

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

Minutes of the meeting held on  
Thursday 10<sup>th</sup> December 2015

**Venue – Birmingham Research Park, Vincent Drive,  
Birmingham B15 2SQ – Conference Room A**

**PRESENT:**

Dr Paul Dudley	PD	Birmingham CrossCity CCG (Chair)
Dr Lisa Brownell	LB	BSMHFT
Alan Pollard	AP	Birmingham Womens NHS FT
Alima Batchelor	AB	Birmingham South Central CCG
David Harris	DH	Birmingham Community Healthcare NHS Trust
Dr Neil Bugg	NBu	Birmingham Children's Hospitals NHSFT
Dr Nishad Shaheed	NS	Birmingham South Central CCG
Dr Timothy Priest	TP	HEFT NHS FT
Hannah Peach	HP	Sandwell & West Birmingham CCG
Inderjit Singh	IS	UHB NHST FT
Isabelle Hipkiss	IH	Midlands & Lancashire CSU
Jonathan Horgan	JH	Midlands & Lancashire CSU
Kate Arnold	KA	Solihull CCG
Mark DasGupta	MD	Birmingham CrossCity CCG
Maureen Milligan	MM	The ROH NHS FT
Nigel Barnes	NBa	BSMHFT
Prof Robin Ferner	RF	Sandwell & West Birmingham Hospitals NHST
Sangeeta Ambegaokar	SA	Birmingham Children's Hospital NHS FT
Satnaam Singh Nandra	SSN	Birmingham CrossCity CCG
Tania Carruthers	TC	HEFT NHS FT
Tony Green	TG	Patient representative

**IN ATTENDANCE:**

Patricia James	PJ	Minute taker, Midlands & Lancashire CSU
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No.	Item	Action
1215/01	<b>Apologies for absence were received from:</b>	
	<ul style="list-style-type: none"> <li>• Dr John Wilkinson, Solihull CCG</li> <li>• Prof Jamie Coleman, UHB NHS FT</li> </ul>	
1215/02	<b>Items of business not on agenda</b> (to be discussed under AOB)	
	<ul style="list-style-type: none"> <li>• Tapentadol - IH</li> <li>• COPD guidelines - IH</li> <li>• Eye formulary – Travoprost - IS</li> <li>• ESCA process/decision – clarification - KA</li> <li>• Lisdexamphetamine – TC</li> <li>• Seretide – formulary clarification – SSN</li> <li>• Apremilast – SSN</li> </ul>	
1215/03	<b>Declaration of Interest (DoI)</b>	
	<p>The Chair reminded members to submit their annual declaration of interests to the APC Secretariat. Members were also asked to declare any interests that may be relevant to the business to be discussed on the agenda.</p> <p>MD did declare interests to be noted under agenda items 1215/16 and 1215/18</p>	
1215/04	<b>Welcome and Introductions</b>	
	<p>The Chair welcomed those present to the December APC meeting. Introductions were not deemed necessary on this occasion.</p>	
1215/05	<b>Minutes of the meeting held on Thursday 12<sup>th</sup> November 2015</b>	
	<p>The minutes of the meeting held on 12<sup>th</sup> November 2015 were discussed for accuracy. The minutes were approved with no amendments.</p>	
1215/06	<b>Matters arising – Action Table</b>	
	<p>The members reviewed the Action Table in Appendix 1.</p>	
	<b>1115/03 Declarations of Interest</b>	
	<ul style="list-style-type: none"> <li>• Revised ToR for APC and draft ToR for governance subgroup to be circulated for comments and approval at the December Meeting – on agenda</li> </ul>	<b>Closed</b>
	<b>1115/06 Matters arising – Action table</b>	
	<ul style="list-style-type: none"> <li>• Mycophenolate ESCA to be added to December agenda - on agenda</li> </ul>	<b>Closed</b>
	<ul style="list-style-type: none"> <li>• Add Sirdupla to the December agenda– on agenda</li> </ul>	<b>Closed</b>
	<ul style="list-style-type: none"> <li>• Add trust leads' summary of Decline to prescribe Forms as standard agenda item – on agenda</li> </ul>	<b>Closed</b>
	<ul style="list-style-type: none"> <li>• Sharepoint access to be arranged for Members</li> </ul>	<b>Open</b>
	<ul style="list-style-type: none"> <li>• Utrogestan: draft RICaD and resubmit evidence: move to December Meeting – on agenda</li> </ul>	<b>Closed</b>
	<ul style="list-style-type: none"> <li>• Decline to prescribe form: editable PDF version uploaded to APC website</li> </ul>	<b>Closed</b>

- Decline to prescribe form review: add to May 2016 agenda **Closed**

#### 1115/08 NICE Technology appraisals

- Trust leads to seek view from nephrologists on requirements for implementation of Tolvapan TA and feedback

Update: It was confirmed that no feedback had yet been received **Open**

#### 1115/10 Grazax RICaD

- Circulate final version of Grazax RICaD to immunologists who contributed to consultation and publish on APC website.

**Closed**

#### 1115/10 Lidocaine 5% plaster RICaD

- Joint chairs to request drug application for lidocaine patches from pain specialists

Update: It was confirmed that joint chairs still need to draft this – Roll forward to the January meeting.

**Open**

#### 1115/12 BNF Chapter 9 – for ratification

- Circulate comments received to date on hydroxycarbamide ESCA

Update: IH will circulate after meeting.

**Closed**

- Circulate comments from Mandy Matthews (NHSE) to trust leads as relevant to secondary care **Closed**
- List formulary as colecalciferol, and Calcium and Vit D. Leave choice of recommended brands to local decision **Closed**
- Application to be submitted for Magnaspartate. **Closed**

Update: To be considered at the February meeting.

**Closed**

- Applications to be submitted for various in-tariff preparations used in IMD patients **Open**
- Renavit application to be added to January meeting agenda **Closed**
- Liaise with renal team on iron dextran injection (CosmoFer) to clarify RAG status and need for Supplementary documentation. **Open**

#### 1115/13 BNF Chapter 12 – for ratification

- Avamys reconsider DST and recent evidence review at December meeting – on agenda **Closed**
- Submit application for Dymista for paediatric use In January 2016 **Open**

Update: BCH confirmed this would need to be put back to February/possibly March agenda.

- Seek clarification on section 12.3.5 (dry mouth) from palliative care teams. **Open**

#### 1115/17 DOAC Review

- Revise format and correct error – Defer to December.

Update: Agenda full for December- defer to 2016.

**Open**

### Any other Business

- Send doodle poll to identify a suitable date for the March APC Away Day

Update: Doodle poll sent and March 30<sup>th</sup> appears to be preferred date. However, it was pointed out that this falls during Easter week holidays. Resend out to all members with additional date.

**Open**

### 1015/08 NICE Technology Appraisals (TAs)

- Draft letter to Chair of NICE on behalf of APC joint chairs expressing concerns with their recommendation for naloxegol.

**Closed**

Update: A first draft letter prepared by CSU has been circulated, together with a revised draft proposed by an APC member taking a different approach and highlighting the lack of opportunity for an NHS organisation to appeal during the technology appraisal process. It was suggested that the letter should set out the APC position's more clearly with regards to naloxegol. However, once it was established that there was no opportunity for NICE to reconsider its decision, it was agreed to use the revised draft letter and highlight the inequity in the process. It was also suggested that, as part of the horizon scanning, future Appraisal Consultation Documents (ACDs) should be brought to the attention of the Committee members and any comments submitted at that point in the process, if allowed to.

**ACTION: Send out letter as missed opportunity to appeal decision  
Need to make decision around RAG rating**

**CSU  
All**

### 1015/11 Chapter 8 – for ratification

- Seek clarification from transplant specialists on tacrolimus brand used and bring back to APC.

Update: UHB NHS FT use mainly Prograf (standard release formulation), 10 patients on Advagraf (prolonged-release formulation). HEFT and SWB follow advice from UHB. BCH use Modigraf in liver transplant patients, but also use Prograf and Advagraf according to patient compliance. It was decided therefore that all these brands should be listed on formulary and advice to prescribe by brand be annotated.

**Closed**

### 1015/13 Biosimilars

- Invite an expert on biosimilars to the APC meetings.

Update: IH to cascade information from Keele on biosimilars. Members to review and decide if presentation is still required.

**Closed**

### 0915/07 Operational issues

- Draft ToR for management/development group to be drawn up and circulated for comments.

**Open**

### 1215/07 Operational Issues

- Governance subgroup: draft ToR for ratification

#### Accountability Page 3:

There was a query around the meaning of bullet point 2.

*“Decide to go ahead and approve the APC decision and that it has no such bias and forward any relevant information to the APC beforehand”*

It was agreed to take out the first bullet point and make it all once sentence so that all further bullet points become options.

**ACTION: Amend the ToR as agreed above.**

**CSU**

- APC ToR – revised re quoracy; digital recording

The main changes to the document were:

1. Digital recording of the meeting (Page 1)
2. Member organisations: there was a discussion on whether to annotate the various trusts as Acute, non-Acute or Specialists (Page 3). Instead it was agreed to name the Trusts under quorum (page 6).
3. Quorum : the meeting will be quorate if at least two members are present from each of the following groups:
  - a) Heart of England NHS FT, Sandwell & West Birmingham Hospitals NHST and University Hospitals Birmingham NHS FT.
  - b) Birmingham Children’s Hospital NHS FT, Birmingham Community Healthcare NHS Trust, Birmingham and Solihull Mental Health NHS FT, Birmingham Women’s Hospital NHS FT and Royal Orthopaedic Hospital NHS FT.
  - c) Clinical Commissioning Groups.

**ACTION: Amend the ToR as agreed above**

**CSU**

There was a discussion around APC attendance over the last 6 months in terms of primary care representation. It was established that GP attendance is variable and this had been noted. Whether the CSU need to take further action in respect of this was also discussed.

The chair pointed out GP attendance had been somewhat lacking over the past months. However, steps are being taken to ensure that GP attendance is bolstered up. In theory there would be 4 GPs in attendance at each meeting. It was also felt that there is a need to summon support from primary care colleagues. A breakdown on attendance was shared verbally.

**ACTION: Share audit of members’ attendance over last 6 months with Committee.** **CSU**

1215/08 **NICE Technology Appraisals (TAs)**

IH discussed the formulary adherence checklist for NICE TAs published in November 2015.

It was established that 6 new TA’s had been published in November.

1. Ledipasvir-sofosbuvir for treating chronic hepatitis C (TA363)  
Positive NICE TA – NHSE commissioned treatment, secondary care prescribing – add as RED
2. Daclatasvir for treating of chronic hepatitis C (TA364): Positive NICE TA, NHSE commissioned treatment, secondary care prescribing – add as RED
3. Ombitasvir-paritaprevir-ritonavir with or without dasabuvir for treating chronic hepatitis C (TA365): Positive NICE TA, NHSE commissioned treatment, secondary care prescribing – add as RED
4. Pembrolizumab for advanced melanoma not previously treated with ipilimumab (TA366): Positive NICE TA – secondary care prescribing –

add as RED.

There was a discussion whether to add these agents to the APC formulary as RED as soon as TA published as this may mislead patients to believe they are available from the local Acute Trusts, when, in the case of the agents discussed so far, these would only be available through specialist centres and funding from NHSE from day 91 only.

May need a generic statement around use in line with the guidance.

5. Vortioxetine for treating major depressive episodes (TA367) - it is primary care commissioned treatment; providers are GPs or mental health teams.  
Added as Grey status (NICE approved but awaiting its place in therapy)

This new agent was briefly discussed at the Mental Health Trust recently, and will be considered fully in February 2016. It appears NICE has placed this agent in the same bracket as venlafaxine or mirtazapine, i.e. third line after trial of 2 SSRIs. A discussion followed whether GPs would initiate such agents, and the overall feeling was that they do. The cost is similar to duloxetine. It was agreed to defer RAG rating to February 2016 and consider the views from the Mental Health clinicians to decide on its place on therapy, and the most appropriate setting to initiate treatment.

6. Apremilast for treating moderate to severe plaque psoriasis (TA368) - Negative TA.

It was pointed out that this drug was discussed at the December away day, where the members were made aware that the company was providing this agent free of charge ahead of NICE decision. HEFT has had a couple of patients approved through DTC Chair approval. They have now agreed to stop initiating any new patients on this drug whilst a negative NICE decision is in place until clarification from the drug company on continued access. It is believed NICE has also issued a negative TA in respect of its use in psoriatic arthritis. The conclusion from the Away day was that a drug application needs to be submitted for consideration.

**ACTION: Liaise with MM for further clarification on NHSE's requirements around TAs.**

**CSU**

#### 1215/09 **Trust Chairs non Formulary approvals- for information**

It was confirmed that non-formulary approvals were only received from UHB. HEFT submits information quarterly. SWBH assured the chair they would endeavour to get this information across for future meetings. It was confirmed that the on-going prescribing of any drug approved through UHB and HEFT Trust Chair's action would be retained within that Trust. SWB however have an agreement with their respective CCG for GPs to pick up prescribing if appropriate.

#### 1215/10 **Decline to Prescribe forms – summary from Trusts – for information**

Two emails have been received around this:

1. Birmingham Women's Hospital NHS FT: GP declining to prescribe





- specialist responsibilities.**
**CSU**
- **Contact Dr Rhodes to establish the definition of the “more relaxed” status after 12 months.**
**CSU**
- **Ratify with Chair by email.**
**CSU**

1215/12 **Utrogestan- Draft RICaD and review of evidence**

A revised decision tree has now been incorporated into the RICaD, and the evidence around first line use in patients at risk of breast cancer is incorporated as references in the algorithm.

The following comments/amendments were suggested;

Under agreed indication for inclusion in the BSSE APC formulary; it was suggested to add the words “AND” after each criteria to ensure all 3 boxes are ticked. Further minor amendments to be discussed outside of the meeting.

**ACTION: Amend document in line with comments made. Approved subject to the above minor amendments.** **CSU**

1215/13 **Avamys (fluticasone furoate nasal spray) – DST and updated drug review**

It was proposed that the members review the Decision Support Tool completed in July 2014 when it was originally considered, together with an updated drug review, rather than go through the whole application process again.

When reviewing Chapter 12, the BCH representative stated that Avamys was the drug of choice at BCH and its cost was reasonable. It was therefore agreed to bring back to the meeting to establish whether the members wish to review the decision of the APC.

The drug review included an updated cost comparison chart where it was clear that Avamys was of similar costs to the fluticasone propionate (Nasofan<sup>®</sup>) preparation and mometasone (Nasonex<sup>®</sup>) spray, and £1 cheaper than Flixonase<sup>®</sup>.

Budesonide (Rhinocort Aqua<sup>®</sup>) was removed from the formulary at the September away day as not much use across the Trusts and BCH specialists do not recommend it. This formed part of the ENT decision. Beconase is available Over The Counter (OTC) and many patients may have tried it already, although correct use needs to be confirmed.

After discussions it was agreed that Avamys can be used as second line to beclometasone (joint second line agent with mometasone spray) – RAG as GREEN. It was also agreed to remove Flixonase and Nasofan from the formulary as the fluticasone propionate preparations.

- ACTIONS:**
- **Issue a new DST to state we note all the comments around cost effectiveness/pricing and ease of use, indication for children.**
**CSU**
  - **Update APC formulary (add Avamys, remove Flixonase and Nasofan).**
**CSU**



#### 1215/14 **Rivastigmine (Parkinson's disease)**

Agreement from the committee was sought to bring a new drug application to present at the APC for Rivastigmine due to its benefit in treating patients with dementia with Parkinson's' disease although there are still some issues as to whether commissioning arrangements have been agreed and how we clearly definite the RAG status of these drugs.

The formulary currently states: Rivastigmine = RED but the APC's view on clinical grounds is the status of these drugs should be AMBER with a framework in place in primary care before transfer.

There is a group which is looking specifically at addressing the commissioning arrangements and there is also a draft paper going to the CCGs around pilot arrangements.

There is a cohort of patients who have benefitted from this treatment whose health has rapidly declined once the drug is stopped. NICE TA217 and NICE CG42 will offer more information on the benefit and clinical effectiveness of this group of drugs.

Following a discussion on the indications of rivastigmine, it was concluded that dementia of Parkinson's disease would be covered by the overarching indication of dementia, and therefore covered by the current APC RAG status. Once the framework has been agreed and RAG status revised to amber, the formulary would be annotated to confirm dementia of Parkinson's disease was included.

#### 1215/15 **New drug application – Anthelios XL melt in cream**

Dr F. Shah (Consultant dermatologist from UHB NHS FT) was welcomed to the meeting and invited to present the application for Anthelios XL cream.

Anthelios is a broad spectrum sunscreen preparation with SPF 50+ and gives highest protection against UVA and UVB. The specialists would like it on the formulary to be available for patients with specific skin conditions listed in the application who are entitled to sunscreens on prescriptions (to be endorsed with ACBS as these are classed as borderlines substances). It is the cheapest per unit cost; it is well tolerated by patients and good for sensitive skin. It offers another option or an alternative to current formulary choices.

The Chair invited questions or comments from the members.

One question was raised as to which product this would replace if the Committee were minded to accept Anthelios onto the formulary. Dr Shah suggested removing Uvistat and would prefer to retain Sensense Ultra as this offered a gel formulation. Uvistat tends to be thicker, less cosmetically acceptable. Compliance is also better with Sensense and Anthelios.

Another question was around the frequency of application: this depends on whether the patient is jumping in and out of water frequently or sweating a lot and length of time skin is exposed to the sun. An enquiry was also made on the water- resistance of Anthelios. It is described as water- resistant. Sensense has a specific sport formulation.

Another member enquired on the evidence for drug-induced photosensitivity and Dr Shah stated that Anthelios is good at reducing the rashes caused by



Symbicort, Seretide and Flutiform are all on the formulary in various guises. One of the issues uncovered with Symbicort is that its competitor product DuoResp Spiromax has exactly the same generic description, and a generic written prescription can be fulfilled with either DuoResp or Symbicort. The products however are quite different in terms of their devices and patients have been given a device different to what they expected. Upon returning to their pharmacy, they have been advised to return to the GP and request a new prescription so there is also a small waste issue. Therefore it is appropriate for the APC to change prescribing guidance to recommend that these are all prescribed by their brand name, to ensure that patients do in fact get the device they are familiar with.

It was suggested that ScriptSwitch could be used to change the generic prescription to the branded. However the committee's decision is required to approve prescribing by brand for these products. Branded products would not be able to be added to the formulary. It may be possible to put the brand name with the generic name in brackets.

Seretide –v – Sirdupla; Sirdupla contains alcohol whereas Seretide does not and this may raise concerns for some of the communities in Birmingham and this needs to be noted on the formulary. Sirdupla is also only licensed for patients 16 years and older.

There is an advantage to the health economy in giving Sirdupla and there is also a substantial incentive offered to community pharmacies in terms of discount to give Sirdupla when the prescription is generic. The problem here is some communities in Birmingham will object to using this and the incentive offered poses a financial concern. (Cost comparison: Seretide £40 /Sirdupla £25 and drug tariff price can be reclaimed).

Seretide was only accepted on the formulary for children 0 – 16 and it will take a very long time to switch all Birmingham patients which may have to form part of a patient review. Seretide is the only inhaler which does not contain alcohol.

The question around drugs which contain gelatine was raised. The CCG had taken advice from the Muslim Council and the view was that if this was essential medication and there was no alternative, it was OK to use. However, in this case, there is an alternative. The patient needs to make an informed decision.

Revision of COPD section was clarified as 6 months from the decision which was in June 2015, therefore we may have to review this early in 2016.

The Respiratory Network is currently reviewing the asthma section. The members also supported all the recommendations made in the paper presented.

#### **ACTIONS:**

- **Add DuoResp to the formulary on the basis that it is, to all intents and purposes, an equivalent to Symbicort. Patients should not be changed from one to another without being consulted. DuoResp represents a considerable cost saving opportunity if used in appropriate patients.** CSU
- **Update the entry for Symbicort and DuoResp in the formulary to indicate that these inhalers should be** CSU

prescribed by the intended brand to ensure that patients receive the device that they are used to.

- **Add Sirdupla to formulary as GREEN as a more cost effective alternative to Seretide in patients not suitable for a review and switch to a different chemical agent.** CSU
- **Add a comment to Sirdupla entry that patients who object to alcohol may not be suitable for the medication and that it should not be switched without consultation.** CSU
- **Update the entry for Seretide MDIs and Sirdupla in the formulary to indicate that these inhalers should be prescribed by the intended brand to ensure that patients are maintained on the formulation that they are used to.** CSU
- **Add AirFluSal to the formulary as a cost effective alternative to Seretide Accuhaler.** CSU
- **Update the entry for Seretide and AirFluSal in the formulary to indicate that these inhalers should be prescribed by the intended brand to ensure that patients receive the device that they are used to.** CSU
- **As new inhalers / devices come on the market, the APC will recommend prescribing by brand to avoid situations where license / formulation /device differ.** CSU

1215/17 **Vacuum pumps for erectile dysfunction** (from November meeting)

A decision regarding the use of vacuum pumps and whether these were on the formulary was sought from the Committee members.

There are still requests within primary care and there may need to be prescribed on recommendation from Diabetologists, as long as patients qualify under the SLS criteria.

A statement would be added to the formulary to that effect.

**ACTION: add vacuum pumps to the formulary**

**Green – if in line with SLS criteria**

**Red - if not in line with SLS criteria**

**Cost: Use the device with lowest acquisition cost.**

CSU

1215/18 **Cost of DOACs** (from November meeting)

MD declared he has done a number of advisory boards for companies which manufacture these agents.

All 4 DOACs are on the formulary as per the NICE guideline and all have similar costs.

It is well known that some companies offer rebates to primary and secondary care, the details of which are commercially confidential.

BAYER has recently announced that it will not offer a rebate scheme but has lowered the price of its DOAC (rivaroxaban) by 30p per tablet, which offers a



It was highlighted that the Trusts and GPs need a clear audit trail around the recording of which patients are on shared care, especially as moving to electronic records instead of paper records.

As this was more complex and limited time was available, it was agreed that members give some thought to the process to bring back at a future date.

**ACTION: Add to future agenda for further discussion**

**CSU/All**

Lisdexamphetamine (HEFT)

There is no RAG status for this drug on the formulary. The other drugs used in ADHD are currently listed as AMBER, supported by an ESCA (to be developed as part of the ADHD framework, commissioning discussion required). However there is no support for use in primary care, and this may be due to the fact the commissioned ADHD services were time-limited, and GPs were unsure if there would be a service to share care with.

The plans for Forward Thinking Birmingham include a pathway for shared care of ADHD drugs, but this has not progressed as a commissioning discussion has yet to happen.

Solihull still commissions children's Mental Health services separately from Birmingham, so Solihull still has ESCAs in place for some of these drugs, except lisdexamphetamine, which was approved and RAG rated RED by the then Formulary Working Group.

**ACTION: Add to January agenda for further discussion**

**CSU/All**

Seretide (SN)

It was agreed to extend the paediatric age to 18 years as there was now a gap in the 16-18 age range with current formulary choices.

**ACTION: Extend the formulary to cover paediatric use up to 18 years of age.**

**CSU**

Eye formulary (IS)

There was still some unrest within the UHB ophthalmology department and some HEFT clinicians with the final decision on the second line agent. They are concerned with the inclusion of bimatoprost instead of travoprost especially in view of the BAC issue. The CSU will check decision trail. UHB may resubmit a drug application.

**ACTION: UHB ophthalmologists to submit an application for travoprost**

**UHB Ophth.**

The chair thanked the members for their input today. The meeting closed at 17:10 pm.

**Date of next meeting:**

**Thursday 14<sup>th</sup> January 2016 14:00 – 16:45**

**Conference Room A**

**Birmingham Research Park**

**Vincent Drive**

**Birmingham B15 2SQ**



## Area Prescribing Committee Birmingham, Sandwell, Solihull, and environs

<b>Appendix 1: ACTION TABLE</b>				
<b>Minute number</b>	<b>Description</b>	<b>Action by</b>	<b>Date due</b>	<b>Status at 18/12/15</b>
1215/06	<b>Matters arising- Action table</b> <b>1015/08</b> Letter to Chair of NICE re naloxegol <ul style="list-style-type: none"> <li>Send out letter as missed opportunity to appeal decision</li> <li>Need to make decision around RAG rating</li> </ul>	CSU ALL	17/12/15 14/01/16	Open Open
1215/07	<b>Operational Issues</b> Governance sub group: draft ToR for ratification <ul style="list-style-type: none"> <li>Amend the ToR as agreed (Accountability Page 3)</li> </ul> APC ToR – revised re quoracy; digital recording <ul style="list-style-type: none"> <li>Amend the ToR as agreed (Page 1, 3 and 6)</li> <li>Share audit of members’ attendance over last 6 months with Committee.</li> </ul>	CSU  CSU CSU	17/12/15  17/12/15 07/01/16	Open  Open Open
1215/08	<b>NICE Technology Appraisals (TAs)</b> <ul style="list-style-type: none"> <li>Liaise with MM for further clarification on NHSE’s requirements around TAs</li> </ul>	CSU	07/01/16	Open
1215/10	<b>Decline to Prescribe forms – summary from Trusts for information</b> <ul style="list-style-type: none"> <li>Add specialist initiation to testosterone gel entry in formulary.</li> <li>Drug application to be presented unless Trust can demonstrate that cinacalcet was on their formulary, and which RAG status it was.</li> </ul>	CSU Trusts	18/12/15 TBC	Open Open
1215/11	<b>Mycophenolate draft ESCA</b> <ul style="list-style-type: none"> <li>Amend monitoring and side effects sections on page 2 as agreed.</li> <li>Add “Off label use” to document.</li> <li>Incorporate 4 points made by Dr Rhodes to point 5 of the specialist responsibilities.</li> <li>Contact Dr Rhodes to establish the definition of the “more relaxed” status after 12 months. Ratify with Chair by email.</li> </ul>	CSU CSU CSU CSU	07/01/16 07/01/16 07/01/16 07/01/16	Open Open Open Open
1215/12	<b>Utrogestan – Draft RICaD – Review of evidence</b> <ul style="list-style-type: none"> <li>Amend document in line with comments made. Approved subject to minor amendments</li> </ul>	CSU/AP/SS N	07/01/16	Open
1215/13	<b>Avamys (fluticasone furoate nasal spray) – DST and updated drug review</b> <ul style="list-style-type: none"> <li>Issue new DST to state we note all the comments around cost effectiveness/pricing and ease of use, indication in children.</li> <li>Update formulary (add Avamys, remove Flixonase and Nasofan)</li> </ul>	CSU CSU	07/01/16 07/01/16	Open Open
1215/15	<b>New drug application – Anthelios XL melt in cream</b> <ul style="list-style-type: none"> <li>Add Anthelios XL melt in cream to the formulary as GREEN</li> </ul>	CSU	07/01/16	Open



## Area Prescribing Committee Birmingham, Sandwell, Solihull, and environs

Minute number	Description	Action by	Date due	Status at 18/12/15
	<ul style="list-style-type: none"> <li>Remove most expensive alternate after cost analysis.</li> </ul>	CSU	07/01/16	Open
1215/16	<p><b>Sirdupla and other respiratory products</b></p> <ul style="list-style-type: none"> <li>Add DuoResp to the formulary on the basis that it is, to all intents and purposes, an equivalent to Symbicort. Patients should not be changed from one to another without being consulted. DuoResp represents a considerable cost saving opportunity if used in appropriate patients.</li> <li>Update the entry for Symbicort and DuoResp in the formulary to indicate that these inhalers should be prescribed by the intended brand to ensure that patients receive the device that they are used to.</li> <li>Add Sirdupla to formulary as GREEN as a more cost effective alternative to Seretide in patients not suitable for a review and switch to a different chemical agent.</li> <li>Add a comment to Sirdupla entry that patients who object to alcohol may not be suitable for the medication and that it should not be switched without consultation.</li> <li>Update the entry for Seretide MDIs and Sirdupla in the formulary to indicate that these inhalers should be prescribed by the intended brand to ensure that patients are maintained on the formulation that they are used to.</li> <li>Add AirFluSal to the formulary as a cost effective alternative to Seretide Accuhaler.</li> <li>Update the entry for Seretide and AirFluSal in the formulary to indicate that these inhalers should be prescribed by the intended brand to ensure that patients receive the device that they are used to.</li> <li>As new inhalers / devices come on the market, the APC will recommend prescribing by brand to avoid situations where license / formulation /device differ.</li> </ul>	CSU	07/01/16	Open
		CSU	07/01/16	Open
		CSU	07/01/16	Open
		CSU	07/01/16	Open
		CSU	07/01/16	Open
		CSU	07/01/16	Open
		CSU	07/01/16	Open
		CSU	07/01/16	Open
1215/17	<p><b>Vacuum pumps for erectile dysfunction</b></p> <p>Add statement to the formulary:</p> <ul style="list-style-type: none"> <li>Green – if in line with SLS, Red - not in line with SLS, Use device with lowest acquisition cost</li> </ul>	CSU	17/12/15	Open
1215/18	<p><b>Cost of DOACs (from November Meeting)</b></p> <ul style="list-style-type: none"> <li>Contact Dr Will Lester and invite to the February meeting with clear remit of what members aim to achieve.</li> <li>Add list price to the formulary.</li> </ul>	CSU	07/01/16	Open
		CSU	07/01/16	Open
	<b>Any other business</b>			

## Area Prescribing Committee Birmingham, Sandwell, Solihull, and environs

Minute number	Description	Action by	Date due	Status at 18/12/15
	<b>Tapentadol</b> <ul style="list-style-type: none"> <li>Advise UHB of the outcome</li> </ul>	CSU	07/01/16	Open
	<b>COPD guidelines</b> <ul style="list-style-type: none"> <li>Circulate final COPD guidelines for endorsement</li> </ul>	CSU	07/01/16	Open
	<b>ESCAs process</b> <ul style="list-style-type: none"> <li>Add to future agenda for further discussion/ thoughts</li> </ul>	CSU/All	TBC	Open
	<b>Lisdexamphetamine</b> <ul style="list-style-type: none"> <li>Add to January agenda for further discussion</li> </ul>	CSU/All	07/01/16	Open
	<b>Seretide</b> <ul style="list-style-type: none"> <li>Extend the formulary to cover paediatric use up to 18 years of age.</li> </ul>	CSU	17/12/15	Closed
	<b>Eye formulary</b> <ul style="list-style-type: none"> <li>UHB ophthalmologists to submit application for travoprost eye drops.</li> </ul>	UHB	TBC	Open
<b>UPDATED ACTION TABLE FROM PREVIOUS MEETING</b>				
1115/03	<b>Declaration of Interest</b> <ul style="list-style-type: none"> <li>Revised ToR for APC and draft ToR for Governance subgroup to be circulated for comments and approval at the December meeting.</li> </ul>	CSU	26/11/15	Closed
1115/06	<b>Matters arising- Action table</b> <ul style="list-style-type: none"> <li>Mycophenolate ESCA to be added to December meeting agenda</li> <li>Add Sirdupla to the December meeting agenda</li> <li>Add Trust Leads' summary of Decline to prescribe forms as standard agenda item</li> <li>SharePoint access to be arranged for members</li> <li>Utrogestan: draft RICaD and resubmit evidence around first line use in patients with strong family history of breast cancer. Move to December agenda</li> <li>Decline to prescribe form: develop editable PDF version and upload to APC website</li> <li>Decline to prescribe form: add to May 2016 agenda for review</li> </ul>	CSU CSU CSU CSU BWH/CSU SSNIH CSU	3/12/15 3/12/15 3/12/15 3/12/15 3/12/15 26/11/15 May 2016	Closed Closed Closed Open Closed Closed Closed
1115/08	<b>NICE Technology Appraisals</b> <ul style="list-style-type: none"> <li>Trust leads to seek views from respective nephrologists on requirements for implementation of Tolvaptan TA and feedback to APC.</li> </ul>	Trust Leads	10/12/15	Open
1115/10	<b>Grazax RICaD</b> <ul style="list-style-type: none"> <li>Circulate final version of Grazax RICaD to immunologists who contributed to consultation and publish on APC website.</li> </ul>	CSU	19/11/15	Closed

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Minute number	Description	Action by	Date due	Status at 18/12/15
1115/10	<b>Lidocaine 5% plasters RICaD</b> <ul style="list-style-type: none"> <li>Joint Chairs to request drug application for lidocaine patches from pain specialists</li> </ul>	Joint Chairs	26/11/15	Open
1115/12	<b>BNF Chapter 9- for ratification</b> <ul style="list-style-type: none"> <li>Circulate comments received to date on Hydroxycarbamide ESCA</li> <li>Circulate comments from Mandy Matthews (NHSE) to Trust leads as relevant to secondary care.</li> <li>List formulary as colecalciferol, and Calcium and Vit D. Leave choice of recommended brands to local decision.</li> <li>Application to be submitted for Magnaspartate.</li> <li>Applications to be submitted for various in-tariff preparations used in IMD patients.</li> <li>Renavit application to be added to January meeting agenda</li> <li>Liaise with renal team on iron dextran injection (CosmoFer) to clarify RAG status and need for supplementary documentation.</li> </ul>	CSU CSU CSU Trusts UHB CSU JC	26/11/15 26/11/15 26/11/15 TBC TBC 07/01/16 10/12/15	Closed Closed Closed Closed Open Closed Open
1115/13	<b>BNF Chapter 12- for ratification</b> <ul style="list-style-type: none"> <li>Avamys: reconsider DST and recent evidence review (if available) at December meeting.</li> <li>Submit application for Dymista for paediatric use in January 2016. <u>Update:</u> Defer to Feb/ March 2016</li> <li>Seek clarification on section 12.3.5 (dry mouth) from palliative care teams.</li> </ul>	CSU BCH UHB	3/12/15 Feb 2016 3/12/15	Closed Open Open
1115/17	<b>DOAC review</b> <ul style="list-style-type: none"> <li>Revise format and correct error. Defer to December meeting. <u>Update:</u> defer to 2016</li> </ul>	CSU	2016 TBC	Open
	<b>Any other business</b> <ul style="list-style-type: none"> <li>Send doodle poll to identify a suitable date for March 2016 Away Day. <u>Update:</u> recirculate with additional date</li> </ul>	CSU	17/12/15	Closed
1015/08	<b>Nice Technology Appraisals (TAs)</b> <ul style="list-style-type: none"> <li>Draft letter to Chair of NICE on behalf of APC Joint Chairs, expressing concerns with their recommendation for naloxegol.</li> </ul>	CSU	15/10/15	Closed
1015/11	<b>BNF Chapter 8 – for ratification</b> <ul style="list-style-type: none"> <li>Seek clarification from transplant specialists on tacrolimus brand used and bring back to APC.</li> </ul>	Trust leads		Closed
1015/13	<b>Biosimilars</b> Invite an expert on biosimilars to APC meeting	CSU	TBC	Closed

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Minute number	Description	Action by	Date due	Status at 18/12/15
0915/07	<p><b>Operational Issues</b></p> <p><u>Draft minutes from management/ development meeting</u></p> <ul style="list-style-type: none"> <li>• Draft TOR to be drawn up and circulated to members for comments</li> </ul>	<b>JH/CSU</b>	<b>01/10/15</b>	<b>Open</b>