

**MINUTES OF THE MEETING OF THE CUMBRIA AREA PRESCRIBING COMMITTEE  
HELD ON THURSDAY 17<sup>th</sup> DECEMBER, 2015 AT 2.00PM  
ENTERPRISE HOUSE, KENDAL**

Present: Bill Glendinning Chief Pharmacist, NCUHT (Chair)  
 Lesley Angell Medicines Optimisation Cumbria Lead, NECS  
 Pauline Bourne Senior Pharmacist, UHMBT  
 Andrea Loudon Clinical Pharmacy Lead, CCG  
 Dr Julia Smith GP Prescribing Lead, South Lakes Locality  
 Sarah Roberts Patient Voice representative  
 Ben Merriman LPC Representative  
 Dr Nirmalan Arulanantham Consultant Physician, NCUHT  
 Adrian Chan Pharmacist, NCUHT  
 Phil Utting Senior Technician, Medicines Optimisation, NECS

By teleconference in part: Helen Huck Chief Pharmacist, CPFT  
 Siobhan Brewer Pharmacist, CPFT

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25/15 **APOLOGIES FOR ABSENCE** *Action*

**Apologies for absence were received from:**

Dr Andrea Mulgrew, GP Prescribing Lead, Allerdale Locality  
 Dr Amanda Pugh, GP Prescribing Lead, Furness Locality  
 Helena Gregory, Medicines Optimisation Pharmacist North Team Lead, NECS

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26/15 **DECLARATION OF INTERESTS**

NONE

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27/15 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 15<sup>th</sup> October 2015 were agreed

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28/15 **ACTION LOG FROM PREVIOUS MEETING (30 April 2015)**

Updates were given as follows:  
 33/15 – This action was completed  
 54/15 – This action was completed  
 106/15 – This action was completed  
 120/15 – This action was completed  
 123/15 – 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. - ONGOING

LA

<b>26/15 – Lothian Annual Declaration of Interest Form</b> – to be developed and completed annually - ONGOING	LA
<b>33/15 - NICE CG Medicines Optimisation</b> – Provider Trusts to bring completed Baseline Assessments to the next meeting - these were discussed as agenda item - COMPLETED	
<b>54/15 – Rituximab for ITP</b> – Other NECS CCG’s fund in line with NTAG statement. RAG rating RED - COMPLETED	
<b>72/15 - NG 14-Melanoma – assessment &amp; management</b> – Vitamin D guidelines are under review by MO Team, to be brought to February 2016 meeting – ONGOING	LA
<b>106/15 – Green Bag Scheme</b> – Pharmacy Technician in Blackpool is currently co-ordinating a response. There is no common scheme across the North West. BG has asked to be kept informed of progress. – COMPLETED	
<b>108/15 - Guidelines for the use of Feminising Hormone therapy in gender dysphoria</b> - Currently being localised by MO Team, will be brought back to February 2016 meeting - ONGOING.	LA
<b>109/15 - Guidelines for the use of Masculinising Hormone therapy in gender dysphoria</b> – Currently being localised by MO Team, will be brought back to February 2016 meeting - ONGOING.	LA
<b>111/15 – Sulfasalazine SCG</b> – The SCG guideline was approved for Rheumatoid Arthritis and can be published. For Gastro indications the SCG will be reviewed with gastro enterologists and brought back to the February 2016 meeting. - ONGOING	LA PB
<b>120/15 – Leflunomide SCG</b> – Approved for use - COMPLETED	
<b>123/15 Drug Safety Update</b> Risk of Subcutaneous Lupus Erythematosus with PPI’s – add to Prescription Pad - COMPLETED	
<b>126/15 – Azathioprine &amp; Mercaptopurine SCG</b> – Comments have been received from Dr MacDonald (NCUHT) raising concerns over the SCG. LA to review the SCG taking comments into account.	LA

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127/15 **RECENT LJF NEW DRUG RECOMMENDATIONS**

**Tiotropium (Spiriva® Respimat®)** As add-on maintenance bronchodilator treatment in adult patients with asthma who are currently treated with the maintenance combination of inhaled corticosteroids and long acting beta<sub>2</sub> agonists and who experienced one or more severe exacerbations in the previous year. – GREEN

**Sugammadex (Bridion®)** Reversal of neuromuscular blockade induced by rocuronium or vecuronium. For the paediatric population: sugammadex is only recommended for routine reversal of rocuronium induced blockade in children and adolescents. – Secondary Care use only (not RAG rated)

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**Multivitamin (Vitamin A,D,E and K) (AquaDEKs®)** First choice multivitamin supplement in paediatric patients with cystic fibrosis - GREEN

**Alteplase (Actilyse®)** Treatment of Iliofemoral DVT, to be used in addition to systemic anticoagulation. – Secondary Care use only

**Tiotropium / Olodaterol (Spiolto ® Respimat ®)** Maintenance bronchodilator treatment to relieve symptoms in adult patients with COPD – GREY (pending review)

**Triamcinolone Hexacetonide suspension for injection (Hexacetonide®)** For the treatment of juvenile idiopathic arthritis (JIA) – RED

**Levonorgestrel IUD (Levosert®)** Contraception, heavy menstrual bleeding – BLACK

**Xailin night eye ointment** -For the lubrication of dry eyes – GREEN

**Pembrolizumab (Keytruda®)** – noted

**Regorafenib (Stivarga®)** – noted

**Everolimus (Certican®)** - noted

**LJF AMENDMENTS** – October 2015 - noted

2.8.2 – Noted that NICE guidance supersedes this.

2.12 – Noted that NICE guidance supersedes this.

**LJF AMENDMENTS** – November 2015n - noted

4.10 (f) – Note to be added to Prescription Pad that Diazepam 5mg and 10mg tablets should not normally be prescribed. PU to perform an exact search on current prescribing and report back at February 2016 meeting.

PU

It was discussed that a Lothian review should take place looking at its current choices against current NICE guidelines. LA to take this forward.

LA

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128/15 **NICE TECHNOLOGY APPRAISALS**

**TA358 Tolvaptan** – For treating autosomal dominant polycystic kidney disease in adults – RED – LA to check commissioner status

LA

**TA359 Indelalisib** – For treating chronic lymphocytic leukaemia – RED

**TA360 Paclitaxel** – In combination with gemcitabine for treating previously untreated metastatic pancreatic cancer –Not recommended - BLACK

**TA361 Simeprevir** – In combination with sofosbuvir for treating genotype 1 or 4 chronic hepatitis C – terminated appraisal.

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**TA362 Paclitaxel** – In combination with carboplatin for treating untreated non small cell lung cancer - no evidence received.

**TA363 Ledipasvir** – Possible treatment for adults with some types of Chronic Hepatitis C - RED

**TA364 Daclatasvir** – For treating chronic Hepatitis C – RED

**TA365 Ombitasvir, Paritaprevir & Ritonavir** – For use with or without Dasabuvir for treating chronic Hepatitis C – RED

**TA366 Pembrolizumab** – For advanced melanoma not previously treated with ipilimumab – RED

**TA367 Vortioxetine** – For treating major depressive episodes – Green

**TA368 Apremilast** – For treating moderate to severe plaque psoriasis – not recommended – BLACK

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129/15 **NICE CLINICAL GUIDELINES**

**NG22 Older people with social care needs and multiple long term conditions** - Noted

**NG23 Menopause: Diagnosis and management** - Noted

**NG24 Blood transfusion** – Noted

**NG25 Preterm labour and birth** - Noted

**NG26 Children’s attachment**– Noted

**NG27 Transition between inpatient hospital settings and community or care home settings for adults with social care needs** – Noted

**NG28 Type 2 Diabetes in adults: Management** – Noted

**NG29 Intravenous fluid therapy in children and young people in hospital** - Noted

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130/15 **NICE MO BASELINE ASSESSMENT**

PB and BG both shared their Trusts baseline assessment for identification and discussion on common areas of work.

PB  
BG

It was noted that both trusts have difficulties accessing patient decision aids. This will be taken to each trusts next MO committee meeting in 2016.

Patient safety will be discussed at the next MSO meeting in 2016.

131/15 **ALGORITHM FOR BLOOD GLUCOSE LOWERING THERPAY IN ADULTS WITH TYPE 2 DIABETES**

Will be reviewed and adapted with local formulary drug choices for Cumbria.

LA

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132/15 **CONTRACT MONITORING**

Biosimilar gain share will be discussed at NCUHT on 24.12.15

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133/15 **MEDICINES SAFETY**

MSO's met in December 2015 to review the top three themes reported across Cumbria which were communication, omitted doses in secondary care and transfer of information. Institute of Safe Medicines Practice strategy document shared. The group will link with NE MSO group and national group.

Next meeting March 2016.

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**CLINICAL MATTERS**

134/15 **NTAG – Alirocumab for the treatment of primary hypercholesterolaemia and mixed dyslipidaemia** – Not recommended - ACCEPTED - BLACK

135/15 **NTAG – Ewelocumab for the treatment of primary hypercholesterolaemia and mixed dyslipidaemia** – Not recommended - ACCEPTED - BLACK

136/15 **NTAG – Toujeo Insulin Glargine 300 units/ml for the treatment of type 1 or type 2 diabetes mellitus** – Recommended for patients needing high doses in small volumes – ACCEPTED - GREEN

137/15 **NTAG – Abasagar Insulin Glargine Biosimilar 100 units/ml for the treatment of type 1 or type 2 diabetes mellitus** – Recommended as first line option for use in adults who are eligible for treatment with insulin glargine as per NICE NG17 2015 - ACCEPTED – to be prescribed by brand name – GREEN

The APC recommends that new patients should be prescribed the most cost effective option available at that moment in time.

138/15 **Specialist Pharmacy Services Medicines Use and Safety Collaborative Audit** on the quality of medication related information provided when patients transfer from secondary to primary care and subsequent medicines reconciliation in primary care – It was noted that practices will be performing this national audit in Jan 2016. Three patients per practice will be audited.

139/15 **Rebate Schemes** – Rebate scheme process and checklists were reviewed and approved. The APC will not make a decision on the uptake of rebate schemes.

140/15 **Naloxone Safety Alerts** - Noted to be added to Prescription Pad. - ONGOING LA

141/15 **Water for irrigation for home ventilation patients** – Noted, the prescription must state the word “infusion” for the patient to receive the correct product. To be added to Prescription Pad. - ONGOING LA

142/15 **Impact Assessment: NG20 Coeliac disease: recognition, assessment and management** - Noted, to be added to Prescription Pad - ONGOING LA

143/15 **Review of liquid PPI Specials (unlicensed preparations)** – APPROVED subject to amendments being made to clarify licensing implications. Final version to be taken to February 2016 meeting. - ONGOING LA

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144/15 **NCUHT Guidance for inhaler prescribing in COPD patients** – Current inhaler choices are under review by Lothian so it was decided to wait until the review has been done. It was suggested that a Respiratory Consultant be invited to comment on the Lothian JF proposal . – ONGOING LA

Note in Prescription Pad to highlight availability of medicines use reviews (MUR's) in community pharmacies, respiratory patients are a nationally targeted patient group.

143/15 **Prescribing review: LHRH Agonists** – No response from leads in both trusts, to be taken to both governance meetings in the new year. Comments to be brought back to next meeting. BG  
PB

**Recommendation 1**

For new patients follow Lothian Joint Formulary first line LHRH agonist recommendation - triptorelin (3 or 6 monthly injections)

Recommendation 1 – ACCEPTED to be added to Prescription pad.

LA

**Recommendation 2**

Switch existing patients on leuprorelin or goserelin to triptorelin

**Recommendation 3**

Review long term treatment in men with high risk localised prostate cancer. Androgen deprivation therapy maybe considered for up to 3 years in this group. Intermittent therapy may be considered.

Recommendations 2 & 3 – to be considered at next meeting

144/15 **Prescribing review: Antipsychotic drugs** –

**1. Quetiapine IR is the preferred first line choice of antipsychotic**

Exceptions:

- Acutely unwell patients in whom the simplified titration and rapid dose escalation of the MR formulation (to achieve a therapeutic dose) can be used for the first three days, after which the IR preparation should be used.
- Patients who develop intolerable side effects develop with the IR formulation, e.g. sedation and hypotension. In these cases the MR formulation may be considered.

. Recommendation 1 – ACCEPTED

**2. Patients currently prescribed quetiapine MR formulation should be switched to the quetiapine IR twice daily formulation unless there are compelling clinical reasons not to do so, e.g. side effects and compliance where twice daily adherence to therapy may cause a problem.**

In discharge letters, psychiatrists should state the clinical justification of using an MR preparation if these are to be continued.

Recommendation 2 – ACCEPTED – Written communication will be sought from CPFT Medical Director to support GPs to implement this recommendation.

LA

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**3. Oro-dispersible and liquid formulations are not used for new patients**

Oro-dispersible and liquid preparations should be reserved for patients with swallowing difficulties or compliance issues where these relate to preparation.

Recommendation 3 – ACCEPTED

**4. Patients currently prescribed dispersible tablets should be switched to standard tablets unless they have swallowing difficulties or compliance issues relating to preparation**

Recommendation 4 – ACCEPTED

**5. Patients who need a soluble olanzapine formulation should be prescribed olanzapine orodispersible (Cost £3.83/28 tablets) NOT olanzapine oral lophilisates sugar free (Cost £131.10/28 tablets)**

Recommendation 5 - ACCEPTED

145/15 **Prescribing review: Antidepressants –**

1. New patients should be prescribed first line antidepressants citalopram and fluoxetine.

Recommendation 1 – ACCEPTED - in line with Lothian formulary choices.

2. Patients prescribed other antidepressants should be reviewed and if possible changed to first line antidepressants.

Recommendation 2 – Rejected - Second Line choice should be Mirtazapine, third line choice should be Venlafaxine

3. Patients taking venlafaxine MR who cannot be switched to first line choice should be reviewed and switched to IR products wherever possible

Recommendation 3 – ACCEPTED- with the amendment that the words “who cannot be switched to first line choice” are removed

4. Allocate Dosulepin **BLACK** rating in RAG list. All patients should be reviewed and switched to alternative, safer preparations wherever possible

Recommendation 4 – ACCEPTED

5. Patients taking Doxepin should be reviewed and switched to more appropriate antidepressants or antipruritics wherever possible

Recommendation 5 – ACCEPTED

Amendments to be made and added to Prescription pad.

LA

146/15 **PrescQIPP Drop List** – Noted the potential Cumbria savings especially around self care and paracetamol. Discussed encouraging self care, community pharmacy minor ailment scheme for acute situations, with GP prescribing limited to regular use. Drop List to be brought to next meeting for more detailed discussion - ONGOING

LA

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- 147/15 **Warfarin Management Guidelines** – Updated with new training course from MHRA and noted that the risk assessment link is now to NICE guidance. – APPROVED with minor amendment to submission requirements on page 39. – COMPLETE
- 148/15 **Antibiotic Prescribing Quality Premium – progress report** – Current data circulated and noted.
- 149/15 **Deep Vein Thrombosis Pathway** – paper arrived late for the APC so deferred to Feb 2016 meeting. Paper to be recirculated and comments back to the PU by 23.12.15  
Amendments can then be made to the paper for ratification at the Feb 2016 meeting. - ONGOING
- ALL
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**OPERATIONAL**

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**DRUG SAFETY UPDATE**

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- 150/15 Drug Safety Update (October 2015) – Noted, specialist use only  
Drug Safety Update (November 2015) – Noted, specialist use only
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151/15 **FOR INFORMATION**

**Minutes received:**

Lothian Formulary Committee (11<sup>th</sup> November, 2015)

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**ANY OTHER BUSINESS**

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- 152/15 **Feedback from UHMB Consultants re: NOAC use in Cardioversion** – comments noted, decision ratified - RED
- 153/15 **Antibiotic prescriptions recommended by out patient clinics (secondary care)**-Noted that if immediate treatment is needed then the secondary care clinician should prescribe, otherwise the GP can be asked to prescribe.
- 154/15 **Etoricoxib – Black** for osteoarthritis - Confirmed
- 155/15 **Branded Oxycodone Prescribing** – objections from secondary care noted, decision ratified
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**DATE and TIME of next meeting**

**Thursday, 18<sup>th</sup> February 2016, 2pm at PRUFC, Penrith**

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