin B for nausea and vomiting in pregnancy. The Royal College of Obstetricians and Gynaecology does not recommend pyridoxine. It has been classified as black. To review if necessary.</p>		SG
13	<p><b><u>Horizon-scanning newly marketed products</u></b></p> <p>At the previous meeting, the way Leeds does horizon scanning to enable traffic light classifications was discussed. They use MIMS. SG had previously suggested doing horizon scanning across the ICS. This suggestion was well received to reduce duplication. Leeds will send SG details of what they look at every month.</p>		JO
14	<p><b><u>MYHT switching LMWH</u></b></p> <p>It was noted that MYHT is switching from dalteparin to tinzaparin. The SWYAPC's website is confusing as to classification. SG to check.</p>		SG
15	<p><b><u>Membership</u></b></p> <p>Currently no Chief Pharmacists attend SWYAPC meetings. Kate Woodrow will be asked to comment from a MYHT point of view.</p>		KW
16	<p><b><u>D&amp;T updates</u></b></p> <p>To be looked at future meetings. <b>Post meeting note:</b> VH has now asked that all minutes are sent to her for future agendas.</p>		

17	<p><b><u>AOB</u></b></p> <p><u>Pentosan</u> FS asked if Pentosan for bladder problems can be put on the next agenda because the product is now licensed (licensed since September 2018). It is currently classified as 'red' because it is unlicensed. It was agreed to look at it once NICE guidance is published in September 2019.</p> <p><u>Hydroxychloroquine</u> JO asked about monitoring. It was noted that the SCG is currently being updated. Needs to become a priority on the work plan.</p> <p><u>VSL#3®</u> From 1.11.18, VSL#3® will not be reimbursed as it is no longer in the Drug Tariff. It was agreed that it should be 'black'. It was agreed that discussions need to be had with dieticians and gastroenterologists with regard to managing patients who are already on it. JF agreed to get someone from her team to look at it.</p> <p><u>RMOCs</u> It was noted that the RMOCs are looking at the possibility of national shared care documents. A scoping meeting is being held on 20.11.18.</p>		<p>SG</p> <p>JF</p>
18	<p><b><u>Dates of Meetings for 2019</u></b></p> <p>The following dates were agreed:</p> <p>16<sup>th</sup> January 6<sup>th</sup> March 1<sup>st</sup> May 10<sup>th</sup> July 4<sup>th</sup> September 13<sup>th</sup> November</p>		