



Northern Lincolnshire
Area Prescribing Committee

The Northern Lincolnshire Area Prescribing Committee

MINUTES

10 February 2022
2.00 pm via Teams

1 Introductions

Osman Ali (OA) – Lead Pharmacist High Cost Drugs & Procurement (NLaG)
Andrea Fraser (AF) - General Practitioner LMC
Oliver Fillingham (OF) – Pharmacist (NECS)
Anna Grocholewska (AG) – NAVIGO – (Partial Attendance)
Paulash Haider (PH) – Assistant Chief Pharmacist (NLaG)
Andy Karvot (AK) – Northern Lincolnshire Interface Pharmacist (NLaG)
James Ledger (JL) – Medicines Optimisation Pharmacist (NECS)
Jane Morgan (JM) – Principal Pharmacist – Formulary, Interface & Medicines Commissioning (HUTH)
Simon Priestley (SP) – Chief Pharmacist (NLaG)
Dr Pothina (NP) – Consultant Diabetologist (NLAG) – Chair
Sarah Spooner (SS) – Clinical Lead Care Plus Group
Dr A Sinha (AS) – Clinical Lead for Adult Services in NEL - (Partial Attendance)
Hazel Tait (HT) – Contracts Manager (NLaG)

In Attendance:

Joanne Rowson - Minute Taker (NLaG)

2 Apologies

Apologies were received from:

Caroline Hayward, Community Pharmacy Humber (Humber LPC)
Rachel Staniforth (RMS) – Medicines Optimisation Pharmacist (NECS)

3 Declarations of Pecuniary Interest

There were no declarations of pecuniary interest.

4 Minutes of Previous Meeting held on 13 January 2022

The minutes of the previous meeting held on 13 January 2022 were accepted as a true record.

5 Action Log & Matters Arising not on the action log

- a) Inclisiran Implementation (Action Log 6e) – Use of this and how it fits into lipid management pathways was required as per discussions at the last meeting. A meeting had been convened with relevant individuals but there had been no Cardiologists at the meeting to offer their opinions. It was proposed that the committee needs to move forward with this and give it a RAG-rating to fit in with NHS England requirements/NICE guidance but no suitable pathway was in place, so it was suggested that a pathway be adopted from elsewhere. The logistics of the administration, monitoring, payment and supply were discussed. A local plan will be drawn up to cover all the issues raised regardless of what other areas are doing. AK was keen to agree on a RAG-rating for Inclisiran to include it in the formulary, as soon as possible. He suggested Amber 1 which would mean consult with a specialist if required. However this cannot happen without a joint pathway and an education programme for GPs. NP agreed to liaise with Lipidologist colleagues with the HCV STP, Deepak Chandrajay (York) and Deepa

Narayanan (HUTH) to take this forward. It was agreed that it was not possible to RAG-rate this product at present.

- b) Atomoxetine 4 mg/ml liquid (Item 7b Action Log) – Dr Nelapatla had corresponded to state that there would be a small cohort of patients who required the liquid formulation. Noted that the liquid formulation is licenced and is available as a proprietary medicine. This was approved for the correct indication. AK to check whether once the shared care goes live if the patients that require this will be prescribed for in Primary Care. **Action: AK**
- c) Azathioprine Shared Care for Gastro (action log) – This had been on the action log from July 2021. Discussions had been held between AK and JM to see if it was appropriate to combine the two documents from the two areas but it had been agreed not at present. AK had updated the document into the North Lincs format. It was agreed that the document should be further amended to include a 2 week turn around for GPs to reply as to whether they wished to partake in the scheme. It was agreed to approve in its current format. JL agreed to check regarding the funding. **Action: AK/JL**

Action log updated accordingly.

6 APC Working Arrangements

- a) NICE TA & CG Updates – Live document updated accordingly and was for the information of the committee. The RDTC document may in future negate the need for this document. Discussion took place regarding TA664 which related to the weight loss service and the drug Liraglutide (Saxenda®). Set responses were available for patients if 90 days implementation was breached.
- b) Newsletter – attached for information and approved for distribution.
- c) Sharing of APC Agenda/Minutes and decisions – information shared. Noted that we have also had a request to share our information with other APC committees in the area.
- d) NHS Net Zero – discussed under the action log.
- e) Ranolazine Prescribing guidance (for information) – guidance was due for review. AK had updated and removed the black triangle status from Ranolazine and included a third strength. This had been approved by Dr Matthew Balerdi, Cardiology Governance Lead for NLaG. This was approved and would be posted by AK. **Action: AK**
- f) MMF Shared Care – Previously the shared care had been discussed and the meaning of 'stabilisation' within the document. At the previous meeting it had been agreed not to transfer until 6 months of blood monitoring by the Specialist had taken place. The document did list all monitoring parameters and recommended responses when these are outside range. The wording regarding dose titration and responsibilities for monitoring would be made clearer and it would be re-circulated. Noted that it may be possible to approve the document clinically but not financially until the funding has been secured. **Action: JM**
- g) Proposed changes to formulary form – AK had put this document forward for use when it has been agreed that a drug should be put on the joint formulary but no new line request form will be received. This form was intended to facilitate this requirement to make a submission for a drug through the APC. PH felt that such drugs should be dealt with by

exception and this would be the documented process. However, the form, would help to improve the governance of the discussions at the joint meetings and would be needed to ensure that paperwork was in place, due to the number of changes that are required to the formulary, due to APC merger. The form was approved for this use with the proviso that separate versions are created to admit medicines to and to delete them from, the current formulary. **Action: AK**

7 Requests, Amendments and Actions

- a) Humber Joint Formulary – sharing of information.
- b) Blueteg – OA reported that currently we are awaiting approval of forms through Rheumatology and he would bring to the APC once approved there.
- c) Overactive Bladder in Females Pathway – Mark Rogers – approved at M&T but requires the addition of Mirabegron in the formulary. AF had some comments regarding the red flags and she also asked where ‘bladder training’ could be accessed in North Lincs. JL also asked why Solifenacin was first line. JL would collate the feedback received and send to AK for Mark Rogers, Urology. **Action: JL/AK – Post meeting note JL and AK liaising with Mark Rogers regarding discussions.**

8 Items for General Notice:

- a) MHRA Safety Updates & Spreadsheet – January 2022 for information
- b) Regional Medicines Optimisation Committee (RMOC) quarterly cascade – no information.

9 Items by Prior Notice:

- a) Appropriate prescribing of specialist infant formulae – no expiry or authors on document had been noted by AK. It was agreed to put the Medicines Optimisation Team at NECS as the authors and give a 3 year expiry (previously approved at APC in 2019). **Action:AK**
- b) Cenobamate – A GP in NL had been asked to continue prescribing this by a specialist. It was initiated by a tertiary epilepsy service in Sheffield. This is a new drug that has only been available since December 2021 and not yet on the formulary (NICE TA753). Noted that this would be added to the formulary as Amber although noted it has not been discussed at HERPC as yet. A holding response would be sent noting that this has not yet been considered and it would be considered but will be considered within 90 days, as per NICE.

Date and Time of Next Meeting:

Thursday 10 March 2022

2 pm

via ‘teams meeting’