

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

Minutes of the meeting held on  
Thursday 12<sup>th</sup> November 2015

**Birmingham Chamber of Commerce, 75 Harborne Road, Edgbaston,  
Birmingham B15 3DH**

**PRESENT:**

|                      |     |   |
|----------------------|-----|---|
| Dr Lisa Brownell     | LB  | BSMHFT (Chair)                            |
| Dr Paul Dudley       | PD  | Birmingham CrossCity CCG                  |
| Carol Evans          | CE  | HEFT NHS FT/Solihull CCG                  |
| Dr Neil Bugg         | NBu | Birmingham Children's Hospitals NHSFT     |
| Isabelle Hipkiss     | IH  | Midlands & Lancashire CSU                 |
| Jonathan Horgan      | JH  | Midlands & Lancashire CSU                 |
| Mark DasGupta        | MD  | Birmingham CrossCity CCG                  |
| Nigel Barnes         | NBa | BSMHFT                                    |
| Prof Jamie Coleman   | JC  | UHB NHS FT                                |
| 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                  |
| Sumaira Tabassum     | ST  | Sandwell & West Birmingham CCG            |
| Tony Green           | TG  | Patient representative                    |
| Maureen Milligan     | MM  | The ROH NHS FT                            |
| Dr Timothy Priest    | TP  | HEFT NHS FT                               |
| Emma Suggett         | ES  | UHB NHS FT                                |
| Kristy Link          | KL  | HEFT NHS FT                               |

**IN ATTENDANCE:**

|                |    |   |
|----------------|----|---|
| Patricia James | PJ | Minute taker, Midlands & Lancashire CSU |
|----------------|----|---|

| No. | Item | Action |
|-----|------|--------|
|-----|------|--------|

1115/01 **Apologies for absence were received from:**

- Alan Pollard, Birmingham Womens NHS FT
- Alima Batchelor, Birmingham South Central CCG
- Elizabeth Walker, Sandwell & West Birmingham CCG
- David Harris, Birmingham Community Healthcare NHST
- Dr Nishad Shaheed, Birmingham South Central CCG
- Inderjit Singh, UHB NHSFT
- Kate Arnold, Solihull CCG
- Mandy Matthews, NHS England
- Nilima Rahman-Lais, Solihull CCG
- Dr John Wilkinson, Solihull CCG
- Tania Carruthers, HEFT NHS FT

1115/02 **Items of business not on agenda** (to be discussed under AOB)

- Costs of DOACS (MD)
- Generic Inhalers (IH)
- Respiratory Network letter (IH)
- Vacuum pumps for erectile dysfunction (IH)
- Away days (IH)

The Chair pointed out that items:

1115/14 – Rivastigmine (Parkinson’s disease)

1115/17 – DOAC review of RAG rating

will not be discussed today due to apologies from those concerned.

1115/03 **Declaration of Interest (DoI)**

The Chair reminded members to submit their annual declarations 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.

There were no declarations declared for this meeting.

The Chair advised that the first APC Governance subgroup chaired by TG had taken place earlier. The draft terms of reference for the group had been discussed and would be shared with members for approval. It was confirmed that anyone that has not submitted the annual declaration of interest will not be able to take part in discussions until this is completed. It was also confirmed attending speakers would also be required to complete a declaration.

There was also question regarding quorum for today’s meeting due to number of apologies. JH was representing BSC CCG in absence of AB. KA had reviewed the papers and submitted her approval and comments for Solihull CCG. Members agreed this was appropriate for quorum.

The Quorum in the Terms of Reference was discussed and amendments were agreed to be ratified at the December meeting requiring representatives from 2 Acute Trusts, 2 non Acute Trusts and 2 CCGs.

**ACTION: Revised ToR for APC and draft ToR for Governance subgroup CSU to be circulated for comments and approval at the December meeting.**

1115/04 **Welcome and Introductions**

The Chair welcomed those present to the Area Prescribing Committee and members introduced themselves. The Chair reminded members, that the meeting is digitally recorded for the purpose of minute taking and that, once the minutes were approved, the recording is deleted by the APC secretary.

1115/05 **Minutes of the meeting held on Thursday 8<sup>th</sup> October 2015**

The minutes of the meeting held on 8<sup>th</sup> October 2015 were discussed for accuracy.

The minutes were approved subject to minor changes. The recording of the meeting can therefore to be deleted.

It was agreed that the style of the minutes should be updated for future documents to ensure that comments are not assigned to individuals wherever possible. Exceptions would occur for presentations for drug applications and individuals taking forward actions in the action table.

1115/06 **Matters arising – Action Table**

The members reviewed the Action Table in Appendix 1.

**1015/06 Matters arising – Action table**

**0915/09 NICE Technology Appraisals TAs**

***Closed***

- Circulate draft 0.2 for edoxaban RICaD for wide consultation
- Recirculate rivaroxaban document to cardiology/haematology specialists for consultation, copy to APC Trust leads.

Update: It was confirmed that 3 draft RICaDs had been circulated/recirculated to the cardiology/haematology specialists, copied to trusts leads, with a deadline for comments of 12<sup>th</sup> November. To date no comments have been received.

It was agreed that an email will be sent to cardiology/haematologists to advise them that there were no comments received during consultation so no amendments are being made prior to wider circulation.

**0915/12 Mycophenolate ESCA**

***Closed***

- Circulate NICE ESUOM36 with the draft minutes, then consider if formal drug application is necessary.

Update: It was confirmed these were circulated to the members with the draft minutes. It was felt that a formal drug application in this case is not required and the ESCA can be considered at the December meeting.

**ACTION: Mycophenolate ESCA to be added to the December meeting agenda**

**CSU**

**0915/13 BNF Chapter 5- Antibiotics**

***Closed***

- Circulate final version of Chapter 5 harmonised document and Primary Care Antimicrobial Guidelines

Update: This was circulated and sent to formulary leads to update.

**0715/14 Lidocaine 5% plaster – draft RICaD** **Closed**

- On agenda for discussion

**0615/06 Grazax RICaD**

- On agenda for discussion

**Closed**

**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.

Update: On-going

**1015/10 Seretide / Flixotide – BCH** **Closed**

- Add licensed preparations of Seretide and fluticasone back on formulary as GREEN for paediatric use only.
- Summarise issues around Sirdupla to consider at future APC meeting.

Update: This was raised by BCH and it was confirmed that both Seretide and Flixotide will be put back on the formulary for **paediatric use only**.

It was confirmed that Sirdupla would be discussed at the December meeting.

**ACTION: Add Sirdupla to the December agenda.**

**CSU**

**1015/11 BNF Chapter 8 – for ratification**

- Circulate hydroxycarbamide draft ESCAs for wide consultation **Closed**

Update: Draft was circulated on 30<sup>th</sup> October 2015, with a deadline for comments of the 16<sup>th</sup> November – 2 responses received to date. More details may be required for monitoring by secondary care.

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

Update: No feedback has been received

**Open**

**1015/12 BNF Chapter 11 – for ratification**

- Seek clarification from UHB ophthalmologists on status of levofloxacin (Oftequin) SDU.

Update: ES confirmed that it is being used at UHB as monotherapy for microbial keratitis. It has broad spectrum coverage, less likely to develop resistance. It was therefore agreed that a new drug application was not required for levofloxacin eye drops (SDU), and that it would be listed on the formulary as AMBER ( same as preservative –containing formulation)

**Closed**

- Inform ophthalmologists of revised decision on second line agent. Now bimatoprost.

Update: Action completed on 8<sup>th</sup> October 2015, and the comments received from Ophthalmologists have been forwarded to the Trust leads to try and resolve. UHB ophthalmologists have accepted decision and will submit application for travoprost.

**Closed**

**1015/13 Biosimilars**

- Invite an expert on biosimilars to APC meeting

**Open**

Update: CSU would welcome suggestions of contact names. NHSE Specialist

pharmacists were proposed as initial contact, or James Kent (PrescQIPP).

**1015/14 Any other business** **Closed**

- Circulate decline to prescribe form to Trust leads - on agenda
- Trust leads to confirm contact details are IG safe – on agenda
- Trust leads to send summary of decline to prescribe forms to APC secretary – none received to date but it was agreed to add these as a standard agenda item going forward.

**ACTION: Add Trust Leads' summary of decline to prescribe forms as standard agenda item for future meetings**

**CSU**

- Trust leads to contact respective dermatology directorate and feedback nominated specialist to APC secretary **Closed**

Update: One nomination has been received for SWB Hospitals. Dr Adrian Heagerty (HEFT) is also keen to attend. UHB NHSFT will send contact emails.

- Dental prescribing – Add to the January 2016 agenda **Closed**
- Wound dressings - Add to the February 2016 agenda **Closed**
- Rivastigmine (Parkinson's Disease) – on agenda but deferred **Closed**

**0715/06 Matters arising- Action Table**

- CSU to summarise proposal in an email to enable Trust leads to scope out the IT requirements/ restrictions of their organisations. **Closed**

Update: The CSU confirmed that they were setting up a cloud based SharePoint system which would be accessible on the web. For those that are able to use the web without restrictions then they will be able to access all papers and previous papers. Members agreed to share their contact details with CSU IT for the purpose to setting up their username and access. They will receive an email to join and be offered training advice on using the system. Confirmation from all members to proceed was given.

It was noted that IG leads at HeFT may not allow cloud access to shared sites and the CSU will support any further liaison to try to resolve this as needed. In the meantime any members unable to use the site can continue to receive documents by email.

**ACTION: SharePoint access to be arranged for members**

**CSU**

**0915/07 Operational Issues**

- Draft ToR APC Development subgroup to be drawn up and circulated to members for comments

Update: to be completed **Open**

**0915/10 Trust Chairs non formulary approvals**

- Email Trust Chairs non formulary approvals to APC secretary (HEFT)

Update: on agenda **Closed**

**0915/14 Utrogestan drug application**

- Develop a RICaD and incorporate a revised decision tree **Open**
- Resubmit evidence around first line use in patients

- with strong family history of breast cancer.
- Bring back to November meeting

*Open*  
*Open*

**ACTION: Move all the above to December agenda**

**CSU**

**0915/15 HRT and OC review:** prescribing data analysis and review documents On agenda for December Away day. **Closed**

**0915/17 Any other business**  
**Midodrine – Chapter 2**

- Submit as a new drug application for consideration

**Closed**

Update: It was confirmed to date no application has been received by the APC Secretary.

**0715/09 Feedback from Away Day, 26th June 2015.**

- Simbrinza application- in process at SWB- bring to APC once considered.
- BMEC to investigate suitability of sod. hyaluronate 4% multidose (Clinitas) and report back to APC.
- Loteprednol- RICaD to be developed by BMEC
- Annotate formulary entry for dexamethasone as SDU.
- Add statement to formulary regarding antioxidant vitamins and eyelid wipes.

Update: It was noted that now Chapter 11 was partially approved the formulary could be uploaded to the APC website. **Closed**

**0615/03 Declarations of Interest**

- Members to submit their annual declaration for 2015/16 to APC secretary

**Closed**

**0615/14 Stiripentol- transfer from BCH to UHB**

**Closed**

**Decline to prescribe form IG assurance document – for information**  
**Decline to prescribe form (IG safe) for ratification**

It was confirmed that the CSU/SSN had contacted trusts/ IG leads to ensure the email contact details provided were IG safe. The form has now been updated with these emails and a comment has been added that these are only safe if it is from NHS.net to NHS.net (unless specifically approved emails outside this).

Concerns were raised that a number of contacts on the form were individuals' personal email and problems could arise if on annual leave or when they leave the organisation. Issues may also arise for patients if actions are not followed up with secondary care clinicians. A robust system is needed to manage these emails and make it clear to GPs that these have been received and are being acted upon (if actions are required).

HEFT highlighted that it is difficult to know whether the forms are being sent for information or further action as consultants may have been contacted already. There was discussion about further amendments to the form to show if it was

for information only. This is already addressed by section “Actions requested by GP to Specialist”. It was agreed to progress with the form and review in 6 months to consider if further amendments are required.

The CSU agreed to upload the form to the APC website to make it more accessible and to make it an editable PDF document to prevent local alternations being made.

**ACTIONS:**

- **Develop editable PDF version and upload to APC website.**
- **Add to the May 2016 agenda for review.**

**SSN/IIH  
CSU**

**1115/07 Operational Issues**

- Role of APC members.

The Chair highlighted the difficulties experienced by the APC secretariat in resolving the discussions with the ophthalmologists around the formulary decisions on the glaucoma section of Chapter 11. It was felt that this was probably due to the decisions and rationale not being communicated internally to allow exchange of views and this being fed back by Trust leads. Chair reminded the members that they have a responsibility to promote two way communications with their own organisations on behalf of the APC.

**1115/08 NICE Technology Appraisals (TAs)**

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

In October 6 NICE TAs were published:

TA 360 was a negative outcome. TAs 361 and 362: NICE was unable to make a decision because no evidence submission was received. These are therefore not applicable.

Idelalisib for treating chronic lymphocytic leukaemia (TA359)

Idelalisib, in combination with rituximab, is recommended. Secondary care prescribing. NHSE is the responsible commissioner and will commission this treatment from the specified date (date to be confirmed). This has been added to the website as RED status.

Tolvaptan for treating autosomal dominant polycystic kidney disease (TA358)

Tolvaptan is recommended as an option for treating autosomal dominant polycystic kidney disease in adults to slow the progression of cyst development and renal insufficiency.

Primary Care commissioned treatment in patients with Stage 2 and 3 CKD; NHSE is the commissioner of dialysis and transplant patients. Providers are secondary or tertiary care centres. RED status was initially suggested.

It was established that this was primary care commissioned rather than primary care prescribed. It was proposed to seek the views of the Trusts’

nephrologists with regards to implementation of this TA. It was agreed to list as GREY until further clarification from specialists was available.

**ACTION: Trust leads to seek views from respective nephrologists on requirements for implementation and feedback to APC.**

**Trust Leads**

Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab (TA357)

Pembrolizumab is recommended as a possible treatment for adults with melanoma that can't be completely removed by surgery or has spread to other parts of the body, has been treated with ipilimumab.

NHSE is the responsible commissioner and has committed to funding this treatment, in line with the recommendations, within 30 days of publication following the Early Access to Medicines Scheme (EAMS) (i.e. from 6 November 2015). Secondary care prescribing. Agreed RED status.

1115/09 **Trust Chairs non Formulary approvals**

The Chair confirmed that the Children's Hospital and HEFT had submitted their recent non formulary approvals. UHB's MMAG meeting is later this month so will send their summary for next month's APC meeting. The Chair also confirmed there were none to report from BSMHFT.

1115/10 **Grazax RICaD – for ratification**

One comment has been made regarding listing the use of beta-blockers as an absolute contraindication and suggested that, as anaphylaxis to sublingual therapy was rare, the need for adrenaline was minimal and proposed moving this line to cautions, alongside the use of ACE inhibitors. Members agreed.

Another comment received was regarding the pre-treatment tests which suggested positive IgE or skin prick test (preferably both). It was felt that if you have good evidence from one test, doing both tests offered nothing in addition. It was agreed to remove the words "preferably both".

With regards to discontinuation criteria, HEFT queried the addition of the line "If no relevant improvement of symptoms is observed during the first pollen season, there is no indication for continuing the treatment".

It was commented that no two pollen seasons are the same and that timing of initiation of therapy was important (at least 4 months before the start of the grass pollen season). As this was stated in the summary of product characteristics, it was decided to leave the statement in and leave it to the judgement of the specialists to define relevant improvement.

The Grazax RICaD was therefore ratified, subject to the above changes. The final version would be sent to the specialists who contributed to the consultation for information.

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

**CSU**



## 1115/11 Lidocaine 5% Plaster RICaD – for ratification

The Chair requested comments on the RICaD.

One comment was around clearer guidance to GPs on what to do if they have to stop the plasters. The simple answer is not to apply another plaster; there is no need to tail off the dose. It was also noted that none of the approved RICaDs give instructions on what actions to take after discontinuation.

It was also noted that the RICaD appeared to support an off license indication and GPs may be confused as to which indication they were being asked to prescribe for. There was debate whether this was fully understood at the January Away Day meeting. TP expressed his disappointment about the processes that have led to the production of this draft RICaD if this was not the appropriate decision and the difficult position as a specialist and a member of the APC that this places him in. The members were unable to approve this document and felt that the rationale for its recommended use was not robustly established.

The Chair advised members of the January Away Day minutes. Section 4.7.3. – Neuropathic pain:

### Lidocaine patches.

*It was noted that the use for these would be low number under specialist supervision. NICE GPG includes this as part of its 'do not do recommendation' for first/second line but doesn't completely remove the use of this drug. It was noted that the cost was high. Specialist initiation, then amber if stabilised. TP to draft RICaD to support better quality transfers and prescribing long term.*

It was confirmed the recording had now been deleted in line with the policy.

RICaD states off label use. It was confirmed that although lidocaine plasters were discussed during the harmonisation process, a formal drug application form had not been submitted.

In order to move this forward, it was suggested that the joint chairs write to HEFT on behalf of APC members to request a drug application.

Summary: Defer the decision until a full drug application is submitted and the evidence is reviewed.

**ACTION: Joint chairs to request drug application for lidocaine patches from pain specialists.**

**Joint  
Chairs**

## 1115/12 BNF Chapter 9 – for ratification

- *Page 3 Trusts are requested to gain clarification from haematologists re Hydroxycarbamide brand and comments on draft ESCA.*

It was highlighted that the consultation on the Hydroxycarbamide ESCA was still underway (deadline 16<sup>th</sup> November). Members requested that the comments received to date be circulated.

- *Page 3 Trusts are requested to gain haematology clarification re Pegfilgrastim injection.*

Comments received from Mandy Matthews (NHSE Specialised Commissioning

Pharmacist) stating that use of pegfilgrastim is NOT routinely commissioned by NHSE- there is a historic agreement in place with UHB, and would not expect other Trusts to routinely use this agent. HEFT will contact NHSE as may be using this drug for patients who cannot tolerate their first line agent.

- *Page 5 Enteral Nutrition: dietician review and a proposal for a RICaD*

It was noted that the page numbers in the action table on the front page do not correspond to the relevant pages in the document. To be rectified. Dieticians have been requested to review section and prepare a RICaD

- *Page 5 Magnaspartate sachet*

This is a licensed preparation. It was confirmed a drug application is required to change status from current red to proposed amber.

- *Page 5 Vitamin D cost analysis to inform APC review.*

It was noted that a number of preparations are available and costs change frequently. Amend formulary entry to colecalciferol and annotate that cost effective formulations may change and the locally recommended cost effective product should be recommended.

- *Page 5 Calcium and Vit D- cost analysis to inform APC review*

It was suggested that the same approach be taken as with Vitamin D i.e. leave the choice of cost-effective brand to local decision.

*UHB requested the addition of the following agents to the APC formulary for IMD:-*

- Cholesterol sachets (unlicensed)
- Riboflavin (off label)
- Pyridoxine (off label)
- Biotin (UL)

These are not PBR excluded, but in tariff. Currently listed on UHB formulary as RED but is proposing moving to amber with ESCA.

It was confirmed that applications would have to be submitted for consideration in order to review RAG status.

#### **ACTIONS:**

- |   |               |
|---|---------------|
| • <b>Circulate comments received to date on Hydroxycarbamide ESCA</b>   | <b>CSU</b>    |
| • <b>Circulate comments from Mandy Matthews (NHSE) to Trust leads as relevant to secondary care.</b>                    | <b>CSU</b>    |
| • <b>List formulary as colecalciferol, and Calcium and Vit D. Leave choice of recommended brands to local decision.</b> | <b>CSU</b>    |
| • <b>Application to be submitted for Magnaspartate.</b>   | <b>Trusts</b> |
| • <b>Applications to be submitted for various in-tariff preparations used in IMD patients.</b>                          | <b>UHB</b>    |

### **Draft notes from September away day.**

The Chair requested any comments on the minutes prior to ratification.

HEFT representatives queried the section relating to Ketovite/ Renavit and felt that the minutes did not make it clear that Renavit was not unlicensed but a food supplement, more convenient for the patient as a once daily dose and not kept in the fridge (as opposed to Ketovite's three times a day dosing and refrigeration). It was commented that this was documented in the draft minutes. The issue of cost was discussed again, and the fact that Renavit is not listed in the Drug Tariff (other than in the ACBS section) makes it subject to high procurement claims, which impact on the costs charged to CCGs.

HEFT queried the decision to RAG rate it RED, and felt that AMBER was more appropriate.

It was confirmed that a formulary application had been received by the APC secretary this week and would be reviewed at the January APC meeting.

**ACTION: Renavit application to be considered at January meeting.**

**CSU**

Page 3. Check if CosmoFer prescribed on FP10 (Action on Section 9.1.1.2 Parenteral iron)

Prescribing in primary care is low. IH confirmed MHRA have issued advice on use of parenteral Iron preparations. JC confirmed that the safe use of this product has been assessed in detail by the renal teams for home haemodialysis patients. JC to liaise with renal teams on the robust processes they follow to confirm formulary rating and safe use in primary care. Confirmed that this can be Amber with ESCA. JC to confirm with specialists that this is appropriate and meets safety requirements.

**ACTION: JC to liaise with renal team on Iron dextran (CosmoFer) injection to clarify appropriate RAG status and need for supplementary documentation.**

**JC**

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

Page 2: Avamys/ Dymista:

At the September Away day it was pointed out that Avamys was widely used at BCH and that it has a lower acquisition cost than Flixonase nasal spray. It had also been suggested to reconsider the application from July 2014 in light of this information. It was noted that Avamys was also on HeFT's formulary at the time of harmonisation. Therefore, as it appears that the more widespread use by different Trusts was overlooked at the time the decision was made in July 2014, it was proposed that the members review the Decision Support Tool at the next meeting, together with a more recent drug review, rather than go through the whole application again.

Dymista application from BCH to be considered for paediatric use in January 2016. The decision on Fluticasone aqueous nasal spray is pending, to be reviewed in December.

Section 12.3.5 Treatment of dry mouth: a cost analysis has been prepared. However, further information was pending from the palliative care teams.

**Pending**

**ACTIONS:**

- **Avamys: reconsider DST and recent evidence review (if available) at December meeting.** CSU
- **Submit application for Dymista for paediatric use in January 2016.** BCH
- **Seek clarification on section 12.3.5 (dry mouth) from palliative care teams received.** UHB

1115/14 **Rivastigmine (Parkinsons disease)**  
Deferred to December meeting.

1115/15 **Wound Care formulary briefing paper**

A briefing paper was circulated for information: the purpose of this document was to give assurance to the APC members that work was underway. This work is to be presented to the February APC meeting.

1115/16 **Early Access to Medicines Scheme – for information**

A letter raising awareness of the early access to medicines scheme (EAMS) has been circulated with the papers. This letter also alerts prescribing leads that a novel medication for heart failure has recently received approval for the EAMS scheme which will have implications for primary and secondary care prescribing next year. It was commented that an application would still need to be considered at the APC if clinicians wished to use it.

1115/17 **DOAC Review**

Due to time restraints, this was deferred to the December meeting. An error in the document was highlighted, and a request was made to revise the formatting as current format did not print correctly.

**ACTION: Revise format and correct error. Defer to December meeting** CSU

**Any Other Business**

The Chair noted that the meeting had overrun and not all members could stay. The following was agreed.

- Costs of DOACS (MD) – add to December agenda
- Generic Inhalers (IH) – add to December agenda
- Respiratory Network letter (IH) – add to December agenda
- Vacuum pumps/erectile dysfunction (IH) – add to December agenda
- Away Days (IH): The Chair confirmed that a final APC away day should be scheduled for March 2016 to ensure any outstanding sections or chapters could be finalised.

**ACTION: Send doodle poll to identify a suitable date for March 2016** CSU  
**Away Day**

The Chair asked how many drug applications are to be presented at the December meeting. It was confirmed there will be only one.

The chair thanked the members for their input today. The meeting closed at 17:04 pm

**Date of next meeting:**

**Thursday 10<sup>th</sup> December 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 18/11/15</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  | Open   |
| 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<br>CSU<br>CSU<br>CSU<br>BWH/CSU<br>SSNIH<br>CSU | 3/12/15<br>3/12/15<br>3/12/15<br>3/12/15<br>3/12/15<br>26/11/15<br>May 2016 | Open<br>Open<br>Open<br>Open<br>Open<br>Open<br>Open |
| 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  | Open   |
| 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>Liase with renal team on iron dextran injection (CosmoFer) to clarify RAG status and need for supplementary documentation.</li> </ul> | CSU<br>CSU<br>CSU<br>Trusts<br>UHB<br>CSU<br>JC     | 26/11/15<br>26/11/15<br>26/11/15<br>TBC<br>TBC<br>07/01/16<br>10/12/15      | Open<br>Closed<br>Open<br>Open<br>Open<br>Open       |

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

| Minute number | Description  | Action by  | Date due   | Status at 18/11/15   |
|---------------|--|--|--|--|
| 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.</li> <li>Seek clarification on section 12.3.5 (dry mouth) from palliative care teams received.</li> </ul>   | <b>CSU</b><br><b>BCH</b><br><b>UHB</b>   | <b>3/12/15</b><br><b>3/12/15</b><br><b>3/12/15</b>   | <b>Open</b><br><b>Open</b><br><b>Open</b>  |
| 1115/17       | <b>DOAC review</b> <ul style="list-style-type: none"> <li>Revise format and correct error. Defer to December meeting.</li> </ul>   | <b>CSU</b>   | <b>3/12/15</b>   | <b>Open</b>  |
|               | <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.</li> </ul>  | <b>CSU</b>   | <b>26/11/15</b>  | <b>Open</b>  |
|               | <b>UPDATED ACTION TABLE FROM PREVIOUS MEETING</b>  |  |  |  |
| 1015/06       | <b>Matters arising – Action Table</b><br><b>0915/09 NICE Technology Appraisals TAs –</b> <ul style="list-style-type: none"> <li>Circulate draft 0.2 for edoxaban RICaD for wide consultation</li> <li>Recirculate rivaroxaban document to cardiology /haematology specialists for consultation, copy to APC Trust leads.</li> </ul> <b>0915/12 Mycophenolate ESCA</b> <ul style="list-style-type: none"> <li>Circulate NICE ESUOM36 with the draft minutes, then consider if formal drug application is necessary.</li> </ul> <b>0915/13 BNF Chapter 5- Antibiotics</b> <ul style="list-style-type: none"> <li>Circulate final version of Chapter 5 harmonised document and Primary Care Antimicrobial Guidelines</li> </ul> <b>0715/14 Lidocaine 5% plaster – draft RICaD</b> <ul style="list-style-type: none"> <li>Add Lidocaine 5% RICaD to November meeting agenda.</li> </ul> <b>0615/06 Grazax RICaD</b> <ul style="list-style-type: none"> <li>Circulate draft 0.3 of Grazax RICaD to APC members for 2 week consultation</li> </ul> | <b>IH</b><br><b>IH</b><br><br><b>IH</b><br><br><b>IH</b><br><br><b>IH/PJ</b><br><br><b>IH/PJ</b> | <b>15/10/15</b><br><b>15/10/15</b><br><br><b>15/10/15</b><br><br><b>22/10/15</b><br><br><b>05/11/15</b><br><br><b>15/10/15</b> | <b>Closed</b><br><b>Closed</b><br><br><b>Closed</b><br><br><b>Closed</b><br><br><b>Closed</b><br><br><b>Closed</b> |
| 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>  | <b>CSU</b>   | <b>15/10/15</b>  | <b>Open</b>  |
| 1015/10       | <b>Seretide / Flixotide – BCH issue</b> <ul style="list-style-type: none"> <li>Add licensed preparations of Seretide and fluticasone back on formulary as GREEN for paediatric use only</li> </ul>   | <b>IH</b>  | <b>15/10/15</b>  | <b>Closed</b>  |

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

| Minute number | Description  | Action by  | Date due  | Status at 18/11/15   |
|---------------|--|--|---|--|
|               | <ul style="list-style-type: none"> <li>Summarise issues around Sirdupla to consider at future APC meeting.</li> </ul>  | MD   | TBC   | Closed   |
| 1015/11       | <b>BNF Chapter 8 – for ratification</b> <ul style="list-style-type: none"> <li>Circulate hydroxycarbamide draft ESCAs for wide consultation</li> <li>Seek clarification from transplant specialists on tacrolimus brand used and bring back to APC.</li> </ul>   | IH<br>Trust leads  | 22/10/15<br>8/11/15   | Closed<br>Open   |
| 1015/12       | <b>BNF Chapter 11 – for ratification</b> <ul style="list-style-type: none"> <li>Seek clarification from UHB ophthalmologists on status of levofloxacin (Oftequix) SDU<br/>Inform ophthalmologists of revised decision on second line agent- now bimatoprost</li> </ul>   | IS<br>IH   | 22/10/15<br>15/10/15  | Closed<br>Closed   |
| 1015/13       | <b>Biosimilars</b> <ul style="list-style-type: none"> <li>Invite an expert on biosimilars to APC meeting</li> </ul>  | CSU  | TBC   | Open   |
| 1015/14       | <b>Any other business</b> <ul style="list-style-type: none"> <li>Circulate decline to prescribe form to Trust leads</li> <li>Trust leads to confirm contact details are IG safe</li> <li>Trust leads to send summary of decline to prescribe forms to APC secretary</li> <li>Trust leads to contact respective dermatology directorate and feedback nominated specialist to APC secretary</li> <li>Dental prescribing – Add to the January 2016 agenda</li> <li>Wound dressings - Add to the February 2016 agenda</li> <li>Rivastigmine (Parkinson's Disease)- Add to November agenda</li> </ul> | IH/PJ<br>Trusts<br>Trusts<br>Trusts<br><br>IH/PJ<br>IH/PJ<br>IH/PJ | 15/10/10<br>22/10/15<br>5/11/15<br>22/10/15<br><br>04/01/16<br>01/02/16<br>02/11/16 | Closed<br>Closed<br>Closed<br>Closed<br><br>Closed<br>Closed<br>Closed |
| 0915/06       | <b>0715/06 Matters arising- Action Table -</b> <ul style="list-style-type: none"> <li>CSU to summarise proposal in an email to enable Trust leads to scope out the IT requirements/ restrictions of their organisations.</li> </ul>  | CSU  | 08/10/15  | Closed   |
| 0915/07       | <b>Operational Issues</b><br><u>Draft minutes from management/ development meeting</u><br>Draft TOR to be drawn up and circulated to members for comments  | JH/CSU   | 01/10/15  | Open   |
| 0915/10       | <b>Trust Chairs non formulary approvals</b> <ul style="list-style-type: none"> <li>Email Trust chairs non formulary approvals to APC secretary</li> </ul>  | HEFT   | 24/09/15  | Closed   |



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

| Minute number | Description  | Action by                        | Date due                                  | Status at 18/11/15                             |
|---------------|--|----------------------------------|---|--|
| 0915/14       | <b>Utrogestan drug application see new action under 1115/06</b> <ul style="list-style-type: none"> <li>Develop a RICaD and incorporate a revised decision tree</li> <li>Resubmit evidence around first line use in patients with strong family history of breast cancer.</li> <li>Bring back to November meeting</li> </ul>  | AP/PL<br>AP/PL<br>IH/PJ          | 25/10/15<br>25/10/15<br>05/11/15          | Closed<br>Closed<br>Closed                     |
| 0915/15       | <b>HRT and OC review:</b> prescribing data analysis and review documents <ul style="list-style-type: none"> <li>Collate CCG and family planning clinics prescribing data and add to harmonisation process.</li> <li>Bring back to December Away day</li> </ul>   | IH/CCG/<br>Trusts<br>IH/PJ       | 14/10/15<br>21/10/15                      | Closed<br>Closed                               |
| 0915/17       | <b>Any other business</b><br><u>Midodrine – Chapter 2</u><br>Submit as a new drug application for consideration  | HEFT/UHB                         | TBC                                       | Closed   |
| 0715/09       | <b>Feedback from Away Day, 26<sup>th</sup> June 2015.</b> <ul style="list-style-type: none"> <li>Simbrinza application- in process at SWB- bring to APC once considered</li> <li>BMEC to investigate suitability of sod. Hyaluronate 4% multidose (Clinitas) and report back to APC</li> <li>Loteprednol- RICaD to be developed by BMEC</li> <li>Annotate formulary entry for dexamethasone as SDU</li> <li>Add statement to formulary regarding antioxidant vitamins and eye lid wipes</li> </ul> | BMEC<br>BMEC<br>BMEC<br>IH<br>IH | TBC<br>TBC<br>TBC<br>31/08/15<br>31/08/15 | Closed<br>Closed<br>Closed<br>Closed<br>Closed |
| 0615/03       | <b>Declaration of Interest</b> <ul style="list-style-type: none"> <li>Members to submit their annual declaration for 2015/16 to APC secretary</li> </ul>   | ALL                              | 09/07/15                                  | Closed   |
| 0615/06       | <b>Matters arising- Action Table</b> <ul style="list-style-type: none"> <li>Once received from Dr North, send copy of draft Grazax RICaD to Col Wilson and Dr Huissoon, Immunology (HEFT)</li> </ul> <b>Update:</b> Dr North has sent guideline for immunotherapy selection for use in grass allergen policy, rather than RICaD. Resend RICaD template to Dr North and relay comments from APC members <b>See new action under 1015/06</b>   | IH                               | 16/07/15                                  | Closed   |
| 0615/14       | <b>Stiripentol- transfer from BCH to UHB</b> <ul style="list-style-type: none"> <li>to be followed up in discussions with BCH</li> </ul>   | Chairs/AB/<br>JH                 | TBC                                       | Closed   |