


**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, 12.45 for 1.00pm on Friday 14<sup>th</sup> December 2018  
Room 5, Education Centre, E level, Queen Alexandra Hospital**

**Notes**

<b>6.18.1</b>	<p><b>Attendance</b> Jon Durand, Alastair Bateman (Chair), Debby Crockford, Jason Peett, E Bond (observer), Vanessa Lawrence, Phil Foster, Jen Etherington, Jo Williams (secretary), Simon Cooper, Mike Stewart, Luke Groves, Kevin Vernon.</p> <p><b>Apologies for absence</b> Matthew Puliye</p>	
6.18.1.1	<p><b>Declarations of Interest</b> Simon Cooper, Jason Peett and Debby Crockford all attended AHSN leadership course sponsored by Novartis, Luke Groves has been involved in a panel sponsored by Mylan, Vanessa Lawrence has had sponsorship from Janssen and Alastair Bateman conference attendance with various pharmaceutical companies sponsoring.</p>	
<b>6.18.2</b>	<p><b>DRAFT Notes of last meeting October 2018</b> Accepted as an accurate record</p> <p><b>Action log</b></p> <p> APC action log December 2018.docx</p>	
<b>6.18.3</b>	<p><b>Matters arising</b></p> <ol style="list-style-type: none"> <li>1. Lidocaine plasters. Pain team invited to discuss use in primary care. Unfortunately the pain team did not attend.</li> <li>2. Liothyronine initiation process (RMOC document in main agenda). Professor Mike Cummings presented in discussion with APC members concerns that have been raised with prescribing liothyronine. Liothyronine is included in the NHS England low value medications list, and has a priorities committee statement that states that liothyronine should not be initiated in primary care, patients whose symptoms are inadequately treated with optimal doses of levothyroxine should be referred to an NHS endocrinologist, consultants wishing to consider treatment with liothyronine will be required to complete a proforma and submit this to the CSU prior to prescribing, treatment with liothyronine will need to be reviewed by the specialist at 3 months before prescribing can be considered for transfer to primary care. There are a small number of patients who benefit from liothyronine, these patients remain under the care of endocrinology as monitoring remains with the specialist. JW with work with the DPC to produce a proforma that can be used by team for prior approvals.</li> </ol>	JW

	<p>There is no need for a shared care guideline but the team may wish to develop a local guideline that covers the main points from the priorities committee statement and the process that needs to be followed.</p> <p>This issue has highlighted a wider concern that primary care information is not getting through to the relevant teams</p> <p>3. The paediatric team have highlighted that a new licensed preparation of ranitidine liquid has become available that is double the strength of that used within the Trust. Some children are being prescribed this formulation. Reminder to all to prescribe liquids as a dose of active ingredient not volume to reduce the likelihood of prescribing errors.</p> <p>4. The rheumatology team have been informed that their patient has been dispensed 10mg tablets of methotrexate. Investigations are ongoing to find out if this was a prescribing or dispensing error. CCGs are being asked to remind prescribers that methotrexate should only be dispensed as 2.5mg tablets as per the NPSA alert.</p> <p><b>Chair's actions since previous meeting:</b> none</p> <p><b>Additions to the formulary supported by F&amp;M for noting:</b> 1. Magnesium sulphate 20% (licensed product)</p>	
6.18.4	<b>Formulary Management – applications for approval</b>	
6.18.4.1	<p><b>Semaglutide</b> Presented by Iain Cranston Semaglutide is a weekly GLP1 receptor agonist, indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise: as monotherapy when metformin is contraindicated or as add on therapy in addition to other products for the treatment of diabetes.</p> <p>Two other GLP1 receptor agonists are listed on the formulary. Semaglutide appears to show superiority to dulaglutide and exenatide as well as sitagliptin and insulin glargine in terms of glycaemic control and weight loss. It is the only GLP1 receptor agonist that demonstrates cardiovascular benefits.</p> <p>Semaglutide is expected to be priced comparatively to the other GLP1 receptor agonists that are available and currently included on the area prescribing formulary.</p> <p>As the majority of prescribing is expected to take place in primary care the submission request is to add to the area prescribing formulary as Green.</p> <p><b>APC decision</b> As semaglutide has not yet been released the committee will reserve judgement until the product is on the market. The application will be added to the February APC agenda for further consideration.</p>	JW

6.18.4.2	<p><b>Piracetam and Stiripentol</b></p> <p>In August 2018, Piracetam and stiripenol were added to the District Prescribing Formulary (Basingstoke, Winchester, and Southampton). A summary of these additions is copied below.</p> <ul style="list-style-type: none"> <li>• <b>Piracetam tablets and oral solution (Nootropil®):</b> Following the NICE CG 137 Epilepsies: diagnosis and management: Piracetam is supported for the treatment of myoclonic seizures in children, young people and adults when adjunctive treatment is ineffective or not tolerated. It should be initiated by specialists then can be continued in primary care (i.e. Amber on formularies)</li> <li>• <b>Stiripentol capsules and powder sachets (Diacomit®)</b> Following the NICE CG 137 Epilepsies: diagnosis and management: Stiripentol is supported for use as an adjunctive treatment for Dravet syndrome in children, young people and adults when first line treatments are ineffective or not tolerated. It should be initiated by specialists then can be continued in primary care under a shared care guideline – to follow) (i.e. Amber on formularies).</li> </ul> <p>Neurology teams are shared between Portsmouth and Southampton so it would be sensible for the formulary to be reflective of this status.</p> <p>Piracetam: Amber Initiated Stiripenol: Amber Initiated for paediatrics. Amber Shared Care for adults (Shared care guideline in development by UHS).</p> <p><b>APC decision</b> The products will be added to the area prescribing formulary as per the USH recommendations: Piracetam: Amber Initiated Stiripenol: Amber Initiated for paediatrics. Amber Shared Care for adults (Shared care guideline in development by UHS). JW will request a shared care guideline from Southampton neurology team.</p>	JW
6.18.4.3	<p><b>Review of formulary status of SCAN recommended products</b></p> <p>The SCAN antibiotic guideline has been widely circulated and is in use by many practices within the locality. Several of the monographs include recommendations that are not in line with the area prescribing formulary. The formulary status has been reviewed and considered by the committee.</p> <p><b>APC decision</b> The formulary status will be amended as follows Azithromycin: GREEN for indications recommended by SCAN Ceftriaxone: remains as RED Famciclovir: remains as Non-formulary Levofloxacin: Green for indications recommended by SCAN Tetracycline: Green for indications recommended by SCAN Bismuth subsalicylate: Green for indications recommended by SCAN Fidaxomylin: Amber recommended by microbiology only Mebendazole: Green for patients aged 6 months to 2 years. Recommended as self care for patients within license. Moxifloxacin: Green for indications recommended by SCAN Octenidine: remains as non-formulary. Not recommended by PHT. Undecenoates (Mycota): remains as non-formulary. Suitable for self care.</p>	

	Itraconazole: Green for indications recommended by SCAN Amorolfine nail lacquer: remains as non-formulary	
6.18.4.4	<b>Review of Amber status drugs on the formulary</b> The status of all current amber drugs has been reviewed and recommendations circulated to the committee. Committee members are asked to provide comments back to secretary.	All
6.18.4.5	<b>Softacort eye drops</b> Submitted by Keith Yip. The business case was not presented.  Committee members were unsure as to the place in therapy and whether Predsol minims can be removed from the formulary.  <b>APC decision</b> More information is required in relation to this submission. JW to request this from team.	JW
6.18.4.6	<b>Adalimumab biosimilars</b> Biogen/ Imraldi® and Amgen/ Amgevita® have been awarded as contract options for our region and will be added to the area prescribing formulary as RED drugs.	
<b>6.18.5</b>	<b>Drug therapy and shared care guidance for approval</b>	
6.18.5.1	<b>Shared care agreement form</b> Presented by Jo Williams. The forms have been designed to promote shared care and support the agreement process prior to a transfer of care taking place.  <b>APC decision</b> APC support the use of the forms. All departments and practices to be informed of the changes. Request for the forms to be adopted by Southern Health and Solent. JE and VL to take to their medication management committees.	<b>JW</b> <b>JE/VL</b>
6.18.5.2	<b>Shared care suggested template</b> Presented by Jo Williams. The shared care template has been amended to support the recommendations of the NHS England document, responsibility of prescribing between primary and secondary/tertiary care.  <b>APC decision</b> APC support the revised templates. These templates should be adopted as documents are updated. Shared care may be an area that requires additional support. MS/LG to investigate if this is a project the chief registrar may be able to adopt.	<b>MS/LG</b>
6.18.5.3	<b>Insulin safety review checklist</b> Presented by Jo Williams. The RMO checklist has been amended to local format.  <b>APC decision</b> The RMO checklist has been adopted as a review template for all new insulin preparations	

6.18.5.4	<p><b>Shared care guideline Growth Hormone treatment</b> Submitted by Jean Munday but not presented.</p> <p>The committee discussed the need for all shared care guidelines to adopt the new template format. There was concern raised around some of the wording, including reference to the need for the patient to agree to shared care prior to being able to access the drug. Initial prescribing should remain within the Trust until the patient is stabilised.</p> <p><b>APC decision</b> The guideline needs to be reformatted in to the new template and ensure that the principals of shared care within the NHS England document are supported.</p>	
6.18.5.5	<p><b>Shared care guideline Lanreotide for acromegaly</b> Submitted by Jean Munday but not presented.</p> <p><b>APC decision</b> Lanreotide is NHS England funded for acromegaly. To support the local health economy it would be sensible to maintain the prescribing within the hospital. There are some patients in the community currently receiving lanreotide for acromegaly, it would not be the committee's intention for these patients to be repatriated. AB to discuss with MC at upcoming meeting.</p>	
6.18.5.6	<p><b>Shared care guideline Octreotide for acromegaly</b> Submitted by Jean Munday but not presented.</p> <p><b>APC decision</b> Octreotide is NHS England funded for this indication. To support the local health economy it would be sensible to maintain the prescribing within the hospital. There are some patients in the community currently receiving octreotide for acromegaly; it would not be the committee's intention for these patients to be repatriated. AB to discuss with MC at upcoming meeting.</p>	
6.18.5.7	<p><b>ADHD Shared care guideline</b> Submitted by Ray Lyon Sussex Partnership following the support for guanfacine addition to the formulary at October's meeting.</p> <p><b>APC decision</b> The shared care guideline is supported. The new agreement form needs to be used going forward and JW will request that this is incorporated into the guidance.</p>	JW/RL
6.18.5.8	<p><b>Psychotropic Guidelines</b> Resubmission from June 2017</p> <p>A SHFT guideline and poster was requested to be supported by the APC so that they could be published on CCG websites.</p> <p><b>APC decision</b> These were written in 2017 and do not reflect the recommendations of current guidance. They should be reviewed and resubmitted.</p>	VL

6.18.5.9	<p><b>Stoma Formulary</b> Presented by Phil Foster. South East Hants and Fareham and Gosport CCG have a stoma ordering service. To support this a Formulary has been produced. The formulary was produced in collaboration with the stoma team within Portsmouth hospitals. The ideal is that all stoma providers follow the formulary recommendations for all local CCGs to promote cost effective prescribing of these products.</p> <p><b>APC decision</b> The committee supports the stoma formulary. Request for Solent to review. The formulary will be uploaded for access on NetFormulary.</p>	
6.18.6	<b>Items for note/consultation</b>	
6.18.6.1	<p><b>NICE Guidance</b> <b>Guidance published in October 2018</b></p> <p>TA 542 <a href="#">Cabozantinib for untreated advanced renal cell carcinoma</a> Cabozantinib is recommended, within its marketing authorisation, for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria. It is recommended only if the company provides cabozantinib according to the commercial arrangement.</p> <p><b>Resource impact:</b> This technology is commissioned by NHS England. <b>Action required:</b> The formulary entry for cabozantinib will be updated with a link to NICE TA 542.</p> <p>TA 543 <a href="#">Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs</a> Tofacitinib, with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults, only if:</p> <ul style="list-style-type: none"> <li>• it is used as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis or</li> <li>• the person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks or</li> <li>• TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis).</li> </ul> <p>Tofacitinib is only recommended if the company provides it according to the commercial arrangement.</p> <p><b>Resource impact:</b> Tofacitinib is commissioned by CCGs. No significant resource impact is anticipated. <b>Action required:</b> The formulary entry for Tofacitinib will be amended and the link to NICE TA 543 will be added.</p> <p>NG 107 <a href="#">Renal replacement therapy and conservative management</a> This guideline covers renal replacement therapy (dialysis and transplantation) and conservative management for people with chronic kidney disease stages 4 and 5. It aims to improve quality of life by making recommendations on planning, starting and switching treatments, and coordinating care.</p>	

NG 108 [Decision-making and mental capacity](#)

This guideline covers decision-making in people 16 years and over who may lack capacity now or in the future. It aims to help health and social care practitioners support people to make their own decisions where they have the capacity to do so. It also helps practitioners to keep people who lack capacity at the centre of the decision-making process.

NG 109 [Urinary tract infection \(lower\): antimicrobial prescribing](#)

This guideline sets out an antimicrobial prescribing strategy for lower urinary tract infection (also called cystitis) in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance.

**Action required**

To review local guidance

NG 110 [Prostatitis \(acute\): antimicrobial prescribing](#)

This guideline sets out an antimicrobial prescribing strategy for acute prostatitis. It aims to optimise antibiotic use and reduce antibiotic resistance.

**Action required**

To review local guidance

NG 111 [Pyelonephritis \(acute\): antimicrobial prescribing](#)

This guideline sets out an antimicrobial prescribing strategy for acute pyelonephritis (upper urinary tract infection) in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance.

**Action required**

To review local guidance

NG 112 [Urinary tract infection \(recurrent\): antimicrobial prescribing](#)

This guideline sets out an antimicrobial prescribing strategy for preventing recurrent urinary tract infections in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance.

**Action required**

To review local guidance

**NICE Guidance published November 2018**

TA 545 [Gemtuzumab ozogamicin for untreated acute myeloid leukaemia](#)

Gemtuzumab ozogamicin, with daunorubicin and cytarabine, is recommended as an option for untreated de novo CD33-positive acute myeloid leukaemia (AML), except acute promyelocytic leukaemia, in people 15 years and over, only if:

- they start induction therapy when either the cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (that is, because the test was unsuccessful) or when their cytogenetic test results are not yet available and
- they start consolidation therapy when their cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (because the test was unsuccessful) and
- the company provides gemtuzumab ozogamicin according to the commercial arrangement.

**Resource impact:** This technology is commissioned by NHS England.

**Action required:** Gemtuzumab ozogamicin will be added to the area prescribing formulary as RED with a link to NICE TA 545.

	<p>TA 546 <a href="#">Padeliporfin for untreated localised prostate cancer</a> Padeliporfin is not recommended, within its marketing authorisation, for untreated, unilateral, low-risk prostate cancer in adults.</p> <p>NG 88 <a href="#">Heavy menstrual bleeding: assessment and management</a> This guideline was updated in November. The guideline covers assessing and managing heavy menstrual bleeding (menorrhagia). It aims to help healthcare professionals investigate the cause of heavy periods that are affecting a woman's quality of life and to offer the right treatments, taking into account the woman's priorities and preferences.</p> <p>In November 2018 NICE reinstated recommendations on ulipristal acetate (Esmya) following the European Medicines Agency review of the use of Esmya for uterine fibroids. NICE also added information on shared decision making and monitoring for side effects.</p> <p>NG 113 <a href="#">Urinary tract infection (catheter-associated): antimicrobial prescribing</a> This guideline sets out an antimicrobial prescribing strategy for catheter-associated urinary tract infection in children, young people and adults. It aims to optimise antibiotic use and reduce antibiotic resistance. <b>Action required:</b> to review local practice guidelines.</p>	
6.18.6.2	<p><b>EAMS</b> None received</p>	
6.18.6.3	<p><b>Solent update</b> The following guidelines have been ratified by the medicines management committee and can be made available to health care professionals: Antipsychotic guidelines, anxiety treatment, bipolar guidelines, BPSD, clozapine, depression, rapid tranquillisation.</p> <p>There is a plan to co-badge these guidelines in the future with SHFT.</p> <p>JE also informed the committee that the Chief Pharmacist will be leaving the Trust. It is expected that the post will be split back to individual chief pharmacists for each provider.</p>	
6.18.6.4	<p><b>Southern Health Update</b> VL informed the committee that there are currently two deputy chief posts. The second deputy chief will be leaving in January when their contract comes to an end.</p>	
6.18.6.5	<p><b>DPC update</b> The DPC minutes were noted.</p> <p>Trimovate guidance was of interest. APC do not support the use of trimovate cream which will become non-formulary.</p> <p>Alfentanil incidents were also discussed as an incident has also occurred in our locality. This is being reviewed by the medicines safety committee.</p>	
6.18.6.6	<p><b>MEC update</b> Notes of November meeting not received.</p>	



6.18.6.7	<p><b>Hampshire Medicines Safety Group</b> Notes of meeting not received. The Pillpouch MDS system is yet to be discussed.</p>	
6.18.6.8	<p><b>Drug Safety Update and Patient Safety Alerts</b> The October and November updates were noted by the committee.</p>	
6.18.6.9	<p><b>Regional Medicines Optimisation Committees</b> Liothyronine Noted and discussed with endocrinology as above.</p> <p>STOMP Noted as useful tool</p> <p>November update Noted. Shared care is being reviewed by the Northern group. Do once system would be supported locally as a way to reduce duplication of work.</p> <p>Best Value biologics Continued work locally. The area has been informed on the products awarded and pricing structure.</p> <p>Homely Remedies This guidance has support of the APC. Portsmouth CCG is keen to have a city wide policy to help support this.</p>	
6.18.6.10	<p><b>NHS England</b> Guidance on prescribing cannabis based products This guidance was noted by the committee. The committee highlighted that the authority to prescribe cannabis products does not extend to GPs. The current process within PHT is that all requests for supply of cannabis must be in line with NHS England recommendations and must be approved by the Formulary and Medicines Group Chair.</p> <p>Update to NHS England low value medications The next round of products for restriction of prescribing is out for consultation. The committee noted the need for any comments to be sent to the consultation group.</p> <p>Prescribing of Gluten free products Changes to the Drug Tariff restricting the prescribing of gluten free products were noted by the committee.</p>	
6.18.7	<p><b>Any other business: Nurse representative</b> The CCGs have been asked to source a nurse representative for the committee.</p>	
6.18.8	<p><b>Dates of future meetings:</b> Friday 15<sup>th</sup> February 2019 Friday 12<sup>th</sup> April 2019 Friday 21<sup>st</sup> June 2019 Friday 16<sup>th</sup> August 2019 Friday 18<sup>th</sup> October 2019 Friday 13<sup>th</sup> December 2019</p>	