

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

Minutes of the meeting held on
Thursday 8th January 2015

Birmingham Medical Institute, 36 Harborne Rd, Birmingham, West Midlands B15 3AF.

PRESENT:

Dr Lisa Brownell	LB	Chair, BSMHFT
Dr Paul Dudley	PD	Birmingham CrossCity CCG
Alima Batchelor	AB	Birmingham South Central CCG
David Harris	DH	Birmingham Community Healthcare NHST
Dr John Wilkinson	JW	Solihull CCG
Satnaam Nandra	SN	Birmingham CrossCity CCG
Karen Ennis	KE	Birmingham CrossCity CCG
Tony Green	TG	Patient Representative
Dr Jamie Coleman	JC	UHB NHSFT
Professor Robin Ferner	RF	Sandwell & West Birmingham Hospitals Trust
Jonathan Horgan	JH	Midlands & Lancashire CSU
Isabelle Hipkiss	IH	Midlands & Lancashire CSU
Alan Pollard	AP	Birmingham Womens NHSFT
Elizabeth Walker	EW	Sandwell and West Birmingham CCG
Inderjit Singh	IS	UHB NHSFT
Tania Carruthers	TC	HEFT NHS FT

IN ATTENDANCE:

Patricia James	PJ	APC Secretary, Midlands & Lancashire CSU (minute taker)
Dr Ansu Basu	AnB	Consultant Endocrinologist, Sandwell and West Birmingham Hospitals Trust for agenda item 0115/09

No	Item	Action
0115/01	<p data-bbox="231 257 383 302">Apologies</p> <p data-bbox="231 302 798 347">Apologies for absence were received from:</p> <p data-bbox="231 369 893 660">Nigel Barnes, BSMHFT Mandy Matthews, NHS England Kate Arnold, Solihull CCG Dr Waris Ahmad, Birmingham South Central CCG Dr Timothy Priest, HEFT NHS FT Dr Dennis Wilkes, Birmingham Public Health Dr Farida Shah, UHB FT for item 0115/10</p>	
0115/02	<p data-bbox="231 683 893 728">Items of business not on the agenda (for AOB)</p> <ul data-bbox="279 728 1005 840" style="list-style-type: none"> • Ratification of Chapter 3- SN • Melatonin – DH • Feedback from doodle poll for March away day- PJ 	
0115/03	<p data-bbox="231 873 630 918">Declaration of Interest (DoI)</p> <p data-bbox="231 918 813 963">There were no new interests to be declared.</p> <p data-bbox="231 996 1220 1075">The Chair confirmed that there are currently no outstanding Declarations of Interest from the member group.</p>	
0115/04	<p data-bbox="231 1142 630 1187">Welcome and introductions</p> <p data-bbox="231 1220 1252 1534">The Chair welcomed everyone to the first APC meeting of 2015. The Chair advised that Dr Shah has sent apologies for item 0115/10 drug application for Picato gel and has been unable to send anyone on her behalf and asked that the drug application be rescheduled on the February APC agenda. The Chair expressed her disappointment with the late apologies, and noted the time taken by members to prepare for the meeting with the expectation that this would be discussed. It was recommended that the relevant Trust Medical Director will be informed if late cancellation occurs again for applicants.</p>	
0115/05	<p data-bbox="231 1568 845 1612">Minutes of the meeting (11 December 2014)</p> <p data-bbox="231 1612 1189 1691">The minutes of the meeting held on Thursday 11th December 2014, were discussed for accuracy.</p> <p data-bbox="231 1724 1252 1792">Page 7 – third paragraph, sentence beginning with 4.9 should be formatted as a new paragraph.</p> <p data-bbox="231 1825 1268 1888">The Chair confirmed that subject to the above amendment, the minutes should be approved as a true and accurate record.</p>	

0115/06 Matters arising – Action Table

1214/03 Declarations of interest

APC secretary to amend circulation list (remove 5 members): Open

IH and RF raised concerns that no representatives from BCH had attended the committee, and their removal would affect the Terms of Reference. It was agreed that non- attendees would be contacted to understand the reasons. It was recognised that some members would choose to attend when items were of relevance to them. However the group would expect to receive apologies for each meeting. Declarations of Interest are required for those affecting decision making.

Action: Contact non attendees and feedback at the next APC meeting JH

1214/06 Matters arising- Action table

Develop appeal template form: Closed

Action: Appeal form to be shared with membership APC Secretary

Review appeal section of policy: Open
JH confirmed this is still on-going in view of Dr Kaur's appeal

Email Dr Kaur the Appeal process form and a copy of the Policy to ensure she is aware of the process: Closed

This was emailed to Dr Kaur on 22nd December. The Chair confirmed that no further response had been received.

1214/07 NICE TAs

Amend NICE TA table as noted and add nalmeffene to the APC formulary as grey: Closed

IH confirmed she had also amended the wording around the CRI to make it clear that this relates to Birmingham only.

1214/09 Feedback and actions from November Away Day

Review "restricted form" terminology, consider RICaD:
LB to progress next month. Open

Make amendments to BNF chapters:
SN outlined that there were no amendments to be made to chapter 4 as the section follows the BNF layout Closed

1214/12 ESCAs and RICaDs templates: for ratification

Email templates, and examples of populated documents as separate attachments to all members rather than embedded:

SN advised that the APC ESCA template was approved. The RICaD template was requested to be supported by populated templates; SN advised that as part of the harmonisation review populated RICaDs were already available.

Closed

1214/13 Lubiprostone

RICaD to be developed:

Open

To be discussed at the March away day.

1114/08 Decision to decline prescribing of medicines recommended by hospital specialist

Email revised form to all CCG members for dissemination in own organisation:

Open

SN confirmed that he was still waiting for some Trusts' contact information for the template.

There was discussion about the decline to prescribe process. It was confirmed that there is a need for the form to go to the clinician directly to manage the care of the patient and a copy to go to pharmacy trust leads to allow audit and monitor that appropriate actions have taken place.

It was agreed the item would remain open whilst contact details are shared.

1114/09 ESCAs- Azathioprine for IBD, Oral methotrexate in adult patients (gastroenterology)

APC branding to be formatted into documents:

Open

To be discussed at the March Away Day

1114/11 New drug application: Brimonidine 3mg/g topical gel (Mirvaso[®])

Update APC formulary website:

Open

IH to update once the outcome is confirmed if an appeal is to be taken forward.

Review APC policy to clarify process around drugs approved as Red status by Trusts DTC/Formulary groups:

Enc 3

JH referred the group to pages 7 and 8 of enclosure 3 for the proposed amendments to the policy. It was felt that the new section 7.3.6 did not accurately capture the members' understanding of the process.

RF felt that although the APC formulary is overarching, local trust formularies do not have to be consistent for red drugs. The purpose is to share the information across the area. JC agreed that one of the purposes of sharing the red drugs was to be transparent. He proposed that the formulary website

makes the public aware that they should check local hospital formularies for local status of red formulary drugs.

RF proposed amended wording for paragraph two;
'These are included in the APC formulary to ensure that NHS Trust formularies do not conflict with the APC formulary'.

It was confirmed that on admission if a drug was approved at another NHS Trust as available as Red status, then the admitting NHS Trust would continue the prescribing using methods such as DTC Chairs action if it was non formulary locally. In this way patients would continue on the specialist prescribed drugs if transferring NHS Trusts in this area.

Action: Make amendments as per minutes and recirculate to members for ratification at February meeting.

JH

1114/13

Antibiotic harmonisation by regional group:

Invite Chair of this regional group to come to APC	Open
Share our RAG rating information with regional group	Open

Vitamin D guidelines- BCC CCG to complete an application form for new licensed high strength preparation and submit to APC	Closed
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IH sought clarification that an application form was forthcoming as this action was now marked closed. SN clarified that an application will be submitted for APC review.

0115/07 **NICE Technology Appraisals (TAs)**

IH presented two NICE TAs that were released in December 2014 relevant for the APC;

- Idelalisib for treating refractory follicular lymphoma (TA328) – NICE has not made a recommendation.
- Dabigatran for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism – It was agreed that in line with other drugs in this class this would be Amber with an ESCA or RICaD.

IH presented an update on nalmefene which was originally documented as primary care commissioning. IH advised that this drug will be commissioned by Public Health England. They will need to advise on the commissioning arrangements and formulary status. Concerns were expressed by the members about the continuity of care of patients in the community and for patients with low mood/anxiety/depression who maybe drinking too much. It was not understood how the care and prescribing of nalmefene will be

managed in the community. Members reported that GPs have already been making enquiries about the prescribing of nalmefene. It was likely that the drug would be rated as Amber but arrangements for managing prescribing in line with NICE were not yet understood.

Action: to invite the DPHs to the next meeting to advise on nalmefene

IH

(AnB joined the meeting)

0115/08 **Trust Chairs' non-formulary approvals**

It was confirmed that no information had been received from Trusts this month. IS confirmed that no meeting had taken place at UHBFT since the last report was sent.

0115/09 **New drug application: alogliptin (Vipidia®) Dr Ansu Basu, SWB NHST**

Dr Basu was welcomed to the meeting. He introduced himself and presented the new drug application for alogliptin (Vipidia®) to the group.

Points of discussion and questions raised with Dr Basu;

JC highlighted that at UHBFT there were two gliptins on formulary and there had not been a recommendation to consider another one by the consultants or DTC.

It was noted that this drug is not licensed for monotherapy. It was confirmed that monotherapy was not routinely used and would only be considered after other approaches have failed in accordance with NICE

There were questions about its use in renal disease. AnB confirmed that in renal disease, insulin would usually be used as opposed to adjusting the dose of a gliptin.

The Chair thanked Dr Basu for his time and advised that the group would deliberate and relay their decision by email.

The Chair summarised the committee discussion using the APC Decision Support Tool;

Safety: there is data for the elderly population, no excess of hypoglycaemia, malignancy or cardiovascular events, no potential for misuse. Insulin maybe the preferred option in renal impairment. Lack of long term studies, black triangle drug (requires additional monitoring by the European Medicines Agency).

Clinical effectiveness - modest reduction in HbA1c similar to other gliptins.

Strength of evidence – reasonable sized trials. No head to head comparisons.

Cost effectiveness – currently lowest cost in this class. Patent expiry is some years away for similar products.

Place of therapy - as add on therapy to other oral agents.

It is not licensed for monotherapy, but this is not routinely use in the management of diabetes.

National guidance: MTRAC guidance for gliptins recommends using one with the lowest acquisition cost.

Local priorities: One of the biggest issues for gliptins is the quality of the reviews and whether these drugs are stopped if they are not achieving the required benefits for patients. Potential cost savings are available.

Access: There were no restrictions.

Implementation requirements: No need for RICaD or ESCA.

Given the similarities to other gliptins confirmed by AnB, it was highlighted that two gliptins would be appropriate for the formulary for the majority of patients. RF confirmed there was a general principle for two agents in a class to be recommended.

It was noted that current formularies may support the more expensive drugs as these were populated with the earliest launched drugs. There is an opportunity to review this class.

KE advised that the Diabetes Network is due to meet on the 30th January. There was agreement that we would seek the views of the network but would not be bound by specialist views. The network would be asked to advise why this drug with the lowest cost would not be recommended as one of two drugs for the formulary.

Recommendation is Green – because currently this is the lowest acquisition cost and clinically equivalent. It is also recommended that there are a limited number of gliptins in the final formulary.

Implementation monitoring: % uptake of formulary gliptins would be monitored through prescribing data.

Action: KE to contact the diabetes network and views for the away day in March.

KE

Action: Decision to be relayed to Dr Basu by the APC Secretary by 15th January 2015 in line with the APC policy.

APC Secretary/
IH

0115/10 **New drug application: ingenol mebutate gel (Picato gel[®]) Dr Farida Shah-UHBFT**

Dr Shah has sent her apologies. The drug application will be rescheduled for the February meeting.

It was confirmed that 3 Trusts currently support ingenol gel but there were

questions that members want to raise about this drug.

0115/11 **Any Other Business:**

Ratification of Chapter 3 - SN

SN tabled an updated version of Chapter 3 for ratification. It was confirmed that at the last meeting we didn't ratify Chapter 3. It was agreed that members would review the minor amendments and ratify the Chapter at the February APC or Away day if there is sufficient time. SN to circulate electronic copy of updated chapter 3, ensuring colour matches the RAG status.

Melatonin- DH

It was agreed that this would be discussed at the APC away day in January

ACTION: Add Chapter 3 ratification to the February APC meeting agenda.

APC Secretary

Add melatonin to the January APC Away day agenda.

APC Secretary

Circulate electronic version of updated chapter 3 with colour matching RAG status.

SN

Feedback from poll for dates for March APC Away day- PJ

PJ informed the committee that 23rd March was the most suitable date for the March away day. JC and TP are unable to attend any of the 3 dates suggested in March. It was recommended that they should try to identify suitable representatives to attend the away day. AP requested that Chapters 6 and 7 be placed on the agenda for the afternoon session. The Chair suggested that dates are emailed out by doodle poll for three further away days; May/June, September and November 2015.

ACTION: Send out doodle poll dates for May/June, September and November 2015

APC Secretary

The meeting closed at 15:56 pm

Date of Next Meeting:

Thursday 12th February 2015- Birmingham Medical Institute,
36, Harborne Road, Edgbaston, Birmingham B15 3AF
Solomon Wand Room, 1st Floor