

County Durham and Darlington Area Prescribing Committee

Thursday 3rd March 2016

11.30am – 2.30pm

Meeting Room 3, Education Centre, Lanchester Road Hospital

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Martin Jones, GP Prescribing Lead, DDES CCG
Mike Leonard, Directorate Pharmacist, TEWVFT (representing Paul Walker)
Claire Jones, Public Health Pharmacist, Durham County Council
Gavin Mankin, RDTA Representative (Professional Secretary)
Dan Newsome, Medicines Optimisation Pharmacist, NECS
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Graeme Kirkpatrick, Chief Pharmacist, CD&DFT
Richard Morris, Deputy Chief Pharmacist, TEWV FT
Jamie Harris, Deputy Chief Pharmacist, CD&DFT
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Sarah McGeorge, Non-Medical Prescriber, TEWVFT
Alex Murray, Patient representative
Betty Hoy, Patient representative

In attendance

Dr Ian Barrett – Clinical Director Adult Learning Disabilities TEWV FT – for item 2d
Dr Patrick Ojechi, Diabetes Lead GP, North Durham CCG – for item 4b
Dr Sirkanth Mada, Consultant, CD&DFT – for item 4b
Dr Patrick Wright, GP with Special Interest in Male Sexual Dysfunction– for item 4c

The meeting was quorate for Part 2 only. The group noted that the meeting was not quorate for Parts 1, 3 and 4 of the agenda and that any decisions made would need agreement from members not present via email post-meeting.

Part 1 (11.30)

1a Apologies for absence:

Melanie Robinson, Chris Williams, Ingrid Whitton, Jo Linton, Andy Reay

1b Declarations of Interest

No declarations of interest relating to the agenda were raised.

1c Minutes of the previous APC meeting held 7th January 2016

The minutes were accepted as a true and accurate record.

1d Matters Arising/Action Log

Actions from January 2016 meeting not on the agenda or action log

Nil

Action Log

Camcolit 250® brand name change

TEWV have received the information from primary care on the number of patients currently on Camcolit®.

Primary care still need to scope how many patients are currently receiving lithium outside of current shared care guidelines.

Effects of stopping smoking on Mental Health Drugs

Document has now been circulated to primary care. It was agreed that this item was now CLOSED.

Melatonin

All actions in the process of being completed as part of cost improvement plans in both primary and secondary care. It was agreed that this item was now CLOSED.

Psychotropic prescribing: peri-pregnancy and in women of child bearing age

Document still needs to be added to website. RM/DN agreed to action this.

Declarations of Interest

Register for 2014/15 now added to NECS website.

CDDFT membership vacancies still to be followed up with Medical Directors Office.

CD&D Drug Monitoring Document

On today's agenda under 'Any Other Business'.

DMARD shared care guidelines

On today's agenda.

NICE NG5 – Medicines Optimisation – key priorities for implementation

Creation of subgroup still to be actioned and not clear on who is leading on this. It was agreed to ask NECS to lead on this.

Baseline Assessment to be taken to next CCG Quality Review Group meeting.

Use of patient decision aids to discuss anticoagulant choice

Awaiting creation of NICE NG5 – Medicines Optimisation subgroup.

Osteoporosis Guideline

Work still in progress.

Psoriasis Pathway

Dermatologists have confirmed that Psoriasis Pathway is only intended for secondary care use. It was agreed that this item was now CLOSED.

High cost drugs update

On today's agenda.

Historic Actions

Subcutaneous methotrexate

The general SLA for the current homecare provider has now been signed-off, and now awaiting a specific SLA for subcutaneous methotrexate from provider.

GK continues to explore FP10 option but the problem remains what to do about the disposal of the waste, and if this cannot be solved will need to stick with homecare method. Noted that cytotoxic bins are available on FP10 scripts.

Neuropathic pain audit

CDDFT have met with their clinicians and are still finalising a guideline to define appropriate course length for May 2016 APC.

Letrozole and DEXA scans

No further update.

Food supplement contracting issues

North Durham CCG have seen a copy of the contract and a meeting is to be held in April 2016 with contracting teams in both primary and secondary care.

Part 2 – Mental Health (12.00)

2a TEWV Drug & Therapeutics Committee Feedback – February 2016

RMorris presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

The following issues were highlighted to the group:

- Vortioxetine – local guidance has been updated to include vortioxetine as a 3rd line agent in line with the NICE TA.
- Lithium – Priadel® has been agreed as the preferred brand.
- e-Prescribing – has now entered the beta-testing phase.

2b TEWV Depression Pathway Medication Algorithm

This guidance has been updated to include vortioxetine as a 3rd line agent in line with the NICE TA. The document will undergo a full review later this year.

The group noted that some Step 4 prescribing is being initiated in primary care and that this may need to be considered when the full pathway is updated later this year.

The updated pathway was approved by the group for circulation to GPs within County Durham & Darlington.

ACTION:

- **RM/DN to arrange for document to be added to CD&D pages of NECS website.**

2c Alcohol 3-way Agreement

After further discussion the withdrawal of the 'Drugs for alcohol dependence: clinical guidance and three way agreement' within County Durham was agreed. It was therefore agreed that the drugs used for the management of alcohol dependence should now be classed as RED in County Durham on the formulary and not Green+.

ACTION:

- **KH/JS to notify primary care in County Durham of withdrawal of Alcohol 3-way agreement.**
- **CJ to confirm commissioning arrangements and RAG status of drugs for alcohol dependence within Darlington.**
- **GM to update formulary to state that drugs for alcohol dependence are now RED in County Durham.**

2d Use of Psychotropic Medication for People who live in the Community with Learning Disabilities.

The group noted that a national call to action around the use of Psychotropic Medication for People who live in the Community with Learning Disabilities is due to issued imminently.

Dr Barrett gave the group an update on work being undertaken within the region on this with the key points as follows:

- Requires a measured response, and action will only be required in those patients who sole indication for psychotropic medication is for the management of challenging behaviours.
- Medication should not be withdrawn without reference to secondary care.
- There is no extra funding available to support this work.
- GPs should begin to prepare for the Call to Action by starting to look through practice

lists to identify patients.

- A standard template for GPs to use to review identified patients once the Call to Action is issued is being developed.

Part 3 – General (12.30)

3a Appeals against previous APC decisions

None received.

3b Update from Formulary Subgroup for March 2016 APC

This was presented to the group and the following actions were taken by the APC:

Formulary Updates since January 2016 APC for approval including RAG changes

Approved with suggested changes to RAG recommendation as follows:

NICE Topic Decision	Date Issued	Formulary status	Action taken following Feb 2016 FSG meeting
NG27 Transition between inpatient hospital settings and community or care home settings for adults with social care needs	30.12.2015	n/a	No action required as contains no drugs.
NG28 Type 2 diabetes in adults: management	30.12.2015	Antidiabetic drugs listed as GREEN or GREEN + in section 6.1	Include link in the formulary.
NG29 Intravenous fluid therapy in children and young people in hospital	30.12.2015	n/a	No action required as contains no drugs.
NG30 Oral health promotion: general dental practice	30.12.2015	n/a	No action required as contains no drugs.
NG31 Care of dying adults in the last days of life	30.12.2015	All relevant drugs available on the formulary.	No action required as no palliative care section in the formulary.
NG32 Older people: independence and mental wellbeing	30.12.2015	n/a	Suggest No action required as contains no drugs.
NG33 Tuberculosis	27.1.2016	All relevant drugs available on the formulary.	Suggest Include link in the formulary in the intro to Chapter 5.
TA369 Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears	30.12.2015	Not listed in chapter 11	Include link in formulary BUT RAG status still to be confirmed.
TA370 Bortezomib for previously untreated mantle cell lymphoma	30.12.2015	Listed in section 8.1.5 as a RED drug	No action required except to add link to formulary.
TA371 Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane	30.12.2015	Not listed in section 8.1.5	Include link in the formulary and add as REJECTED drug for this indication.
TA372 Apremilast for treating active psoriatic arthritis Apremilast alone or in combination with disease-modifying antirheumatic drug (DMARD) therapy is not recommended within its marketing authorisation for treating adults with active psoriatic arthritis that has not responded to prior DMARD therapy, or	30.12.2015	Not listed in section 10.1.3	Include link in the formulary and add as a REJECTED drug for this indication.

such therapy is not tolerated.			
TA373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis	30.12.2015	Listed in section 10.1.3 as RED drugs	No action required except to add link to formulary.
TA374 Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy	30.12.2015	Listed in section 8.1.5 as a RED drug	No action required except to add link to formulary.
TA375 Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed therapy.	27.1.2016	Listed in section 10.1.3 as RED drugs	No action required except to add link to formulary. DAS score threshold not changed.
TA376 Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases	27.1.2016		No action – radiopharmaceuticals not included in formulary
TA377 Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated	27.1.2016	Listed in section 8.3.4.2 as a RED drug	No action required except to add link to formulary.
TA378 Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy	27.1.2016	Not listed in section 8.1.5	Add as RED drug as per all other chemo drugs and add link to formulary.
TA379 Nintedanib for treating idiopathic pulmonary fibrosis	27.1.2016	Listed in section 8.1.5 as a RED drug	No action required except to add link to formulary. N.B. PBR excluded drug for specialist centre use only
TA380 Panobinostat for treating multiple myeloma after at least 2 previous treatments	27.1.2016	Not listed in section 8.1.5	Add as RED drug as per all other chemo drugs and add link to formulary.
TA381 Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy	27.1.2016	Not listed in section 8.1.5	Add as RED drug as per all other chemo drugs and add link to formulary.
TA382 Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy (terminated appraisal)	27.1.2016		No action required
MHRA Drug safety advice	Date Issued	Formulary status	Action taken following Feb 2016 FSG meeting
<u>Thalidomide: reduced starting dose in patients older than age 75 years</u> Use a lower starting dose of thalidomide in patients with untreated multiple myeloma who are older than age 75 years	Dec 2015	Listed in section 8.2 as a RED drug	Include link in formulary.
<u>Mycophenolate mofetil, mycophenolic acid: new pregnancy-prevention advice for women and men</u>	Dec 2015	Listed in section 8.2.1, 8.2.2, and 10.13 as a RED and an AMBER drug	Include link in formulary.

Mycophenolate mofetil and its active metabolite mycophenolic acid are associated with a high rate of serious birth defects and increased risk of spontaneous abortion.		depending on indication.	
<u>Bisphosphonates: very rare reports of osteonecrosis of the external auditory canal</u> Osteonecrosis of the external auditory canal has been reported very rarely (fewer than 1 in 10 000 patients) with bisphosphonates, mainly in association with long-term therapy (2 years or longer).	Dec 2015	Listed in section 6.6.2.2 as GREEN drugs.	Include link in formulary.
<u>Antiretroviral medicines: updated advice on body-fat changes and lactic acidosis</u> With the exception of medicines containing zidovudine, stavudine, or didanosine, product information will no longer include warnings on fat redistribution or lactic acidosis.	Dec 2015	Listed in section 5.3.1 as RED drugs.	Include link in formulary.
<u>Levonorgestrel-releasing intrauterine systems: prescribe by brand name</u> Levonorgestrel-releasing intrauterine systems should always be prescribed by brand name because products have different indications, durations of use, and introducers.	Jan 2016	Listed in section 7.3.2.3 as GREEN drugs.	Include link in formulary.
<u>Nicorandil (Ikorel): now second-line treatment for angina - risk of ulcer complications</u> Updated advice on use of nicorandil as second-line treatment for stable angina - some ulcers may progress to complications unless treatment is stopped.	Jan 2016	Listed in section 2.6.3 as GREEN drug.	Include link in formulary.
Letters sent to healthcare professionals in December 2015 A summary of letters sent to healthcare professionals in December 2015 to inform of safety for: <ul style="list-style-type: none"> galantamine hydrobromide (Reminyl): risk of serious skin reactions 		Listed in section 5.3.1 as GREEN+ drug.	Include link in formulary to galantamine letter.
Letters sent to healthcare professionals in November 2015 A summary of letters sent to healthcare professionals in November 2015 to inform of safety for: <ul style="list-style-type: none"> Thalidomide (Thalidomide Celgene): reduced starting dose in patients older than age 75 years (see also this month's article) Mycophenolate mofetil (CellCept): 			Include link in formulary to Nicorandil letter.

<p>pregnancy-prevention advice (see also this month's article)</p> <ul style="list-style-type: none"> • Nicorandil (Ikorel): second-line treatment for angina; risk of progressive ulceration • InductOs: supply shortage • Dimethyl fumarate (Tecfidera): new measures to minimise the risk of progressive multifocal leukoencephalopathy 			
NTAG recommendation	Date Issued	Formulary status	Action taken following Feb 2016 meeting
None issued since January 2016 APC meeting			
Requested formulary amendments	BNF Chapter	Reasoning	Action taken following Feb 2016 2015 meeting
Prednisolone oral solution	6.3.2	Add instead of using prednisolone soluble tablets for paediatric patients as oral solution more cost-effective.	Add to formulary as Green drug instead of prednisolone soluble tablets
Tetrabenazine	4.9.3	Change in RAG status from RED to GREEN+ to match NoT APC as it is prescribed by Regional Neuroscience Service for Huntingdon's disease	Change in RAG status from RED to GREEN+

It was agreed to defer a decision on the final RAG status of ciclosporin eye drops as group felt it may be more appropriate to be classed as AMBER rather than GREEN+. This was because of concerns that a GREEN+ status might lead to wider use, and also the confidence of GPs to prescribe it safely. It was agreed to seek the views of the ophthalmologists and until then would be classed as a RED drug.

ACTION:

- **GM to update the online formulary with the approved changes.**
- **BW to seek views of ophthalmologists on suggested AMBER RAG status for Ciclosporin Eye drops.**

3c New Drug Applications

Avanafil

A new drug application for Avanafil was presented to and approved by the APC.

It was agreed that should be classed as GREEN alternative drug, with generic sildenafil as the first choice and tadalafil as third choice.

It was also agreed to remove vardenafil from the formulary as generic sildenafil and avanafil are more cost effective.

ACTION:

- **GM to update the online formulary with the approved change.**

3d Shared Care Guidelines for Approval

The final drafts of the updated methotrexate and hydroxychloroquine shared care guidelines were presented to and approved by the group.

The dermatologists have confirmed that is no extra monitoring required for dermatology patients on hydroxychloroquine compared to rheumatology patients.

ACTION:

- **JH/GM to arrange for final versions of Methotrexate and Hydroxychloroquine Shared Care Guidelines to be added to CD&D pages of NECS website.**

3e NTAG Update

No recommendations issued since January 2016 APC.

3f High Cost Drugs Group Terms of Reference & Update

It was agreed to send out the draft High Cost Drugs Group Terms of Reference for comments by 18.3.16, and then to approve via Chairman's Action.

ACTION:

- **GM to send out High Cost Drugs Group Terms of Reference for comments by 18.3.16, after which time they will be approved via Chairman's Action.**

3g Patient Representative/Lay Member Role on APC

A job description for patient representatives was presented to and approved by the group with the following amendments:

- Change the term lay member to patient representative throughout the document
- Add in section about the support to be offered to patient representatives by the Officers of the APC plus that the role and involvement of patient representatives will be reviewed every 12 months.

The purpose of the job description is to ensure that the APC makes full use of its patient representatives, that the patient representatives get the support they need to perform their role, and that the views of patients are adequately represented at the APC.

ACTION:

- **GM to update job description for patient representatives to APC.**

3h Regional Medicines Optimisation Committee

A letter from NHSE discussing the proposed development of Regional Medicines Optimisation Committees was circulated with the agenda for information. There is no additional information available at this time.

Part 4 – Physical Health (13.30)

4a Lidocaine Patch Guideline

Discussed under review of Matters Arising/Action Log.

4b County Durham & Darlington Diabetes Integrated Model – Prescribing Guidelines

Dr Ojечи and Dr Mada presented a draft of the prescribing guidelines to support the new County Durham & Darlington Diabetes Integrated Model and welcomed any comments the group might have.

A final draft will be prepared in light of comments received for approval at the May 2016 APC meeting.

ACTION:

- **Members of APC to send any comments on draft Diabetes Prescribing Guidelines to KH.**
- **KH to update Diabetes Prescribing Guidelines with suggested changes and submit to May 2016 APC for final approval.**

4c Erectile Dysfunction Guidelines

Dr Wright presented a draft of the local prescribing guidelines for erectile dysfunction and welcomed any comments the group might have.

The draft guidelines are mix of existing guidelines from within the region, national and European guidelines.

It was noted that as yet the guidelines have not had any specific input from urology.

Changes suggested by the group included:

- Front summary sheet on no more than 2 sides of A4 for GPs.
- Flowchart of pathway needs to be included.
- Clearly highlight Department and Health and Drug Tariff guidance on prescribing for erectile dysfunction.

A final draft will be prepared in light of comments received for approval at the May 2016 APC meeting.

ACTION:

- **Dr Wright to update Guidelines for Erectile Dysfunction with suggested changes and submit to May 2016 APC for final approval.**
- **GK to seek views of Urologists on draft Guidelines for Erectile Dysfunction.**

4d FATS7 – A Strategy for the use of Cholesterol Lowering Drugs across the NE & Cumbria

The NESCN Lipid Specialists' Advisory Group recently agreed to adopt the FATS7 strategy on the use of cholesterol lowering drugs for use across the network. They have asked that the group consider adopting this for use in County Durham and Darlington CCGs.

After discussion the group felt it would be happy to adopt this regional guidance provided it was updated into a true generic regional document and did not just make reference to clinicians/pathways in Newcastle, North Tyneside and Northumberland.

ACTION:

- **GM to respond to NESCN Lipid Specialists' Advisory Group to say APC will only accept a generic regional version of the this guideline.**

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes December 2015

For information.

5b Formulary Amendments Post-February 2016 FSG Meeting

For information.

5c TEWV D&T Minutes December 2015

For information.

5d CD&D FT Clinical Standards and Therapeutics Committee October 2015 Minutes

Not yet available.

5e CD&D D&T CAG October 2015 Minutes

For information.

5f Diabetes Prescribing Group Minutes January 2016

For information.

5g NTAG Minutes November 2015

Not yet available.

5h RDTC Horizon scanning – January & February 2016

For information.

5i MHRA Drug Safety Update – January & February 2016
For information.

Chairman's Action

None this month.

Any Other Business

Drug Monitoring Document

An updated version of the Drug Monitoring Document following comment received at January 2016 APC was presented to the group for approval.

The group agreed the following points still required clarification:

- Citalopram and Escitalopram – need for ongoing magnesium monitoring in clinical practice.
- Nitrofurantoin – what is the definition of long-term therapy requiring ongoing monitoring?
- Terbinafine and fluconazole - what is the definition of long-term therapy requiring ongoing monitoring?

ACTION:

- **DN to finalise drug monitoring document with chair by end of March 2016.**

Date and time of next meeting:

Thursday 5th May 2016 11.30am – 2.30pm

Board Room, Appleton House