

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

Minutes of the meeting held on

**Thursday 12<sup>th</sup> March 2020**

Venue – Birmingham Research Park  
Vincent Drive, Birmingham, B15 2SQ

**PRESENT:**

Dr Lisa Brownell	BSMHFT (Chair)
Dr Paul Dudley	Birmingham and Solihull CCG
Prof Mark DasGupta	Birmingham and Solihull CCG
Nilima Rahman-Lais	Birmingham and Solihull CCG
Dr John Wilkinson	Birmingham and Solihull CCG
Dr Nashat Qamar	Birmingham and Solihull CCG
Dr Sonul Bathla	Sandwell and West Birmingham CCG
Satnaam Singh Nandra (via teleconference)	Sandwell and West Birmingham CCG
Emily Horwill (via teleconference)	Sandwell and West Birmingham NHST
Dr Neil Bugg	Birmingham Women's and Children's NHS FT
Dr Sangeeta Ambegaokar	Forward Thinking Birmingham Partnership
Melanie Dowden (via teleconference)	Birmingham Community Healthcare NHS FT
Gurjit Sohal	UHB NHS FT
Prof Jamie Coleman	UHB NHS FT
Carol Evans	UHB NHS FT/Birmingham and Solihull CCG
Prof Inderjit Singh	UHB NHS FT
Ravinder Kalkat	Midlands and Lancashire CSU
Kuldip Soora	Midlands and Lancashire CSU

**IN ATTENDANCE:**

Sharon Coane for item 0320/05 (via teleconference)	Birmingham and Solihull CCG
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No.	Item	Action
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**0320/01 Apologies for absence were received from:**

Nigel Barnes, BSMHFT  
 Dr Dhiraj Tripathi, UHB NHS FT  
 Alison Tennant, Birmingham Women’s and Children’s NHS FT  
 Jonathan Boyd, Sandwell and West Birmingham CCG (deputy attended)  
 Dr Angus Mackenzie, Sandwell and West Birmingham NHST  
 Liz Thomas, Birmingham and Solihull CCG

It was confirmed that the meeting was quorate.

**0320/02 Items of business not on agenda** (to be discussed under AOB)

- Ganfort® formulary status
- Edoxaban
- Sodium valproate and Decline to Prescribe forms
- I.T mechanism for virtual meetings
- Medicines shortages

**0320/03 Declaration of Interest (DoI)**

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

**0320/04 Welcome and Introductions**

The Chair welcomed everyone to the meeting today. Introductions around the table were carried out for the benefit of new attendees.

The Chair reminded members, 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.

**0320/05 Blood Glucose Monitoring Guidelines**

The Chair welcomed Sharon Coane, Diabetes Pharmacist, Birmingham and Solihull CCG to the meeting and invited her to present the updated Blood Glucose Monitoring Guidelines.

Sharon highlighted the areas of the guidelines that have been updated. The updates have been approved by the Diabetes Medicines Management Advisory Group.

- The guidelines were approved by APC in June 2018. The guidelines have been updated with information on flash glucose monitoring.
- The logo for a hospital trust has been updated on page 1.
- Contact details for the pharmaceutical companies have been updated on pages 6, 7 and 8.
- Page 9 now includes guidance on the use of flash glucose monitoring and directs clinicians to the NHS guidance and to the CCG for local arrangements.
- Page 10 now includes the Freestyle Libre® sensors as per NHS funding arrangements. In addition, Freestyle Optium Neo® has been added as restricted for paediatric use only as agreed by DMMAG.
- Page 12 includes further guidance on Flash glucose monitoring; the

wording for this has been approved by DMMAG.

- Prices for test strips on page 10 have been updated.

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

- A member stated the logo for their representative trust needs updating.
- Sharon confirmed the updated guidance was circulated for comment to member organisations before being approved at DMMAG.

The Chair thanked Sharon Coane for attending the meeting and for answering all the questions from the APC members.

There were no further comments in the absence of the specialist.

#### **ACTIONS:**

- **Publish the updated Blood Glucose Monitoring guidance to formulary subject to amendments discussed.** **APC sec/DMMAG**

#### **0320/06 BSSE APC Epilepsy ESCAs**

The Chair directed members to the updated draft BSSE APC ESCAs for brivaracetam, eslicarbazepine, lacosamide, perampanel, rufinamide, vigabatrin, and zonisamide which are due for renewal.

Feedback from specialist's review have been incorporated following a consultation with member organisations.

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

- The ESCAs for consideration are all for adults. A member noted all of the agents are licensed in paediatrics and some in neonates. It was noted prescribing of these agents within Birmingham Children's hospital is usually transferred to primary care when appropriate. The member asked if the APC require separate ESCAs for under 18s or would they seek to add the SPC details to the current ESCAs.
- Members noted wording in the ESCA are not transferable to use in paediatrics and some sentences will need to be amended to refer to the 'patient's carer'.
- Members welcome ESCAs for paediatrics to facilitate willing GPs to participate in shared care for this cohort. Birmingham Women's and Children's hospital would lead on the development of these ESCAs in conjunction with their specialists.
- A member noted the entire format of the formulary from a paediatric perspective needs to be considered.
- A member noted the recommendation in the BNF for Children sometimes differs from the licensed indication within the SPC.
- A feedback from UHB NHS FT asked to change wording of all ESCAs from 'general practitioner (GP)' to 'clinician'. A member noted the wording came from the original MTRAC template.
- A member suggested the GP responsibility section would need to change to primary care responsibility in line with the previous change if accepted.
- A member queried if independent prescribers would prescribe for this specialism without GP involvement. Members agreed the ESCA would

still be reviewed by the GP and the GP would be clinically accountable.

**ACTIONS:**

- **Publish the Epilepsy ESCAs to the formulary.**

**APC sec**

**0320/07 Declines by Trust DTC**

None were reported

**0320/08 RMOC recommendations**

There were no RMOC recommendations released in February 2020.

**0320/09 Minutes of the meeting held on Thursday 13<sup>th</sup> February 2020 – for ratification**

The minutes of the meeting held on Thursday 13<sup>th</sup> February 2020 were discussed for accuracy.

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

**0320/10 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:

- 0220/05 Latanoprost/Timolol preservative free eye drops (Fixapost®) - new drug application. Amend Ganfort to non-formulary Update: discussed under AOB
- 0220/08 BSSE APC ESCAs/RICaDs Clarify arrangements for DXA scan with denosumab treatment
- 0220/AOB Follow up palliative care formulary submission with subgroup
- 1219/07 BSSE APC RICaDs aliskiren and amiodarone – Amend amiodarone RICaD as discussed.
- 1119/07 - BSSE APC Anti-dementia treatments ESCA - Inform APC of changes to the commissioning of anti-dementia medicines
- 0919/AOB - Matters arising - Dental products on formulary - Schedule away day for the review of dental products
- 0719/06 - BSSE Away day documents - Trusts to develop report on LMWH prescribing.
- 0619/AOB - Azathioprine for haemolytic anaemia - Produce Azathioprine ESCA for haemolytic anaemia.

**0320/12 NICE Technological Appraisals (TAs)**

In February 2020, there were 3 TAs published; 2 are CCG commissioned and 1 is NHSE commissioned.

The CCG commissioned NICE TAs are:

- NICE TA 623: Patiromer for treating hyperkalaemia

Red status agreed.

- NICE TA 622: Sotagliflozin with insulin for treating type 1 diabetes

Members noted sotagliflozin is not currently available in the UK. The NICE TA states "...the company anticipates that it will be available to the NHS in England and Wales within 12 months of guidance publication. Therefore, the period of time the NHS has to comply with these recommendations has been extended."

Grey status agreed.

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

**APC sec**

**Any other business:**

### **1. Formulary status of Ganfort® (bimatoprost and timolol)**

A member raised the application for latanoprost and timolol preservative free eye drops (Fixapost®) at February's APC meeting led to Ganfort® becoming non-formulary. Members recalled the applicant had suggested Fixapost® would be used in place of Ganfort® for those new patients who require a prostaglandin and beta-blocker combination, hence the APC decision to replace Ganfort® on the formulary with the more cost-effective, Fixapost®. It was noted the applicant had stated this aspect of the application had not been discussed with the other ophthalmologists supporting the application. As UHB NHS FT have not confirmed specialist support of non-formulary Ganfort®, the member asked that APC to reconsider its status.

APC agreed to retain Ganfort® on formulary as Amber Specialist Recommendation

**ACTION: Update formulary status of Ganfort® to Amber Specialist Recommendation**

**APC sec**

### **2. Decline to Prescribes (DtP) form and sodium valproate**

A member is aware of two Decline to Prescribe (DtP) forms for sodium valproate submitted to their trust from GP practices. The reason to decline to prescribe was stated on the form as "Practice policy decision to no longer prescribe sodium valproate for women of childbearing potential". Having investigated this further, the member was made aware the GP had not received the appropriate Pregnancy Prevention Programme (PPP) documentation from the specialist at the trust. Administrative staff at the practice had processed the DtP.

The member stated it would be useful for there to be clarity on the form the

decision has had clinical oversight. Members agreed the DtP is a clinical decision similar to that of asking GPs to participate in shared care.

A CCG representative raised the PPP forms for sodium valproate are in some circumstances not being sent to practices from specialists in a reasonable time period. Secondary care representatives are asked to relay this to specialists within their organisations.

In addition, primary care representatives are asked to encourage the use of DtP forms by GPs to relay decisions to specialists. Having documented evidence for any decline to prescribe is beneficial to GP practices.

A member noted for audit trail purposes, if secondary care receive a phone call or is informed in an 'unofficial' way regarding a decline to prescribe, secondary care should endeavour to fill in a DtP for their records.

### **3. Edoxaban for Atrial Fibrillation (AF)**

Edoxaban is a cost-effective non-vitamin K antagonist oral anticoagulant (NOAC) and is recommended for AF by a provider trust within the area. Edoxaban does not require administration with food. A member asked if the APC would consider edoxaban as first line for preventing stroke and systemic embolism in people with atrial fibrillation.

Members noted when used for the treatment and secondary prevention of DVT and/or PE, edoxaban follows initial use of a parenteral anticoagulant for at least five days.

The APC agreed there would not be a priority change for edoxaban as there is sufficient guidance in place. The UHB NHS FT guidelines will be published within the formulary entries for the NOAC agents.

**ACTION: Publish UHB NHS FT guidance to the NOAC formulary entries** **UHB/APC sec**

### **4. Medicines shortages**

A member asked the APC to consider if the formulary process is flexible enough to accommodate switches between medicines in light of potential medicines shortages due to recent circumstances such as COVID-19. UHB NHS FT confirmed trusts are recommending switches internally. The APC should be informed of the alternative recommendations for information and the formulary updated in due course. The process was deemed flexible enough to accommodate the necessarily rapid changes in recommendations.

### **5. I.T mechanism for virtual meetings**

Considering COVID-19 and the necessity for social distancing to limit the spread, the APC agreed to use Microsoft Teams for the foreseeable meetings. The CSU will organise a trial run of MS Teams for members who require it. Further details including how to use MS Teams will be communicated to members via email.

The Chair thanked the members for their input today. The meeting closed at 15:25.

**Date of next meeting: Thursday 9<sup>th</sup> April 2020**