

County Durham and Darlington Area Prescribing Committee

Thursday 8th January 2015
11.30 am – 2.30 pm
Board Room, Appleton House

MINUTES

Present

Dr Geoff Crackett, GP Prescribing Lead, North Durham CCG (from item 3b)
Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Dr Alwyn Foden, Associate Medical Director, CD&D FT
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Betty Hoy, Patient representative
Alex Murray, Patient representative
Sue Hunter, Associate Director of Pharmacy, TEWV
Claire Jones, Public Health Pharmacist, Durham County Council
Dr Martin Jones, GP Prescribing Lead, DDES (from item 2d)
Gavin Mankin, RDTTC Representative (Professional Secretary)
Lisa Brown, TEWV (representing Sarah McGeorge)
Ian Morris, Senior Medicines Optimisation Pharmacist, NECS
Rob Pitt, LPC representative (from item 2d)
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Chris Williams, Deputy Chief Pharmacist, CD&D FT
Graeme Kirkpatrick, Chief Pharmacist, CD&D FT
Mike Leonard, Directorate Pharmacist, TEWV (representing Paul Walker)
Dr Robin Mitchell, Deputy Medical Director, CD&D FT

In attendance

Monica Mason, Principal Pharmacist (Prescribing Support), RDTTC
Elizabeth Bailes, Senior Clinical Pharmacist, CD&D FT

The meeting was quorate.

ID welcomed AM to the meeting and round of introductions were made.

ID explained the changes in the professional secretary support to the APC, and thanked Paul Davies for all his work on behalf of the APC in the professional secretary role over the last year.

Part 1 – Mental Health (11.30)

1a Mental Health Update

SH presented the TEWV December 2014 Pharmacy Bulletin to the group.
The following key points were highlighted:

- Pipotiazine palmitate depot injection is being discontinued from March 2015. No new patients should be started on pipotiazine injection and CCGs are asked to flag to TEWV any patients they may have still on it.

- Drugs and driving – new laws regarding certain drugs and driving come into force in March 2015.
- Hyperprolactinemia guidelines – these are being updated and will come to March APC for approval.
- Generic galantamine switch – a switch to generic galantamine within TEWV is underway. North Yorkshire are proposing the change and TEWV are happy with such proposed switches but will continue to prescribe generically. DDESs and North Durham CCGs are looking if this would be classified as branded generic prescribing before considering such a switch.
- Lithium monitoring – the new NICE Bipolar Clinical Guideline suggests that lithium monitoring can be reduced from 3 months to 6 months in some patients. To avoid confusion TEWV is recommended that all patients on lithium should continue to be monitored a 3 monthly basis.

ACTION: A review of primary care prescribing is to be issued to primary care to regarding pipotiazine depot injection discontinuation and SLA Pharmacists to be asked to look into this matter within their attached practices.

ACTION: TEWV and CDDFT to draft joint guidance on new drugs and driving laws to go out to all prescribers in both primary and secondary care via APC Chairman's action.

ACTION: Hyperprolactinemia guidelines to be updated and will come to March 2015 APC for approval.

As this was SH last APC meeting prior to retirement the group thanked her for all her work on behalf of the APC.

Part 2 – General (12.30)

- 2a Apologies for absence:**
Ingrid Whitton, TEWV
Sarah Hailwood, CDDFT - noted that she is leaving the Trust & CCDFT are looking for a replacement for her on the APC.
- 2b Declarations of Interest**
No declarations of interest relating to the agenda were raised.
- 2c Minutes of the previous APC meeting held 6th November 2014**
Item 2e – NTAG should read MHRA.
Page 3 – SH should read SHa.
Item 2i – idiopathic excessive daytime sleepiness should read idiopathic daytime hypersomnolence.
Item 4e – action point for melatonin as agenda item on January 2015 meeting needs to be added.
Item 3e – action point for CW to discuss expiry dates of creams with dermatologists needs to be added.

The minutes were accepted as a true and accurate record with the suggested changes.

2d Matters arising/action log

Actions From November Meeting not on the agenda or action log

NICE guideline on schizophrenia

TEWV are still reviewing this guidance in particular the physical health monitoring requirements. There is wide variation the commissioning arrangements for monitoring and TEWV will produce a paper to go to TEWV Management to guide discussions with commissioners.

LHRH

ID still to write to consultant regarding the letter.

INR Self-monitoring

IM has reviewed the costings for INR self-monitoring.

NICE guidance states that self-monitoring is an option depending on local commissioning arrangements.

Discussions took place on pros/cons of self-monitoring.

The APC noted that within CDDFT there is some self-monitoring undertaken via telehealth. GL/IM will prepare a report on the current CDDFT self-monitoring system.

Expiry dates of creams

CW to discuss proposal from November APC around expiry dates of creams with dermatologists and they raised no objections.

Action Log

Item 1.7 Inclusion of indications to accepted drugs – Amended County Durham & Darlington Formulary Process document was presented for approval on today's agenda. CLOSED.

Item 1.12 Prescribing Protocol for Oral Analgesia in Adults with Non-Cancer Pain – on today's agenda. CLOSED.

Historic Actions

Lithium Shared Care Guidelines – RM still to action. OPEN.

Declaration of interests – Not all forms have been received, GM will chase this up. OPEN.

Review of blood glucose meters, strips and needles – discussion with chair of the Diabetic CAG regarding Diabetes Programme budget approach recommendation has been held. CLOSED.

Pathway for managing compliance aids – to go to March meeting of Health & Wellbeing board. OPEN.

APC Formulary steering group update

2e NICE technology appraisals and Clinical Guidance: 12th November – 5th December 2014
N-TAG recommendations: November 2014
MHRA Drug Safety Update: November 2014

This paper was presented to the group for information and the actions taken by the Formulary Subgroup were noted.

Colobreathe inhaler – FSG will review its formulary status.

Sativex – NTAG negative recommendation from December was noted and FSG will review current use by pain clinic within CDDFT.

2f MHRA Drug Safety Update November & December 2014

The alerts were shared with the group for information.

2g Formulary Steering Group minutes – November 2014

The minutes were shared with the group for information, no issues were raised.

Membership of the FSG was discussed, in particular the need to ensure representation from primary care on the group. Primary care representation could be from a pharmacist or a GP. This will be kept under review, and an invite to GP Prescribing Leads to participate in the FSG either electronically or via attendance at FSG meetings has been sent. The D&T CAG will also discuss how to ensure adequate primary care input into FSG.

2h Formulary Update and Online Formulary Changes 29th Sept – 9th Dec 2014

CW presented the group with an update on the formulary changes, nothing major noted.

Amended County Durham & Darlington Formulary Process document was presented for approval. This was approved by the APC.

2i Modafinil Shared Care Agreement

CW presented the group with the proposed shared care agreement for modafinil. This was approved by the group with the following changes:

- Change idiopathic daytime sleepiness syndrome to idiopathic daytime hypersomnolence.
- Add in need for adequate contraception in women of childbearing potential.
- To include information on dose modifications in renal and hepatic failure if required.

ACTION: CW to update the modafinil shared care agreement with the changes

2j Melatonin

Following the discussion at the November APC to re-classify melatonin as an amber drug under shared care it was agreed that a shared care guideline be produced to support this. The development process will review the use of licensed and unlicensed preparations.

ACTION: CDDFT and TEWV to produce a shared care guideline on melatonin for approval at March 2015 APC.

2k Proposed reclassification of “red” anti-inflammatory eye drops

CW presented a paper on changing diclofenac and ketorolac eye drops from red to green + on the formulary.

It was agreed to reclassify diclofenac and ketorolac eye drops as Green+ with annotation on the formulary that the usual duration of treatment is 6-8 weeks and they should not be issued on a repeat prescription.

ACTION: CW to update the formulary

2l Specials Recommended by the British Association of Dermatologists for Skin Disease

CW presented feedback to the group from the CDDFT Dermatologists on the proposal to adopt list of Specials recommended by the British Association of Dermatologists for Skin Disease locally. The CDDFT dermatologists supported the adoption of the new BAD list, but proposed the some local additions to be used as an appendix to the BAD list.

The APC approved the adoption of the BAD specials guideline and the associated local appendix.

It was agreed that the list of drugs should not be recreated in the formulary, but the formulary should link directly to the guideline and appendix with some brief narrative.

ACTION: CW to update the formulary with a link to the guidance and appendix.

ACTION: JS to review implications for prescribing within primary care systems and monitor compliance with the BAD list.

2m New Drug Application – Intrapleural alteplase and dornase alfa for pleural infection

Item deferred until March 2015 meeting of APC.

2n Nalmefene briefing paper

The memo and briefing paper produced by NECS on the implementation of the NICE TA for nalmefene in the management of alcohol dependence were discussed. CJ notified the group that she is putting together a briefing paper on the implementation of this NICE TA for the Public Health Team in Durham County Council.

The APC noted the proposed pilot from Lundbeck around community pharmacies providing the required psychosocial support and CJ will keep the APC informed of developments in this area.

The need for primary care prescribers to ensure that prescribing of nalmefene only takes place in line with the requirements of the NICE TA was discussed. As a result use of nalmefene is not currently recommended in primary care as the required psychosocial support is not in place at this time.

The need to include Darlington Public Health and Local Authority in the discussions was highlighted.

ACTION: CJ to feedback to March 2015 meeting how Public Health intend to commission psychosocial support required with nalmefene.

ACTION: ID to write to Phillipa Waters (Public Health Pharmacist for Darlington) and invite her to join APC.

Part 3 – Physical Health (1.30)

3a Domperidone status memo

Following the last meeting of the APC the suggested amendments to the memo regarding the changes to the product license for domperidone have been made.

Further changes were suggested by the group as follows:

- Offer pragmatic view that if clinician feels long-term therapy required then risk/benefit should be discussed with patient and domperidone continued if informed consent.
- Review reference to antiemetic agent as per list above.

ACTION: GM to amend the domperidone memo and approve via Chairman's action.

ACTION: AW to speak to gastroenterologists' once final version of domperidone memo available.

3b OAB drug pathway update

A regional urology meeting has taken place since that last APC and a suggested OAB drug pathway has been produced. This will be circulated to the group and please send any comments/questions to Mary Garthwaite.

ACTION: Mary Garthwaite to attend March 2015 meeting of APC with final OAB drug pathway for approval.

3c Prescribing protocol for Oral Analgesia in Adults with Non-Cancer Pain

Following the last meeting of the APC the suggested amendments to the protocol have been made. The latest draft was discussed and the following changes were suggested:

- Remove references to max dose of ibuprofen.
- Remove appendix 1 and replace with transdermal patches are not recommended for use – see separate guidance. A separate piece of guidance will then be developed to cover the use of lidocaine and opioid patches in the management of pain.
- Remove reference to PCT and page 4.
- Remove duplication of prescribing advice around use of NSAIDs.
- Change D&T to APC on page 4 under neuropathic pain.
- CG1973 change to CG173
- Add in statement that neuropathic pain is quite rare and beware of abuse potential of gabapentin and pregabalin. Beware of patients asking for pregabalin by name.

It was agreed to approve the guideline via Chairman's action.

ACTION: IM to update the Prescribing protocol for Oral Analgesia in Adults with Non-Cancer Pain with suggested changes prior to approval via Chairman's action.

3d AF Guidance and Feedback

It was suggested to the group at the last meeting that the Gateshead guidance should be adopted.

Feedback on the Gateshead guidance has now been received from the consultants in CDDFT and was shared with the group.

It was agreed that the Gateshead guideline requires some changes before it can be adopted locally.

ACTION: IM to adapt the Gateshead AF guidance for use in County Durham & Darlington with the suggested changes and bring to March 2015 APC for approval.

3e Pregabalin Generic Prescribing

Discussion took place on the letter from Pfizer to CCGs in December 2014 regarding the issues around the expected launch of generic pregabalin in early 2015. The basic patent for pregabalin has expired and regulatory data protection for Lyrica® expired in July 2014, Pfizer has a second medical use patent protecting pregabalin's (Lyrica®) use in neuropathic pain which extends to July 2017.

Issues around the lack of licensing for generic pregabalin for neuropathic pain were discussed. It was agreed that as Pfizer had already issued a letter to CCGs outlining the situation, and that no generic was yet available a memo would be circulated within primary care stating that:

- A generic pregabalin is not yet available
- Further guidance will be issued once a generic becomes available
- Do not change current prescribing patterns at this time.

ACTION: GM to create and distribute a memo.

3f Pathway for Management of Suspected First Seizure in Primary Care

ID presented the pathway for management of suspected first seizure in primary care. This was approved by the group.

Before this guideline is issued confirmation that A&E version of pathway is in place within CDDFT is required.

ACTION: GK to confirm that CDDFT pathway for management of suspected first seizure is now approved and in place.

Part 4 – Standing items (for information only)

4a TEWV D&T Minutes September 2014

For information.

4b CD&D FT Clinical Standards and Therapeutics Committee October 2014

For information.

4c RDTC Horizon scanning – November 2014

For information.

4d CD&D D&T CAG October 2014 Minutes

For information.

Any Other Business

Azathioprine and mercaptopurine shared care guideline

A minor change to the initial frequency of monitoring with secondary care was approved.

New inhalers for COPD

Noted that NECS are leading on a review of the COPD guidelines and was agreed that will link in clinicians from CDDFT as part of this process.

Date and time of next meeting:

Thursday 5th March 2015 11.30am – 2.30pm Boardroom, John Snow House