NHS
Cumbria
Clinical Commissioning Group

MINUTES OF THE MEETING OF THE CUMBRIA AREA PRESCRIBING COMMITTEE
HELD ON THURSDAY 14th APRIL, 2016 AT 2.00PM
Enterprise House, Kendal

Present:	Bill Glendinning	Chief Pharmacist, NCUHT (Chair)
	Lesley Angell	Senior Medicines Optimisation Pharmacist, NECS
	Pauline Bourne	Senior Pharmacist, UHMBT
	Andrea Loudon	Clinical Pharmacy Lead, CCG
	Dr Andrea Mulgrew	GP Prescribing Lead, Allerdale Locality
	Dr Amanda Pugh	GP Prescribing Lead, Furness Locality
	Dr Julia Smith	GP Prescribing Lead, South Lakes
	Sarah Roberts	Patient Voice representative
	Ben Merriman	LPC Representative
	Dr Nirmalan Arulanantham	Clinical Pharmacologist General Physician, NCUHT
	Helen Huck	Head of Pharmacy CPFT
In attendance		
	Adam O'Kane	Medicines Optimisation Pharmacist NECS
	Dr Darren Reynolds	Clinical Director / Consultant Psychiatrist for Older Adults, for agenda items 9.1a and 9.1b

APOLOGIES FOR ABSENCE *Action*

Apologies for absence were received from:

Phil Utting Senior Technician Medicines Optimisation NECS

DECLARATION OF INTERESTS

NONE

MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 18th December 2015 were agreed with the following amendments:

Present: Dr Andrea Mulgrew is Prescribing Lead GP for Allerdale locality.
Helen Huck was present at the meeting.

ACTION LOG FROM PREVIOUS MEETING (18th February 2016)

Updates were given as follows:
12/16 – This action was completed
21/16 – This action was completed
22/16 – This action was completed

134/14 – Draft a statement about the second line use of anti-TNFs for psoriatic arthritis in line with the decision of the IFR panel. LA

Statement was approved in August meeting – to be added to Blueteq. - ONGOING

26/15 – Declaration of Interest Form – proposed form to be circulated for completion for 16-17 and return to PU. Register of declarations to be maintained on Cumbria APC section of NECS website. - ONGOING — LA

72/15 – Vitamin D guidelines (was NG 14 Melanoma assessment and Management) – Vitamin D guidelines are under review, working group has been set up which includes MO team BG (NCUHT) and PB (UHMBT) to review and update all current guidelines, to be brought to June 2016 meeting after approval at the relevant Medicine Management Trust groups – ONGOING — LA, BG, PB

108/15 - **Guidelines for the use of Feminising Hormone therapy in gender dysphoria** - Original North of Tyne document is due for review June 16. Wait until NOT produce updated document to produce Cumbria version and bring back to future meeting - COMPLETED

109/15 - Guidelines for the use of Masculinising Hormone therapy in gender dysphoria – Original North of Tyne document is due for review June 16. Wait until NOT produce updated document to produce Cumbria version and bring back to future meeting - COMPLETED

126/15 – Azathioprine & Mercaptopurine SCG – LA to review the SCG taking comments from Mr Dennis Burke and Dr Shadad (both NCUHT) into account. - ONGOING — LA

127/15 – LJF Amendments (Nov 2015) – 4.10 (f) Diazepam Prescribing
Cumbria CD LIN meeting on the 24.3.16 discussed diazepam prescribing. NHSE CD AO monitors all CD prescribing and has requested CCG to review all diazepam 10mg prescribing for appropriateness. This will be taken forward by NHSE AO and CD LIN - COMPLETED

128/15 - TA358 Tolvaptan – For treating autosomal dominant polycystic kidney disease in adults – RED – LA confirmed that CCG is responsible commissioner for Tolvaptan for this indication. - COMPLETED

143/15b - Prescribing review: LHRH Agonists – No response received from NCUHT consultants. Feedback required from NCUHT Consultants, comments to June APC meeting - ONGOING — BG

144/15 - Prescribing review: Antipsychotic drugs –

CPFT Medical Director has written a letter to GPs to support them to implement the recommendation that patients are prescribed immediate release antipsychotics whenever possible. This will be distributed to practices. -COMPLETED

02/16 - Review of COPD Guidance

No amended documents have been received from Dr Paul Plant, and no further evidence to support the proposed treatment pathway. At the February meeting the committee preferred Chronic Disease Management Option 1 with the following amendments:

1. Pneumoccal vaccination (repeat after 5 years) **Review pneumococcal vaccination**
2. Theophylline - Prescribe by brand **– Remove Phyllocontin and Nuelin**
3. End of life – Consider: 1st line MST 10-20mg bd **– Change to Zomorph** — BG

At the February meeting, it was discussed that cotrimoxazole could not be prescribed in primary care and suggested that Dr Plant discussed an alternative such as trimethoprim with the microbiologists. LA

1. Sputum still purulent – **Change Cotrimoxazole to Trimethoprim if Microbiologists agree**

The committee discussed that the NICE surveillance programme which states that NICE will be reviewing COPD treatment options on clinical and cost effectiveness grounds. BG to respond to PP that APC cannot support the choice of a product for unlicensed use when licensed products are available and are minded to wait for NICE review. LJF have also reviewed inhaler choice, committee requested that COPD guidelines are updated in line with Lothian, and for a review of costing implications of implementing these choices.

ONGOING

03/16 – Lothian Joint Formulary Review

Working group meeting was held on 6.4.16, where the options for formulary choice were discussed. Currently drug choice comes from multiple sources, Lothian, NICE, NTAG, LMMG, RAG but it is unclear to prescribers where to look for this information, there is no single place where prescribers can look for drug choice.

The working group proposed that there should be a single point of access to a Cumbria formulary. The Trust's pharmacy teams and the MO team will collaborate to review each BNF chapter to ensure the formulary contains current drug choices as approved by the APC. The working group will become a task and finish group to implement the Cumbria formulary portal.

The committee endorsed the proposal.

PB explained that Morecambe Bay are developing a web based formulary which is capable of signposting to reference sources (eg NICE guidance, SCP, prescribing guidelines) and could be used as the single point of access to a Cumbria formulary subject to the license issuers agreement and agreement between the Trusts on resource for license fee, review and maintenance.

The Committee discussed future decision making and agreed that the APC will continue the current practice of reviewing Lothian choices (which are reached after a decision making process which has robust governance arrangement in place), NICE TAs and NGs, NTAG decisions etc and the formulary will be updated after each meeting.

The Committee asked that LA lead the task and finish group and produce an action plan for the next meeting. It was agreed that the group should aim for the portal to be live by October 16. ONGOING LA

08/16 Transfer of care audit – AL to share the transfer of care audit with the LPN after publication – ONGOING AL

11/16 NOAC guidance-At February meeting, AM was to ask author of First Care Cumbria document "AF-which NOAC to use" to amend drug choice in line with NICE guidance and provide evidence to support recommendations. Nothing received to date - ONGOING AM

14/16 STOPP START toolkit – No comments were received from committee members. Final draft now in production incorporating comments from NICE associates network, to be bought to next meeting - ONGOING LA

15/16 Dapsone SCG – PB confirmed that a section on immunisation is not required as dapsone is not immunosuppressive and live vaccines are not contraindicated. Regarding

significant deterioration in renal function, the author (Dr Sidhu N Lancs GPSI in dermatology) had responded to say that as renal profile is not part of the pre-screening test it may be able to remove this statement, she will confirm. Final version to next meeting - ONGOING PB

19/16 Insulin Passport At February meeting HH was to ask Cumbria Diabetes their preference - ONGOING HH

20/16 Mycophenolate SCG – "Off licence use" The committee agreed the current version, with the inclusion of "off label" to clarify, can be extended for 6 months. Date to be changed and uploaded to website -COMPLETED

01/16 – APC Terms of Reference

Updated version (with minor corrections to Trust and roles and addition of a member of the palliative care medicines management group) adopted. To be uploaded to website - COMPLETED

111/15 – Sulfasalazine SCG – It was agreed that monitoring frequency should be the same for all patients. Amended document to be bought to June meeting - ONGOING PB

131/15 - ALGORITHM FOR BLOOD GLUCOSE LOWERING THERAPY IN ADULTS WITH TYPE 2 DIABETES

The document was approved with minor amendments to clarify insulin abasaglar and inclusion of Dapagliflozin in line with NICE TA. – COMPLETED

26/16 RECENT LJF Formulary decisions and amendments

Lipefilgrastim 6mg soln for injection (Lonquex®) Reduction in the duration of neutropenia and the incidence of febrile neutropenia in adult patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes) . Not considered by NICE. Noted - BLACK

Guanfacine 1mg, 2mg, 3mg and 4mg prolonged release tablets (Intuniv®)- Treatment of ADHD in children and adolescents 6 to 17 years old for whom stimulants are not suitable, not tolerated or have been shown to be ineffective. Treatment must be used as part of a comprehensive ADHD programme, typically including psychological, educational and social measures. Noted - RED

Insulin Detemir 100 units/ml solution for injection in cartridge (Penfill), pre-filled pen (FlexPen) and pre-filled pen (InnoLet) (Levemir®) For treatment of diabetes mellitus in adults, adolescents and children aged 1 year and above. GREEN

Oseltamivir 30mg, 45mg, 75mg capsules and 6mg/ml powder for oral suspension (Tamiflu®) Treatment of influenza in children aged <1 year including full term neonates who present with symptoms typical of influenza, when influenza virus is circulating in the community. Efficacy has been demonstrated when treatment is initiated within two days of first onset of symptoms. Noted

(GPs in England may only prescribe antiviral medicines for the prophylaxis and treatment of influenza at NHS expense, when the Chief Medical Officer has confirmed that influenza is circulating in the community, and in accordance with NICE guidance)

Ecilizumab (Soliris®) – Not recommended - noted
Pizantrone (Pixuvri®)– Not recommended - noted
Teduglutide (Revestive®)– Not recommended - noted
Pertuumab (Perjeta®)– Not recommended - noted
Nivolumab (Opdivo®)– Not recommended - noted
Capsaicin (Quetenza®)– Not recommended - noted
Daptomycin (Cubicin®)– Not recommended - noted

Chapter 3 Respiratory
Discussed under 02/16
3.1 Bronchodilators
3.1.1 Adrenoceptor agonists
(a) short–acting beta2–agonist bronchodilators
· Salbutamol Accuhaler has been deleted the Easyhaler is now the only dry powder device included.
(b) long–acting beta2–agonist bronchodilators (LABA)
· Formoterol turbohaler (Oxis) has been deleted, the Easyhaler is now the only dry powder device included.
· Indacaterol has been removed from the choices box. It had been included as an option in COPD instead of a LAMA.
3.1.2 Antimuscarinic bronchodilators
· The choices box has been amended extensively.
· Tiotropium and glycopyrronium are no longer included as options for moderate-severe COPD. First choice LAMA is umeclidinium and second choice is aclidinium.
· Tiotropium (Spiriva Respimat) is included for use in asthma.
· Combination LAMA/LABA inhalers have now been included: Anoro Ellipta (umeclidinum with vilanterol) is first choice and Duaklir Genuair (aclidinium with formoterol) is second choice.
3.2 Corticosteroids
(a) inhaled corticosteroids
· Fluticasone has been deleted as a second choice inhaled steroid. First choice is Clenil Modulite (MDI) or beclometasone Easyhaler (DPI)
· Budesonide Easyhaler remains as second choice.
c) combination corticosteroid products
· The choices have been amended for asthma. Seretide and Symbicort have been deleted.
· First choices for asthma and COPD are now the same – although the strengths of the inhalers are different.
· Information has been added to the choices box detailing the doses to be prescribed at step 3 or 4 of asthma management and in COPD.
Chapter 4 CNS
Noted that diazepam 5mg tablets have been added back to formulary on interim basis
Chapter 6 Endocrine
Insulins-Abasalgar is in line with current Cumbria choices. Toujeo GREEN in Cumbria in line with NTAG decision.
SGLT2 inhibitor – Noted Empagliflozin, dapagliflozin remains as an option in Cumbria in line with NICE TA288
Chapter 7 – noted. Choice of drugs fro urinary frequency due to bladder instability unchanged in Cumbria in line with NICE CG171 and Cumbria guideline "Treatment of Overactive Bladder in Women"
Chapter 8 Not relevant in England
Chapter 9 Hyperphosphataemia -Secondary care only

Oral sodium and water –noted
Methotrexate oral solution – noted RED

27/16 **NICE TECHNOLOGY APPRAISALS**

TA384 Nivolumab – Recommended as an option for monotherapy for advanced melanoma -RED

TA385 Ezetimibe– Option for treating primary heterozygous –familial and non-familial hypercholesterolaemia – no significant changes to recommendation from previous guidance.

TA386 Ruxolitinib – (replaces TA289) – option for treatment of disease related splenomegaly in adults with primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis -RED

28/16 **NICE CLINICAL GUIDELINES**

NG34 Sunlight exposure: Risks and benefits – No prescribing implications - Noted

NG35 Myeloma: diagnosis and management – Secondary care only - Noted

NG36 Cancer of the upper aerodigestive tract; assessment and management in people aged 16 and over– Secondary care only -Noted

NG37 Fractures (complex) : Assessment and management. No prescribing implications **-** Noted

NG38 Fractures (non-complex): Assessment and management – Secondary care only. Pain management is in line with current practice – Noted

NG39 Major trauma: assessment and initial management- Secondary care only. Pain management is in line with current practice – Noted

NG40 Major Trauma: Service delivery. No prescribing implications **-** Noted

NG41 Spinal injury: Assessment and initial management - Secondary care only. Pain management is in line with current practice – Noted

NG42 Motor neurone disease: Assessment and management. Prescribing recommendations to be highlighted to clinicians managing patients with MND.

NG43 Transition from children's to adult's services for young people using health or social care services - No prescribing implications – Noted

NG44 Community engagement: Improving health and wellbeing and reducing health inequalities. - No prescribing implications - Noted

29/16 **NICE MO BASELINE ASSESSMENT**

No updates were available

30/16 **CONTRACT MONITORING**

Nothing to discuss

31/16 **MEDICINES SAFETY**

Nothing to discuss

CLINICAL MATTERS

32/16 **Acetyl cholinesterase inhibitors – SCG review** – Dr Darren Reynolds Clinical Director and Consultant Psychiatrist for Older Adults CPFT attended the meeting to present an updated version of the Shared Care Protocol for Donepezil, Galantamine and Rivastigmine. The committee requested some changes to align with NICE TA217 and to include an annual cognitive review by secondary care. Final version to be bought to next meeting. ONGOING HH

33/16 **Memantine and AChEI – review of RAG rating.** Dr Reynolds presented a paper reviewing the evidence for the combination of these drugs and a proposed share care guideline to support GPs to prescribe the combination. The committee noted that NICE do not support this combination but it is included in Maudsley guidelines. In Dr Reynolds experience some patients do benefit from the combination and this may reduce the use on antipsychotic medication to control behavioural symptoms of dementia. The committee discussed primary and secondary care responsibilities and requested the inclusion of a tapering arrangement. The inherent danger of scripts being produced from multiple sources for vulnerable patients was noted. The committee requested that the SCP is redrafted to with the requested changes and bought to next meeting. - ONGOING HH

34/16 **Updated Lancs MMG AF decision support tool -** The committee noted the inclusion of Endoxaban in line with NICE guidance. The committee approved the updated tool for use in Cumbria. COMPLETED

35/16 **Tinzaparin use in community** HH raised an issue that community staff were being asked to administer tinzaparin started at Hexham hospital. Enoxaparin is the first line therapy in Cumbria and staff are familiar with doses and administration device. The committee noted the issues this raised. - COMPLETED

36/16 **E cigarette RAG rating.** - This item had been left on the agenda by mistake. RAG rating will be reviewed following publication of the NTAG decision. - COMPLETED

37/16 **Antibiotic management of recurrent urinary tract infections-updated version.** This guidance has been updated to strengthen the monitoring requirements for long term antibiotics – APPROVED - COMPLETED

38/16 **North East and Cumbria antimicrobial prescribing guideline for primary care – 2016 update.** The committee approved the updated guidelines which will be published following ratification by all NE &Cumbria APCs.- COMPLETED

39/16 **OPERATIONAL**

Nothing to discuss

	DRUG SAFETY UPDATE	
40/16	Drug Safety Update (February 2016) – Noted, points 1& 2 add to Prescription Pad	LA
41/16	Drug Safety Update (March 2016) – Noted, specialist use only.	LA
42/16	**FOR INFORMATION** **Minutes received:** Lothian Formulary Committee (2nd March 2016)	
	ANY OTHER BUSINESS	
43/16	**Alimemazine.–** LA requested a review of RAG status of alimemazine following requests by community paediatrician. GREY pending review. Consultant to produce evidence for use.	HH
44/16	**Ulipristal –** BG raised issue that Ulipristal is has now been extended to four months. Current arrangement is that consultant initiates and requests GP to prescribe for 2 months. This is being reviewed by LMMG. Bring LMMG review to next meeting	PB
44/16	**Attendance of guest clinicians at meetings** – NA raised that the APC does not have a protocol for dealing with guest clinician attendance at meetings. The committee discussed how other areas handle this in a way that minimises the risk of influence over the decision making process. It was decided that in future, guests will be asked to present their case, the committee will have an opportunity to ask questions and the clinician will be asked to leave the meeting. The committee will then discuss the proposal and reach a decision which will be communicated to the clinician by the member of the committee representing their Trust, or the Chair, as appropriate.	
	DATE and TIME of next meeting **Thursday, 16th June 2016, 2pm at Penrith Rugby Club, Penrith**	