AREA PRESCRIBING COMMITTEE MEETING
Birmingham, Sandwell, Solihull and environs
Minutes of the meeting held on
Thursday 12th December 2019
Venue – Birmingham Research Park
Vincent Drive, Birmingham, B15 2SQ

PRESENT:

Dr Paul Dudley	Birmingham and Solihull CCG (Chair)
Dr Lisa Brownell	BSMHFT (Chair)
Prof Mark DasGupta	Birmingham and Solihull CCG
Nilima Rahman-Lais	Birmingham and Solihull CCG
Liz Thomas	Birmingham and Solihull CCG
Dr John Wilkinson	Birmingham and Solihull CCG
Dr Nashat Qamar	Birmingham and Solihull CCG
Jonathan Boyd	Sandwell & West Birmingham CCG
Dr Sonul Bathla	Sandwell & West Birmingham CCG
Alison Tennant	Birmingham Women's and Children's NHS FT
Nigel Barnes	BSMHFT
Dr Sangeeta Ambegaokar	Forward Thinking Birmingham Partnership
Emily Horwill	Sandwell and West Birmingham Hospitals NHS FT
Dr Angus Mackenzie	Sandwell and West Birmingham Hospitals NHS FT
Maureen Milligan	The ROH NHS FT
Gurjit Sohal	UHB NHS FT
Inderjit Singh	UHB NHS FT
Dr Mark Pucci	UHB NHS FT
Carol Evans	UHB NHS FT/Birmingham and Solihull CCG
Dr Dhiraj Tripathi	UHB NHS FT
Ravinder Kalkat	Midlands & Lancashire CSU
Kuldip Soora	Midlands & Lancashire CSU
Daya Singh	Midlands & Lancashire CSU

IN ATTENDANCE:

Dr Benjamin Wright for item 1019/05	UHB NHS FT
Mangalpreet Singh	PCN Pharmacist for Kingstanding, Erdington and Nechells (Observer)

No.	Item	Action

1219/01 Apologies for absence were received from:

Satnaam Singh Nandra, Sandwell and West Birmingham CCG
Melanie Dowden, Birmingham Community Healthcare NHS FT

It was confirmed that the meeting was quorate.

1119/02 Items of business not on agenda (to be discussed under AOB)

- Celecoxib
- Sativex® drug application
- NICE TA 607: Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease
- Declines by Trust Drugs and Therapeutics Committees

1219/03 Declaration of Interest (DoI)

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

1219/04 Welcome and Introductions

The Chair welcomed everyone to the meeting today.

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.

1219/05 Dacepton® – new drug application

The Chair welcomed Dr Benjamin Wright, Consultant Neurologist, UHB NHS FT to the meeting and invited him to present the application for Dacepton®.

Apomorphine is a drug for Parkinson's Disease, typically used in the later stages where the patient presents with motor fluctuations and has not been adequately controlled with standard treatments. The drug is available via Apo-Go® and now Dacepton®.

Dr Wright addressed the questions which were relayed to him from committee members prior to the meeting during the application consultation process. The first queried the cost impact of Dacepton®. Dr Wright stated Dacepton® is cost equivalent to Apo-Go® however a cost-saving may be achieved as Dacepton® has a longer shelf life than Apo-Go®. The Dacepton® solution for injection can be used for 15 days after first opening and the solution for infusion for 7 days. The Dacepton® ancillary lines and needles are thought to be free of charge. Patients are provided with 35 lines for a month supply.

The Dacepton® pump design has a clear screen; dosing in milligrams per hour rather than millilitres per hour is potentially less confusing. Availability of this product gives patient choice and provider's protection against supply issues for apomorphine.

Existing patients using Apo-Go® will not be automatically switched over to Dacepton® but Dr Wright would like the ability to do so if in the patient's best interests.

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

- A member queried the Drug Tariff item listed as "pump reservoir" and the associated cost. Dr Wright is aware the lines and needles required are provided by the manufacturer and has not come across the reservoir.
- A member asked how many of the 50 estimated patient cohort would require a 24-hour infusion. Dr Wright confirmed for a small percentage of patients the duration of the infusion may run over 24 hours. Most patients use oral medication to control night time symptoms.
- A member asked how the infusion pump is set up for use with regards to the reservoir. Dr Wright did not have this information to hand.
- A member asked if administration by a nurse is required. Dr Wright confirmed the patient's carer can be taught to use the device by the regional nurse employed by the manufacturer. There is a manufacturer's 24-hour helpline for queries.

The Chair thanked Dr Wright for attending the meeting, for answering all the questions from the APC members and advised him that the decision would be relayed within 5 working days, in line with APC policy.

Further discussion points in the absence of the representatives included:

- Members agreed the total costs involved with Dacepton® regarding the D-mine® pump, D-mine® pen and ancillary lines, cartridges and reservoir pumps need clarifying. How many would be required per patient per year?
- A cost analysis is to be requested from the applicant/Trust and circulated to membership.
- Members agreed once the cost impact is clarified, Dacepton® be approved onto formulary as Amber by Chair's action.
- Members reviewed the current ESCA for apomorphine and agreed the ESCA should be withdrawn.
- There was a discussion surrounding changing the RAG status of apomorphine to Red from Amber due to small patient numbers, however members agreed there is a need for the supply of apomorphine within primary care.

The Chair directed the members to the Decision Support Tool for completion:

Patient Safety: As per apomorphine

Clinical effectiveness: As per apomorphine

Strength of evidence: Established treatment as per apomorphine

Patient factors: Ease of use

Cost effectiveness or resource impact: Unclear

Place of therapy relevant to available treatments: Apomorphine 3rd tier

National guidance and priorities: N/A

Local health priorities: Require cost analysis

Equity of access: N/A

Stakeholder views: N/A

Implementation requirements: None required.

Prescribing data: 6 months

Decision Summary: Approved as Amber subject to submission of cost analysis

ACTIONS:

- **Add Dacepton® to formulary as Amber subject to submission of cost analysis, by Chair's action** — **APC sec/ Chair**
- **Withdraw BSSE ESCA for Apomorphine from formulary** — **APC sec**
- **Relay decision to applicant by Thursday 19th December 2019** — **APC sec**

1219/06 BSSE APC Gastro-intestinal chapter ESCAs

The Chair directed members to the updated draft BSSE APC Methotrexate for active Crohn's disease ESCA, and the draft azathioprine or mercaptopurine for IBD ESCA which are due for updating. 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:

- A member highlighted some typographical errors.
- A member queried the doses of azathioprine and mercaptopurine within the draft ESCA for IBD, and the doses within the 2019 British Society Gastroenterology guidelines on the management of inflammatory bowel disease in adults. The recommended doses are to be clarified with specialists.
- The annotation "Please refer to SPC" should direct prescribers to the relevant source.

Decision summary: The ESCAs are approved subject to the amendments as discussed.

ACTIONS:

- **Publish the Methotrexate for active Crohn's disease ESCA to the formulary subject to amendments discussed** — **APC sec**
- **Clarify doses of azathioprine and mercaptopurine with IBD specialists in relation to the latest BSG guidance** — **APC sec**

1119/07 BSSE APC RICaDs aliskiren and amiodarone

The Chair directed members to the draft BSSE APC aliskiren and amiodarone RICaDs developed by the UHB NHS FT team.

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

- The aliskiren RICaD has been reviewed by specialists at UHB NHS FT considering the Items which should not be routinely prescribed in

primary care guidance produced by NHSE.

- A member referred to the aliskiren RICaD and highlighted the requirement for blood pressure monitoring "at practice on three separate dates by practice nurse after taking the drug for at least 3-4 weeks." It was agreed blood pressure monitoring could occur at home and the RICaD would be amended to reflect this.
- Secondary care representatives confirmed aliskiren has very small patient numbers due to historical use. There are unlikely to be any new patients initiated on aliskiren.
- In addition, aliskiren is recognised as part of the NHSE items which should not be routinely prescribed in primary care.
- Members agreed to remove the need for a RICaD for aliskiren.
- A member queried if aliskiren could be non-formulary due to the NHSE recommendation that prescribers in primary care should not initiate aliskiren for any new patients and secondary care state they are unlikely to initiate aliskiren in new patients.
- Patients currently prescribed aliskiren who are resistant to conservative treatments should be maintained on this medication. This should be reflected in the formulary entry for aliskiren by referring to the NHSE guidance.
- The amiodarone RICaD has been developed considering the Items which should not be routinely prescribed in primary care guidance produced by NHSE.
- Members agreed amiodarone would not be initiated within primary care.
- A member noted the RICaD should be clear that the pre-treatment results section is the responsibility of secondary care.
- A member clarified there is a requirement within the amiodarone SPC for regular ECG monitoring. This has been discussed within Birmingham and Solihull CCG. Members agreed the requirement for ECG at initiation and if clinically indicated should be documented within the RICaD.
- It was clarified there is one available read code for shared care within GP prescribing systems, so used for both BSSE APC ESCAs and RICaDs.

Decision summary: The amiodarone RICaD is approved subject to the amendments as discussed.

ACTION:

- **Withdraw aliskiren RICaD** — **APC sec**
- **Amend amiodarone RICaD as discussed** — **UHB NHS FT/APC sec**

1219/08 Formulary updates

Terra-cortril® ointment

Terra-cortril was removed from formulary due to cease in supply from the manufacturer which has now been resolved. UHB NHS FT clinicians would like it to be reinstated on formulary as Green.

Trimovate® cream

The RAG rating for Trimovate® was temporarily amended from Green to Red due to supply issues whilst changing to an alternative less cost-effective unlicensed preparation. Trimovate® is back in stock so it is proposed to revert

RAG status to Green.

Octasa® 1600mg modified-release tablets

A member informed the committee Octasa® is now available as a 1600mg tablet which is cost neutral to the 400mg and 800mg tablets.

ACTION:

- **Amend Trimovate® cream and Terra-cortril® ointment to Green on formulary**. **APC sec**

1119/09 RMOC recommendations

The Chair directed members to the Regional Medicines Optimisation Committees Operating Model.

No comments were made

1119/13 Minutes of the meeting held on Thursday 14th November 2019 – for ratification

The minutes of the meeting held on Thursday 14th November 2019 were discussed for accuracy.

- Page 9 reword to "A CCG representative advised Sativex® is CCG commissioned and would require an APC application…"

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

1119/14 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:

- 1119/07 - BSSE APC Anti-dementia treatments ESCA - Inform APC of changes to the commissioning of anti-dementia medicines

- 1019/07 - BSol CCG policy Items which should not be routinely prescribed in primary care - Add hyperlinks to BSol policy from relevant formulary entries.

- 0919/05 - Chapter 11 Eye - Formulary chapter review - Trust to complete drug application form alongside ophthalmology specialists.

- 0919/07 - BSSE APC Management/Development meeting proposals - Amend Amber RAG status on APC formulary.

- 0919/AOB - Matters arising - Dental products on formulary - Schedule away day for the review of dental products

- 0719/05 - BAAG Chapter 5 Infections review and documents - *C.Diff*

pathway to be reviewed by CCG Infection control team prior to uploading to APC website.

- 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.

- 1118/AOB - Identified issues with shared care documents. Sodium clodronate, denosumab, degarelix and apormorphine ESCAs to be reviewed by secondary care. Update: Denosumab ESCA with nurse specialist for review.

1119/15 NICE Technological Appraisals (TAs)

In November 2019, there were 4 TAs published; of these, 2 are NHSE commissioned, 1 CCG commissioned and 1 is not recommended.

The CCG commissioned NICE TA is:

- Pentosan polysulfate sodium for treating bladder pain syndrome [TA610]

Red status agreed

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

Any other business:

1. Celecoxib

A CCG representative has received a query from Primary Care Network pharmacists who have queried the Amber status of celecoxib. The NICE CKS infers some patients may be prescribed celecoxib in primary care.

Members are satisfied the Amber status reflects the cardiovascular risks associated with celecoxib.

2. Sativex® drug application

Birmingham Community Healthcare NHSFT are producing a drug application for Sativex® as per the new NICE recommendations and Trusts should contact the BCHCFT representative to input.

3. NICE TA 607: Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease

The APC secretary has been informed by colleagues at Pan-Mersey APC of concerns raised surrounding NICE TA 607 published in October 2019.

The concerns from Pan-Mersey perspective are the cost impact template assumptions are considered underestimated, the recommendations for coronary artery disease (CAD) are broad and there is general unrest regarding

lack of guidance to assess bleeding risk. The recommendations for periphery artery disease (PAD) are thought to be unclear particularly considering existing TAs and there is uncertainty amongst vascular specialists when clopidogrel alone or rivaroxaban plus aspirin should be used. In addition, there is concern for the lack of supporting information to assist clinicians in identifying suitable patients, enabling discussions with patients to make an informed choice based on risks and benefits.

- A member asked if specialists within BSSE should be consulted on the NICE TA 607 regarding these concerns.
- Members agreed the TA is likely to be difficult to implement due to a large cohort existing under primary care.
- Members noted there is a legal obligation for the NHS to fund published TAs.
- NICE TAs are subject to a consultation process.
- There was a discussion surrounding whether the reversal agents for dabigatran and apixaban were being stocked by member hospital Trusts.

4. Declines by Trust Drugs and Therapeutics Committees

Members agreed for Trusts to inform the BSSE APC of drug applications that have not been put forward for consideration by the APC. This will be a standing agenda item going forward.

A trust representative informed the committee an application for cariprazine has been declined at DTC so would not be considered by BSSE APC.

ACTION: Declines by Trust DTC to be raised under a standing agenda item going forward. **APC sec**

The Chair thanked the members for their input today. The meeting closed at 15:30.

Date of next meeting: Thursday 9th January 2020
Birmingham Research Park.