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 18th October 2019
Room 9, Education Centre, E level, Queen Alexandra Hospital

Notes

5.19.1	**Attendance** Nick Moore, Vanessa Lawrence, Karen Atkinson, Kevin Vernon, Luke Groves, Alastair Bateman (Chair), Phil Foster, Jason Peett, Mike Stewart, Jo Williams (secretary), Kieran Hand **Apologies for absence** Simon Cooper, Jon Durand, Sarah Nolan	
5.19.1.1	**Declarations of Interest** Mike Steward received sponsorship for conference from Daiichi Sankyo.	
5.19.2	**DRAFT Notes of last meeting** Accepted as an accurate record Completed actions: • Glycopyrronium bromide business case. To be removed from action log. Solent to consider if still required and then to bring back if necessary as a joint application with SHFT and PHT. • Respiratory shared care guidelines – as per the agenda • Care UK, GP request to prescribe form has now been approved. • End of life charts have been approved for use in the community. PHT have commented that the doses do not reflect their current practice so they are yet to be endorsed by the FMG committee. • Azithromycin shared care asthma guidelines – as per the agenda. **Action log** APC action log October 2019.docx	
5.19.3	**Matters arising** There were no business cases approved by the PHT F&M group.	
5.19.4	**Formulary Management – applications for approval**	
5.19.4.1	**Ciclosporin eye drops (Verkazia)** Submitted by Nicola Hill and presented by Rory Nicholson. Ciclosporin eye drops (Ikervis) are included on the formulary for the treatment of severe vernal keratoconjuctivitis in children from four years of age and adolescents. This use is off label as Ikervis is licensed in over 18 years only. This is a request to add Verkazia to the formulary as it has a license for use for this indication in children from four years and adolescents. This	

	is cost neutral. APC decision The committee support the addition of Verkasia to the formulary as Amber initiated.	
5.19.4.2	**Fixapost eye drops** Presented by Keith Yip and Alastair Lockwood Fixapost is a combination eye drop containing latanoprost and timolol in a preservative free solution presented in a single dose container. Both latanoprost and timolol preservative free eye drops are listed on the area prescribing formulary. Fixopost is indicated for the reduction of intraocular pressure in patients with open angle glaucoma and ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues. Use will follow the local pathway for managing chronic open angle glaucoma and ocular hypertension. Preservative free presentations are reserved for patients with a true preservative allergy and/or who have evidence of epithelial toxicity and/or severe dry eyes. Fixaspost offers a cost saving when compared to prescribing the component products separately. APC decision The committee support the addition of Fixapost to the Area Prescribing Formulary as Amber Recommended.	
5.19.5	**Drug therapy and shared care guidance for approval**	
5.19.5.1	**Management of sub-therapeutic INR in mechanical heart valves** Presented by Christopher James and Annie Curtis. This is a new guideline that has been produced to support the management of patients prescribed warfarin for Artificial Heart Valves who have been identified as having Sub-Therapeutic INR. Anticoagulation is required in this patient group to prevent against thrombus formation which may interfere with valve function and/or lead to thromboembolic stroke. Warfarin is the only oral anticoagulant suitable for this patient group; direct oral anticoagulant are contra-indicated as evidence demonstrates that in this patient group, these drugs are associated with high thromboembolic risk. The guideline supports clinicians to manage sub-therapeutic INRs when identified by the anticoagulant clinic. When this is identified immediate action is needed. The guidance recommends that enoxaparin is prescribed at therapeutic doses for this group of patients. Where patients are unable to get to the hospital it suggests that a GP is requested to prescribe the enoxaparin. APC decision The principals of the guideline are supported. Although there were concerns as to whether the syringe sizes for doses would be readily available from community pharmacies. Patients may well have to go to QA to get the medication supplied. There was also discussion around whether intravenous heparin is the more appropriate treatment; this would mean that the patient would have to be admitted to hospital for the treatment. APC support the guideline in principle. The guidance will need to go to FMG for approval. JW will also circulate to the team at Southampton who provide the cardiothoracic surgery service to the area.	JW

5.19.5.2	**SCAN antibiotic guidelines** Verbal update from Adel Sheikh The SCAN group led by Louise Dunsmure have been moving forward with the community antibiotic guidelines that as yet have not been approved by the APC due to concerns around the governance arrangements. A reviewed version of the paediatric guidance, where there were previously concerns around the evidence for recommendations has also been produced. There is a plan to move towards an App that will be regularly updated and reviewed. This will be produced in the Microguide format that is used around the region for hospital antibiotic guidance. This format is available on computer desk tops and on smart phones. The Microguide offers the ability to update resources instantly. There is a cost associated cost to commissioners for access to the App. There was discussion around whether SCAN or NICE guidance was the preferred option locally. APC decision The Microguide version of the SCAN guidance is supported.	
5.19.5.3	**Azithromycin shared care guideline** Submitted by Ben Green and presented by Adel Sheikh. This is an update of the previous shared care guideline that is already in use. The update has moved to the new template and incorporates the requirement to send the request to share care form to the GP. APC decision APC support the update of the shared care guideline but request that the document includes information on baseline hearing tests (as per the asthma document), and sudden cardiac death. In addition the ECG advice needs to align with the Asthma document. When the appropriate changes have been made the guidance can be sent for chairs approval.	BG/AS
5.19.5.4	**Nebulised antibiotics shared care guideline** Submitted by Ben Green and presented by Adel Sheikh. This is an update of the previous shared care guideline that is already in use. The update has moved to the new template and incorporates the requirement to send the request to share care form to the GP. APC decision APC support the update of the shared care guideline but request the addition of information regarding safe sharps disposal. When this information has been added it can be sent for chairs approval.	BG/AS
5.19.5.5	**Azithromycin in asthma shared care guideline** Submitted by Hitasha Rupani following amended as per previous APC request and presented by Adel Sheikh. The requested addition of information on baseline hearing tests has now been incorporated. APC decision APC support the update of the shared care guideline but request that the document includes information on sudden cardiac death. In addition the ECG advice needs to align with the COPD document. When the appropriate changes have been made the guidance can be sent for chairs approval.	HR/AS

5.19.5.6	**PHT Vaccination information haem/onc 2019** The patient information leaflet for vaccination advice for haematology and oncology patients was noted by the committee. There was support for the leaflet to be made available on the CCG websites.	
5.19.6	**Items for note/consultation**	
5.19.6.1	**NICE Guidance** **NICE developments: August and September 2019** **NICE Guidance published August 2019** **TA 592 Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma** Cemiplimab is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced or metastatic cutaneous squamous cell carcinoma in adults when curative surgery or curative radiotherapy is not appropriate. It is recommended only if the conditions in the managed access agreement are followed. Treatment with cemiplimab should be continued until disease progression or for up to 24 months (whichever is sooner). **Resource impact:** The resource impact of this technology will be covered by the Cancer Drugs Fund budget. **Action required:** Cemiplimab will be added to the area prescribing formulary as a RED agent for use in line with NICE TA 592. **TA 593 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer** Ribociclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in people who have had previous endocrine therapy only if: • exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and • the conditions in the managed access agreement for ribociclib with fulvestrant are followed. **Resource impact:** The resource impact of ribociclib with fluvestrant will be covered by the Cancer Drugs Fund budget. **Action required:** The formulary entries for both ribociclib and fluvestrant will be updated to include link to NICE TA 593. **TA 595 Dacomitinib for untreated EGFR mutation-positive non-small-cell lung cancer** Dacomitinib is recommended, within its marketing authorisation, as an option for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) 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. No significant resource impact is anticipated. **Action required:** Dacomitinib will be added to the area prescribing formulary as a RED agent for use in line with NICE TA 595. **TA 596 Risankizumab for treating moderate to severe plaque psoriasis** Risankizumab is recommended as an option for treating plaque psoriasis in adults, only if: • the disease is severe, as defined by a total Psoriasis Area and	

	Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and • the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and • the company provides the drug according to the commercial arrangement. Stop risankizumab treatment at 16 weeks if the psoriasis has not responded adequately. An adequate response is defined as: • a 75% reduction in the PASI score (PASI 75) from when treatment started or • a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started. If patients and their clinicians consider risankizumab to be one of a range of suitable treatments, including guselkumab, secukinumab and ixekizumab, the least expensive should be chosen (taking into account administration costs, dosage, price per dose and commercial arrangements). When using the PASI, healthcare professionals should take into account skin colour and how this could affect the PASI score, and make the clinical adjustments they consider appropriate. When using the DLQI, healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI and make any adjustments they consider appropriate. **Resource impact:** The technology is commissioned by CCGs. No significant resource impact is anticipated. **Action required:** Risankizumab will be added to the area prescribing formulary as a RED agent for use in line with NICE TA 596. **TA 597 Dapagliflozin with insulin for treating type 1 diabetes** Dapagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m^2, when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if: • they are on insulin doses of more than 0.5 units/kg of body weight/day and • they have completed a structured education programme that is evidence based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis, such as: ○ how to recognise its risk factors, signs and symptoms ○ how and when to monitor blood ketone levels ○ what actions to take for elevated blood ketones, and • treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes. Assess haemoglobin A1c (HbA1c) levels after 6 months and regularly after this. Stop dapagliflozin if there has not been a sustained improvement in glycaemic control (that is, a fall in HbA1c level of at least 0.3%). **Resource impact:** This technology is commissioned by CCGs. NICE resource impact calculator suggests combined costs by year 5 for all three CCGs as £38907. **Action required:** The formulary entry for dapagliflozin will be updated with a link to NICE TA 597. Dapagliflozin for use in type 1 diabetes will be a RED agent. The APC request that the use of the drug in this patient group is audited by the diabetes team and a report is brought back to the committee for consideration to change the formulary status.	Diabetes team

TA 598 Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy
Olaparib is recommended for use within the Cancer Drugs Fund as an option for the maintenance treatment of BRCA mutation-positive, advanced (FIGO stages 3 and 4), high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy in adults. It is recommended only if the conditions in the managed access agreement for olaparib are followed.
Resource impact: This technology is funded by the Cancer Drugs Fund budget.
Action required: The formulary entry for olaparib will be updated to include link to NICE TA 598.

NG 135 Alcohol interventions in secondary and further education
This guideline covers interventions in secondary and further education to prevent and reduce alcohol use among children and young people aged 11 up to and including 18. It also covers people aged 11 to 25 with special educational needs or disabilities in full-time education. It will also be relevant to children aged 11 in year 6 of primary school.

NG 136 Hypertension in adults: diagnosis and management
This guideline covers identifying and treating primary hypertension (high blood pressure) in people aged 18 and over, including people with type 2 diabetes. It aims to reduce the risk of cardiovascular problems such as heart attacks and strokes by helping healthcare professionals to diagnose hypertension accurately and treat it effectively.
Resource impact: Hypertension services are commissioned by CCGs. NICE resource impact calculator estimates combined costs by year 5 for all three CCGs as £51,714.

NG 89 Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism
This guideline covers assessing and reducing the risk of venous thromboembolism (VTE or blood clots) and deep vein thrombosis (DVT) in people aged 16 and over in hospital. It aims to help healthcare professionals identify people most at risk and describes interventions that can be used to reduce the risk of VTE.
In August 2019, an amendment was made to the recommendation on mechanical VTE prophylaxis for people with spinal injury to clarify when anti-embolism stockings can be used.

NG 25 Preterm labour and birth
This guideline covers the care of women at increased risk of, or with symptoms and signs of, preterm labour (before 37 weeks), and women having a planned preterm birth. It aims to reduce the risks of preterm birth for the baby and describes treatments to prevent or delay early labour and birth.
In August 2019, new recommendations on prophylactic vaginal progesterone and prophylactic cervical cerclage for preterm labour and birth.

NG 28 Type 2 diabetes in adults: management
This guideline covers the care and management of type 2 diabetes in adults (aged 18 and over). It focuses on patient education, dietary advice, managing cardiovascular risk, managing blood glucose levels,

and identifying and managing long-term complications.
In August 2019, the recommendations on blood pressure management were updated and replaced by recommendations in the NICE guideline on hypertension in adults.

NICE Guidance published September 2019

TA 599 Sodium zirconium cyclosilicate for treating hyperkalaemia

Sodium zirconium cyclosilicate is recommended as an option for treating hyperkalaemia in adults only if used:

- in emergency care for acute life-threatening hyperkalaemia alongside standard care or
- in outpatient care for people with persistent hyperkalaemia and chronic kidney disease stage 3b to 5 or heart failure, if they:
  - have a confirmed serum potassium level of at least 6.0 mmol/litre
  - are not taking an optimised dosage of renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia and
  - are not on dialysis.

Sodium zirconium cyclosilicate is recommended only if the company provides it according to the commercial arrangement.

1.2In outpatient care, stop sodium zirconium cyclosilicate if RAAS inhibitors are no longer suitable.

Resource impact: CCGs commission this technology. There is a confidential PAS price. NICE resource impact planner shows resource impact after 5 years is in excess of £100k across the three CCGs.
Action required: Sodium zirconium cyclosilicate will be added to the area prescribing formulary as a RED agent. For prescribing within secondary care only to ensure access to the PAS price.

TA 600 Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer
Pembrolizumab, with carboplatin and paclitaxel, is recommended for use within the Cancer Drugs Fund as an option for untreated metastatic squamous non-small-cell lung cancer (NSCLC) in adults only if:

- pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if disease progresses, and
- the company provides pembrolizumab according to the managed access agreement.

Resource impact: The impact of pembrolizumab will be covered by the Cancer Drugs Fund budget.
Action required: The formulary entry for pembrolizumab will be updated with a link to NICE TA 600.

TA 565 Benralizumab for treating severe eosinophilic asthma
Update to previously published TA:
In September 2019 NICE removed a statement that benralizumab is not recommended if neither mepolizumab nor reslizumab is recommended. The statement was not needed because if asthma does not meet the criteria for using benzalizumab, then it also does not meet the criteria for using mepolizumab or reslizumab.

NG137 Twin and triplet pregnancy
This guideline covers the care that should be offered to women with a twin or triplet pregnancy in addition to the routine care that is offered to

	all women during pregnancy. It aims to reduce the risk of complications and improve outcomes for women and their babies. **Resource impact:** This is an update to previous guidance published in 2011. NICE do not expect this update to have a significant impact on resources. **NG138 Pneumonia (community-acquired): antimicrobial prescribing** This guideline sets out an antimicrobial prescribing strategy for adults, young people, children and babies aged 72 hours and over with a confirmed diagnosis of community-acquired pneumonia. It aims to optimise antibiotic use and reduce antibiotic resistance. **NG139 Pneumonia (hospital-acquired): antimicrobial prescribing** This guideline sets out an antimicrobial prescribing strategy for adults, young people, children and babies aged 72 hours and over with a confirmed diagnosis of hospital-acquired pneumonia. It does not cover ventilator-associated pneumonia. It aims to optimise antibiotic use and reduce antibiotic resistance. **NG140 Abortion care** This guideline covers care for women of any age (including girls and young women under 18) who request an abortion. It aims to improve the organisation of services and make them easier for women to access. Detailed recommendations on conducting abortions at different gestational stages are also included, to ensure that women get the safest and most effective care possible. **Resource impact:** NICE suggest that implementation of this guideline will be cost saving. **NG141 Cellulitis and erysipelas: antimicrobial prescribing** This guideline sets out an antimicrobial prescribing strategy for adults, young people, children and babies aged 72 hours and over with cellulitis and erysipelas. It aims to optimise antibiotic use and reduce antibiotic resistance. **NG87 Attention deficit hyperactivity disorder: diagnosis and management** This guideline covers recognising, diagnosing and managing attention deficit hyperactivity disorder (ADHD) in children, young people and adults. It aims to improve recognition and diagnosis, as well as the quality of care and support for people with ADHD. In September 2019 NICE amended the recommendation on assessment for people starting medication for ADHD to indicate that an ECG is not needed before starting stimulants, atomoxetine or guanfacine if cardiovascular history and examination are normal and the person is not on medicine that poses an increased cardiovascular risk. **NG33 Tuberculosis** This guideline covers preventing, identifying and managing latent and active tuberculosis (TB) in children, young people and adults. It aims to improve ways of finding people who have TB in the community and recommends that everyone under 65 with latent TB should be treated. It describes how TB services should be organised, including the role of the TB control board. **Fluoroquinolone antibiotics:** In September 2019, we updated this guideline to reflect MHRA restrictions and precautions for the use of fluoroquinolone antibiotics following rare reports of disabling and	

	potentially long-lasting or irreversible side effects **CG191 Pneumonia in adults: diagnosis and management** This guideline covers diagnosing and managing community- and hospital-acquired pneumonia in adults. It aims to improve accurate assessment and diagnosis of pneumonia to help guide antibiotic prescribing and ensure that people receive the right treatment. In September 2019 we withdrew some recommendations on community-acquired pneumonia and hospital-acquired pneumonia because they have been replaced by recommendations in the NICE guidelines on pneumonia (community-acquired): antimicrobial prescribing and pneumonia (hospital-acquired): antimicrobial prescribing. **CG176 Head injury: assessment and early management** This guideline covers the assessment and early management of head injury in children, young people and adults. It promotes effective clinical assessment so that people receive the right care for the severity of their head injury, including referral directly to specialist care if needed. In September 2019, we updated the advice on when to have a CT scan to change warfarin to anticoagulants when investigating clinically important brain injuries. **CG132 Caesarean section** This guideline covers when to offer caesarean section, procedural aspects of the operation and care after caesarean section. It aims to improve the consistency and quality of care for women who are considering a caesarean section or have had a caesarean section in the past and are now pregnant again. In September 2019, we replaced the recommendations on caesarean section for women with a multiple pregnancy with links to our guideline on twin and triplet pregnancy.	
5.19.6.2	**EAMS** None received	
5.19.6.3	**Solent medicines management update** There were no business cases approved by Solent.	
5.19.6.4	**Southern Health medicines management update** There were no business cases approved by Southern Health.	
5.19.6.5	**DPC update** The DPC summary was noted by the committee. APC support the addition of DEKAs and Paravit-CF multivitamin supplements for patients with cystic fibrosis with evidence of pancreatic insufficiency. These agents will be added to the Area Prescribing formulary as Amber recommended.	
5.19.6.6	**MEC update – see DPC**	
5.19.6.7	**Wound Formulary update** There has been agreement from DPC following the discontinuation of Chemifix tape, to change to Hypafix tape, which was previously on the formulary.	
5.19.6.8	**Hampshire Medicines Safety Group**	
5.19.6.9	**Drug Safety Update and Patient Safety Alerts** The August and September drug safety update alerts were noted by the	

	committee along with the EMA guidance for prescribing methotrexate.	
5.19.6.9	**Regional Medicines Optimisation Committees** The RMOC polypharmacy review report July 2019 was noted by the committee.	
5.19.6.10	**NHSE Specialised Commissioning** None received	
5.19.6.11	**Priorities committee** None received	
5.19.7	**Any other business:** **Southern Health Documents Juliet Wells** Three documented were submitted including the Lithium Shared Care Guideline, Antipsychotic Guideline, and Physical monitoring for psychotropic medication. These documents had been sent back for updating from previous APC meetings. There was discussion around the consistency across the guidelines that has yet to be addressed. As well as the logistics of advice within the Lithium guideline that pharmacists check lithium booklet results prior to the supply. The wording within the physical monitoring general principles needs to be amended to what has been previously agreed. APC request that the documents are reviewed and that the concerns are addressed prior to the documents returning to the committee for ratification in December. **Review of devices – JW** JW commented on an increase in enquiries from GP surgeries around the prescribing of devices, particularly for erectile dysfunction products. There was discussion as to whether these products should be included on the prescribing formulary. JW to discuss with the urology team and consider a review of ED product prescribing. **Southampton Freestyle Libre Patients – JW** Philip Newland-Jones has raised an issue with the CCG around the different process followed for access to FSL between the two areas. Patients who are initiated at Southampton with Freestyle Libre follow a different process that has been agreed by the DPC CCGs. This is where the specialist provides the first two weeks of sensors and hand patients straight back to GPs to continue prescribing. The specialist is still responsible for monitoring and to let the GP know at the 6 month point if patients have received benefit and can therefore continue to receive the device. This differs from the Portsmouth approach where the specialist maintains prescribing and monitoring responsibility for the six month period where only after the six month review is the prescribing responsibility transferred over to GPs. Communication with Partha Kar supports that patients are transferred to the PHT team for continuing supplies if they are not able to receive via the Southampton team until the six month review period, this was also supported by the APC members. **Ranitidine shortage - AB** Communication has been received regarding a shortage of ranitidine, the formulary H2 antagonist. There are a significant number of patients in our region prescribed ranitidine so the APC is asked to consider how the patients are managed.	**Juliet Wells** **JW**

	APC support the following approach: For Adults: • Consider the need for treatment – stop if required or consider treatment with antacid preparations. • If treatment required consider if a PPI is appropriate • If H2 antagonist is required use nizatidine –will be added to the formulary as green whilst there is a shortage of ranitidine only. We are not expecting there to be enough nizatidine available for all patients to switch to this product therefore only patients who are unable to tolerate a PPI should be switched to nizatidine. For Children: • Consider the need for treatment and stop if appropriate • If treatment is required consider a PPI • Omeprazole MUPS or Lanzoprazole Fastabs may be prescribed • Do NOT prescribe liquid preparations • Doses should be rounded to the nearest half of a tablet. The dose should be dispersed in the barrel of a syringe as the drug is contained in small pellets which do not dissolve **Practice email addresses for shared care - JW** Departments have requested that shared care information is sent to practices electronically via email. The APC support this whilst PHT are looking at developing an electronic transmission system. **Rivaroxaban 10mg - JW** Currently on formulary as Red as previous license for post op elective hip/knee replacement patients. License now extends to prevention of recurrent DVT/PE. APC support that the Red restriction is removed. There was discussion around the different doses of DOACs and risk of errors. There was a request for a review of DOAC prescribing.	**JW**
5.19.8	**Dates of future meetings:** 13th December 2019 **<u>2020 Dates:</u>** 21st February 24th April 19th June 21st August 16th October 18th December	