

**REA PRESCRIBING COMMITTEE MEETING
Birmingham, Sandwell, Solihull and environs**

Minutes of the meeting held on

Thursday 11th July 2019

Venue – Birmingham Research Park
Vincent Drive, Birmingham, B15 2SQ

PRESENT:

Dr Lisa Brownell	BSMHFT (Chair)
Dr Paul Dudley	Birmingham and Solihull CCG
Prof Mark DasGupta	Birmingham and Solihull CCG
Nilima Rahman-Lais	Birmingham and Solihull CCG
Liz Thomas	Birmingham and Solihull CCG
Dr John Wilkinson	Birmingham and Solihull CCG
Nigel Barnes	BSMHFT
Jeff Aston	Birmingham Women's and Children's NHS FT
Jonathan Boyd	Sandwell & West Birmingham CCG
Satnaam Singh Nandra	Sandwell & West Birmingham CCG
Maureen Milligan	Royal Orthopaedic Hospital NHS FT
Prof Jamie Coleman	UHB NHS FT
Gurjit Sohal	UHB NHS FT
Dr Mark Pucci	UHB NHS FT
Katy Davies	UHB NHS FT
Carol Evans	UHB NHS FT/Birmingham and Solihull CCG
Ravinder Kalkat	Midlands & Lancashire CSU
Kuldip Soora	Midlands & Lancashire CSU
Daya Singh	Midlands & Lancashire CSU

IN ATTENDANCE:

Dr Abid Hussain for item 0719/05	UHB NHS FT HGS
Michelle Yeomans	Birmingham and Solihull CCG (Observer)
Umar Rehman	Birmingham and Solihull CCG (Observer)
Jeevan Judge	Sandwell and West Birmingham CCG (Observer)

No.	Item	Action
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0719/01 Apologies for absence were received from:

Dr Neil Bugg, Birmingham Women’s and Children’s NHS FT
 Dr Sonul Bathla, Sandwell and West Birmingham CCG
 Inderjit Singh, UHB NHS FT, deputy attended
 Dr Sangeeta Ambegaokar, Forward Thinking Partnership
 Dr Dhiraj Tripathi, UHB NHS FT
 Dr Nashat Qamar, Birmingham and Solihull CCG
 Alison Tennant, Birmingham Women’s and Children’s NHS FT, deputy attended

It was confirmed that the meeting was quorate.

0719/02 Items of business not on agenda (to be discussed under AOB)

- Acenocoumarol (Sinthrome®) and phenindione
- Items which should not be routinely prescribed in primary care NHS CCG guidance

0719/03 Declaration of Interest (DoI)

The Chair reminded members to submit their annual declarations of interest to the APC Secretariat.

0719/04 Welcome and Introductions

The Chair welcomed everyone to the meeting today. Introductions around the table were carried out for the benefit of observers.

The Chair reminded members, the meeting is digitally recorded for the purpose of accurate minute taking and once the minutes are approved, the recording is deleted by the APC secretary.

0719/05 Chapter 5 Infections – Formulary chapter review and documents for ratification Birmingham Antibiotic Advisory Group

The Chair welcomed the representative of the Birmingham Antibiotic Advisory Group (BAAG) Dr Abid Hussain, Deputy Clinical Services Director and Clinical lead for Microbiology, UHB NHS FT HGS to the meeting and invited him to present the BAAG documents.

BAAG was established 4 years ago to harness the interface between primary and secondary care.

Formulary Chapter 5 – Infections BAAG proposals

Each drug within the chapter was considered ensuring the indication was congruent with the NICE common infections guideline and to define which drugs should be available to prescribe in primary care and which should be restricted for use by specialists.

The Chair invited questions or comments from members. Discussion points/concerns raised included:

- A member agreed to the addition of tobramycin nebuliser solution

Bramitob®, as Red to the formulary.

- A member raised the proposed change for fosfomycin to be amended to Red from Amber. The member is aware that the patients who require fosfomycin may not be under secondary care and this change will not allow primary care clinicians to initiate fosfomycin. Dr Hussain clarified it was intended to allow primary care prescribing of fosfomycin and is happy to amend the recommendation to Amber.
- Isavuconazole and artesunate are proposed to be added as Red to formulary. Members agreed a new drug application would not be required as the agents are currently being used within the member Trusts.
- Capreomycin and lymecycline are proposed as non-formulary, a member queried if these agents are not expected to be used going forward. Dr Hussain clarified specialists would use capreomycin in multi-drug-resistant tuberculosis (MDR-TB). It was agreed the status would remain Red. Dr Hussain clarified lymecycline is used for acne however, the preferred agent is doxycycline. Dr Hussain confirmed a review of the anti-inflammatory actions of the agents has been conducted and dermatologists within member Trusts have been consulted and agreed to this change.
- A member raised a new agent, dalbavancin used for elective skin and soft tissue infections should be added to APC formulary as Red. Dalbavancin has recently been approved at UHB NHS FT. A single dose would be required as follow up in community via the Outpatient Parenteral Antibiotic Therapy (OPAT) service. The formulary entry should indicate its restricted use.
- It was confirmed doxycycline is not within the one-page guidance, however it is within the full Antimicrobial Primary Care Guidelines approved at June APC.

Summary of Antimicrobial Guidance one-page summary

Dr Hussain highlighted previous iterations of the Summary of primary care antimicrobial guidance are often printed out and laminated for use in practices. Members agreed document control was necessary and previous versions will need to be withdrawn. The document is approved.

Clostridium difficile Care Pathway

Dr Hussain presented the BAAG Clostridium difficile pathway which guides on the risk factors, as well as when to initiate empirical treatment. The document should not be considered in isolation and a microbiologist is available for advice across the BSSE area. The document does not refer to treatment with vancomycin capsules. If patients are not improving with standard course of treatment, specialist microbiologist advice should be sought. The patient may require a gastroenterologist opinion, for example.

The C.Difficile care pathway is approved by APC. The document will be considered by the Birmingham and Solihull CCG Infection Control team before publishing to formulary.

The Chair thanked Dr Hussain for attending the meeting and for answering all the questions from the APC members.

No further comments were made in the absence of the specialist.

ACTIONS:

- **Formulary Chapter 5 Infections to be amended as per discussion** APC sec
- **Publish one-page summary primary care antimicrobial guidance** APC sec
- **C.Difficile pathway to be reviewed by CCG Infection control team prior to uploading to APC website.** BSOL
CCG/APC sec

0719/06 BSSE Away day documents – for ratification

The away day was held on 30th June 2019 covering formulary Chapter 8 – Malignant disease and immunosuppression, Chapter 14 Immunology and vaccines and Chapter 15 – Anaesthetics.

The Chair directed members to the enclosure for each chapter. The full proposals and rationale from the away day are documented within the enclosures. A summary was relayed to the members:

Chapter 8 – Malignant disease and immunosuppression

- It was clarified there are two ESCAs currently in development for hydroxycarbamide used in myeloproliferative disorders. One is for the licensed product hydroxycarbamide medac and the other for off-label use of unlicensed hydroxycarbamide. Members agreed the ESCA should refer to generic hydroxycarbamide. It was acknowledged Siklos® is licensed for sickle cell anaemia and should not be used for this indication/ESCA.
- The annotation in the formulary entry for Mycophenolate Mofetil should specify renal post-transplant patients.
- Modigraf® brand to be removed from formulary as no usage in primary care in last 12 months.
- A member highlighted the formulary annotation “switching between tacrolimus products has been associated with reports of toxicity and graft rejection”. It was clarified if a patient outside of the area was transferred to BSSE area on Modigraf®, secondary care and primary care would honour the previous area commissioners’ arrangements as there is a clinical need.
- Canakinumab to be removed from formulary due to terminated NICE TA302 Canakinumab for treating systemic juvenile idiopathic arthritis.
- Members agreed going forward the single pound sign icon on Netformulary would be used to indicate a high cost medicine.
- AdoPORT® is used at Birmingham Children’s Hospital therefore to be amended from non-formulary to Red status.
- Glatiramer acetate to be added as Red as per NICE specialised commissioning.

Chapter 14 - Immunological products and vaccines

- Add Pneumovax as Green as per Public Health England guidance.
- Add link to MHRA safety update ‘Yellow fever vaccine (Stamaril®) and fatal adverse reactions: extreme caution needed in people who may be immunosuppressed and those 60 years and older’

Chapter 15 Anaesthetics

- Agreed no changes were necessary.

The Palliative care formulary

The Chair directed members to the Palliative care formulary submission.

Discussion points/concerns raised included:

- The subgroup proposed to change the dosing of levomepromazine injection within the algorithm for end of life symptom management.
- A member queried the proposal for mirtazapine to be Amber RAG rating. It was clarified Amber is proposed for use in end of life care for pain in which the evidence is limited. Mirtazapine would remain Green for use in depression.
- A member highlighted within the document the proposed RAG ratings were amended at the away day in agreement with the palliative care sub group representatives due to misinterpretation of the APC RAG ratings.
- A member noted nifedipine is currently unavailable due to ongoing supply issues.
- Members commended the WM Cares guidance which will be referred to within the formulary.
- A member felt the recommendations from the sub group allow for palliative care prescribing to be accessible for community practitioners in a patient centred way.
- At the away day there was a discussion surrounding supporting documentation required with certain medicines i.e. Amber with ESCA. It was agreed ESCAs were not appropriate as this patient group require rapid access to medicines.
- A member noted supply problems with alfentanil injection had resolved.
- The addition of nabumetone to formulary requires a new drug application due to limited evidence on its action as an NSAID.
- Members at the away day referred the decision surrounding the use of injectables topically for wounds to full APC. APC members agreed a joint drug application for topical application of epinephrine/adrenaline injection 1:10000, tranexamic acid injection and morphine injection for wounds is required as members would like to see the evidence supporting their use.
- A member highlighted there is a commissioned service in community pharmacy for supply/stock of palliative care medicines however, these proposed injections may not be readily available to pharmacies and would need to be considered in view of this service if accepted on formulary.
- Members highlighted accessibility issues for the website palliativedrugs.com which is accessible through a subscription with Medicines Complete. The palliative care submission refers to this website for evidence supporting the use of proposed agents and therefore members cannot verify this evidence.
- A member queried the comment “National trial results to be published this year” for Sodium chloride 0.9% Dextrose saline (glucose 4% and sodium chloride 0.18%) IV infusion fluids. A member clarified this refers to hydration in community settings; there is an ongoing national trial which will be published later this year.
- Members agreed the commissioning of low molecular weight heparins requires a request or business case from organisations/Trusts to the CCGs. UHB NHS FT are producing a report which will come to APC for endorsement and then forwarded to commissioners. It was agreed other interested Trusts should work with UHB NHS FT to produce this report.

ACTIONS:

- **Make formulary amendments as discussed**
- **Comments to be relayed to Palliative Care sub group**
- **Trusts to develop report on LMWH prescribing**

APC sec
APC sec
NHS Trusts

0719/07 BSSE APC Methotrexate ESCA Dermatology – for ratification

The Chair directed members to the enclosures for the BSSE Methotrexate ESCA for dermatology indications and the comments received from dermatology specialists.

At the March APC meeting members had queried the requirement for PIIINP monitoring “at least every 3 months”; it was unclear if PIIINP monitoring should be carried out in primary or secondary care. The dermatology specialists have clarified GPs should not be required to monitor PIIINP as practice is variable amongst dermatologists and clinical utility is questionable and not monitored by other specialities. Specialists can continue to use PIIINP alongside clinical evaluation for liver disease if they wish to.

The ESCA has been amended to reflect this.

Decision summary: Dermatology Methotrexate ESCA is approved.

ACTION

- **Publish Dermatology Methotrexate ESCA**

APC sec

0719/08 Decline to Prescribe form – for information

The contact details within the Decline to Prescribe form has been updated. Members were reminded to ensure GP practices are using the latest form.

0719/09 NICE Evidence Summary [ES20] – For information

The Chair directed members to the NICE Evidence Summary Doxylamine/pyridoxine (Xonvea®) for treating nausea and vomiting of pregnancy [ES20].

The Chair noted the recommendations are consistent with the APC decision made at June APC meeting with regard to place in therapy.

ACTION:

- **Highlight the Evidence Summary to applicant**
- **Annotate formulary entry with NICE evidence summary**

APC sec
APC sec

0719/10 RMOC recommendations – for information

The Chair directed members to the RMOC Newsletter Issue 5, the Position statement for Rarely Used and Urgent Medicines (RUMs) and RUMS – How to view them on Define.

No comments were made.

0719/11 Minutes of the meeting held on Thursday 13th June 2019 – for ratification

The minutes of the meeting held on Thursday 13th June 2019 were discussed for accuracy.

It was confirmed that the minutes are approved, can be uploaded to the APC website and the recording deleted.

The DST for doxylamine/pyridoxine Xonvea®, budesonide orodispersible tablets (Jorveza®) and Semglutide (Ozempic®) were also approved for uploading to the APC website.

0719/12 Matters Arising

The Chair moved onto the action table for comments and updates: (See separate document attachment for updated version). Consider actions closed if not discussed.

- 0619/AOB Toujeo 300 units/ml DoubleStar. Amend RICaD document as discussed. **Update:** In progress
- 0619/AOB Azathioprine for haemolytic anaemia. Produce Azathioprine ESCA for haemolytic anaemia. **Update:** In progress with UHB NHS FT HGS
- 0519/09 BSSE APC Primary Care Clinical Pathway for Atrial Fibrillation Detection and Management. Amend document as discussed and circulate to member organisations for review. **Update:** Consultation with specialists underway.
- 0419/AOB Matters arising- enoxaparin. Provider trusts to engage with CCG to resolve commissioning decisions. In progress: Draft ESCA discussed at Feb 19 meeting - on hold. From Dec 18 Away day: attending clinician requested to write to Heads of CCG copying in Trust Chief Pharmacist.
- 0419/AOB Matters arising- mexiletine. Further discussion required between CCGs and Trusts regarding potential arrangements for mexiletine supply. **Update:** In progress
- 0219/06 BSSE APC Type 2 Diabetes prescribing guidance. Amend guidance as discussed and seek approval from individual organisations governance processes **Update:** Awaiting update from DMMAG with addition of semaglutide.
- 1118/AOB Identified issues with shared care documents. **Update:** Denosumab ESCA with nurse specialist for review.
- 0418/08 APC membership list– for ratification. **Update:** Reviewed at APC management meeting and renamed “APC circulation list”. APC sec to send to full membership for review.

0719/13 NICE Technological Appraisals (TAs)

In June 2019, there were 5 TAs published; of these, 4 are NHSE commissioned and 1 CCG commissioned

The CCG commissioned NICE TA is:

- Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes [TA583]

Ertugliflozin is Green on formulary in line with TA 572 for use as monotherapy or with metformin for type 2 diabetes.

ACTION: Update APC formulary with decisions on NICE TAs.

APC sec

Any other business:

1. Acenocoumarol (Sinthrome®) and phenindione

Any Qualified Prescribers (AQPs) are not commissioned to prescribe Acenocoumarol and phenindione within Birmingham and Solihull CCG. These agents are currently Amber on formulary but should be Red under these arrangements.

ACTION: Commissioners to clarify arrangements

2. Items which should not be routinely prescribed in primary care CCGs NHS CCG guidance

Consultation has ended, and the Birmingham and Solihull CCG policy will be updated with the additional agents.

ACTION: NHSE guidance to be considered at September APC

APC sec

The Chair thanked the members for their input today. The meeting closed at 15:45.

**Date of next meeting: Thursday 19th September 2019
Birmingham Research Park.**