AREA PRESCRIBING COMMITTEE MEETING
Birmingham, Sandwell, Solihull and environs
Minutes of the meeting held on
Thursday 14th June 2018
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
Satnaam Singh Nandra	Birmingham and Solihull CCG
Kate Arnold	Birmingham and Solihull CCG
Liz Thomas	Birmingham and Solihull CCG
Dr John Wilkinson	Birmingham and Solihull CCG
Jonathon Boyd	Sandwell and West Birmingham CCG
Tania Carruthers	UHB NHS FT
Carol Evans	UHB NHS FT/Birmingham and Solihull CCG
Prof Jamie Coleman	UHB NHS FT
Nigel Barnes	BSMHFT
Dr Neil Bugg	Birmingham Women's & Children's NHS FT
Dr Sangeeta Ambegaokar	Birmingham Women's & Children's NHS FT (Forward Thinking Birmingham)
Jeff Aston	Birmingham Women's & Children's NHS FT
Inderjit Singh	UHB NHS FT
Mary Johnson	South East Staffordshire & Seisdon Peninsula CCG
Ravinder Kalkat	Midlands & Lancashire CSU
Kuldip Soora	Midlands & Lancashire CSU
Daya Singh	Midlands & Lancashire CSU

IN ATTENDANCE:

Diane Hayes for item 0618/05 and 0618/06	Birmingham Community Healthcare NHS FT
Sharon Coane for item 0618/07	Birmingham and Solihull CCG

No.	Item	Action

1618/01 Apologies for absence were received from:

Melanie Dowden, Birmingham Community Healthcare NHS FT
Dr Sonul Bathla, Sandwell and West Birmingham CCG
Dr Angus Mackenzie, Sandwell & West Birmingham Hospitals NHST
Narinder Rahania, Birmingham Women's and Children's NHS FT
Dr C. Kartsios, UHB NHS FT

It was confirmed that the meeting was quorate.

1618/02 Items of business not on agenda (to be discussed under AOB)

- Pan Birmingham Respiratory Clinical Network COPD guideline Appendix 4 Triple inhalers
- Away day update
- NICE recommendation on guselkumab

1618/03 Declaration of Interest (DoI)

There are no outstanding annual declarations of interest from members and there were no interests to declare relating to items on the agenda.

1618/04 Welcome and Introductions

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

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.

1618/05 Eclypse® Wound Care Group recommendation

It was established that there were no Declarations of Interests for Advancis Medical.

The Chair welcomed Diane Hayes, Birmingham Community Healthcare NHS FT (BCH NHS FT), to the meeting and invited her to present on Eclypse®**.**

Diane began by saying that currently, Flivasorb® is the choice of super absorbent dressing on the APC formulary. Eclypse® was evaluated by two local community trusts. Fourteen evaluations were carried out in total and were evaluated against Flivasorb®. Out of these fourteen evaluations, twelve found Eclypse® to be better than Flivasorb®. Two evaluations had evaluated the adhesive version which they did not want to evaluate. The twelve evaluations concluded Eclypse® was found to be more comfortable, had better performance, managed the exudate better and was found to be particularly more effective under compression with moderate to heavily exuding wounds. In addition, Eclypse® was also found to be more cost effective than Flivasorb®.

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

- A member asked if Eclypse® was more cost effective depending on size? Diane responded that it does depend on size, the equivalent sizes to

Flivasorb® are the 10 by 10cm, 15 by 15cm and 20 by 30cm and all these sizes are more cost effective.

- A member asked out of interest, in what circumstances would the size 60 by 40cm by used? Diane Haynes responded that it is very rarely used.
- A member asked if the interval the dressing needs to be changed, is the same as the interval for Flivasorb®? Diane stated that Eclypse® was evaluated that it needed to be changed less often than Flivasorb® as it was more absorbent.
- A member asked Diane whether Eclypse® would replace Flivasorb® on the APC formulary and she responded that it would.

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

Patient Safety: No concerns

Clinical effectiveness: Local evaluations indicates slight superiority over comparator

Strength of evidence: Local evaluation

Cost-effectiveness or resource impact: Slightly less costly than Flivasorb®

Place of therapy relative to available treatments: Replaces Flivasorb®

National guidance and priorities: N/A

Local health priorities: N/A

Equity of access: No issues

Stakeholder views: N/A

Implementation requirements: N/A

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

Decision Summary: Eclypse® approved onto the formulary as GREEN to replace Flivasorb®

ACTIONS:

- **Relay decision to Diane Hayes by Thursday 21th June 2018.** **APC sec**
- **Add Eclypse® to the APC formulary as GREEN** **APC sec**
- **Amend status of Flivasorb® to Non-formulary** **APC sec**

1618/06 Wound Care Group documents. – for discussion

BSSE APC Wound Care Products evaluation procedure

The Chair invited Diane to present the Wound Care group documents. Diane began by stating that the Wound Care Group evaluation document was produced by the Wound Care Group as a way of evaluating products for consideration to go onto the formulary.

Diane directed members to the flowchart on the third page, which summarises the process of evaluation. Diane then went through the flowchart with the members. The relevant clinicians will identify if there any products that should be evaluated for consideration to be added onto the APC formulary. The request is sent to the chair of the Wound Care Group for it to be discussed at the next meeting. The Chair will then contact the manufacturer using appendix 1a and 1b for further information and samples. The product will then be screened at the next meeting using appendix 2, the screening tool. If following the screening, it is decided that this product should be evaluated, it will proceed to the clinical evaluation which will be across at least two trusts within the group. Samples will be requested from the company and the lead Tissue Viability Nurse (TVN) will distribute these samples to the appropriate teams for evaluation. This evaluation will take place on at least 10 patients over a 4-week period (appendix 4). The results are then sent to the TVN, who will send to the Chair of Wound Care Group for presentation at the next meeting. A decision is then made whether to recommend to the APC for inclusion on to the formulary.

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

- A member commended the Wound Care Group on the comprehensiveness of the document presented.
- A member stated that the structure of product evaluation as detailed in the document appears to be an evaluation of a product on its own therefore a binary decision is made whether the product is suitable or not. The member referred to the previous discussion where a new product, Eclypse® was compared to a formulary product, Flivasorb®. There is no reference to this process of comparing products in the document presented and usually the majority of dressings that come to the market are a variation of an existing product. Secondly, the member raised that there is no evaluation of cost effectiveness detailed in the document. The member acknowledged that there is an assessment of cost per size, but cost effectiveness can be altered if for example a product costing £1 is changed every day vs a product costing 50p that is changed every third day. So, more information is required regarding this.
- A member stated that in a previous discussion, it was stated that on average a district nurse contact costs on average £63 per contact. Is this considered as part of the cost evaluation? The member also asked, how common is it for companies to offer a price reduction if products evaluated similarly? Diane responded that this is rare. Diane stated that if products evaluated similarly the amount of support provided by the company in terms of staff training would be taken into account.
- A member stated that there needs to be recognition on the impact on secondary care in the document. There is recognition of cost effectiveness in primary care but not in secondary care.
- A member asked whether there is a framework on how many dressings should be given at once. Diane responded there has been a lot of awareness training done at BCH NHS FT regarding this issue and the advice given is to prescribe a maximum of 2 weeks of dressings at any one time, if unless they feel a reduced quantity should be given.
- A member asked if the process behind identifying products for evaluation is more proactive or reactive. Diane stated that the process is currently more reactive. For example, if someone comes across a product by attending a conference or receiving some educational information, and if they feel the product is beneficial then it is put forward to the Wound Care Group. She stated that the process is now becoming more proactive. Products are recommended by looking at each section of the formulary and considering if

there are any more cost-effective products available. The member agreed it is important a proactive approach is taken moving forward.

- It was also asked whether the place of where the product is evaluated is led by where it will most likely to be used? Diane confirmed that this is the case. The evaluation takes place across at least two trusts.
- A member suggested that a mechanism for an appeals process be included within the process flowchart.
- In accordance to Appendix 6, a member referred to the point, ”Does it do what the company claims?” It was suggested that this is amended to a more subjective question drawing on the evaluator’s clinical experience. It was added that the claims of what the product does may not be what the APC want to consider for inclusion onto the formulary. The products effectiveness or advantages should link to the objectives of the Wound Care Group.
- A member asked that according to the flowchart, products are evaluated on 10 patients, however what would happen if the results were not equivocal, could the trial be extended? Diane responded that this is something that has not been brought into the process yet but is something they can investigate. They would probably consider extending the trial if suitable patients are found.
- It was confirmed that in reference to the last section of the flowchart which states “Manufacturer’s informed of recommendation”, the Wound Care Group would contact the manufacturer.

ACTION:

- Wound Care Group to revise the Wound Care Products evaluation procedure in light of the feedback and bring to a future APC meeting. **Wound Care Group**

BSSE APC Wound formulary –Wound Dressings Matrix

The Chair invited Diane to present the Wound dressings matrix. Diane explained that once the BSSE APC Wound formulary had been approved, BCH NHS FT created two further documents to support the less experienced staff members to assess which dressings to use. It was highlighted that other member Trusts who are part of the Wound Care Group would like to implement these guidelines within their organisations, hence the documents are being put forward for APC approval.

The Wound Dressings matrix comprises of products that are first line choices, essentially products which are GREEN as part of the Wound Care formulary. It is intended to guide less experienced staff members on which dressing to use depending on the wound bed, depth of wound and exudate level.

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

- A member asked whether this is simply transferring information from the approved Wound Care formulary onto a single A4 document? Diane confirmed this and added that it means staff do not have to scroll through a large document allowing ease of access.
- A member asked whether the document is updated each time there is a change to the formulary? Diane responded that yes, it is updated each time. A member suggested the document include a statement to highlight the document is subject to change and is intended to reflect the formulary as it stands at the time of publication.

- A member highlighted that Flivasorb® would need to be removed from "Secondary dressings" and replaced with Eclypse® in light of the previous decision.
- Members agreed that the document is a good initiative and will help to save time. A member sought clarification that the products included are lifted directed from the formulary or are there alterations? Diane responded that only products from the formulary are included.
- A member raised that often documents such as these are printed off and laminated for use by staff members. How will the Wound Care Group ensure that teams are using the most up to date guideline? Diane responded the Chair of the Wound Care Group emails team members to highlight when guidelines are updated.

BSSE APC Quick reference dressings guide

Diane explained that this is a quick guide to dressings approved onto the formulary. The Wound Care Group noted very experienced staff members knew the type of dressing they needed according to their wound assessment, for example, if an alginate or hydrogel was required. However, at times they could not remember which specific dressing was approved for use on the current formulary. The problem of historical prescribing occurred due to time pressure where nurses would prescribe dressings from the previous formulary i.e. what they knew. This quick guide is a list of main products used. It does not include all products e.g. all emollients. If more information is needed about the individual product, users are directed to the main formulary where there is more information.

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

- A member asked whether this would be updated when changes to the Wound Care formulary occurred just like the Wound Dressings matrix? Diane confirmed that it would.
- A member noticed the wording towards the bottom of the document which states "Sandwell West Birmingham and Solihull health economy quick reference guides may vary" And wanted to clarify that the approved documents would be shared with these teams. It was clarified that this document was initially put together for the staff at BCH NHS FT but when if approved can be used by other teams within the BSSE area. The statement would be amended.

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

Decision Summary: It was confirmed that subject to the above amendments, the Wound dressings matrix and Quick reference dressings guide are approved, can be uploaded to the APC website.

ACTIONS:

- Wound Care group to revise the documents taking account feedback given and send to the APC secretary to publish to the formulary website and circulate to APC members. **Wound Care Group/APC sec**

1618/07 Diabetes Medicines Management Advisory Group (DMMAG) documents

Insulin pen needles – for discussion

The Chair welcomed Sharon Coane, Diabetes Lead Pharmacist, Birmingham and Solihull CCG to the meeting and invited her to present the Insulin Pen Needles document**.**

Sharon Coane stated that she was involved in the *Guidelines for the use of blood glucose meters, test strips and lancets in diabetes*. The review of insulin pen needles followed a similar process to that carried out for blood glucose meters; the DMMAG (Diabetes Medicines Management Advisory Group) sub group developed a set of criteria and manufacturers were invited to submit their products for evaluation against the criteria. The insulin pen needles were scored and shortlisted. Five insulin pen needles were chosen to be tested by patients. Patient feedback informed the list of final three insulin pen needles. These are:

- GlucoRx Carepoint®
- BD Viva®
- Tricare®

Sharon Coane highlighted that the GlucoRx Carepoint® has reduced in price and the document would be updated to reflect this. The document also includes guidance regarding needle size, safety needles and lancets.

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

- A member asked whether the chosen three insulin pen needles are listed in any particular order, as quite often the first item is what prescribers choose. Sharon responded that the insulin pen needles are currently listed in alphabetical order. She stated that this can be amended so that the highest scoring insulin pen needle is listed first.
- Sharon mentioned that it is sometimes more acceptable to patients to be changed over to a product with a similar name for example, for those type 1 diabetes patients using BD Microfine® may find it more acceptable to switch to BD Viva®.

Decision Summary: The Insulin Pen Needles guidance was approved.

ACTION:

- APC secretary to publish the Insulin Pen Needles guidance onto the formulary subject to amendment above — **DMMAG subgroup/APC sec**

Self-monitoring of blood glucose – for discussion / ratification

The Chair invited Sharon Coane to present the self-monitoring of blood glucose and ketones guidance. Sharon explained the DMMAG subgroup produced this document which was then approved by DMMAG. The first page of the document details key points for the self-monitoring of blood glucose and there are links to various national guidance to support clinicians with this. The second page of the document covers blood glucose monitoring according to the diabetes type and medication. There is information on rationale and guidance on prescription requirements per month i.e. how many boxes of test strips are normally required.

Sharon has found through her practice that there is a need for guidance on monitoring of ketones and this is especially important due to the potential for

diabetic ketoacidosis (DKA). Hence, the DMMAG subgroup has produced guidance for monitoring of ketones. The aim of the document is to be easy to read and concise.

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

- A member stated that it very helpful to have guidance on how many test strips to prescribe.
- It was clarified that the guidance would be made available on the BSSE APC formulary website. The members agreed the self-monitoring of glucose and ketones documents should be amalgamated with the guidance for blood glucose meters.
- Members commended the applicants on quality and usefulness of the documents presented.

Decision Summary: The self-monitoring of blood glucose and ketones guidance was approved.

ACTION: **DMMAG subgroup/APC sec**

- **Amalgamate the DMMAG subgroup documents and publish onto APC formulary website.**

0618/08 MHRA drug safety update – Valproate medicines (Eplim®, Depakote®)

The APC secretary highlighted the MHRA alert regarding valproate medicines which must not be used in women or girls of childbearing potential unless the conditions of the Pregnancy Prevention Programme (PPP) are met. There are risk minimisation materials available online. The valproate medicines are currently AMBER on the BSSE formulary. The alert advises GPs must identify and recall all women and girls who may be of childbearing potential and check they have been reviewed by a specialist in the last year.

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

- A member stated that the link to this alert should be placed on the APC formulary website. This alert also needs to be dealt with through other mechanisms apart from the formulary.
- The Chair asked members for their thoughts on the RAG status for the valproate medicines. Should the valproate medicines remain as AMBER or be amended to AMBER with a shared care agreement.
- A member was concerned that patients continuing with Eplim®, now need to be under the care of a specialist and reviewed and signed off each year which would result in patients being referred back to neurology or psychiatry. The concern is that these are two specialties with the longest waiting times and this will increase pressure on these areas.
- Furthermore, a primary care member stated having reviewed patients in practice on this drug there may be three or four patients per practice and this will eventually add up and cause further strain on secondary care services.
- A member asked if this alert is deemed as guidance or compulsory. A member replied that it is guidance but if you do not follow it then it is not licensed, similar to thalidomide.
- A member raised concerns that it can also increase pressure on primary care as if secondary care wants to initiate valproate then they would need

to liaise with primary care for them to support the patient through the PPP.

- A member felt that there will inevitably be a transition period. It is expected that in 12 months' time all the affected patients will have been reviewed by a specialist and where appropriate a PPP has been put in place with all the women on valproate having made a conscious decision to stay on it with appropriate contraception measures in place.
- It was added that there is expected to be some patients that will be adamant to remain on Eplim® or Depakote®.
- A member raised that the CCGs representative members of the APC should raise this with commissioners. Additionally, could secondary care representatives raise the issues discussed with the appropriate people within their trusts.
- A member raised a point that there may be patients on valproate who are lost to follow up for example if they have not had a manic episode for a number of years. These patients would therefore be "new" to the system, adding pressure on services.
- A member added that primary care is seeing the majority of single agent valproate use in epilepsy and there will not be much capacity if these patients were referred to secondary care.
- A member felt that given the profile of the alert it warrants an ESCA even if it is largely documentation that refers to the PPP.
- A member agreed that a document which contains information such as if a patient is compliant with contraception would be useful to clinicians.
- It was agreed that there must be some transfer of assurance that someone has followed up on the PPP.
- A member discussed that if there is a stable patient on monotherapy who is uncomfortable being on the PPP having discussed the complications. could guidance on a conversion regime to an alternative agent be produced by neurologists. This could be a solution to take some of the burden. A member responded that according to epilepsy guidance from NICE, there may be several of epileptic syndromes that valproate may be treating, and you cannot provide generic guidance on a switch to another agent for people with epilepsy.
- A member commented that patients' lives change very quickly and asking about contraception one year may not necessarily apply at other times of the year.
- Members agreed that a shared care agreement may be the most appropriate way forward. A discussion ensued regarding which conditions the ESCA(s) would cover It was agreed that the views of the relevant specialists would be sought and that the ESCA(s) should be created in conjunction with them.
- It was noted by one of the secondary care members, that the manufacturers have stated in their license that valproate should only be prescribed by "doctors with expertise in this field" and there was a question raised whether epilepsy nurse specialists, or advanced nurse practitioners can prescribe valproate in women of childbearing potential within the trust. The member's organisation is taking the view that prescribing in this instance should be by a consultant. It was added that the MHRA indicate "specialist" in their update. It was noted that many clinical nurse specialists work closely with the consultant.

Decision summary: A shared care agreement should be produced in conjunction with specialists and brought to APC.

1618/09 European Medicines Agency safety update – Esmya® (Ulipristal Acetate)

The Chair directed members to the European Medicines Agency (EMA) safety update regarding Esmya (ulipristal acetate)

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

- A secondary care representative member stated that Esmya® is no longer being used at Birmingham Women's Hospital and any patients taking Esmya® have been stopped. There was also a clinical trial which has now been stopped due to the safety concerns, therefore it is no longer being used across the organisation.
- A secondary care representative said there is a low volume use of Esmya® in their Trust and it is used in the 3-month period prior to surgical intervention.
- The Chair asked members whether Esmya® should remain on the formulary. A member stated views of the specialists should be sought before changing the RAG status.
- A member clarified that the APC is considering changing the RAG status to RED. Therefore, specialists should be asked if there is any particular reason why not.
- In light of the Birmingham Women's and Children's NHS FT decision, it was asked whether the APC should consult with the local specialists regarding the status of Esmya® on the APC formulary. It was added that the monitoring requirements are quite vast, and there is a question as to whether the agent needs be used pre-operatively. Members agreed that specialist opinion was needed.

ACTION:

- **Contact gynecology colleagues to seek views regarding a change of RAG rating to RED.** **APC sec**

1618/10 Emollient Bath Additives

The APC secretary directed members to the recent trial which challenges the effectiveness of emollients or bath additives in the treatment of childhood eczema. It was proposed to invite dermatologists including paediatric dermatologists to comment on the paper including any reasons as to why these emollients should be kept on the formulary.

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

- A member asked why should the bath emollients be removed from formulary because of one paper. A member replied that the proposal seeks the opinion of dermatologists including paediatric dermatologists with regards to a paper which challenges the use of bath emollients.
- It was discussed how many people slip in the bath due using these emollients as there are a few patients that attend A&E as a result. A member gave an example of two parents attending with fractured wrists because of using the bath after emollient had been used.
- A member raised that they are uncertain that there is compliance with the use of bath emollients although they are commonly prescribed. The member was concerned that product is wasted and this may be due to

clinicians not explaining how to use the products properly or the products are simply not used.

- A member stated that it may be more useful to ask for comments on the weaknesses of the paper. The paper's outcomes may not be strong as what the headline is suggesting. They should also comment on the role of bath emollients in the population.
- It was agreed that comments from the dermatologists may help to inform the use in primary care.
- It was added that the emollients are available to purchase over-the-counter.

ACTION

- **Approach dermatologists to comment on the article and to summarise their position on the use of bath emollients.** **APC sec**

1618/11 Regional Medicines Optimisation Committee recommendations

The APC secretary explained that going forward Regional Medicines Optimisation Committee (RMOC) recommendations will be a standing agenda item each month to ensure that any new RMOC recommendations are considered in a timely manner. This was a recommendation from the recent APC management/development meeting. If further discussion is required, the items can be submitted for further consideration to a future APC meeting.

Access to pan-regional antidotes and other rarely used medicines

- A member commented that work was done a while back on antidotes and RUMs across the organisations. UHB NHS FT will carry out work to rationalise other antidotes.

RMOC briefing on adalimumab May 2018

- No comments or questions were raised on the briefing on adalimumab.

1618/12 Minutes of the meeting held on Thursday 10th May 2018

The minutes of the meeting held on Thursday 10th May 2018 were discussed for accuracy.

- Page 2; reword to read "Medicines Assessment and Advisory Group (MAAG)".

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

1618/13 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:

- 0518/05 Novel Oral Anticoagulants in Atrial Fibrillation – Abbreviated application form. To Contact AHSN regarding their work into the anticoagulation pathways. Update: In progress
- 0518/05 BSSE APC NOACs on formulary – preferred agents feedback. Wording on the formulary to be amended. Update: In progress
- 0518/09 BSSE APC Feraccru RICaD for ratification – Feedback comments to the applicant Update: In progress

- 0518/09 Fiasp® applicant feedback – secondary care representative APC members to report back at the next APC meeting Update: AMBER with a RICaD for use only in gestational diabetes.
- 0518/10 Feedback from Midlands and East RMOC – secondary care reps to report back re: Ethambutol 400mg in 5ml, Isoniazid 50mg in 5ml, Pyrazinamide 500mg in 5ml. Update: In progress
- Palliative care proposal – To ask the local palliative care committee to convene a sub group Update: In progress
- 0418/08 APC membership list for ratification Update: Scheduled for away day
- 0318/11- BSSE APC Freestyle® Libre® position statement. Amend title of the document to Recommendation to commissioners for prioritisation Update: Close action
- 0318/AOB- DMARDs in Dermatology ESCAs. ECSAs to be finalised and circulated to members. Update: In progress
- 0118/07 DMMAG recommendation on FreeStyle® Libre® monitoring system. DMMAG to submit a full application form, including patient numbers to a Trust's DTC or equivalent decision making body. Update: Close action
- 0118/07 DMMAG recommendation on FreeStyle® Libre® monitoring system. Any recommendation to go through commissioners' prioritisation process once patient numbers and potential financial impact has been confirmed. Update: Close action

0618/14 NICE Technological Appraisals (Tas)

In May 2018, there was 1 TA published which is NHSE commissioned.

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

Any other business:

1. Pan Birmingham Respiratory Clinical Network COPD guideline Appendix 4 Criteria for triple therapy and for triple inhaler use in COPD

The APC secretary directed members to Appendix 4 of the COPD guidelines produced by the Respiratory Clinical Network. The appendix outlines the criteria for triple therapy and triple inhaler use in COPD. It supports the use of Trelegy® and Trimbow® which were approved onto the formulary in May 2018. A member commented that the guidance would support appropriate prescribing of the triple inhalers.

ACTION:

- **Publish to the APC formulary website** **APC sec**

2. Away Day Update

The APC secretary provided informed members that the Away Day will be held on Tuesday 3rd July between 10- 4pm at Birmingham Research Park. Discussion will involve a plan and process for the formulary chapters and ESCA/RiCaD review and the outcomes from the recent APC management/development meeting.

3. Guselkumab

A member informed the APC that NICE has released guidance on a new psoriasis agent called guselkumab which is under an early access to medicines

scheme (EAMS) recommendation of 30 days. It was asked whether it should be discussed now or at the next meeting.

ACTION:

- **Add guselkumab to the formulary as RED.** **APC sec**

4. Edoxaban

A CCG representative informed members that edoxaban is being considered as the preferred Novel Oral Anticoagulant (NOAC) for use in atrial fibrillation (AF) in Staffordshire with low dose dabigatran as the second line preferred agent. The views of cardiologists are being sought.

The APC members discussed that changing to edoxaban as preferred agent may lose the familiarity gained of using rivaroxaban and apixaban as the current preferred agents within BSSE. There was a lengthy discussion regarding the preferred agents at the last meeting.

Decision summary: Representative from CCG to feedback to APC with any updates.

The Chair thanked the members for their input today. The meeting closed at 16:10.

Date of next meeting: Thursday 12th July 2018 14:00 – 16:45
Birmingham Research Park.