Meeting Minutes

Lincolnshire Prescribing and Clinical Effectiveness Forum (PACEF)
in association with Lincolnshire Integrated Care Board, Lincolnshire Community Health Services, United Lincolnshire Hospitals Trust, and Lincolnshire Partnership Foundation Trust

Date: Wednesday 15th November 2023
Time: 1.30pm to 3.00pm
Venue: This meeting was held using Microsoft Teams

Attendees:
[REDACTED]

Apologies:
[REDACTED]

Item	Description
1.	**Welcome & Apologies** Welcome from **[REDACTED]**, chair for the meeting. Members introduced themselves to the group. Apologies were received.
2.	**Declarations of conflict of interest** There were no declarations of conflict of interest.
	Items for discussion
3.0 3.1	**Minutes of the previous meeting held on 20th September 2023** The minutes were approved with no amendments. **[REDACTED]** reported that in line with neighbouring health care systems the intention is to start displaying approved PACEF minutes on PACE website. PACEF members agreed in principle. **[REDACTED]** to look at what actions other organisation have taken in this respect- particularly Nottinghamshire has a disclaimer in place on their agendas and have arrangements in place for the non-disclosure of confidential items.
3.2	**Action log** Guidance on management of shortage of ADHD medicines in line with National Patient Safety Alert **[REDACTED]** informed PACEF members of the National Patient Safety Alert (NatPSA/2023/011/DHSC concerning supply disruptions around a large number of ADHD medicines , which was issued on 27th September 2023 . This alert detailed the actions that specialists and GPs should take to ensure that their patients can access prescribed medications for the management of ADHD. **[REDACTED]** advised that in partnership with ULHT & LPFT local guidance on the management of ADHD medication shortages has been published and shared with GP practices across the county. **[REDACTED]** explained that the Medicine Optimisation Team (MOT) was recently approached by a PCN Pharmacist seeking advice on use of Elvanse Adults 30,50 and 70mg strength (currently red-red on formulary) to substitute for Elvanse 30, 50,70mg. **[REDACTED]** emphasized that PCN colleague knew prescribing would be off-label and their main concern was the traffic light status. **[REDACTED]** advised that ULHT and LFHT specialists were contacted prior to PACEF meeting and the consensus was that it was the clinician's discretion to use products deemed appropriate for their patient based on product availability. It was recognised that traffic light status of formulary could not be continually adjusted to reflect changes in availability. **[REDACTED]** advised caution in relation to swapping Elvanse to Elvanse Adults as it is likely that its stock level would also be low. However, there have been seen an improvement in stock availability from wholesalers recently. **[REDACTED]** advised that an information on ADHD medicines shortages was added to the formulary recently. **[REDACTED]** summarised that clinicians should use common sense approach and be mindful that formulary is unlikely to be rapidly adjusted to reflect temporary changes/recommendations.

4.	**Guidelines for approval**
4.1	Drug Safety Needles & lancets **[REDACTED]** advised that the guideline was developed in collaboration with Specialist Nurses from ULHT and LCHS. New recommendations cover the use of needles for pre- filled and reusable insulin needles and lancets. The recommendations for lancets are based on those issued by the NHS England and produced at the same time as the guidance on use of Blood glucose and ketone test strips and meters. Lancets are available in pack sizes of either 100 or 200 and the formulary highlights the difference pack sizes. In relation to pen needles, the guidance again is in line with the NHSE's recommendations and also based on guidance from the Greater Manchester Medicine Management group (GMMMG). The guidance recommends using needles which cost (£5 per 100 pen needles or less) and if safety needles are required then recommends two of the lower cost options : Apollo Pro Shield safety needle and the GlucoRx safety pen needles are recommended. **[REDACTED]** urged PACEF members that when patients are switched to new items it is important that it is compatible with their device, especially when comes to test strips. **Decision** : Guidance approved. **Action**: The Medicine Optimisation team to communicate with the GP practices about the new guideline for the insulin needles and lancets.
4.2	Revised BGTS formulary following amendments to NHSE recommendations. **[REDACTED]** advised that the new guideline encouraged clinicians to review patient's testing equipment and that patients should be advised to securely dispose of their old test stock to avoid any confusion.. The Medicine Optimisation team is currently collecting information of 3rd party interface services, deployable to work for the interested GP practices (with prior agreement with the 3rd party service provider). This is mainly to support practices that are severely affected by staff shortages and to ensure patients will be reviewed and advised appropriately. **[REDACTED]** also informed PACEF that some amendments to the Lincolnshire BGTS formulary have been made, following amendments issued by NHSE. These were: The removal of the AgaMatrix Agile and On Call Extra Mobile for first line treatment of gestational diabetes requiring a GDm-Health™ application due to technical issues with the software. On Call Extra is now recommended for Type 2 diabetes Paediatrics, not On Call Extra Mobile and the launch date for Aga matrix mobile delayed until December 2023. **[REDACTED]** confirmed **[REDACTED]** is working **[REDACTED]** way through the formulary to reflect the items recommended in the newly approved guideline.
4.3	DOAC Guidance **[REDACTED]** presented the updated version of the DOAC guideline. **[REDACTED]** raised a query relating to calculation of creatine clearance and lack of clarity of which body weight measure should be applied (actual, adjusted, or ideal body weight). It has been agreed that the guideline is subject to approval once the consensus from cardiology has been obtained and documented within the DOAC guideline, clarifying which type of body weight should be used in relation to calculation of the dose of DOACs in renal impairment. **[REDACTED]** advised that the ULHT guidance for vancomycin clearly explains what type of body weight should be used to calculate CrCl and dosage adjustments if needed. **[REDACTED]** was to share the document with **[REDACTED]** for an additional reference. **Decision** : Not approved **Action**: **[REDACTED]** to contact cardiology and update the guideline accordingly. Once this done the guideline needs to be circulated again for approval.
5	**ICB Position statements**
5.1	Amended position statement ghost generics.

	[REDACTED] advised that the Medicine Optimisation team received queries in relation to ghost/branded generic statements, where dispensing practices asked for clarity if the Lincolnshire position statement advises against prescribing ghost generics or branded generics or both. Changes made to statement removing reference to brands. **Decision:** Statement approved.
6	**Formulary**
6.1	RCC Melatonin Ceyesto tabs **[REDACTED]** advised that the Ceyesto brand of licensed melatonin presents as a potentially cost effective alternative and asked PACEF for approval as an option to the local formulary under Amber 1 traffic light status. CJ mentioned that currently Ceyesto available in one strength 3mg. **[REDACTED]** agreed that there is no clinical reason why Ceyesto should not be included on the formulary. **Decision:** Ceyesto tablets were approved as an Amber 1 across Lincolnshire.
6.2	RCC Melatonin Ceyesto liquid **[REDACTED]** advised that Community Paediatricians were consulted in relation to the Ceyesto liquid, which has lower alcohol content and similar sorbitol content, to thre existing formulary option (Colonis) brand of melatonin oral solution. Ceyesto is licensed for sleep disorders in children with ADHD (age 6-17 years), and as a sedative medication prior to EEG examination. **Decision** : Ceyesto liquid approved as Amber 1 and Colonis brand should be removed from formulary and classed as RED/RED non formulary
6.3	RCC Melatonin generic **[REDACTED]** informed that the actual cost of the generic melatonin 2mg modified release tablets is significantly less than that of the branded Circadin, £5.32 for 30 tablets compared to £15.39 for the branded product. The Community Paediatricians were counselled and again happy with the generic melatonin modified release tablets to be added both to formulary and as an option in the shared care protocols. **[REDACTED]** advised that the product should be used for children and adolescents and approved as Amber 1 product. **Decision:** PACEF members melatonin m.r. tablets to be added to formulary as alternative to Circadin brand. **Action :** The Shared care protocol to be updated to reflect the formulary changes with regards to melatonin products.
6.4	Letter from Resolution notification of availability of Azathioprine 75mg & 100mg tablets **[REDACTED]** advised that Azathioprine 75 and 100mg was discussed during the New Drug Assessment and Joint Formulary Group meeting, raising concern of potential risk of confusion between the new higher strengths and the current lower strengths of 25mg & 50mg. **[REDACTED]** proposed following similar strategy as for methotrexate tablets advising we only recommend use of lower strengths 25mg & 50 mg tablets. **[REDACTED]** also informed that if PACEF will decide to not include Azathioprine 75 and 100mg in the formulary, that's still not going to negate the risk to patients receiving treatment from outside of the area. **[REDACTED]** agreed that that higher strengths of Azathioprine would contribute to medication errors and **[REDACTED]** echoed **[REDACTED]** and **[REDACTED]** concerns, adding that patients receiving Azathioprine higher strengths would be most likely from outside of the area and therefore should be easier to identify and manage accordingly. PACEF panel agreed not to routinely recommend use of higher strength azathioprine tablets. Azathioprine 75mg and 100mg to be kept as grey on the local formulary due to safety and medication errors concerns. Patients prescribed those strengths should be reviewed and switched to lower strengths at the earliest opportunity. **Decision** : not to routinely recommend use of higher strength azathioprine tablets. Azathioprine 75mg and 100mg to be kept as grey on formulary only to be used when specifically requested by specialists based outside of Lincolnshire **Action: [REDACTED]** to contact Humber and North Lincolnshire formulary team in regards of the use of Azathioprine 75 and 100mg.

6.5	Notes from NSDA/Joint formulary meeting. **[REDACTED]** reported NDA/ Joint formulary group has been a sub group of PACEF for many years. **[REDACTED]** outlined main points from meeting notes. PACEF members requested note from formulary meeting are included as part of regular PACEF papers.
6.6	**Action:** Meeting notes will be a standing agenda item Formulary updates Metformin sachets are cost effective alternative to regular tablets but not suitable for PEGs and feeding tubes. They are currently recommended in the local prescribing engagement scheme as an option. **[REDACTED]** urged clinicians that the content of the sachet has to be taken with a significant amount of liquid, and therefore the product might not be an appropriate for all patients with swallowing difficulties. **[REDACTED]** also advised that the metformin sachets are currently out of stock.
6.7	**Action:** Metformin sachets to be added to the formulary in line with the Nottinghamshire JFG recommendations. Generic switches – eye drops. **[REDACTED]** advised that generically prescribed eye drops are significantly more cost-effective than branded products and therefore amendments should be made to reflect this in the local formulary. PACEF members agreed with this statement and **[REDACTED]** advised she is working her way through the formulary to ensure that new recommendations are included.
7.	**Shared care**
7.1	Ketamine for palliative care **[REDACTED]** advised that ketamine is currently used as a pain killer in small cohort of palliative care patients. There was an expectation from the palliative care consultant to provide a shared care protocol for the use of ketamine in community. **[REDACTED]** and **[REDACTED]** advised that majority of primary care clinicians are not familiar with this medication and would be safer if the ketamine would remain as a product use by the palliative specialists only. Also, **[REDACTED]** pointed that ketamine requires monthly monitoring of blood pressure which might be difficult to achieve in primary care. Prescribing in primary care to be reviewed and comments reported back to the palliative care team. **Decision**: Shared care not approved
7.2	**Action : [REDACTED]** to relay PACEF comments to palliative care clinicians Dementia shared care extension of protocol **[REDACTED]** advised that current dementia shared care protocol expired but a new version was not ready in time for PACEF meeting. It was requested that once the updated version of the shared care protocol becomes available it should be circulated to PACEF members for a review and sign-off via email.
8.	Policies for approval (standing agenda item) No policy discussed on the meeting.
9.	**Medicine shortages (Standing agenda item)**
9.1	Capasacin - Axsain 0.075% cream discontinued, long term supply problems 0.025% **[REDACTED]** advised that these shortages will be reflected on local formulary and urged clinicians that there are no alternative capsaicin cream products available on the market.
9.2	Bumetanide 1mg & 5mg tablets **[REDACTED]** advised of the Bumetanide 1 and 5mg shortages. **[REDACTED]** and **[REDACTED]** advised that patients should be switched to furosemide to ensure continuity of treatment.

	Action: [REDACTED] and **[REDACTED]** to provide advice on how the switch from Bumetanide to Furosemide should be done.
10.	**NICE TA's**
10.1	ULHT NICE TA update BlueTeq forms (GPA requests) for noting (clinically checked and approved by ULHT specialists and clinical pharmacists)
10.2	GPA TA 916 Bimekizumab for treating psoriatic arthritis.
10.3	GPA TA 918 Bimekizumab for treating axial spondylarthritis Impact Assessment Forms
10.4	NICE TA 922 Daridorexant for treating long-term insomnia **[REDACTED]** informed PACEF members that Lincolnshire County does not commission a CBT service to aid people suffering from insomnia. This means that potentially eligible patients could go straight on treatment with Daridorexant without having a prior access to the CBT option. It has been pointed out that the treatment is not most cost-effective and there is scarce data available in relation to adverse effects if Daridorexant was to be taken long-term. It has been agreed to postpone the decision about Daridorexant until January 2024 with hope to have more data to hand before the next PACEF meeting. **Decision :** Deferred awarding formulary classification **Action: [REDACTED]** to raise issue at next IPMO meeting.
10.5	NICE TA 924 Tirzepatide for treating type 2 diabetes. **[REDACTED]** informed PACEF members that Tirzepatide should be classed as Green in line with other GLP-1 medications previously approved on the local formulary. It has been agreed that the green traffic light status should be only in line with its licence indications - treatment of motion of type 2 diabetes. PACEF members agreed with **[REDACTED]** suggestion and acknowledged that the medication stock is currently limited due to drug shortages. **Decision :** Approve as GREEN in line with classification for similar therapies
10.6	NICE TA 919 Rimegepant for treating migraine – **[REDACTED]** advised that as the product is classed as high-cost drug for the migraine prophylaxis and for this indication has Amber 2 traffic light status, it should retain this status for the acute treatment of migraines and should be led by specialist. PACEF agreed that Rimegepant for the treatment of acute migraine should be classed as Amber 2. **Decision:** Rimegepant as AMBER 2 for acute treatment of migraine. **Action: [REDACTED]** to discuss this with **[REDACTED]** and **[REDACTED]** at the headache guideline group meeting. **Post meeting note** – ULHT specialist team challenge the proposed traffic light listing.
10.7	NICE TA 929 Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction. Overview | Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction | Guidance | NICE **[REDACTED]** advised that the product should be initiated by a heart failure specialist and for that reason the drug should be classed as Amber 2. **[REDACTED]** agreed. **[REDACTED]** advised that Advice and Guidance option could be used as a potential route for the drug initiation in the community. **Decision:** Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction should added to the local formulary and be classed as Amber 2. **Post meeting note** – ULHT Cardiology service has challenged the amber 2 classification
11.	**AOB** **[REDACTED]** recommended to extend PACEF meeting to 2hrs and that she will speak to colleagues from DTC to ensure that PACEF and DTC meetings do not clash. **[REDACTED]** agreed with **[REDACTED]**. **[REDACTED]** advised that PACEF meeting should be kept bimonthly (around 10th day of each month); however, this can change after transition of PACEF to APC, which may take a while.

12. 12.1 12.2 12.3	**For information** **Medicine Safety Update September 2023** **Medicine Safety Update October 2023** **National Patient Safety Alert ADHD**

Date of the next meeting
Wednesday 18th January 2024
1.15pm to 3.15pm
via Teams