

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

Minutes of the virtual meeting held on

Thursday 10th September 2020

Venue – Microsoft Teams

PRESENT:

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

IN ATTENDANCE:

Harvinder Sanghera (observer and for item 0920/05)	Birmingham and Solihull CCG
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No.	Item	Action
0920/01	<p>Apologies for absence were received from:</p> <p>Dr Paul Dudley, Birmingham and Solihull CCG Dr John Wilkinson, Birmingham and Solihull CCG Prof Jamie Coleman, UHB NHS FT Dr Dhiraj Tripathi, UHB NHS FT Dr Mark Pucci, UHB NHS FT Emily Horwill, Sandwell & West Birmingham NHST Mary Johnson, South East Staffordshire and Seisdon Peninsula CCG Kuldip Soora, Midlands and Lancashire CSU</p> <p>It was confirmed that the meeting was quorate.</p>	
0920/02	<p>Items of business not on agenda (to be discussed under AOB)</p> <ul style="list-style-type: none"> • Request to add weblink to the BSSE APC netFormulary for the West Midlands Palliative Care Physicians: Guidelines for the use of drugs in symptom control • Remdesivir shortage 	
0920/03	<p>Declaration of Interest (DoI)</p> <p>The Chair reminded members to submit their annual declarations of interest to the APC Secretariat.</p>	
0920/04	<p>Welcome and Introductions</p> <p>The Chair welcomed everyone to the meeting.</p> <p>The Chair reminded members, that the meeting is digitally recorded for the purpose of accurate minute taking and once the minutes are approved, the recording is deleted by the APC secretary.</p>	
0920/05	<p>Respiratory amendments to formulary</p> <p>The Chair directed members to the respiratory amendments document. The document proposes several amendments to the respiratory section of the formulary to maximise cost effectiveness of prescribing. The proposals were considered by the Respiratory Clinical Network (RCN) in August 2020 and approval was given to progress the recommendations to the APC.</p> <p>A CCG member introduced the respiratory amendments document to the committee and explained that the CCG have been reviewing cost effective inhalers. The member stated that as more inhalers come onto the market, there has always been a cautious view on changing patient's inhalers. It was explained that there are now six alternatives to established therapies that have been brought forward to the APC for consideration. It was further explained that recommendations are on the basis that they are 'like for like' switches for existing formulary and are being proposed on the merit that they are more cost effective than the formulary products they seek to replace. The evaluation of these products has been done in terms of availability and cost effectiveness. Where changes to inhalers are made, it was highlighted that the RCN would prefer that these are carried out via face to face patient consultations with spirometry than via a patient letter. It was accepted however that different approaches are needed with COVID-19.</p>	

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

- A member asked if it has been checked whether the proposed additional respiratory inhalers are currently on the hospital CMU tender framework. A CCG member responded that they are not sure of this however they are liaising with a member of the Trust regarding the proposed respiratory amendments.
- A Trust member raised a concern that if the products are not available on the CMU tender framework then secondary care may end up switching patients back to their original inhaler on discharge.
- The CCG agreed to work within a time frame provided by the Trust to allow the Trust to implement changes onto internal prescribing systems and for the Trust to check the contractual positions of the agents.
- The CCG acknowledged that in the context of COVID-19, there will not be large number of changes straight away and the work to switch patients may not get started quickly.
- A member asked whether any reservations were made from clinicians regarding Soltel® and the peanut and soya allergy aspect of the switch. A CCG member responded that there had not any concern raised as it has been expressed in the paper that anyone with a nut and soya allergy will be excluded from a switch to Soltel®. In addition, as precaution, patients who have been issued an adrenaline auto injector will also be excluded. No concern had been raised from the RCN. It was clarified that the formulary addition, if approved will make this clear.
- The APC Secretariat asked for clarity regarding some of the proposed changes in the respiratory amendment document. It was clarified by CCG members that Combisal® 50mcg inhaler has a license for paediatric use and would be in place of Seretide® evohaler. With regards to the 250mcg strength inhaler, it was confirmed Sereflo® 250 is the preferred option. It was raised that Sereflo® has a license for over 18 years and it was agreed to keep Seretide® on formulary.
- A member raised that inhaler products should be listed as generic products rather than as brands. Preferred brand preferences should be listed under the generic headings.
- It was agreed to add Soprabec® and retain Clenil® on the APC formulary. It was further agreed to list the brands under their generic names.
- A CCG member highlighted comments that had been raised at the Black Country Respiratory Clinical Network. One of the concerns raised was that when salmeterol is prescribed generically, community pharmacies may dispense Soltel® or Neovant®, both of which has peanut allergy and soya excipients. It was suggested that Serevent® was a safer option or they would need to rely on community pharmacies always checking patient allergies.
- A question was asked whether patients on QVAR® should be reviewed for alternatives within the formulary as QVAR® is not currently listed as a formulary option. A member replied that the respiratory amendment document does mention the prescribing of QVAR®, however as part of generating cost savings, Kelhale® should only be prescribed for existing patients and not initiated for new patients.
- A CCG member commented that within their locality, they have moved from tiotropium Handihaler to Spiriva Respimat® and this has proven to be more cost effective than Braltus® and Spiriva® Handihaler. As a result, it was asked whether patients on the Handihaler device should be reviewed. A member replied that the Respimat device is more cost

effective, however, there is still large prescribing of the Handihaler device even though this is non formulary. However, clinicians have raised that patients should be brought into clinic to counsel them on a new device. It was suggested that Braltus® should be accepted onto the formulary with a note to specify Braltus® is the preferred brand for tiotropium Handihaler only for existing patients and Braltus® should not be initiated for new patients.

- It was asked whether the use of Metered Dose Inhalers (MDIs) should be reviewed as part of the strategy to minimise the carbon footprint and to support GPs with the upcoming Directed Enhanced Service (DES). A member responded that the proposed inhaler changes are 'like for like' switches and there is no anticipated change in carbon emissions. It was commented that switches to dry powder inhalers can lower carbon emissions however this would be outside the scope of this work which is focused on improving cost effectiveness. It was noted that changing to dry powder inhalers will require face to face appointments to counsel patients on new inhaler device techniques.
- It was raised that only the Kelhale® and Soprabec® are currently listed on the CMU tender framework.

ACTIONS:

- **Update APC formulary with respiratory amendments**

APC Sec

0920/06 BSSE APC RICaD amiodarone – final draft for ratification

The Chair directed members to the amiodarone ESCA

- A member highlighted that the monitoring section does not explicitly mention who should be carrying out the baseline tests at the time of initiation as it states it can be conducted by the GP or hospital specialist. A member responded that the baseline tests are the responsibility of the initiating prescriber. Care is needed to avoid any statement that a GP will do this when they have not initiated it.
- A member asked whether the RICaD will only be for new patients and whether existing patients on amiodarone will fall under the remit of the RICaD. The member further commented that patients who have been initiated in hospital should also have their baseline tests done in hospital, GPs are unlikely to carry out these tests on behalf of secondary care when they will not be the ones initiating amiodarone.
- It was agreed to reword the sentence on page 1 under monitoring section as 'Baseline lines tests at the time of initiation should be conducted by the initiating prescriber'.
- A CCG member commented that other sections of the RICaD such as the rationale for choice and pre-treatment tests requires redefining as it mentions baseline tests and provides guidance on initiation and monitoring.

ACTIONS:

- **It was confirmed that subject to the above amendments, the RICaD can be published to BSSE APC website**

APC Sec/SSN

0920/07 Lithium carbonate m/r tablets (Priadel®) discontinuation – for information

The Chair directed members to the Lithium carbonate Supply Disruption Alert (SDA). The SDA highlights that Priadel® (lithium carbonate) 200mg and 400mg

modified release tablets are being discontinued in the UK and remaining supplies of both strengths are expected to be exhausted by April 2021.

A Trust member highlighted that there are currently two alternative brands of lithium available, Camcolit® and Liskonum®. Camcolit® is produced by the same pharmaceutical company that produces Priadel®. Camcolit® currently costs £14-£18 per pack whilst Priadel® costs £2 per pack.

The Trust member commented that an options paper will be brought to a future APC meeting which will set out a preferred option and implementation plan, going beyond the original SDA. It was noted that the Royal College of Psychiatrists are producing their own guidance and a decision can be based on the broad range of guidance that will be coming out in due course.

It is currently estimated it will impact on 1100-1200 patients in the Birmingham and Solihull region with an expectation of transitioning 250 patients a month from Priadel®. The member highlighted that as per MHRA guidance, plasma levels should be taken before and after transition and after any further dose adjustments have been made until stability has been reached. This could pose a particular risk due to the COVID-19 pandemic.

A CCG member asked how they should handle local shortages of Priadel®. A member responded that the pharmaceutical company has brought in a quota system for Priadel® and Camcolit® to ensure that there is sufficient stock until April 2021. Based on current usage there are enough stocks of both brands until April 2021. However, prescribers are advised not to adjust prescribing durations to enable patients to stockpile quantities.

0920/08 Declines by Trust DTC

None were reported

0920/09 RMOC recommendations

There were no RMOC recommendations released in August 2020.

0920/10 Minutes of the meeting held on Thursday 13th August 2020 – for ratification

The minutes of the meeting held on Thursday 13th August 2020 were discussed for accuracy.

- Page 5: Reword to 'The resource impact would be approximately a third of a million in the initial year and up to one million should it go up to 200 patients as stated in the original application, over several years....'

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

0920/11 Matters Arising

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

The outstanding actions include:

- 0820/05 Delta-9-tetrahydrocannabinol and cannabidiol (Sativex®) oromucosal spray new drug application. Write a letter to the applicants clarifying the current commissioning position Update: CCG liaising with applicant directly. Close action.
- 0820/06 BSSE APC ESCA denosumab. Amend ESCA to reflect NICE TA 204 as discussed. Update: To bring to October APC meeting.
- 0719/06 - BSSE Away day documents - Trusts to develop report on LMWH prescribing. In progress. Update: Update action table with 3 months due date to produce the LMWH report.
- 0619/AOB - Azathioprine for haemolytic anaemia - Produce Azathioprine ESCA for haemolytic anaemia. In progress.

0920/12 NICE Technological Appraisals (TAs)

In August 2020, there were 5 TAs published; all are NHSE commissioned.

Red status agreed

ACTION: Update APC formulary with decisions on NICE TAs.

APC sec

Any other business:

1. **Request to add a weblink to the BSSE APC netFormulary for the West Midlands Palliative Care Physicians Guidelines for the use of drugs in symptom control**

A request was received by a CCG colleague to add a weblink to the BSSE APC netFormulary for the West Midlands Palliative Care Physicians Guidelines for the use of drugs in symptom control.

A member raised that the APC has not seen the West Midlands Palliative Care Physicians Guidelines for the use of drugs in symptom control and therefore it would not be appropriate of the committee to link it to the BSSE APC website without the APC reviewing it during a meeting.

It was clarified that the request is to link a separate guideline rather than the APC palliative care formulary which is yet come to the APC in its entirety.

It was agreed that the request to add a hyperlink will be reviewed alongside the formulary submission from the APC palliative care working group which will be brought to a future APC meeting.

APC secretariat will feedback to the CCG colleague that the APC is willing to support and facilitate clinicians accessing relevant information via the APC website and suggest that this is implemented once the APC palliative care working group formulary submission has been reviewed.

ACTIONS:

- **Feedback to CCG colleague APC decision**

APC sec

2. Remdesivir shortage

A Trust member raised that there is an issue around remdesivir. A member responded they are using free of charge stock provided by NHS England and going forward they will be purchasing costed stock. The member further commented that there is still stock of remdesivir available.

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

Date of next meeting: Thursday 8th October 2020 via Microsoft Teams