

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

Minutes of the virtual meeting held on  
**Thursday 12<sup>th</sup> November 2020**  
Venue – Microsoft Teams

**PRESENT:**

Dr Paul Dudley	Birmingham and Solihull CCG (Chair)
Dr Lisa Brownell	BSMHFT
Prof Mark Dasgupta	Birmingham and Solihull CCG
Nilima Rahman-Lais	Birmingham and Solihull CCG
Dr Nashat Qamar	Birmingham and Solihull CCG
Dr John Wilkinson	Birmingham and Solihull CCG
Jonathan Boyd	Sandwell and West Birmingham CCG
Satnaam Singh Nandra	Sandwell and West Birmingham CCG
Dr Angus Mackenzie	Sandwell and West Birmingham NHST
Dr Sangeeta Ambegaokar	Birmingham Women's and Children's NHS FT
Alison Tennant	Birmingham Women's and Children's NHS FT
Melanie Dowden	Birmingham Community Healthcare NHS FT
Nigel Barnes	BSMHFT
Dr Mark Pucci	UHB NHS FT
Gurjit Sohal	UHB NHS FT
Prof Inderjit Singh	UHB NHS FT
Maureen Milligan	The ROH NHS FT
Jonathan Horgan	Midlands and Lancashire CSU
Graham Reader	Midlands and Lancashire CSU
Daya Singh	Midlands and Lancashire CSU

**IN ATTENDANCE:**

Michelle Aslett for item 1120/05	Marie Curie Hospice
Neena Vadher (Observer)	Sandwell and West Birmingham CCG

No.	Item	Action
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**1120/01 Apologies for absence were received from:**

Liz Thomas, Birmingham and Solihull CCG  
 Dr Dhiraj Tripathi, UHB NHS FT  
 Carol Evans, UHB NHS FT/ Birmingham and Solihull CCG  
 Emily Horwill, Sandwell and West Birmingham NHST  
 Dr Sonul Bathla, Sandwell and West Birmingham CCG  
 Kuldip Soora, Midlands and Lancashire CSU

It was confirmed that the meeting was quorate.

**1120/02 Items of business not on agenda ()**

- See under AOB below.

**1120/03 Declaration of Interest (DoI)**

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

**1120/04 Welcome and Introductions**

The Chair reminded members, that 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.

**1120/05 Palliative care formulary – for ratification**

Michelle Aslett, Specialist Palliative Care Pharmacist, Marie Curie Hospice presented the palliative care formulary. This was first presented in 2019 at an APC away day as part of chapter harmonisation and several suggestions were made at the meeting. The palliative care subgroup reviewed the suggestions and are presenting it at APC for ratification. The proposed status of the palliative care drugs is as per the agreed status suggested by the APC during the away day.

Discussion points raised included:

- It was clarified that ESCAs are not required for the drugs as these patients require rapid initiation and ESCAs may delay treatment.
- Michelle highlighted the importance of an APC-wide palliative care formulary as there are differences in the prescribing of end of life drugs across areas.
- This formulary is for adults only and the paediatric Trust will bring any differences to the proposed formulary for paediatric palliative care to a future APC meeting.
- It was agreed that there should be a separate formulary chapter for palliative care. It was also agreed that there should be a link to the West Midlands Palliative Care Formulary for each drug entry as proposed in the enclosure.
- It was questioned whether all the drugs will be Amber recommended or whether some will be Amber initiated. Michelle responded that they will be Amber recommended, however specialists will initiate on occasions.

**ACTIONS:**

- **Publish palliative care formulary on APC website and add links to West Midlands Palliative Care Formulary.** APC Sec

**1120/06 Buprenorphine oral lyophilisate (Espranor®) – new drug application**

Dr Pucci explained that Change Grow Live (CGL) started using Espranor® tablets in 2018 and since then all new patients started on buprenorphine have been given this. As a result, patients are admitted into hospital on Espranor® rather than generic sublingual (S/L) buprenorphine. The Trust would not be newly initiating patients on Espranor® and therefore would be content with a RED formulary status. However, Dr Pucci explained that there are some GPs with specialist interest in substance misuse who are willing to take on the prescribing of Espranor® and there are currently 740 patients under a shared care agreement. The Trust has negotiated a discounted price, so the cost of Espranor® is lower than sublingual buprenorphine in the Trust, but it was more expensive than the generic sublingual buprenorphine in primary care.

Discussion points raised included:

- It is difficult to justify the increased expenditure in primary care if Espranor® particularly in the absence of any clinical benefit compared to S/L buprenorphine. It dissolves under the tongue more quickly than generic S/L buprenorphine; however pharmacies are paid as part of a service to administer the drug regardless.
- The most cost-effective form of buprenorphine should be used.
- The CGL service is commissioned by the City Council and they should be informed of the cost impact of different prescribing options for buprenorphine. It was agreed that the CCG will write to the commissioner at the Council to inform them of the costs for Espranor® prescribing and to clarify why it is being used over less expensive versions.
- There was debate on whether Espranor® should be given a RED formulary status to allow providers to continue prescribing in secondary care, or whether the drug should be given a BLACK status as the Trust would not be initiating the drug and are only being asked to continue prescribing, meaning it does not fit the definition of a RED drug.
- There was concern that secondary care may choose to initiate Espranor® over S/L buprenorphine if it is given a RED status.
- It was agreed that the APC should defer the application pending further clarification obtained by the CCG in its communication with the Council.

The committee completed the Decision Support Tool as follows:

Patient Safety: As current buprenorphine options

Clinical effectiveness: As current buprenorphine options

Strength of evidence: Adequate

Patient factors: Quicker absorption noted

Cost effectiveness or resource impact: More expensive in primary care setting, in absence of significant additional clinical benefit

Place of therapy relevant to available treatments: As S/L buprenorphine

National guidance and priorities: As S/L buprenorphine

Local health priorities: More expensive in primary care setting, in absence of significant additional clinical benefit

Equity of access: n/a

Stakeholder views: n/a

Implementation requirements: n/a

Prescribing data: n/a

Decision Summary: Defer pending clarification.

Rationale: n/a

**ACTIONS:**

- **Relay decision to applicant by Thursday 19<sup>th</sup> November 2020**
- **CCG to write to commissioner at city council to clarify rationale for CGL use of Espranor®**

**APC  
Sec/BSOL  
CCG**

**1120/07 Hydroxycarbamide ESCA for myeloproliferative disorders – for discussion**

The two hydroxycarbamide ESCAs for myeloproliferative disorders were reviewed.

Discussion points/concerns raised included:

- The monitoring section for hydroxycarbamide (off-label use) ESCA suggests that a full blood count is done every week, however the hydroxycarbamide medac ESCA does not specify any arrangements for full blood count monitoring.
- The two hydroxycarbamide ESCAs were written to reflect the different licensed options available at the time.
- The hydroxycarbamide medac license encompasses more myeloproliferative disorders compared to the off-label use preparation Hydrea®. It was agreed that the medac ESCA should state what myeloproliferative disorders it is licensed for as the ESCA should be clear on the conditions being treated.
- Concerns were raised that if the monitoring arrangements are to be done weekly, then it will be difficult for GPs to participate in this shared care.
- UHB NHSFT was to report on which was the preferred option. It was noted that the only licensed generic version is hydroxycarbamide medac.
- It was agreed to clarify the generic licensed indications for hydroxycarbamide medac before approaching the specialists for their input.

**ACTIONS:**

- **APC secretary to establish generic license for hydroxycarbamide medac ESCA**
- **Trust to liaise with specialist to confirm ESCA**

**APC      Sec/  
UHB NHSFT**

### 1120/08 Phenobarbitone liquid – for discussion

The enclosure regarding phenobarbitone liquid was discussed.

Discussion points/concerns raised:

- It was confirmed that BWC NHSFT is agreeing formal wording for the formulary entry to bring to Jan/Feb APC meeting regarding the phenobarbitone preparations that should be used.

**ACTIONS:**

- **BWC NHSFT to bring formal wording for phenobarbitone formulary entry**

**BWC NHSFT**

### 1120/09 Decline to Prescribe Form Update – for information

The Decline to Prescribe form was considered. The APC secretariat explained that there has been a Trust email contact update and that it is now editable.

**ACTIONS:**

- **Publish on APC website**

**APC Sec**

### 1120/10 ESCA/RICaD templates – addition of SNOMED codes - For information

The templates will now incorporate SNOMED codes.  
This was noted by the APC.

### 1120/11 APC meeting dates 2021 – For information

The dates were agreed.

### 1120/12 Declines by Trust DTC

None were reported

### 1120/13 RMOC recommendations

There were no RMOC recommendations released in October 2020.

### 1120/14 Minutes of the meeting held on Thursday 8<sup>th</sup> October 2020 – for ratification

The minutes of the meeting held on Thursday 8<sup>th</sup> October 2020 were discussed for accuracy.

- Page 1 under present: Add Nigel Barnes, BSMHFT

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

### 1120/15 Matters Arising

The action table was reviewed for comments and updates:  
(See separate document attachment for an updated version). Consider actions closed if not discussed.

The outstanding actions include:

- 1020/05 – Colesevelam (Cholestagel®) and Colestipol (Colestid®) new drug application – Amend RiCaDs in line with comments mentioned in meeting. In progress.

- 1020/08 – Trust DtPs and DTC non-formulary approvals – Circulate UHB NHSFT template for Decline to Prescribe non-formulary approvals. In progress.
- 0719/06 - BSSE Away day documents - Trusts to develop report on LMWH prescribing. In progress. Update: Update action table with December 2020 due date to produce the LMWH report.
- 0619/AOB - Azathioprine for haemolytic anaemia - Produce Azathioprine ESCA for haemolytic anaemia. In progress.

## 1120/16 NICE Technological Appraisals (TAs)

In October 2020, there were 4 TAs published; 3 are NHSE commissioned, and 1 is not recommended.

### Red status agreed

**ACTION: Update APC formulary with NICE TAs.**

### Any other business:

#### December 2020 meeting

The Chair invited discussion on whether the December 2020 APC meeting should be postponed due to the increased pressures on primary and secondary care because of the pandemic. There was consensus among the members that the December meeting can continue as planned.

#### Contingency planning for post-Brexit transition period

There was discussion on whether the APC needed to consider contingency planning post-Brexit transition period as the need for substitution for drugs to respond to shortages may increase. It was recognised that several members of the APC have attended briefings regarding drug supply chains, and there are various contingency plans in place.

#### Dietitian formulary

It was noted that some enteral feeds listed on the APC formulary are out of date as some of the products have changed name.

#### Nominations for chairs

The APC secretariat reminded members that the deadline for Co-Chair applications closes on 19<sup>th</sup> November 2020.

The meeting closed at 15:30.

**Date of next meeting: Thursday 10<sup>th</sup> December 2020 via Microsoft Teams**