NHS Portsmouth CCG
South Eastern Hampshire CCG
Fareham and Gosport CCG
Portsmouth Hospitals NHS Trust
Southern Health NHS Foundation Trust
Solent NHS Trust

Area Prescribing Committee Meeting, Friday 16th August 2019
Room 9, Education Centre, E level, Queen Alexandra Hospital

Notes

4.19.1	**Attendance** Alastair Bateman (Chair), Simon Cooper, Deborah Crockford, Jon Durand, Nick Moore, Jason Peett, Matthew Puliyel, Raj Shergill, Jo Williams (Secretary), Karen Atkinson, Laura Havercan **Apologies for absence** Luke Groves, Phil Foster, Sarah Nolan, Vanessa Lawrence, Mike Stewart, Kevin Vernon, Kieran Hand	
4.19.1.1	**Declarations of Interest** Nothing to declare	
4.19.2	**DRAFT Notes of last meeting** Accepted as an accurate record. Typographical error to be corrected then approved. Completed actions: • Dapsone shared care guideline has been approved • Zostavax. The process of administration in clinic has been approved. Commissioning of the vaccinations needs to be agreed by the CCGs. • Shared Care communications have been sent out to both primary care and to secondary care clinicians to inform the new process. • Endocrinology has been informed that Lixisenatide has been removed from the formulary. • New process for review of business cases has been circulated. • APC positions have been recruited to for nurse representative: Karen Atkinson, GP representative for Portsmouth CCG: Nick Moore, Raj Shergill Chief Pharmacist for Southern Health NHS Foundation Trust. **Action log**  APC action log August 2019.docx	
4.19.3	**Matters arising** New members were welcomed to the committee. Nick Moore has agreed to take on the Vice Chair position for the APC. **Chairs actions** Dapsone Shared Care Guideline There was a request for clarity in section 7 regarding who is responsible for monitoring patients after the stabilisation phase. JW to confirm and address with dermatology prior to amending and publication. **Portsmouth Hospitals Formulary and Medicines Group**	

	There were no formulary additions from Portsmouth Hospitals July 2019 meeting	
4.19.4	**Formulary Management – applications for approval**	
4.19.4.1	**NHS England Low Priority Prescribing** The latest additions to the NHS England low priority prescribing in primary care were discussed. The drugs include: Aliskiren, minocycline and silk garments: already non-formulary Amiodarone and dronaderone: these have been discussed with Mike Stewart previously for consideration to move to shared care agents. Bath and Shower preparations for dry and pruritic skin conditions: many currently included on the formulary. These will be removed from the formulary with consideration for de-prescribing and substitution for leave-on emollients/soap substitutes. Needles for pre-filled and reusable insulin pens: JD has produced a document reviewing the cost of needles that has been circulated to the diabetes team requesting that they consider the needles that should be included on the formulary. It was noted that there is prescribing of all agents in our area so consideration for CCG teams how to prevent new initiations and de-prescribe where appropriate. **APC decision** Formulary to be amended to reflect the recommendations of the NHS England document.	
4.19.5	**Drug therapy and shared care guidance for approval**	
4.19.5.1	**Care UK – dermatology medication request for GP to prescribe** Care UK have submitted a request for GP to prescribe form that is similar to those already in use by the hospital. **APC decision** The committee felt that the format of that used by the hospital was preferred and request adaptation of the form to this format. JW to support adaptation of the Care UK request to prescribe form	JW
4.19.5.2	**Semaglutide precautions for initiating therapy** Iain Cranston has developed an information sheet for clinicians supporting initiating semaglutide following the publication of studies that have shown an increased risk of worsening retinopathy for those with the highest initial HbA1c and who already have retinopathy at baseline. The document supports continued use of semaglutide ensuring that additional precautions are taken so that any worsening of retinopathy is addressed early. **APC decision** The committee felt that the information sheet is helpful to support the identification of patients who may be at higher risk of worsening retinopathy and what to do.	
4.19.5.3	**End of life community administration charts** Submitted by Steve Plenderleith These end of life community administration orders have returned for ratification at APC. LH and RS have confirmed that they have now been approved by both Solent and Southern Health medicines committees.	

	APC decision The charts were generally supported but there is a request for a suggested starting dose for morphine to be included for opiate naïve patients to support safe prescribing decisions. AB will contact Steve Plenderleith to make this request. After this has been added the committee are happy to approve the use of these charts. JW will take to FMG for noting	AB JW
4.19.5.4	**Inclusion Shared care prescribing guidelines** The inclusion service covers patients within Fareham and Gosport and South East Hampshire CCGs, in addition to West and North Hampshire. The documents have been ratified by the DPC this week. **APC decision** The APC notes the documents allow there are outstanding questions regarding the phrasing in annex 1 that states that these agreements expire after three months. JW to follow up with DPC to clarify.	JW
4.19.5.5	**Anagrelide Shared Care Guideline** Submitted by Catrin Watkinson The anagrelide shared care guideline has been reviewed and has been updated to include the requirements of the new procedure for sharing care. **APC decision** Needs to include the recommended GP responsibilities including the need to return the sharing care consent form promptly. When this has been added, the document is approved for publication.	
4.19.5.6	**Hydroxycarbamide Shared Care Guideline** Submitted by Catrin Watkinson The hydroxycarbamide shared care guideline has been reviewed and has been updated to include the requirements of the new procedure for sharing care. **APC decision** Needs to include the recommended GP responsibilities including the need to return the sharing care consent form promptly. When this has been added, the document is approved for publication.	
4.19.5.7	**Azithromycin Shared Care Guidelines** Presented by Hitasha Rupani and Adel Sheikh This is the request for a new shared care guideline. Dr Rupani explained that azithromycin is recommended in international guidelines for the management of severe asthma (Global Initiative for Asthma, GINA 2019). Clinical trails and real world experience has shown that azithromycin reduces exacerbations by 30 to 50%, and also improves quality of life for this group of patients. Using azithromycin can prevent these individuals moving on to biological therapies. All patients considered for eligibility to azithromycin will be discussed and approved by the Portsmouth Severe Asthma MDT. The majority of patients will have treatment limited to one year; some patients however may continue therapy longer but this use will be approved by the severe asthma MDT. **APC decision** There was discussion about the concerns with hearing loss. It was discussed that this is a side effect seen in long term use and not seen in	

	patients on short term therapy. Dr. Rupani explained that patients will be assessed at baseline and patients are advised that they need to report hearing loss or tinnitus and the treatment should be stopped immediately. APC request that information is added to the hospital specialist responsibilities to include information on the assessment of hearing at baseline. When this information is added the revised document should be sent for Chairs approval.	HR/AS
4.19.6	**Items for note/consultation**	
4.19.6.1	**NICE developments: June and July 2019** **NICE Guidance June 2019** **TA 583** Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes Ertugliflozin with metformin and a dipeptidyl peptidase-4 (DPP-4) inhibitor is recommended as an option for treating type 2 diabetes in adults when diet and exercise alone do not provide adequate glycaemic control, only if: • the disease is uncontrolled with metformin and a DPP-4 inhibitor, and • a sulfonylurea or pioglitazone is not appropriate. Resource impact: This technology is commissioned by CCGs. No significant resource impact is anticipated. Action required: The Formulary entry for ertuglifozin will be updated with a link to NICE TA 583. **TA 584** Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer Atezolizumab plus bevacizumab, carboplatin and paclitaxel is recommended as an option for metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults: • who have not had treatment for their metastatic NSCLC before and whose PD-L1 tumour proportion score is between 0% and 49% or • when targeted therapy for epidermal growth factor receptor (EGFR)-positive or anaplastic lymphoma kinase (ALK)-positive NSCLC has failed. It is recommended only if: • atezolizumab and bevacizumab are stopped at 2 years of uninterrupted treatment, or earlier if there is loss of clinical benefit (for atezolizumab) or if the disease progresses (for bevacizumab) and • the company provides atezolizumab and bevacizumab according to the commercial arrangements. Resource impact: This technology is commissioned by NHS England. A local resource impact tool is available as prices are commercial in confidence. Action required: The formulary entry for atezolizumab will be updated with a link to NICE TA 584. **TA 585** Ocrelizumab for treating primary progressive multiple sclerosis Ocrelizumab is recommended, within its marketing authorisation, as an option for treating early primary progressive multiple sclerosis with imaging features characteristic of inflammatory activity in adults. It is recommended only if the company provides it according to the commercial arrangement.	

	Resource impact: This technology is commissioned by NHS England. A local resource impact tool is available as prices are commercial in confidence. Action required: The formulary entry for ocrelizumab will be updated with a link to the NICE TA 585. **TA 586** Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib Lenalidomide plus dexamethasone is recommended as an option for treating multiple myeloma in adults only if: • they have had only 1 previous therapy, which included bortezomib, and • the company provides it according to the commercial arrangement. Resource impact: Resource impact: This technology is commissioned by NHS England. A local resource impact tool is available as prices are commercial in confidence. Action required: The formulary entry for lenalidomide will be updated with a link to NICE TA 586. **TA 587** Lenalidomide plus dexamethasone for previously untreated multiple myeloma Lenalidomide plus dexamethasone is recommended as an option for previously untreated multiple myeloma in adults who are not eligible for a stem cell transplant, only if: • thalidomide is contraindicated (including for pre-existing conditions that it may aggravate) or • the person cannot tolerate thalidomide, and • the company provides lenalidomide according to the commercial arrangement. Resource impact: Resource impact: This technology is commissioned by NHS England. A local resource impact tool is available as prices are commercial in confidence. Action required: The formulary entry for lenalidomide will be updated with a link to NICE TA 587. **NG 133** Hypertension in pregnancy: diagnosis and management This guideline covers diagnosing and managing hypertension (high blood pressure), including pre-eclampsia, during pregnancy, labour and birth. It also includes advice for women with hypertension who wish to conceive and women who have had a pregnancy complicated by hypertension. It aims to improve care during pregnancy, labour and birth for women and their babies. Resource impact: No significant resource impact is anticipated. **NG 134** Depression in children and young people: identification and management This guideline covers identifying and managing depression in children and young people aged 5 to 18 years. Based on the stepped-care model, it aims to improve recognition and assessment and promote effective treatments for mild and moderate to severe depression. Resource impact: Services for children and young people with depression are commissioned by clinical commissioning groups. No significant resource impact is anticipated. **NG 123** Urinary incontinence and pelvic organ prolapse in women:	

	management Up-date of guidance issued in April 2019. In June 2019, recommendations 1.8.21 and 1.8.22 on the use of synthetic polypropylene or biological mesh insertion for women with recurrent anterior vaginal wall prolapse were withdrawn and replaced with a link to the NICE interventional procedures guidance on transvaginal mesh repair of anterior or posterior vaginal wall prolapse. **NICE Guidance Published July 2019** **TA 588** Nusinersen for treating spinal muscular atrophy Nusinersen is recommended as an option for treating 5q spinal muscular atrophy (SMA) only if: • people have pre-symptomatic SMA, or SMA types 1, 2 or 3 and • the conditions in the managed access agreement are followed. Resource impact: This technology is commissioned by NHS England and will be accessed through the NHS in line with the managed access agreement. Action required: Nusinersen will be added to the area prescribing formulary for use in line with the NICE TA 588 and the managed access scheme. **TA 589** Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity Blinatumomab is recommended as an option for treating Philadelphia-chromosome-negative CD19-positive B-precursor acute lymphoblastic leukaemia in adults with minimal residual disease (MRD) of at least 0.1%, only if: • the disease is in first complete remission and • the company provides blinatumomab according to the commercial arrangement. Resource impact: This technology is commissioned by NHS England. The price of the product is commercial in confidence, and the impact should be assessed locally. Action required: The formulary entry for blinatumomab will be updated with a link to NICE TA 589. **TA 590** Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uvetitis Fluocinolone acetonide intravitreal implant is recommended, within its marketing authorisation, as an option for preventing relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye. It is recommended only if the company provides it according to the commercial arrangement. Resource impact: This technology is commissioned by NHS England. No significant resource impact is anticipated. Action required: The formulary entry for Fluocinolone acetonide implant will be amended to include the link to NICE TA590. **TA 591** Letermovir for preventing cytomegalovirus disease after a stem cell transplant Letermovir is recommended, within its marketing authorisation, as an option for preventing cytomegalovirus (CMV) reactivation and disease after an allogeneic haematopoietic stem cell transplant (HSCT) in adults who are seropositive for CMV. It is recommended only if the company provides it according to the commercial arrangement. Resource impact: This technology is commissioned by NHS England. No significant resource impact is anticipated.	

	Action required: Letermovir will be added to the area prescribing formulary as a RED hospital use only medication for use according to NICE TA591. **NG 127** Suspected neurological conditions: recognition and referral This guideline covers the initial assessment of symptoms and signs that might indicate a neurological condition. It helps non-specialist healthcare professionals to identify people who should be offered referral for specialist investigation. The guideline was originally published in May 2019. In July 2019, following user feedback NICE changed the timing of referral from urgent to immediate for adults with sudden-onset speech or language disturbance and children under 4 years with a change in head circumference and signs or symptoms of raised intracranial pressure. **NG 115** Chronic obstructive pulmonary disease in over 16s: diagnosis and management This guideline covers diagnosing and managing chronic obstructive pulmonary disease or COPD (which includes emphysema and chronic bronchitis) in people aged 16 and older. It aims to help people with COPD to receive a diagnosis earlier so that they can benefit from treatments to reduce symptoms, improve quality of life and keep them healthy for longer. This is an update to the guidance that was originally published in December 2018. In July 2019, NICE made new recommendations on inhaled triple therapy for stable COPD and also on systemic corticosteroids for managing exacerbations. **NG 61** End of life care for infants, children and young people with life-limiting conditions: planning and management This guideline covers the planning and management of end of life and palliative care in for infants, children and young people (aged 0–17 years) with life-limiting conditions. It aims to involve children, young people and their families in decisions about their care, and improve the support that is available to them throughout their lives. This guideline was originally published in December 2016. In July 2019 a footnote was added to the guideline was added to the guideline to reflect the change in the law relating to gabapentin. As of April 2019 gabapentin became a controlled drug and is scheduled under the Misuse of Drugs Regulations as Schedule 3. **NG 42** Motor neurone disease: assessment and management This guideline covers assessing and managing motor neurone disease (MND). It aims to improve care from the time of diagnosis, and covers information and support, organisation of care, managing symptoms and preparing for end of life care. This guidance was originally published in February 2019. In July 2019 a footnote was added to the guideline was added to the guideline to reflect the change in the law relating to gabapentin. As of April 2019 gabapentin became a controlled drug and is scheduled under the Misuse of Drugs Regulations as Schedule 3. **CG 186** Multiple sclerosis in adults: management This guideline covers diagnosing and managing multiple sclerosis in people aged 18 and over. It aims to improve the quality of life for adults with multiple sclerosis by promoting symptom management, comprehensive reviews and effective relapse treatment.	

	This guidance was originally published in October 2014. In July 2019 a footnote was added to the guideline was added to the guideline to reflect the change in the law relating to gabapentin. As of April 2019 gabapentin became a controlled drug and is scheduled under the Misuse of Drugs Regulations as Schedule 3. **CG 173** Neuropathic pain in adults: pharmacological management in non-specialist settings This guideline covers managing neuropathic pain (nerve pain) with pharmacological treatments (drugs) in adults in non-specialist settings. It aims to improve quality of life for people with conditions such as neuralgia, shingles and diabetic neuropathy by reducing pain and promoting increased participation in all aspects of daily living. The guideline sets out how drug treatments for neuropathic pain differ from traditional pain management. This guidance was originally published in November 2013. In July 2019 a footnote was added to the guideline was added to the guideline to reflect the change in the law relating to pregabalin and gabapentin. As of April 2019 both pregabalin and gabapentin became controlled drugs and are scheduled under the Misuse of Drugs Regulations as Schedule 3. **CG 113** Generalised anxiety disorder and panic disorder in adults: management This guideline covers the care and treatment of people aged 18 and over with generalised anxiety disorder (chronic anxiety) or panic disorder (with or without agoraphobia or panic attacks). It aims to help people achieve complete relief of symptoms (remission), which is associated with better functioning and a lower likelihood of relapse. This guidance was originally published in January 2011. In July 2019 a footnote was added to the guideline was added to the guideline to reflect the change in the law relating to pregabalin and gabapentin. As of April 2019 both pregabalin and gabapentin became controlled drugs and are scheduled under the Misuse of Drugs Regulations as Schedule 3. **CG 30** Long-acting reversible contraception This guideline covers long-acting reversible contraception. It aims to increase the use of long-action reversible contraception by improving the information given to women about their contraceptive choices. This guideline was originally published in October 2015. No information provided on the July update by NICE. In March 2019 NICE revised the decision on how to implement recommendations from the October 2017 review. They also removed recommendations that no longer fit with current practice. There are also many new LARC products available which have been included.	
4.19.6.2	**EAMS** None received	
4.19.6.3	**Solent medicines management committee update** Laura Havercan, Acting Deputy Chief Pharmacist for Solent provided an update on from the medicines management committee. The committee have approved the End of life community administration charts, although some minor comments have been made. Solent wishes to withdraw from lithium shared care in the Portsmouth area. The current Lithium shared care guideline has been requested for review (as it has now expired), was a joint document with Southern	

	Health who will be continuing with this. The heart failure team have reported concerns of capacity and have requested to change the prescribing and monitoring arrangements of sacubitril valsartan. NICE guidance supports the initiation and stabilisation of this treatment by a heart failure MDT, the current process supported by the shared care document. Further discussions are needed by the commissioners of the service outside of this meeting.	
4.19.6.4	**Southern Health medicines management committee update** Raj Shergill, Chief Pharmacist for Southern Health gave the committee an update. The End of Life administration charts have been approved by the committee. The organisation is going through a restructure which will change the representation of their medicines management committee.	
4.19.6.5	**DPC update June 2019** The DPC summary was noted by the committee. The CF oscillating positive expiratory pressure devices for airway clearance have been added to the Southampton formulary, the Portsmouth area formulary will be updated to include these devices as Amber initiated for use in CF patients as Southampton is the main specialist centre for these patients in our area. It was noted also noted that an updated version of the dry eye guideline has been published. Portsmouth hospital is also in the process of reviewing their guidance which will be updated to reflect the self-care recommendations from NHS England.	
4.19.6.6	**MEC update** See DPC	
4.19.6.7	**Wound Formulary update** None received	
4.19.6.8	**Hampshire Medicines Safety Group** A verbal update was provided by Jon Durand. The main topic was a discussion around the development of a preferred tool for calculating anticholinergic burden. There are several different versions currently available that give different weightings and therefore do not agree with each other. SC highlighted that the NHS BSA have already started this work, so there may be a duplication of effort.	
4.19.6.9	**Drug Safety Update and Patient Safety Alerts** The June and July drug safety updates were noted by the committee. Olaratumab has been removed from the formulary as the EU marketing authorisation for the product has been withdrawn.	
4.19.6.10	**Regional Medicines Optimisation Committees** The RMOC documents: Liothyronine version 2.6, RMOC news letter 6, and Adalimumab briefing 6 were noted by the committee.	
4.19.6.11	**NHSE Specialised Commissioning** <u>Clinial commissioning policy: Bictegravir-emtricitabine-tenofovir alafenamide for the treatment of HIV-1 in adults.</u> NHS England will commission Bictegravir-emtricitabine-tenofovir alafenamide for the treatment of HIV-1 in adults in accordance with the criteria outlined within the policy document (170131P). Bictegravir-emtricitabine-tenofovir alafenamide will be added to the area	

	prescribing formulary as RED.	
4.19.6.12	**Priorities committee** None received	
4.19.6.13	**Melatonin** The marketing emails of the Colonis melatonin product were discussed noting the last communication stating that Colonis melatonin liquid should not be used in children. As melatonin is only included on the formulary as an option for use in paediatric patients, the Colonis product has been made non-formulary. The licensed preparation is included within the drug tariff. Prescriptions need to be appropriately written as Melatonin 5mg/5mL suspension to ensure that the preferred brand of Kidnaps continues to be supplied where a liquid preparation is needed. Portsmouth CCG have sent communication to local pharmacies: Colonis have stated that their product is not suitable for use in children. Patients should continue on the brand that they are stabilised on. The APC preferred brand for children's liquid is Kidnaps. Please liaise with the prescriber to ensure prescriptions are written as **Melatonin 5mg/5ml oral suspension** and endorsed appropriately with Kidnaps	
4.19.6.14	**Antipsychotic use in dementia figures** Verbal update from Alastair Bateman. An NHS dash board has been published showing the variation of prescribing antipsychotics in dementia patients. South East Hampshire figures appear to show that their prescribing is some of the highest in the country, with Fareham and Gosport and Portsmouth CCGs are also high prescribers. The committee noted that there are several specialist nursing homes within South East Hampshire caring for patients with difficult dementia diagnosis. There was discussion on working on this as a system and linking with older people's mental health. Discussions have been previously had with Solent. There is hope that the new Care Home Pharmacists will be able to support this work in reviewing these patients.	
4.19.7	**Any other business:** **Ondansetron** – not recommended for use in first trimester of pregnancy.The Neonatal and Women's Health specialist pharmacist has circulated the following information via email: I have been made aware that there will be changes to the ondansetron SPCs following EMA PRAC guidance on use of ondansetron in the first trimester of pregnancy, assuming MHRA follow the European advice. It seems likely that MHRA will be doing so, as they have advised the EMPOWER (ondansetron/metoclopramide in hyperemesis) clinical trial team of the warning and this study has now been shut down. The new safety recommendation is that ondansetron should not be used during the first trimester of pregnancy. The SPCs must now be updated to state: Based on human experience from epidemiological studies, ondansetron is suspected to cause orofacial malformations when administered during the first trimester of pregnancy. Our understanding is that the increased risk is very small. However in light of this endorsement, our Obstetric and Gynae Consultant team advise that women are **no longer** to receive ondansetron in the first trimester of pregnancy (up to 13 weeks). In addition, we all need to be aware of any woman anticipating becoming pregnant or who may be pregnant	

	being prescribed this medication and further advice must be sought. My understanding is that UKTIS are updating their guidance. We will also be updating our Trust Hyperemesis guideline (ondansetron is currently used as our third line agent in the management of hyperemesis). We are not sure yet what changes RCOG will recommend – it is currently second line in their N&V in pregnancy and Hyperemesis Gravidarum guidance (Green Top No.69). Further information can be found in the PRAC minutes at https://www.ema.europa.eu/en/documents/other/new-product-information-wording-extracts-prac-recommendations-signals-adopted-8-11-july-2019-prac_en.pdf **Self care posters** JP raised that the self care leaflets have been widely distributed. The emergency department have now displayed posters in the waiting area and consulting rooms and are also planning to distribute the leaflets. **Community Pharmacy update** DC made the committee aware of the planned role out of direct referral to community pharmacy from NHS 111 service from October 2019. There are on going discussions around primary care navigators also sign posting to community pharmacy and being able to book patients in to appointments. Monitored dosage systems are also under the spotlight at the moment due to capacity issues, as well as the potential for safety concerns and inappropriate use. The LPN is working with NHS England on a project. SC also commented that Portsmouth CCG are planning a visit to Lewisham following the positive work they have been pioneering to reduce the use of MDS used at the request of social care providers. **Annual Homecare Medicines Service Report for Commissioners** JW will circulate the report with the draft notes of this meeting.	
4.19.8	**Dates of future meetings:** **18th October 2019** **13th December 2019**	