

# COVENTRY & WARWICKSHIRE AREA PRESCRIBING COMMITTEE



## MINUTES OF THE COVENTRY AND WARWICKSHIRE AREA PRESCRIBING COMMITTEE HELD ON FRIDAY 16<sup>th</sup> NOVEMBER 2018 AT 12.30 PM IN THE CLINICAL SCIENCES BUILDING (CSB) AT UHC&W NHS TRUST

**PRESENT:** - Simon Fletcher – University Hospitals Coventry & Warwickshire NHS Trust (SF) – Chair  
Richard Lambert – South Warwickshire GP (RL) - Vice-chair  
Altaz Dhanani – Coventry & Rugby CCG (AD) - APC Secretary  
Joe Booker – Coventry LMC (JB)  
Jane Smith – Coventry GP (JS)  
Claire Keane – Coventry GP (CK)  
Nigel Johnson – Warwickshire LMC (NJ)  
Helen Edwards – Arden & GEM CSU representing South Warwickshire CCG (HE)  
Kim Panting – South Warwickshire GP (KP)  
Sumara Parvez – South Warwickshire NHS Trust (SP)  
Ashwin Hindocha – Coventry LPC (Ahi)  
Satyan Kotecha – Warwickshire LPC (SK)  
Cath Sansby - University Hospitals Coventry & Warwickshire NHS Trust (CS)  
Debra Armstrong – George Eliot Hospital NHS Trust (DA)  
Loay David – George Eliot Hospital NHS Trust (LD)  
David Tait – Coventry & Warwickshire Partnership Trust (DT)  
Ian Bayman – Lay Member (IB)  
Zoulikha Zair (FY1 doctor) - University Hospitals Coventry & Warwickshire NHS Trust (ZZ)

**IN ATTENDANCE:** Anita Hunjan (AH), Susan Dhesi (SD)  
Pavitar Gandham – Pharmacist SWFT - observing

### 1. APOLOGIES

Jo Brader, Bernhard Usselmann, Priti Ved, Mark Easter

### 2. MINUTES OF THE LAST MEETING

The minutes of the last meeting held 21<sup>st</sup> September were agreed as accurate with a minor amendment to wording on page 2 item 4.1.1 prior to the publication of the minutes.

2.2 *Action log* – AD informed the committee that items 4A, 4B, 4C and 6.7 will be completed by the next meeting.

### 3. MATTERS ARISING

A separate general discussion took place around the continuity of medicines supplies in the event of a “No Deal Brexit” and what impact this would have on the current medicines shortage supplies especially for diuretic drugs. There are already daily challenges around the alternative options.

SF thought that it might be useful to add any valuable news updates on the APC website.

### 4. Drug Positioning Statements

There were no items for discussion.

### 5. Specialist Drugs/netFormulary

5.1 - **Netformulary Amendments** – Three proposed amendments from ArdenGEM CSU were brought to committee for consideration;

5.1.1 - HE highlighted that the following new drugs have been issued with a NICE TA and recommended classification as specialist only (SO);  
*Dinutuximab beta, Lutetium (177Lu) oxodotreotide and Tofacitinib*

The committee agreed for these proposals to be included on the netFormulary.

5.2 - **Joint Formulary Application - Qtern®**– An application along with supporting evidence document, submitted by Dr Thomas Barber (Consultant Endocrinologist from UHCW) requesting the inclusion of Saxagliptin/Dapagliflozin (a fixed-dose combination drug) for use as a third line option in adult patients with Type 2 Diabetes Mellitus was considered;

5.2.1 - AH summarised the request, stating that the limitation were; no work done on switching from other DPP-4 inhibitors; the combination with sulphonylureas has not been studied; and there are no long-term efficacy data. NICE have not reviewed the dual/triple preparations

AH noted that the APC DPP-4 inhibitors comparison chart does indicate the triple combination as a second intensification option, Alogliptin ▼ is classified as ‘*preferred choice*’ and Saxagliptin is classified as ‘*qualified choice*’. Also, highlighted that if patients have renal complications the dosages would have to be adjusted and switched to linagliptin. The combination cost appears to be lower than the GLPs but more than insulin

5.2.2 - SK commented that patients would need to be on one of the two agents before the fixed-dose drug could be prescribed, he queried for those patients already on dapagliflozin, would it be more cost-effective to add this DPP-4 inhibitor

5.2.3 - The committee discussed further the prescribing of DPP-4 and SGLT2 inhibitors

5.2.4 - AD added that current classifications are Sitagliptin preferred choice, linagliptin second line choice and Saxagliptin is non-formulary

- 5.2.5 - IB believed that known benefits of treatments like controlling diabetes and preventing cardiovascular disease should influence the prescribing of these drugs
- 5.2.6 - GP members commented that they do struggle with prescribing of combination drugs
- 5.2.7 - RL wondered when the DPP-4 inhibitors were going off-patent

The committee rejected the proposal of 3<sup>rd</sup> line option but to classify the status as *'Not Recommended'* (NR) on the netFormulary.

5.3 - **Joint Formulary Application - Ozempic®** - An application submitted by Diabetes and Endocrinology Consultants from all three secondary care trusts, requesting the inclusion of Semaglutide (a GLP-1 receptor agonist) as a preferred option was considered;

- 5.3.1 - AH summarised the request; stating that the compared trials do show superiority in glycaemic control and weight loss compared with dulaglutide, exenatide once-weekly and also improved cardiovascular outcomes at 2 years. She thought that a drug positioning statement (DPS) should be devised
- 5.3.2 - SK commented that the Semaglutide device appears to be more complex for patients to use compared to the dulaglutide device. He felt that patients would require training on the new device of *'how to use'* as it looks very similar to existing insulin devices
- 5.3.3 - IB mentioned that the Infinity trial for dulaglutide will not be published until next year, but data has already been released detailing there were major reduction in cardiovascular adverse events, therefore, he wonder why there was a need to change it to Semaglutide
- 5.3.4 - The committee talked about the drug classifications, and in which order the drugs should be preferred in the formulary
- 5.3.5 - AH wondered if it would help to incorporate the cardiovascular data into the current GLP-1s drug comparison chart (DCC) and bring along to next year's meeting

Then committee decided to defer the decision and present a Semaglutide DPS at the January meeting and the GLP-1 DCC at the March meeting.

5.4 - **Joint Formulary Application - Binosto®** - An application submitted by Dr Winston Crasto – Consultant in Diabetes and Endocrinology from George Eliot Hospitals NHS Trust (GEH), requesting inclusion of Buffered Binosto® effervescent tablet formulation as second line option for the treatment of postmenopausal osteoporosis in patients was considered;

- 5.4.1 - DA summarised that only a small number of patients would benefit from using this drug and their DTC have approved it for use. The current status on the netFormulary is non formulary (NF)
- 5.4.2 - IB remarked that the application lacked supporting references to the specific criteria *'improve tolerability, improve compliance and avoids need for alternate complex therapies'* and key indications

5.4.3 - SK commented that the criteria for use needs to have defined indications

5.4.4 - DA elaborated further on GI side-effects

The committee decided to defer the decision and to devise and present a Binosto® DPS at January's meeting.

Section 5 Decisions		
Code	Action	Action by:
5A	Publish the netFormulary amendments	HE/SD
5B	Write to UHCW specialist regarding Qtern® formulary application outcome	AD
5C	Add Qtern® entry to netFormulary	HE/SD
5D	Re-add Semaglutide formulary application to January 2019 agenda	AD/SD
5E	Devise and present Semaglutide DPS at January 2019 meeting	HE/AH
5F	Revise the GLP-1 drug comparison chart, present at March 2019 meeting	HE/AH
5G	Re-add Binosto® formulary application to January 2019 agenda	AD/SD
5H	Devise and present Binosto® DPS at January 2019 meeting	HE/AH

## 6. Guidelines/Resource Documents

6.1 - **C&W Emollient PPL** - A new Coventry and Warwickshire combined preferred prescribing list (PPL) in conjunction with Tina Diaz – Dermatology Clinical Nurse Specialist was brought to the committee for reconsideration;

6.1.1 - HE explained that the revised document includes the descriptive narrative from the ArdenGEM CSU emollient document and also includes cost-effective choices

The committee agreed to republish the guidance.

6.2 - **Asthma Prescribing** - Revised guidance which incorporates the BTS and NICE pathways was brought to the committee for reconsideration;

6.2.1 - HE briefly read out the amendments to the new format pathway on page 2 of the document

6.2.2 - AD clarified that there was no clinical superiority between BTS and NICE pathways; the committee debated on which pathway should be followed in our health economy

6.2.3 - AD thought that it was important to ensure patients find the devices suitable

6.2.4 - JS thought the revised document was an excellent format and easy to follow, she urged that the document be republished on the websites as soon as possible

- 6.2.5 - RL wondered whether the criteria boxes on page 1 “*In the last week (RCP 3 questions) or month (ACT)\**” required more clarity regarding the step down and up approach. He stated that GP clinical systems have very limited criteria for questions

The committee agreed for guidance to have a final format, then be republished.

- 6.3 - **Homemade Supplement Recipes** – A primary care patient leaflet for Coventry and Rugby (CRCCG) and UHCW was brought to the committee for consideration;

- 6.3.1 - AD briefly explained this leaflet gives useful recipe ideas for those patients who are at risk of malnutrition due to inadequate nutritional intake from their current diet, to be used in conjunction with the other APC nutrition documents

- 6.3.2 - JS wondered whether the Care Home information on the CRCCG internet site could be added to the APC website, she expressed that this information was really useful for primary care prescribers, however, the link was not as accessible via the APC website. AD replied that he will look into this

The committee agreed to publish the patient leaflet in the resource section.

- 6.4 – **MDS and Prescription Ordering** - A Coventry and Warwickshire Monitored Dose System (MDS) assessment form was brought to the committee for consideration;

- 6.4.1 - SK explained that this document has been devised jointly between the CCGs and Local Pharmaceutical Committees (LPCs) for patients and especially those vulnerable patients that use the Prescription Ordering Direct (POD) service, to ensure that medication compliance and safety was adhered to. It is an assessment tool to support those patients who are on or would require a monitored dosing system

- 6.4.2 - A brief discussion took place about MDS issues that occur in primary and secondary care and care homes remit

- 6.4.3 - DT asked if the mental health and safety issues indication could be included on the form

- 6.4.4 - CS mentioned that at UHCW they no longer supply MDSs to care homes

The committee agreed to amend the form with the committee comments, then republish in the resource section.

Section 6 Decisions		
Code	Action	Action by:
6A	Republish the revised C&W Emollient PPL, remove existing Warwickshire PPL	AD/SD
6B	Republish the revised asthma guidance	HE/SD
6C	Publish the homemade supplement recipes patient leaflet	AD/SD
6D	Amend MDS & Prescription Ordering Assessment form, then publish	AD/SD

## 7. Shared Care Agreements

There were no items for discussion.

## 8. APC Development

- 8.1 - **APC Profile – Secondary Care** – ZZ presented this item to the committee to raise awareness that junior doctors were not familiar with the prescribing formulary and guidance available on the APC websites. She felt that junior doctors are not aware of how to utilise the APC information and proposed that a platform on the hospital internet home-page be devised with a direct link to both APC websites. ZZ wondered if UHCW could initially pilot a page on their intranet site.
- 8.1.1 - SP felt that this needs to be trialled internally first, to identify if it is effective
- 8.1.2 - CS informed that it is very difficult to add specific items to the UHCW home-page. She informed the committee that the intranet site has a pharmacy page where the current e-BNF is being updated to include most netFormulary links; this will be launched in the next few weeks
- 8.1.3 - NJ highlighted that the lack of awareness of the APC is not just in secondary care, it appears the knowledge is lacking in primary care as well
- 8.1.4 - AD informed the committee that he, JS and CK recently presented an APC PLT session for Coventry and Rugby GPs and to supplement this, the CRCCG Medicines Optimisation team have also devised an APC training package, which will be presented by technicians at GP clinical meetings
- AD said that he would be willing to do a similar PLT session with NJ and KP in Warwickshire North and South Warwickshire
- 8.1.5 - DT asked if the Medicines Optimisation team APC training package could be shared
- 8.1.6 - SF concluded that it would probably be best for UHCW to have an APC theme on their grand-round

## 9. AOB

- 9.1 - AD informed the committee that the RMOs will be publishing two outputs on '*homely remedies in care home systems*' and '*prescribing of liothyronine*' next week; this will be added to the agenda for the January meeting
- 9.2 - DT informed that he has drafted a letter regarding '*Cannabis-based products for medicinal use*' and wondered whether the APC should be disseminating this on the next APC newsletter. AD suggested for the draft letter to be sent out to the committee for virtual ratification.
- 9.3 - CS informed that she had received requests from the rheumatologists asking if they can prescribe tapentadol to their patients for chronic pain, because of the extensive waiting time for referrals to the pain clinic. AD stated that this would need to be discussed further and a formulary decision review application be presented at the next meeting.

9.4 - SF concluded the meeting by reminding the committee to ensure they complete the annual declaration of interest form and hand them to SD.

Also, to note next year's meeting schedule; he requested the committee respond to the meeting invites accordingly.

<b>Section 9 Decisions</b>		
<b>Code</b>	<b>Action</b>	<b>Action by:</b>
9A	Complete annual declaration of interest form, email or bring to January 2019 meeting	ALL
9B	Add Tapentadol decision review application to January meeting, present submission	CS/SD

## **9. Date of next meeting**

The date and time of the next meeting is Friday 18<sup>th</sup> January 2019 at 12.30pm until 3pm.