NHS
Cumbria
Clinical Commissioning Group

MINUTES OF THE MEETING OF THE CUMBRIA AREA PRESCRIBING COMMITTEE
HELD ON THURSDAY 16th JUNE 2016 AT 2.00PM
PRUFC, PENRITH

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
	Phillip Utting	Professional Secretary Cumbria APC & Senior Medicines Optimisation Technician, NECS
In attendance		
	Faye Gillespie	Medicines Optimisation Pharmacist NECS
	Helen Boit	Senior Quality & Safety Manager, CPFT –for Agenda item 9.11
	Yin Pang	Pharmacist NCUHT

APOLOGIES FOR ABSENCE *Action*

NONE

DECLARATION OF INTERESTS

NONE

MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 14th April 2016 were agreed.

ACTION LOG FROM PREVIOUS MEETING (14th April 2016)

Updates were given as follows:
40/16 – 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.
Statement was approved in August meeting – to be added to Blueteq before the APC August 2016 meeting. - ONGOING LA

26/15 – Declaration of Interest Form – proposed form circulated to members, comments back on proposed declarations for the August APC meeting. - ONGOING — LA

72/15 – **Vitamin D guidelines (was NG 14 Melanoma assessment and Management) –** Vitamin D guidelines circulated to the group, comments to be sent to Ruth O'Neil by end of June. Final draft to be produced by July 11th for presentation at the provider Medicine Management Group meetings. Final version to be brought to the August APC meeting. - ONGOING — LA BG PB

111/15 – Sulfasalzine SCG – Updated version now includes Rheumatology and Gastro indications, PB to update document removing "and ensure that test results are recorded in the monitoring booklet" . – APPROVED with this amendment. — PB

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

143/15b - Prescribing review: LHRH Agonists – No response received from NCUHT consultants. Good response from South clinicians. Practice is being audited as part of the Injections and implants for Prostate Cancer LES - 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, as discussed at the April APC meeting. In the absence of this, Cumbria APC is unable to endorse the unlicensed use of an inhaled corticosteroid where a licensed alternative is available. The committee was made aware of a new trial which casts doubt on the use of inhaled corticosteroids in COPD. The committee approved the Lothian inhaler choices until such time as the NICE review of COPD guidance is published. The revised Cumbria COPD Guidelines, which include the Lothian inhaler choices, was approved. - COMPLETED

03/16 – Cumbria and Lancashire Formulary (was Lothian Joint Formulary review)

Groups for the formulary review have now been created with section reviews to be completed by mid-September 2016. Lancashire North have joined the project. Final version to be brought to October APC meeting. ONGOING — LA

08/16 Transfer of care audit – Audit results have just been received, to be brought to the August APC meeting. – ONGOING — AL

11/16 NOAC guidance-"AF- which NOAC to use" has been circulated by First Care Cumbria without the requested changes and is therefore not endorsed by Cumbria APC.- COMPLETED

14/16 STOPP START toolkit – Cumbria version circulated to the group – APPROVED – add to the NECS website and Prescription Pad. - COMPLETED

15/16 Dapsone SCG –updated document submitted which included amendments suggested at last meeting. – APPROVED - COMPLETED

18/16 & 33/16 Memantine and AChEI – review of RAG rating

Document to be updated by CPFT taking further comments into consideration, including the need for a schedule for introduction of memantine and stop AChEI and monitoring of

response. Final draft to be circulated for comments. Final version to next meeting- ONGOING HH

19/16 Insulin Passport – Cumbria Diabetes have not adopted the insulin passport. UHMBT issue a passport or an insulin card – COMPLETED

32/16 Acetyl cholinesterase inhibitors – SCG review - Amendments requested to secondary care responsibilities: include the statement- Discharge letter should state "Prescribe drug in line with SCP" APPROVED with this amendment. Final version to August meeting. - ONGOING HH

43/16 Alimemazine – Review of RAG status not necessary as consultant will not recommend in future. GPs can ask consultant for an alternative suggestion in cases where it has already been prescribed – COMPLETED

44/16 Ulipristal – LMMG review of Ulipristal for the treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age was discussed and it was agreed AMBER for both pre-operative and repeat courses, with the first month supply being issued by secondary care with a patient information leaflet. Repeat courses (up to four) can be prescribed by a GP only on the recommendation of a Consultant. - COMPLETED

45/16 RECENT LJF Formulary decisions and amendments

Dulaglutide 0.75mg and 1.5mg solution for injection in prefilled pen (Trulicity®)
Treatment in adults of type 2 diabetes mellitus to improve glycaemic control as add-on therapy in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Noted - AMBER

Ceritinib 150mg hard capsules (Zykadia®)- Treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) previously treated with crizotinib. Noted - BLACK

Alendronic Acid 70mg effervescent tablets(Binosto®) - Treatment of postmenopausal osteoporosis. GREEN

Etanercept (Benepali®) - Treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyarthropathy.
Noted that Benepali® is a biosimlar medicine and will replace Enbrel® as the etanercept of choice. Noted – RED

Botulinum toxin type A 50 unit, 100 unit and 200 unit powder for solution for injection (Botox®) - Focal spasticity, including the treatment of wrist and hand disability due to upper limb spasticity associated with stroke in adults. Noted – RED – subject to check that this is not a procedure of limited clinical value AL

Botulinum toxin type A 50 and 100 LD50 units powder for solution for injection (Xeomin®) - Post stroke spasticity of the upper limb presenting with flexed wrist and clenched fist in adults. Noted – RED – subject to check that this is not a procedure of limited clinical value AL

Botulinum toxin type A powder for solution for injection (Botox®) - The management of bladder dysfunctions in adult patients who are not adequately managed with anticholinergics: overactive bladder with symptoms of urinary incontinence, urgency and frequency. Noted - RED

Camellia Sinensis (green tea) leaf extract 10% ointment (Catephen®) - Cutaneous treatment of external genital and perianal warts (condylomata acuminata) in immunocompetent patients from the age of 18 years. Noted – RED for use only in GUM clinic.

Liraglutide (Victoza®) - First choice drug for the treatment of Type 2 diabetes. –noted remains AMBER in Cumbria

Prasugrel (Efient®) - Patients undergoing flow diverter stent insertion for the treatment of an intracranial aneurysm with a subtherapeutic level of platelet inhibition after loading with clopidogrel, as measured by VerifyNow assay. Noted – AMBER

Ataluren (Translarna®) Duchenes muscular dystrophy**–** Not recommended – Noted - BLACK

Eculizumab(Soliris®) – Not recommended – Noted –confirmed RED in line with NICE HST

Ivacaftor (Kalydeco®) – Children with cystic fibrosis (CF) aged 2 yrs and older and weighing less than 25kg who have one of the following gating (class III) mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N or S549R. Not recommended – Noted – BLACK

Lumacaftor, Ivacaftor (Orkambi®) – For the treatment of cystic fibrosis (CF) in patients aged 12 years and older who are homozygous for the F508del mutation in the CF transmembrane conductance regulator (CFTR) gene. Not recommended – Noted – BLACK

Ceftolazone / tazobactam (Zerbaxa®) – For th treatment of the following infections in adults: complicated intra-abdominal infections, acute pyelonephritis, complicated urinary tract infections. Not recommended – Noted – BLACK

Certolizumab pegol (Cimzia®) – For the treatment of severe, active and progressive RA in adults not previously treated with MTX or other DMARDs. Not recommended – Noted – confirmed RED in line with NICE TA

Ramucirumab (Cyrmaza®) – In combination with FOLFIRI (irinotecan, folinic acid, and 5-fluorouracil) for the treatment of adult patients with metastatic colorectal cancer with disease progression on or after prior therapy with bevacizumab, oxaliplatin and or fluoropyrimidine. Not recommended – Noted – BLACK in line with NICE TA

Isavuconazole (Cresemba®) – For treating invasive aspergillosis and mucormycosis. Not included – Noted – BLACK

Everolimus (Afinitor®) – For treatment of breast cancer. Not included – Noted – RED in line with NICE TA295

Abiglutide (Eperzan®) – Not recommended – Noted - BLACK

Formulary amendments:

April 2016
4.11 Drugs for dementia – Cumbria SCP should be followed
6.1.6 Diagnostic and monitoring agents for diabetes mellitus –Cumbria BGTS choices should be followed
10.1.3 Biologic therapies – NICE TAs should be followed

HH

Chapter 4 CNS – HH to review and bring to August APC meeting

May 2016
9.6.4 Vitamin D – Cumbria guidance should be followed
10.1.3 Biologic therapies – NICE TAs should be followed

46/16 **NICE TECHNOLOGY APPRAISALS**

TA387 Abiraterone – Recommended for treating metastatic hormone relapsed prostate cancer before chemotherapy is initiated. RED

TA388 Sacubitril valsartan– Treating symptomatic chronic heart failure with reduced ejection fraction.- RED – Full guidance to be brought to August APC meeting for further discussion. BG to ask NCUHT clinicians if they wish to develop a SCP. BG

TA390 Canagliflozin, Dapagliflozin and Empagliflozin as montherapies – Recommended as an option for treating type 2 diabetes- NOTED - AMBER

TA391 Cabazitaxel – Recommended as an option for treating hormone relapsed metastatic prostate cancer treated with docetaxel in specific circumstances –RED

47/16 **NICE CLINICAL GUIDELINES**

NG45 Routine preoperative tests for elective surgery – No prescribing implications - Noted

NG46 Controlled Drugs: safe use and management – Cumbria do not have a local opioid conversion table. AL to review existing tables. AL

NG47 Haematological cancers: improving outcomes– No prescribing implications -Noted

48/16 **NICE Medicines Optimisation NG5**

No updates were available

49/16 **CONTRACT MONITORING**

NERSAP minutes 25th February 2016: Edoxaban rebate scheme approval noted. Cumbria APC accepts the NERSAP recommendation.

50/16 **MEDICINES SAFETY**

Nothing to discuss, next meeting of MSOs scheduled for July 2016.

CLINICAL MATTERS

51/16 **NTAG – Etanercept biosimilar (Benepali®) as a treatment option for the following indications: Rheumatoid arthritis, Axial spondylitis, Psoriatic arthritis and Plaque psoriasis (adults only)** – RECOMMENDED as an option for use in adults where the originator product (Enbrel®) would normally be prescribed.- ACCEPTED - RED

52/16 **NTAG – e-Voke®electronic inhaler to relieve and/or prevent withdrawal symptoms and reduce the cravings associated with tobacco dependence-** NOT RECOMMENDED – ACCEPTED – BLACK

53/16 **NTAG – Transanal irrigation (TAI) systems (Peristeen®, Aquaflush®, Irypump®, S and QuFora® for neurogenic bowel dysfunction, chronic constipation and chronic faecal incontinence –** AL had reviewed current use. RECOMMENDED – ACCEPTED - GREEN

54/16 **Carbocisteine sachets** - The use of Carbocisteine sachets as an alternative to liquid special formulation was approved –GREEN

55/16 **Domperidone SCG** – The SCP was not approved. To be taken back to the paediatricians at UHBMT for further evidence to support use that is not in line with MHRA guidance. - ONGOING — PB

56/16 **PICO dressings RAG review** –Proposed changes to authorisation process approved in principle. RAG status approved AMBER. Proposed SCP discussed and changes suggested including name changed to "prescription request form". To be circulated to the DN team for comment, version to the August APC meeting. - ONGOING — LA

57/16 **Enoxaparin SCG** – PB to update document taking further comments into consideration. – APPROVED - COMPLETED

58/16 **Use of guidelines on Map of Medicines** – APC approved the addition of approved guidelines to the Map of Medicines portal. – COMPLETED

59/16 **Updated PPI Specials guideline** – Updated version approved with clarified use via nasogastric and PEG tubes, to be added to NECS MO website. – COMPLETED

60/16 **Furosemide administration guidelines** – Noted this guideline is not for Primary care use and is an internal CPFT document – does not require APC approval – COMPLETED

61/16 **Diabetes prescription pack** – Helen Boit attended to present a new Insulin Prescription in booklet format that has been trialled where CPFT staff are administering insulin in the community with the aim of reducing errors. This was accepted in principle as an assurance was given that there would be a no workload implication for GPs if the form is introduced. The need to liaise with secondary care was raised – APPROVED – COMPLETED

62/16 **Mycophenolate SCG** – This covers unlicensed indications including dermatological indications – APPROVED - COMPLETED

63/16 **Stopping over medication for people with learning difficulties** –It was noted that RAIDR is being developed to include a learning disabilities dashboard which will enable number — AL

	of patients to be quantified. Further information from the NHSE Call to Action (expected June16) to be brought back to August APC meeting. - ONGOING	
64/16	**LMMG Psoriasis Biologics Agents consultation –** Currently still a consultation, final recommendation to be brought to the August APC meeting.- ONGOING	PB
65/16	**LMMG Sequential use of Biologics in Ulcerative Colitis –** Not considered by Lancs North APC yet, to be brought to the August APC meeting.- ONGOING	PB
66/16	**LMMG Sequential use of Biologics in Crohn's disease –** Not considered by Lancs North APC yet, to be brought to the August APC meeting.- ONGOING	PB
67/16	**Draft LMMG Position Statement: Zero risk schemes in advance of NICE-** Not considered by Lancs North APC yet, final version to be brought to the August APC meeting.- ONGOING	PB
68/16	**Off-label uses of tablets and capsules – BM raised that the** current "Specials Guide – Quick wins" contains many out of date recommendations as licensed alternatives are now available. Updated version to be bought to October meeting. - ONGOING	LA
69/16	**Colecalciferol recommendations –** BM highlighted the recent increase in the number of licensed vitamin D products available. BM to send a list to Ruth O'Neil for inclusion in the Vitamin D guidelines. –ONGOING	BM
70/16	**Fulvestrant RAG rating** – LA highlighted that Fulvestrant is RED on RAG list in line with NICE TA239 2011 (to enable continued prescribing to patients who were prescribed pre-NICE) There is an outdated SCP on the website which pre-dated NICE TA 239. The committee approved BLACK rating in view of the time since publication of NICE TA239. Current prescribing GPs to be informed and SCG to be removed from NECS MO website.- ONGOING	LA
71/16	**Blueteq –** The lack of updated forms on Blueteq was highlighted as a risk to clinical engagement with the project. LA to liaise with Lancashire to ensure updated forms are added to Cumbria system, Benepali® as priority. - ONGOING	LA
72/16	**OPERATIONAL** Nothing to discuss	
	DRUG SAFETY UPDATE	
73/16	Drug Safety Update (April 2016) – Noted, points 1, 7, 8 & 9 add to Prescription Pad	LA
74/16	Drug Safety Update (May 2016) – Noted, specialist use only.	
75/16	**FOR INFORMATION** **Minutes received:** Lothian Formulary Committee (April 2016) Lothian Formulary Committee (May 2016) Palliative Care Medicine Management Group (March 2016) NERSAP meeting notes (February 2016)	

	NCUHT MMC (January 2016) NTAG Minutes (April 2016) LMMG Draft Minutes (May 2016)	
	ANY OTHER BUSINESS	
76/16	**Submissions to the APC–** A time of 14 days before the next APC is to be set for final submissions of papers, which allows the papers to be sent out ten days before the meeting date. A briefing paper must also be completed for each submission so members are clear about why the item is being presented. Briefing paper to be developed.	**PU**
	DATE and TIME of next meeting **Thursday 11th August 2016, 2pm at Enterprise House, Kendal**	