For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on 9 October 2018

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Pembrolizumab	BLACK (as per NICE TA 540) and as per NHS England commissioning intentions
Inotuzumab	RED (as NICE TA 541) as per NHS England commissioning intentions
Glycerol phenylbutyrate (Ravicti®)	RED (as per NHS England commissioning intentions)
Biktarvy® (combination HIV product) Bictegravir + emtricitabine + tenofovir alafenamide	RED (as per NHS England commissioning intentions)

Derbyshire Medicines Management Shared Care and Guideline Group Traffic Lights

Drug	Decision
Lodoxamide eye drops	GREEN
Aviptadil/Phentolamine injection (Invicorp®)	BROWN specialist initiation
Metyrapone	BROWN specialist initiation

Clinical Guidelines

Infant Feeding
Nefopam position statement
Oxygen

Patient Group Directions

Administration of BCG Vaccine AJV to individuals, from birth to 16 years of age, at increased risk of tuberculosis

Shared Care Guidelines

Buprenorphine Sublingual Tablets for Substance Misuse/Methadone Oral Solution 1mg/ml and Naltrexone 50mg tablets for Opioids in Substance Misuse

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Present:	
Southern Derbyshire CCG	
Dr A Mott	GP (Chair)
Mr S Dhadli	Specialist Commissioning Pharmacist (Professional Secretary)
Mrs L Hunter	Assistant Chief Finance Officer
Mr S Hulme	Director of Medicines Management (also representing Erewash CCG)
Mrs S Qureshi	NICE Audit Pharmacist
Dr M Watkins	GP
North Derbyshire CCG	
Dr C Emslie	GP
Dr T Narula	GP
Mrs K Needham	Assistant Chief Quality Officer (Medicines Management) (also representing all four Derbyshire CCGs)
Hardwick CCG	
Dr T Parkin	GP
Erewash CCG	
Dr M Henn	GP
Derby City Council	
Dr R Dewis	Consultant in Public Health Medicine
Derbyshire County Council	
University Hospitals of Derby and Burton NHS Foundation Trust	
Dr W Goddard	Chair – Drugs and Therapeutic Committee
Derbyshire Healthcare NHS Foundation Trust	
Ms B Thompson	Pharmacist
Chesterfield Royal Hospital NHS Foundation Trust	
Mr M Shepherd	Chief Pharmacist
Derbyshire Community Health Services NHS Foundation Trust	
Ms D Railton	Advanced Pharmacist
Ms J Shaw	Pharmacist
Derby and Derbyshire Local Medical Committee	
Dr K Markus	Chief Executive
Derbyshire Health United	
Mr D Graham	Pharmacist
In Attendance:	
Ms R Cooper	Public Health Registrar
Mr A Thorpe	Derby City Council (minutes)

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
1.	**APOLOGIES**	
	Mr D Moore.	
2.	**DECLARATIONS OF CONFLICT OF INTEREST**	
	Dr Mott reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of JAPC. Dr Mott reminded members that the annual declaration of interest form now needed to be completed and returned to the JAPC Professional Secretary. No conflicts of interest were declared in relation to this agenda; in addition to the existing register of interests.	**All**
3.	**DECLARATIONS OF ANY OTHER BUSINESS**	
	• Inadvertent administration of inappropriate influenza vaccine type.	
4.	**MINUTES OF JAPC MEETING HELD ON 11 SEPTEMBER 2018**	
	The minutes of the meeting held on 11th September 2018 were agreed as a correct record after the following amendment: Initial Management of Deep Vein Thrombosis (DVT) in Minor Injury Units (MIUs) – Amend to: 'Patients would then be reviewed and receive an ultrasound scan at an acute hospital on the same day or within a twenty-four hour period' and 'Discussion followed and Ms Braithwaite advised that the use of the novel oral anticoagulants (NOACs) had not been included in the pathway as they could only be used if a patient's estimated glomerular filtration rate (eGFR) was known and >30ml/min/1.73m^2.'	
5.	**MATTERS ARISING**	
a.	**<u>Compression Hosiery</u>** Dr K Markus reported that an update had been received from the Derbyshire Local Pharmaceutical Committee representative on the Derbyshire Local Medical Committee which advised that pharmacists would take the measurements.	
b.	**<u>Derbyshire Health United Out of Hours Formulary</u>** Mr Dhadli referred to outstanding queries concerning the inclusion of dihydrocodeine, diazepam rectal tubes and morphine versus diamorphine. Mr Graham had been requested to make the necessary amendments but a final version of the formulary had not yet been received.	**DG**
c.	**<u>Attention Deficit Hyperactivity Disorder (ADHD)</u>** Dr Mott advised that DHcFT had agreed to hold a wider meeting between the commissioners and providers concerning the commissioning and transition arrangements for adults and children with ADHD.	
d.	**<u>Dupilumab</u>** Dr Mott highlighted that the estimated numbers of eligible patients were notably higher than anticipated and it was therefore important that the CCG had final figures in order to understand the financial implications.	

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
	Mr Dhadli commented that a commissioning pathway had been agreed with the consultant dermatologists to include some EASI scores, IGA scores and the body surface area as criteria. However, some requests for the use of dupilumab had now been received from people with lower EASI scores. NICE had issued a response to a previous request for greater clarity about their definition of moderate to severe atopic dermatitis which indicated that patients with EASI scores lower than 7.1 could be considered as having moderate atopic dermatitis. It may be necessary therefore to amend the flowchart to indicate that requests for dupilumab should be considered by an Acute Trust MDT. Dr Mott requested that definitive figures for those patients who met the upper level, and the potential for lowering this, should be discussed at the November meeting of the Biosimilar and High Cost Drugs Working Group. Mr Dhadli would liaise with Mr Moore and Mr Shepherd about this.	**SD/DM/MS**
e.	**<u>Low Molecular Weight Heparin</u>** Ms Shaw would follow up on progress in resolving the issues created for DCHSFT from a once daily to a twice daily enoxaparin injection and the allowed dosing interval time extension permitted beyond the twelve hours that may not be practicably possible for DCHSFT staff to support administration.	**JS**
f.	**<u>Lipid Guidance</u>** A query had been raised by Dr Narula concerning a possible increase to 40mg atorvastatin for use in primary prevention. Mr Dhadli stated that the local guidance, evidence and NICE guidance for adult lipid modification therapy in primary prevention referred to a 40% reduction in non-HDL-cholesterol using 20mg atorvastatin so there would be no change. This was at odds with the guidance sent to Mr Dhadli that implied a 50% reduction.	
6.	**JAPC ACTION SUMMARY**	
	Hydroxychloroquine – An evidence review that included public health colleagues had been undertaken and the commissioning pathway would now be developed. This would also be discussed at the forthcoming meeting of the Clinical and Lay Commissioning Committee. To be brought to the December JAPC meeting.	**SD**
	C.Difficile – Dr D Harris, Lead Antimicrobial Pharmacist, had now updated the treatment elements of the guidance and Ms S Bestwick, CCG Lead Nurse Infection Prevention and Control, would now deal with the diagnostic aspects.	
	Derbyshire Recovery Partnership Over the Counter Position Statement – To be taken off the list.	**SD**
7.	**CLINICAL GUIDELINES**	
a.	**<u>Management of Dementia in Primary Care</u>** Mr Dhadli reported that the guidance had been updated in light of NICE NG97 Dementia: assessment, management and support for people living with dementia and their carers published in June 2018 which focussed on the co-ordination of services, signposting, non-pharmacological options and staff training.	

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
	Mr Dhadli highlighted the following changes in the NICE guidance: • Medicines should not be abruptly stopped. • Memantine co-prescribing to be considered at different stages of dementia. • Need to assess the anticholinergic burden using validated tools at initial screening (before referral to specialist services) and at medication reviews with people living with dementia. • Case finding in primary care not recommended due to lack of evidence of benefit and possibility of 'false positive' diagnosis leading to inappropriate treatment and unnecessary stress. • Clear evidence of harm from the discontinuation of cholinesterase inhibitors in people with moderate Alzheimer's disease with a substantial worsening in cognitive function. • Addition of treatments not recommended by NICE in appendix four including non-steroidal anti-inflammatory drugs and aspirin for vascular dementia. • General Practitioner Assessment of Cognition (GPCOG) test used to screen for dementia and no published evidence was found in a population with suspected dementia. Other examples of validated brief structured cognitive instruments included the six item cognitive impairment test (6CIT) and Test Your Memory (TYM). Mr Dhadli highlighted that the local guidance advocated the management of dementia in primary care after specialist initiation and had been sent out for comment. Dr R Skelly, UHDBFT Consultant in Medicine for the Elderly, had advised that the updated local guidance complied with NICE which indicated that the decision to prescribe Acetylcholinesterase inhibitors should be made by a specialist but the first prescription could be undertaken in primary care. Mr Dhadli confirmed that Acute Trust physicians were not likely to commence memantine and this would be more likely done in the Memory Assessment Service (MAS) rather than secondary care. In addition, the statement in the NICE guideline which did not recommend case finding appeared to be at variance with the CQUIN for dementia which was now a care quality indicator. Dr S Panday, GP CCG Mental Health lead, had referred to the advice in the local guidance that the specialist needed to undertake the diagnosis and recommend a treatment which would then be taken over by primary care at three months if the patient was stable. Discussion followed and Dr Henn commented that the Anticholinergic Cognitive Burden (ACB) scale was too time intensive for use by GPs and also it would be helpful to have the full list of anticholinergics and other drugs to be used with care in dementia. Mr Dhadli would provide a cross reference to the prescribing section and appendix 3. Ms Thompson referred to the statement in page four which indicated that patients with Alzheimer's disease, who were already taking an acetylcholinesterase inhibitor (AChEI), and then progressed to severe dementia, may be offered memantine after a phased withdrawal of the AChEI drug. However, the NICE guidance stated that the AChEI should not be withdrawn and memantine should be considered if patients had moderate disease or offered if they had severe disease.	**SD**

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
	Ms Thompson would obtain the views of the DHcFT specialists about this change and the evidence for deterioration if the combination was discontinued. Dr Markus added that the new NICE guidance stated that primary care prescribers could commence treatment with memantine without advice from a specialist clinician but, as they were not experts in the assessment of cognitive function, guidance would be needed as to when it could be added to the medicine regimen. Mr Hulme advised that France did not fund the prescribing of treatments used for dementia on the grounds of safety and efficacy and queried whether there were any safety issues associated with their use in the UK, although they were NICE approved. Dr Henn referred to the classification of severity of dementia rather than by functional achievement as cases could be so severe that any treatment did not make any difference or contribute to management or quality of life. The drugs therefore should have some reference to the functional benefits to be achieved by their use. Dr Markus cautioned that the guidance seemed to recommend that the medications could be continued indefinitely except in certain minor circumstances. In addition, dementia patients were often discharged from acute care with limited follow up by memory services or other community support. The guidance also made no reference to a dementia service. Dr Mott stated that there were situations where some patients had deteriorated significantly following withdrawal of the drugs and that this risk was greater than any associated with their continuation. However it would be useful to ascertain the views of DHcFT specialists about withdrawal of drugs. Dr Mott added that the memory assessment service concerned diagnostics only and was not currently commissioned to undertake ongoing follow-up. **Action:** The Management of Dementia in Primary Care guideline would be discussed again at the November JAPC meeting when responses from the DHcFT clinicians had been received.	**BT** **SD**
b.	**<u>Infant Feeding</u>** Mr Dhadli advised that the infant feeding guideline had been updated in collaboration with the UHDBFT and CRHFT consultant paediatricians and dietitians and highlighted some of the main changes: • Addition of faltering growth section and definition of weight centile spaces. • CRHFT vitamin supplementation now in line with UHDBFT up to one year corrected age and self-care if needed thereafter. • Comparison of formulas for Cow's Milk Protein Allergy (CMPA) included with prices to indicate the most cost-effective choices. • Preferred choice of amino acid formula in severe cases of CMPA with faltering growth, severe eczema, multiple food allergies, anaphylaxis, and respiratory difficulties included. • Unsuitable formulas for CMPA now included. • Formulas available to buy over the counter for lactose intolerance included. • Advice on vitamin D self-care supplementation and reference to the Derbyshire position statement.	

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
	Dr Mott referred to the varying formulary choices for CMPA which were used by UHDBFT and CRHFT and queried why the most cost and appropriate effective products were not being used, as the majority of spending was in primary care. Dr Goddard and Mr Shepherd would check the preferred choices of formula products used by the dietetic teams at UHDBFT and CRHFT.	**WG/MS**
	Dr Watkins suggested that a summary of key points be included as a front sheet to the guidance which would enable GPs to easily check the names of the formulary choices.	
	Mr Hulme highlighted that the Southern Derbyshire non IgE mediated CMPA GP patient pathway had been included in appendix 2 but there did not appear to be any direct equivalent for in the north of the county apart from appendix 4 which referred to the North Derbyshire Nutrition and Dietetic Service Referral Form. Mrs Needham advised that there were no direct referrals to the dietetic service in the north. Dr Mott advised that the pathway in Southern Derbyshire had been in place for a few years and was included on the NHS e-referral system. The children concerned were triaged by the specialist paediatric dietitian/dietitians and those considered to be unsuitable were referred for assessment to a consultant paediatrician. It was noted that a significant amount of the work came from parents who presented with their children at accident and emergency and not necessarily via primary care. Dr Mott would discuss further the potential development of a North Derbyshire pathway with the CRHFT dietetic service.	**AM**
	Dr Dewis referred to the vitamin supplementation section and advised that the text in the table followed the previous guidance issued by the Scientific Advisory Committee on Nutrition (SACN). This needed to be updated to reflect the newer version of the guidance which now recommended vitamin D supplementation for all from September to March (Autumn and Winter months) and not only for those up to the age of five years.	
	Agreed: JAPC ratified an extension of two years for the infant feeding guideline.	**SD**
c.	**<u>Nefopam</u>** Mr Dhadli advised that in January 2016 JAPC had decided to look at the evidence and cost effectiveness for the use of nefopam due to a cost increase at the time. Nefopam had been assigned a traffic light classification of BROWN (from GREEN 3rd line after codeine/tramadol) only for those patients with contraindications or intolerance to NSAIDs or opiates. JAPC had subsequently re-classified nefopam as BLACK following a comprehensive literature search, which had revealed limited evidence for its efficacy, safety concerns and due to a very significant increase in its price. A position statement had been produced which was now due for review. Following discussion it was agreed that the previous position adopted by JAPC on the position of nefopam should remain unchanged due to cost, efficacy and safety considerations and therefore would continue to be classified as a BLACK drug.	

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
	It was noted that patients already on treatment should be able to continue treatment until their next medication review where their NHS clinician might consider it appropriate to switch or stop treatment. **Agreed:** JAPC ratified the nefopam position statement.	**SD**
d.	**<u>Oxygen</u>** Mr Dhadli reported that the oxygen guideline had been updated with the inclusion of a new IMPACT + referral form for UHDBFT, revised contact information and advice on the use of oxygen in palliative care. **Agreed:** JAPC ratified an extension of two years for the clinical guideline for oxygen.	**SD**
e.	**<u>Choice of Strong Oral/Topical Opioid for Cancer Pain</u>** Mr Dhadli reported that the choice of strong oral/topical opioid for cancer pain guideline was due for review and had been sent out to all providers for comment. The main changes were: • Link included to the Derbyshire End of Life alliance website for opioid dose conversion. • Additional information included on fentanyl in the light of the MHRA safety alert and the subsequent JAPC position. • Additional information on opening the Zomorph capsules for use in swallowing difficulties. • Advice as to when fentanyl should be used. It was agreed that the reference to the local classification of BLACK for the once daily MR preparation (Onexila®) in the oral oxycodone box should be removed. **Agreed:** JAPC approved the Choice of Strong Oral/Topical Opioid for Cancer Pain guideline with the agreed amendment with a two-year review date.	**SD** **SD**
f.	**<u>Management of Lower Urinary Tract Infection (UTI) in Chronic Kidney Disease (CKD)</u>** Mr Dhadli reported that the Lower Urinary Tract Infection (UTI) in Chronic Kidney Disease (CKD) guideline had been updated with advice on using higher dose pivmecillinam where there was a high risk of resistance (defined in the guidance) – this was in line with Public Health England. **Agreed:** JAPC approved the Management of Lower Urinary Tract Infection (UTI) in Chronic Kidney Disease (CKD) guideline with a two-year review date.	**SD**
8.	**PATIENT GROUP CLINICAL GUIDELINE**	
	The following PGD from Public Health England was noted by JAPC: • Administration of BCG Vaccine AJV to individuals, from birth to 16 years of age, at increased risk of tuberculosis.	

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
9.	**SHARED CARE GUIDELINES**	
a.	**Buprenorphine Sublingual Tablets for Substance Misuse, Methadone Oral Solution 1mg/ml, and Naltrexone 50mg tablets for Opioids in Substance Misuse** Mr Dhadli reported that the three shared care guidelines had been updated with minor changes for use by General Practitioners with a special interest (GPSI) in drug misuse within the Local Enhanced Service (LES) working alongside specialist services to manage the care of drug users. These shared care agreements had been approved and supported at the DHcFT Drugs and Therapeutic Committee meeting. **Agreed:** JAPC approved the Buprenorphine Sublingual Tablets for Substance Misuse, Methadone Oral Solution 1mg/ml, and Naltrexone 50mg tablets for Opioids in Substance Misuse shared care guidelines with a two-year review date.	**SD**
10.	**MISCELLANEOUS**	
a.	**Prescribing Specification** Mr Dhadli reported that the draft prescribing specification for 2019/2020 had been developed and the following amendments from the 2018/2019 version had been included: • In the High Cost Drug section (PBR excluded medicines) the principles on pages 12 to 15 had been arranged into appropriate sections including governance, financial, monitoring, incentives/gainsharing and patient monitoring. • Principles on 'Patients transferring from one commissioner to another commissioner'. • Principles on 'Transfer of responsibility from NHS England to CCG' section. • Principles on 'Prescribing on hospital FP10 (HP) prescriptions' section. • Biosimilar medicines, anticoagulants, including non-vitamin K antagonist oral anticoagulants (NOACs) and non-steroidal anti-inflammatory drugs, had been removed from Appendix 1. • The Derbyshire CCG commissioning intentions on gain sharing agreements, including statements from the prescribing specification and commissioning framework, had been included together with diagrams which showed NHS England targets for best value medicine uptake for new and existing patients together with clarification for Foundation Trusts on how a gain share worked. Mr Dhadli advised that national clarification was awaited on future gain share agreements as the landscape appears to be changing with a national steer. This section of the specification may be updated in the light of this. Dr Henn referred to section 11 'Outpatient attendance: provider organisation requirements' and requested that the wording be amended to indicate that, where a hospital clinician recommended that an out-patient should go to their GP for commencement of new treatment, five working days from receipt of the letter be given for the GP to action the request and issue a prescription. Mr Dhadli would amend this section accordingly.	**SD**

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
	Agreed: The draft 2019/2020 prescribing specification, to include the amendment made by Dr Henn, would be circulated to members for comment and then for further discussion at the High Cost Drugs sub-group and CCG Prescribing Groups in November. Final sign-off of the prescribing specification would be agreed at the December JAPC meeting.	**All** **SD**
b.	**<u>EpiPen and EpiPen Junior (adrenaline auto-injector devices) – Supply Disruption</u>** Mr Dhadli reported that there was a national shortage of EpiPen and EpiPen Junior auto-injectors and the Department of Health and Social Care (DHSC) had therefore issued a supply disruption alert on 28th September 2018 which outlined the actions which needed to be taken by all health care professionals in primary, secondary or specialist healthcare services who prescribed, dispensed or administered adrenaline auto-injectors, or who advised patients and their carers. The DHSC supply disruption alert advised that: • Adult and child auto-injectors should only be prescribed and dispensed to those who truly need them. • Repeat prescriptions and supply should be managed diligently and patients advised that, when validating the expiry date of an adrenaline auto-injector, the product expired on the last day of the month indicated. Certain batches of adult EpiPen could be safely used for four months after the expiry date has passed. Patients should be advised not to dispose of their expired devices until they have replaced them. • Due to ongoing constraints affecting EpiPen 300mcg and Epipen 150mcg devices some adults and children may need to switch from their usual device to other alternative adrenaline auto-injector devices that may be more readily available. In the UK there were two alternative adrenaline auto-injector devices available, Emerade, supplied by Bausch and Lomb, and Jext, supplied by ALK. • Junior adrenaline auto-injectors (150mcg) must only be dispensed in line with the existing established guidance i.e. to children under 30kg. Other children weighing more than 30kg need to be given adult auto-injectors (300mcg). • Prescribers should work in close collaboration with their local pharmacies to understand which devices were available. Prescribers and pharmacists should work together to ensure patients who were switched to an alternative device were trained appropriately and understood how to use the new device. • Prescribers and pharmacies should regularly check the Specialist Pharmacy Services website for additional updates to supply and clinical guidance.	
c.	**<u>Freestyle Libre®</u>** Mr Dhadli advised that, at the time of approval of Freestyle Libre® by JAPC in January 2018 and, in view of the importance of keeping a close check on the numbers of patients involved, a review should be undertaken in three, six and twelve months' time of the number of patients initiated on the system by the UHDBFT and CRHFT diabetes teams. It was noted that the numbers of patients from April to September 2018, together with the numbers anticipated at the time of approval, were as follows:	

Item		Action
	• UHDBFT: 235 patients in adult services (200 anticipated) and 74 in paediatric services (250 anticipated). • CRHFT: 42 patients in adult services (80 anticipated) but no information available for paediatric services (150 anticipated). It was highlighted that the above numbers, although fewer overall than anticipated, did not include initiations from general practice or out of area providers. Dr Mott commented that it would be important to have a more detailed review at twelve months' time from the original policy and accordingly a special meeting should be held in December 2018 or January 2019. This would include a review of the numbers, alongside the results of the national audit and an analysis of the benefits obtained by the general population, together with evidence that the stipulated standards and criteria for enrolment into the audit had been met. An estimate of the potential impact on the prescribing budget of Freestyle Libre® would also be advantageous. **Action:** A special meeting, to include UHDBFT and CRHFT consultant diabetologists, would be arranged in December 2018 or January 2019 and a report made to JAPC at the February 2019 meeting. To be placed on the action tracker.	**AM/SD**
11.	**REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)**	
a.	**Adalimumab Resources for Regional Medicines Optimisation Committee (RMOC)** Mr Dhadli reported that, due to the release of a number of adalimumab biosimilar medicines in the Autumn of 2018, NHS England had decided to adopt a managed market share tender approach and market share would therefore be divided into eleven hospital groups. Each group would be awarded access to Humira®, a first line biosimilar (either citrate containing or citrate free) and in some groups a second line biosimilar (citrate free if the first line was not citrate free). There would be national reference price to incentivise the system in order to uptake best value adalimumab products at scale and pace; although it was unknown how this would affect the gain sharing agreements. An interim price would be put in place up to April 2019 to be agreed locally. Mr Dhadli added that a number of queries had been conveyed to NHS England and these included potential impact on gain share, resources available to enable hospitals to swap patients over and how long the reference prices would last. It was noted that NHS England would be producing a document imminently to clarify these and other points concerning the adalimumab products. The local approach to adalimumab would be further discussed at the next meeting of the Biosimilar and High Cost Drugs Working Group.	**SD**
b.	**RMOC Update September 2018** The following items had been discussed at the August meeting of the RMOC (Midlands and East): • Guidance on homely remedies in care homes - The RMOC was producing guiding principles in the form of a position statement.	

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
	• Sodium Oxybate for patients suffering from narcolepsy with cataplexy – The RMOC would shortly be producing a position statement. • Biosimilars. • Polypharmacy – A Polypharmacy subgroup for the Midlands and East RMOC would be established to focus on issues for specific patient groups. • Antimicrobial Stewardship. Dr Markus queried whether the forthcoming production of the RMOC position statement on homely remedies in care homes provided an opportunity to review the existing guidance in Derbyshire which required substantial input from GPs. Dr Mott confirmed that this could be done. Mr Hulme queried whether it was known when the RMOC position statement on sodium oxybate would be published. Dr Mott advised that one of the main outcomes from the RMOC meeting was a request for NHS England to take on the all-age specialised commissioning of sodium oxybate.	
12.	**JAPC BULLETIN**	
	The potential for confusion between the Insulin Lispro Sanofi and the originator name and consequent risk of inadvertent switching would be highlighted. The amended bulletin was ratified by JAPC.	**SD** **SD**
13.	**MHRA DRUG SAFETY UPDATE**	
	The MHRA Drug Safety Alert for September 2018 was noted. Mr Dhadli highlighted the following MHRA advice: • Valproate Pregnancy Prevention Programme: actions required now from GPs, specialists and dispensers. Dr Mott queried whether the Derbyshire Medicines Safety Network had held another meeting and was advised that the next meeting would be held on Thursday, 11th October. A further update could therefore be given to the November JAPC meeting.	**KN**
14.	**HORIZON SCAN**	
	Mr Dhadli advised JAPC of the following new drug launches, new drug formulations, licence extensions and drug discontinuations: New drug launches in the UK: • Glycerol phenylbutyrate (Ravicti®) – Classified as **RED** (NHS England). New formulation launches in the UK: • Bictegravir + emtricitabine + tenofovir alafenamide (Biktarvy®) – Classified as **RED** (NHS England).	
15.	**NICE SUMMARY**	
	Mrs Qureshi informed JAPC of the comments for the CCGs which had been made for the following NICE guidance issued in September 2018:	

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
	TA 540 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma. Not recommended. Classified as **BLACK**. TA 541 Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia – Classified as **RED** (NHS England as per NICE TA 541). NG106 Chronic heart failure in adults: diagnosis and management. The local heart failure guidelines were being updated in the light of NG106.	
16.	**GUIDELINE GROUP ACTION TRACKER**	
	The summary of key messages from the Derbyshire Medicines Management Guideline Group meeting held in September 2018 was noted. Mr Dhadli highlighted the following: Traffic Lights: Lodoxamide eye drops – Classified as **GREEN**. Aviptadil/Phentolamine injection (Invicorp®) – Classified as **BROWN** specialist initiation. Metyrapone – Classified as **BROWN** specialist initiation. Guidelines: • Formulary update (Chapter 11 - Eyes): ➢ Reinforced self-care messages for treatment of conjunctivitis and dry eye ➢ Sodium cromoglicate eye drops replaced with lodoxamide eye drops – this was highlighted as cost saving. ➢ Oxybuprocaine and tetracaine eye drops removed as not routinely prescribed in primary care. • Appendix 1 dry eye: ➢ Systane balance and Optive plus eye drops added. ➢ Prices updated. ➢ Additional column for 'other brands' added. • Detail aid: Preventing Prescribing Errors: ➢ Updated to include the recently published NHS improvement ‘Just Culture’ guide and link to NHS England CD online reporting tool. ➢ NSAID updated to include a link to local PPI guideline and MHRA drug safety advice. • Expiry dates of medicines within care settings had been reviewed with no major changes. **Guidelines:** • Clozapine – To be reviewed by DHcFT. • Antidepressants – To be reviewed by DHcFT. Ms Thompson advised that revised NICE guidance was awaited but publication had been delayed.	

For agenda items contact Slakahan Dhadli
Tel: 01332 868781
Email: slakahan.dhadli@nhs.net

Item		Action
17.	**JAPC SUB-GROUPS**	
	Biosimilar and High Cost Drugs (HCD) Working Group The paper of the top biosimilar medicines list which gave the target annual savings broken down to UHDBFT, CRHFT and Burton Hospitals NHS Foundation Trust was noted by JAPC.	
18.	**TRAFFIC LIGHTS – ANY CHANGES?**	
	Classifications Pembrolizumab – **BLACK** (as per NICE TA 540) and NHS England commissioning intentions. Inotuzumab – **RED** (as NICE TA 541) and NHS England commissioning intentions. Glycerol phenylbutyrate (Ravicti®) – **RED** as per NHS England commissioning intentions Biktarvy® (combination HIV product) Bictegravir + emtricitabine + tenofovir alafenamide – **RED** as per NHS England commissioning intentions.	
19.	**MINUTES OF OTHER PRESCRIBING GROUPS**	
	• Joint Area Prescribing Committee QIPP Working Group 10/07/2018 • Sheffield Area Prescribing Group 19/07/2018 • Medication Optimisation Safety Team Meeting (MOST) 05/07/2018 • UHDBFT Drugs and Therapeutic Committee 21/08/2018 The following items were highlighted: • Sheffield Area Prescribing Committee – Pathways and agreements for liothyronine reviews were being developed. • Shared Care Guideline for Dronedarone had been updated	
20.	**ANY OTHER BUSINESS**	
a.	**Influenza Vaccine 2018** Dr Mott advised that revised guidance had now been issued which highlighted the need for patients to be notified and offered the correct vaccine if the incorrect one had previously been administered.	
b.	**NOACs/Low Molecular Weight Heparin (LMWH) in Suspected DVT** Dr Goddard referred to a pathway for use in the UHDBFT Minor Injuries Unit but with no commitment to use a particular NOAC. Mr Dhadli stated that he was working on a draft protocol that would allow the use of a NOAC in suspected DVT – this would be tabled at the next guideline group	
21.	**DATE OF NEXT MEETING**	
	Tuesday, 13th November 2018 at 1.30pm in the Coney Green Business Centre, Clay Cross.	