AREA PRESCRIBING COMMITTEE MEETING
Birmingham, Sandwell, Solihull and environs
Minutes of the meeting held on
Thursday 19th September 2019
Venue – Birmingham Research Park
Vincent Drive, Birmingham, B15 2SQ

PRESENT:

Dr Paul Dudley	Birmingham and Solihull CCG (Chair)
Dr Lisa Brownell	BSMHFT
Alison Tennant	Birmingham Women's and Children's NHS FT
Dr Neil Bugg	Birmingham Women's and Children's NHS FT
Carol Evans	UHB NHS FT/Birmingham and Solihull CCG
Nilima Rahman-Lais	Birmingham and Solihull CCG
Romesh Rana	Birmingham and Solihull CCG
Dr Nashat Qamar	Birmingham and Solihull CCG
Jonathan Boyd	Sandwell & West Birmingham CCG
Satnaam Singh Nandra	Sandwell & West Birmingham CCG
Dr Sonul Bathla	Sandwell & West Birmingham CCG
Maureen Milligan	Royal Orthopaedic Hospital NHS FT
Prof Jamie Coleman	UHB NHS FT
Gurjit Sohal	UHB NHS FT
Katy Davies	UHB NHS FT
Dr Sangeeta Ambegaokar	Forward Thinking Birmingham Partnership
Maureen Milligan	The ROH NHS FT
Ravinder Kalkat	Midlands & Lancashire CSU
Kuldip Soora	Midlands & Lancashire CSU
Daya Singh	Midlands & Lancashire CSU

IN ATTENDANCE:

Mr Sai Kolli for item 0919/05	UHB NHS FT
Mr Amit Patel for item 0919/05	UHB NHS FT
Mr Ankur Barua for item 0919/05	Sandwell & West Birmingham NHST
Carolyn Patchell for item 0919/06	Birmingham Women's and Children's NHS FT
Anita Macdonald for item 0919/06	Birmingham Women's and Children's NHS FT
Jude Munn for item 0919/06	BSMHFT

No.	Item	Action

0919/01 Apologies for absence were received from:

Prof Mark DasGupta, Birmingham and Solihull CCG, deputy attended
Liz Thomas, Birmingham and Solihull CCG
Dr Dhiraj Tripathi, UHB NHS FT
Inderjit Singh, UHB NHS FT, deputy attended
Nigel Barnes, BSMHNHSFT
Dr John Wilkinson, Birmingham and Solihull CCG
Melanie Dowden, Birmingham Community Healthcare NHS FT

It was confirmed that the meeting was quorate.

0919/02 Items of business not on agenda (to be discussed under AOB)

- Review of dental products on formulary
- Review of wording for immunosuppressants on formulary
- Prescribing of vitamin B compound strong tablets
- Emollients
- Hydroxychloroquine

0919/03 Declaration of Interest (DoI)

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

0919/04 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.

0919/05 Chapter 11 Eye – Formulary chapter review

The Chair welcomed Mr Sai Kolli, Consultant Ophthalmic Surgeon, UHB NHS FT - QE, Mr Amit Patel, Consultant Ophthalmic Surgeon, UHB NHS FT – HGS, and Mr Ankur Barua, Consultant Ophthalmic Surgeon, Birmingham and Midlands Eye Centre (BMEC) SWBH NHST to the meeting and invited them to present their review of formulary Chapter 11- Eye.

Mr Kolli directed members to the handouts New Medicines for Ocular Surface Disease: Summary and New Medicines Summary. He explained the eye drops listed are being used extensively across the Trusts and many queries are received regarding these eye drops and their availability on the BSSE APC formulary. The eye drops are recommended for addition to the formulary.

Mr Kolli referred to the New Medicines Summary handout which recommends alternatives where there are currently problems with drug availability. Sodium Chloride 5% drops are used for corneal oedema treatment. Mr Kolli explained corneal oedema is extremely painful and can result in attendances to Accident and Emergency. AEON sodium chloride 5% preservative free by Rayner Pharmaceuticals Ltd cost £23.00 for 3 months and are readily available from the manufacturer with no supply issues. AEON Sodium Chloride 5% is a cost-effective alternative to the current formulary option.

Mr Kolli introduced ketotifen 0.25mg/ml eye drops 0.4ml unit dose eye drops (Ketofall®). Ketofall® is a preservative free dual action mast cell stabiliser and antihistamine eye drop for the treatment of allergic eye disease. It is intended to replace sodium cromoglicate 2% preservative free unit dose eye drops (Catacrom®) on the formulary which only works in one way and is less cost effective than Ketofall®. Mr Kolli stated Ketofall® should be considered as Amber status as the usual one-month course would predominantly be initiated in secondary care but use can be extended to primary care if necessary. Ketofall® is the only dual action eye drop for this condition which is preservative free.

Mr Kolli directed members to New Medicines for Ocular Surface Disease: Summary. Mr Kolli highlighted the Dry Eye Workshop II (DEWS II) report. Patients commonly see an ophthalmologist due to ocular surface disease or dry eye disease. Many of these patients self-medicate with over the counter medications or via recommendations by optometrists or GP. Therefore, patients presenting to secondary care have had problems for quite some time and will have a more severe condition. Studies have shown patients with moderate to severe dry eye have reduction in quality of life similar to patients with severe angina, renal failure requiring dialysis and hip fractures. Mr Kolli explained that all the drugs being recommended are not to be used first line and will be prescribed in secondary care and if required continued for varied periods of time in primary care.

Mr Kolli raised the drugs being recommended are available at one or more hospital trusts but not others within BSSE. This is an issue for trainee clinicians who rotate through Trusts. This leads to queries from pharmacy and GPs who flag items not available on the APC formulary. The drugs being recommended are deemed the most effective and can be used for relatively short periods of time for which there is good evidence and consensus. These drugs are available at most hospital pharmacies and available at APCs throughout the country.

Mr Barua explained he has experience using Thealoz Duo® for approximately four years within a neighbouring CCG. Thealoz Duo® provides osmoprotection and ocular surface retention, reducing required drop frequency. He explained in BSSE, corneal specialists will prescribe a medication based on ocular surface grading but patients are prescribed an unsuitable alternative when transferred to primary care. Thealoz Duo® is available at BMEC but not at other Trusts or within primary care.

VisuXL® is a relatively new tear substitute containing cross-linked sodium hyaluronate and Co-enzyme Q10 and requires less frequent administration than formulary alternatives such as Hyabak®, Evolve HA®, and Hyloforte®. VisuXL® has components which can help with epithelial regeneration which is very good for patients with epithelial defects of which there is a large cohort at UHB NHS FT – QE. May prevent neurology patients who do not have any sensation on their cornea from requiring amniotic membrane transplants. Mr Kolli proposed to prescribe VisuXL® in secondary care with potential instructions for GPs to continue if longer duration is required i.e. Amber.

Dry eye can be categorised as either aqueous-deficient or evaporative dry eye. The most common cause of dry eye is meibomian gland dysfunction (MGD), sometimes referred to as posterior blepharitis or lid margin disease. Meibomian gland obstruction or loss occurs, and the quality and quantity of the

gland secretions is reduced, resulting in reduction of lipid content of the tear film. The findings of DEWS II and the Meibomian Gland Workshop showed drops which contain lipids are more beneficial to these patients. First line treatment for MGD is application of hot compresses, over the counter eye drops and oral supplementation. A protocol is in development which they anticipate will be adopted across the BSSE area. Systane® Balance Lubricant eye drops are specifically designed to relieve dry eye symptoms in patient with MGD by replenishing the lipids. The recommendation is for Systane® Balance to be added to the formulary for use in mild to moderate dry eye caused by or exacerbated by meibomian gland disease, to be initiated by consultant ophthalmologists only.

Softacort® is a preservative free formulation containing hydrocortisone. Many patients who present in secondary care with ocular surface disease cannot tolerate preservatives. Once discharged to primary care, these patients are prescribed the available preservative containing preparations resulting in readmissions. Topical steroid preparations can cause cataracts with long term use which is treatable, and they can increase intra-ocular pressure causing glaucoma. Dexamethasone and prednisolone are potent steroids. Loteprednol in Lotemax® and fluoromethalone in FML® are “soft steroids” alongside hydrocortisone and cause intraocular pressure to increase to a lesser extent than the potent steroids. However, FML® and Lotemax® contain a preservative. Patients who suffer with increased intraocular pressure and cannot tolerate preservatives are currently treated with preservative free dexamethasone and concomitant preservative free glaucoma medication. Softacort® is a topical hydrocortisone (0.33% Hydrocortisone sodium phosphate) offers a low potency alternative for patients who cannot tolerate preservatives and is deemed a cost-effective alternative.

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

- A member asked if Opticrom® was a similar product to Catacrom®. Mr Kolli clarified Opticrom® used for hay fever is the preserved version of sodium cromoglicate 2% eye drops. The preservative used, benzalkonium chloride, is unsuited to patients with severe ocular surface disease.
- A CCG representative commented that there is a possibility of switching a relatively large population to Ketofall® and Catacrom® which could lead to supply problems. Mr Kolli explained these items are well established in other regions of the country and the manufacturer has provided assurances around stock supply.
- A member raised the prices of Ketofall® and Catacrom® may increase leading to significant costs to the local health economy as a large population will be affected. Mr Kolli responded that for sodium chloride 5% eye drops, the switch will affect a small cohort. Primary care should continue to advise patients to buy over the counter Opticrom® for allergic eye disease, and Catacrom® will be restricted to a small cohort of patients within secondary care who cannot tolerate preservatives. Mr Patel added the proposed agents are deemed second or third line agents.
- A member queried why a branded product is specified with regards to the sodium chloride 5% eye drops. Mr Kolli replied there are supply issues with the current formulary option and the recommended AEON sodium chloride eye drops come in a multi-use bottle which provide

flexibility of dosing regimen; the frequency of administration can vary from patient to patient.

- A member queried if the applicants agreed with the current formulary chapter for Eye and whether it could be rationalised further. Mr Kolli explained that during the initial harmonisation process they were able to rationalise the formulary from large number of drugs and they were unable to rationalise it further.
- A member asked for more information regarding concerns with the Evolve HA® device. Mr Kolli explained there is an issue with the dropper and subsequent larger drop size; some patients were having issues making the bottle last longer than one or two weeks. Therefore, Evolve HA® is not as cost effective as anticipated.
- With regard to the Eye Chapter review a Trust member requested addition of unlicensed acetazolamide suspension to the APC formulary. It is used in children and occasionally in adults with swallowing difficulties.

The Chair thanked Mr Kolli, Mr Barua and Mr Patel for attending the meeting and for answering all the questions from the APC members and advised them that the decision would be relayed within 5 working days, in line with APC policy.

<u>Further discussion points in the absence of the specialist included:</u>

- A Trust representative reiterated that consensus between eye specialists across the BSSE patch was sought to achieve the recommendations made by the applicants.
- There was a discussion surrounding the APC process for adding new drugs on the formulary following chapter reviews.
- A member raised three of the four products are classified as medicinal devices therefore there may not be a large evidence base for these products.
- Members agreed although the specialists provided clinical evidence, there was not enough information to assess the cost impact to primary care.
- A member commented that during the previous harmonisation, ketotifen, hydrocortisone, and Systane® Balance were all moved to Black i.e. non-formulary and there needs to be an indication of patient numbers and where these products fit in the treatment pathway.
- Members agreed to request the expected patient numbers and potential cost impact, or savings associated with the proposed products. The APC are mindful of clinician time therefore the Trust team should prepopulate the application form for the consultant to review and fill in the required information.
- A member raised though the group proposed the most commonly used drug formulation, AEON sodium chloride 5% eye drops cost £23.00 per bottle, there is a cheaper alternative available. Therefore, to request the rationale behind this recommendation.

ACTIONS:

- **Relay decision to Mr Sai Kolli by Thursday 26th September 2019** — **APC sec UHB NHS FT**
- **Trust to complete drug application form alongside ophthalmology specialists**

0919/06 Dieticians subgroup recommendations

The Chair welcomed members of the Dieticians subgroup, Carolyn Patchell, BWCH NHS FT, Jude Munn, BSMHFT and Prof Anita Macdonald, UHB NHSFT to the meeting and invited then to present the dieticians subgroup recommendations.

Draft APC Dieticians group recommendation proforma

The Chair directed members to the blank proforma to be used by the subgroup to submit recommendations to the BSSE APC Oral Nutritional Supplements (ONS) Formulary. It was agreed declaration of interests should be included.

Decision summary: The proforma was approved subject to the above amendment

Dieticians group recommendation – Fortisip®

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

- It was clarified the recommendation is to change the RAG status for Fortisip® from Amber to Green.
- A member recalled Fortisip® was allocated Amber status due to concerns regarding pressure on primary care to prescribe without access to a dietician.
- The sub group clarified initially Fortisip® was requested as Amber as it was less cost effective to its comparator Aymes Complete®. However, since then the price has reduced, and the group would like to put forward a ready to use product at the same price in order to give patients a choice.
- A member raised that the following wording on the formulary for Aymes Complete® *'Second line choice for 200ml ready-made. If powder is not tolerated or contraindicated'* used on the formulary should be replicated for Fortisip®.

ACTIONS:

- **Add Fortisip® to APC formulary as GREEN** **APC sec**
- **Add wording to Fortisip® entry as discussed** **APC sec**

Dieticians group recommendation – Renastep®

- Renastep® is a feed designed for the dietary management of renal failure for children from 3 years of age. It is a ready to use high energy formula, low in potassium, phosphate and vitamin A content.
- The nutrition provided is superior to current practice because the potassium and phosphate are lower and the risks to accuracy and hygiene are removed as it is ready to feed.
- The current practice is to take a standard paediatric parenteral feed, dilute with tube feed and add Duocal® in order to make it nutritionally complete. Renastep® is a complete feed which doesn't require manipulation and is much safer to use.

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

- A member enquired if there have been any reported incidences over parents/carers making up the preparations. The subgroup is aware of

studies looking at modular feeds versus ready to use feeds. Samples taken under controlled conditions in hospital and "blind" samples at home have shown large variation in protein, calories, fat and carbohydrates. In addition, studies have shown bacterial contamination increases with feed manipulation.

- The subgroup clarified they do not currently use Kindergen® powder and recommend it is removed from the ONS formulary and replaced with Renastep®.
- A member asked if there are any risks in the different amount of proteins and fats in Renastep® compared to the alternative, for the cohort of patients it is being used for. The subgroup considers the range of nutrients within Renastep® acceptable for this cohort of patients. In addition, a trial showed it is a very well tolerated feed.

ACTIONS:

- **Add Renastep® to APC formulary as AMBER** **APC sec**
- **Remove Kindergen® from the APC formulary** **APC sec**

Dieticians group recommendation – Ketocal® 2.5:1 LQ

- Ketocal® 2.5:1 LQ is a new feed and the only complete tube feed which meets requirements for the older age group of beyond 8 years of age and is nutritionally complete.
- Alternative to this would be to add protein, vitamin and electrolyte modules to Ketocal® 4:1 LQ which increases risk of preparation error, microbial contamination, dietetic time in calculations and recipes.

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

- It was clarified the recommendation is an addition to the formulary.
- A member asked what the alternative practice is. The group responded Ketocal 4.1 LQ with additional three constituents so the price would be £4.71 plus the additional costs of the three constituents.
- A member asked if there is any reason why this product is not suitable for children younger than 8 years old? Ketocal 2.5:1 LQ is designed for adults as it is higher in protein, electrolytes vitamins.

ACTION:

- **Add Ketocal® 2.5:1 to APC formulary as AMBER** **APC sec**

Dieticians group recommendation – PKU Explore™ 5 and PKU Explore™ 10

- There are currently 20 children with phenylketonuria (PKU) in the Birmingham area who are 16 years or younger. PKU Explore™ is a protein substitute without phenylalanine and it provides 80% of safe protein intake.
- Protein substitutes can be divided into three groups; infant formula, weaning/spoonable aged 6 months up to maximum 5 years and liquid pouches from age 4 years.
- There are 6 children in the Birmingham region who are eligible for the product. The group proposes the PKU Explore™ replaces PKU gel™. PKU gel™ was the first protein substitute which became available approximately 20 years ago. The PKU gel was useful but the packet

size was too large for weaning age which became very wasteful. It also did not contain long chain polyunsaturated fatty acids and the consistency changed quickly on standing which was wasteful. Following on from this, PKU Anamix® First Spoon was introduced 9 years ago and is a good product but began to experience regular supply issues.

- The PKU Explore™ 5 has 5g of protein equivalent whilst PKU Explore™ 10 has 10g of protein equivalent. It contains all the vitamins, minerals and consists of low fat and low carbohydrate.
- The group explained that that it is important that they there is a choice of 2 semi-solid weaning protein substitutes as there have been supply issues with PKU Anamix® Infant first spoon.
- Adding PKU Explore™ 5 and 10 would save around £500 per child per year compared to PKU Anamix® Infant. The group explained it is a very short-term product and most children discontinue use between the ages of 3 and ½ and 4 years.

ACTION:

- **Add PKU Explore 5™ and PKU Explore 10™ to APC formulary as AMBER** **APC sec**

Dieticians group recommendation – Paediasure Juce®

Paediasure Juce® will replace Resource Junior on the formulary.

Paediasure Juce® is a nutritional supplement for children aged between 1 and 10 years with disease-related malnutrition and, or growth failure which is the same ACBS criteria as Resource® Junior. The group have found Resource® Junior® to be relatively unpalatable and has found it has low use across the area. Paediasure Juce® is very helpful for children where juice drinks are preferred to milk shake drinks.

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

- 200ml carton of Resource Junior® is £2.21 compared to £3.36 for a 200ml carton of Paediasure Juce.
- Resource Junior® is not currently being used however is recommended within the ONS formulary. A member queried which product is being used for this cohort of patients currently. The group responded it is most likely Polycal® which is not a nutritionally complete supplement. Polycal® is a carbohydrate-based calorie supplement.
- A member raised that the cost of Polycal® is £1.87 and queried what is being added to it to make it a nutritionally complete supplement for these patients. The group responded that they would add in additional vitamins and minerals such as Abidec®.

<u>Decision Summary:</u> Dietetic group to provide costs of current formulary alternatives to Paediasure Juce® and treatment pathway/further information at a future APC meeting

Updated Guidelines for Prescribing Specialist Infant Formula in Primary Care

The document is a revision of the guidelines currently available on the formulary website. There have been no changes to recommendations. The document layout and presentation has been updated along with changes to

product names and sizes since the last document was approved.

ACTION:

- **Publish the Updated Guidelines for Prescribing Specialist Infant Formula in Primary Care to the BSSE APC website** **APC sec**

0919/07 BSSE APC Management/development meeting proposals – for discussion/ratification

The APC Management/development meeting was held on 11th July 2019.

RAG traffic light recommendations

As a result of the APC management/development meeting, members agreed there was a need to separate the Amber status into three separate categories; Amber specialist initiation, Amber specialist recommendation and amber shared care.

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

- A member commented this change will reduce the number of queries CCGs receive
- The CSU have looked through the BSSE APC formulary entries to categorise Amber medicines into the separate groups. Members agreed these amendments do not need to come to APC for approval.
- Members agreed that changes in RAG status will need to be communicated via the CCG drug bulletin and the CCG prescribing newsletter. In addition, the changes should be shared with secondary care clinicians via secondary care communication channels.

ACTION:

- **Amend Amber RAG status on APC formulary** **APC sec**

Draft Decision Support Tool

An action from the APC management/development meeting was for the APC to decide whether to review the prescribing data of an APC approved drug after a period of time e.g. 6 or 12 months following implementation. If approved this would be added to the Implementation monitoring section of the decision support tool (DST)

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

- The addition to the DST allows APC to observe the impact of the changes to the formulary on resources
- A member commented there are a few items on the formulary which are overdue a review of prescribing data and this would help with prompting reviews

Decision Summary: Approve the updated Decision Support Tool

Transfer of ESCAs/RICaDs via clinical letter

The chair directed members to the proposed wording for the transfer of ESCAs

and RICaDs across the interface via the clinical letter.

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

- Participation via an electronic process is not mandatory and primary care can request paper copies of the supporting documents.
- A member asked if this is in addition to or a replacement of the signature which is required at the bottom of the current ESCA/RICaD. A member responded that this will be in replacement of the current signature requirement. The member explained that if practices used the appropriate read code on the clinical system then this shows a clear decision has been made to indicate the patient is part of shared care.
- A member referred to the line on the enclosure 'please confirm your agreement and acceptance of the shared care arrangement for ongoing supply' and asked in what way would a primary care clinician be expected to inform secondary care of their acceptance.
- A fellow member felt the statement should read 'if you do not consent then inform secondary care'.
- A member disagreed with this as it assumes the clinician has received the document and has accepted to participate in shared care, however, this may not be the case as clinician may not have received it and there is no read receipt.
- Members agreed the GP should consent to the ESCA explicitly.
- It was felt GPs have gained familiarity with the current processes of shared care and if the process is changed then a method of communication must be agreed so the GPs can be updated.
- It was agreed to discuss implementation of the proposed electronic process at another APC management/development meeting prior to the November APC meeting.

ACTION:

- **Electronic process for transfer of ESCA/RICaDs to be discussed at future APC Management/development meeting** **APC sec**

Delegated limits and finance section of application form

The Chair directed members to the enclosure summarising the APC delegated limits and finance section of the APC application from Birmingham and Solihull CCG standpoint

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

- A member wanted clarification on the figure for delegated limit i.e. is it per week, per month or per patient per year. Members agreed to discuss this at the next APC management/development meeting as further clarification is required on this point.
- A member raised the turnaround time for decisions put forward for Clinical Priorities Advisory Group approval may cause delay therefore a two-tier system of approval may be necessary i.e. an initial decision if product is approved on clinical grounds by APC then a decision on which CCG the medicine is approved for use within.
- A member raised that the application form needs to be clear to inform

applicants that approval of the drug application may take longer if the overall cost impact on the CCG is greater than the delegated limit.

ACTION:

- **Further discussion on CCG delegated limits at future APC Management/development meeting** **APC sec**

ESCA/RICAD templates

The Chair directed members to the enclosure with the proposed revised ESCA and RICaD template following discussions at the APC management/development meeting.

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

- A member suggested to rephrase the wording on the ESCA to 'if you do not feel competent to undertake this role, then you are under no obligation to do so'.
- A member in agreement with the proposed change, responded that medical education is about competency-based training and people are entrusted based on their competency
- A CCG representative felt a clinician may feel pressured to undertake the ESCA because they would not want to be seen as incompetent.
- It was pointed out that the decline to prescribe form uses the term 'insufficiently familiar' and proposed that it may be possible to use the same term in both documents.
- A vote was carried out in favour of the change in wording and it was agreed to reword to 'if you do not feel competent to undertake this role' on the ESCA.
- It was asked whether the section stating 'reason why *drug name* has been chosen in preference to drugs without formulary restrictions' is needed as there are not many RICaDs and quite often the drug is the only option for that indication with an amber formulary status. APC members agreed to remove this section.
- APC members agreed to change 'Significant drug interactions' to 'drug interactions – refer to the SPC'.

ACTION:

- **Amend ESCA and RICaD templates as discussed** **APC sec**

0919/08 BSSE APC circulation list – for ratification

The APC secretariat introduced the revised circulation list reflecting those who are actively engaging with the BSSE APC.

The circulation list was reviewed by APC members and the addition of a new member to the circulation list was recommended.

ACTION:

- **Amend and publish circulation list to formulary website** **APC sec**

0919/09 Items which should not routinely be prescribed in primary care – for information

The Chair directed members to the updated NHSE guidance for CCGs Items

which should not routinely be prescribed in primary care and the draft BSSE APC recommendations.

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

- Members agreed with NHSE recommendations for the emollient bath and shower preparations and the current BSSE APC position.
- UHB NHS FT have reviewed the amiodarone recommendation internally and will produce a draft RICaD for APC consideration.
- It was clarified there is a RICaD for aliskiren currently in place. UHB NHS FT report use is low therefore UHB NHSFT will review if further information/guidance is required within the aliskiren RICaD.

ACTION:

- **Develop RICaD for amiodarone and review aliskiren RICaD in line with NHSE guidance** **UHB NHS FT**

0919/10 Summaries for Decline to prescribe – for information

The Chair directed members to the Summaries for Decline to prescribe (DtP) that had been received from UHB NHS FT and Sandwell and West Birmingham NHST.

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

- A member asked if it is standard practice for the Trust to follow up with prescribers who recommend products that are not in line with the APC formulary. A UHB NHSFT representative confirmed this occurs within their trust.

0919/11 DTC Chairs Non-formulary approvals – for information

A summary from UHB NHS FT, SWB NHS T and BSMHFT were included in the papers circulated for the meeting. For information; no action required.

0919/12 Regional Medicines Optimisation Committee (RMOC) recommendations – for information

The Chair directed members to the updated RMOC guidance for prescribing of liothyronine.

A Trust member has asked for clarity around the process to change the status of liothyronine from Red to Amber.

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

- It was agreed by members that a change in formulary status for liothyronine must go through a formal application process for APC consideration. An abbreviated application was considered suitable.
- UHBNHS FT confirmed there is a small cohort of patients on liothyronine.

The Chair directed members to Issue 6 of the RMOC newsletter. No comments were made.

ACTIONS:

- **Relay request for abbreviated application for liothyronine to applicant** — **CSU/UHB NHS FT**

0919/13 Minutes of the meeting held on Thursday 11th July 2019 – for ratification

The minutes of the meeting held on Thursday 11th July 2019 were discussed for accuracy.

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

0919/14 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:

- 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. **Update:** Awaiting CCG confirmation

- 0719/06 BSSE Away day documents. Trusts to develop report on LMWH prescribing. **Update:** In progress

- 0719/AOB Acenocoumarol and phenindione. Clarify commissioning arrangements across BSSE area. **Update:** In progress

- 0619/AOB Toujeo 300 units/ml DoubleStar. Amend RICaD document as discussed. **Update:** Scheduled October APC.

- 0619/AOB Azathioprine for haemolytic anaemia. Produce Azathioprine ESCA for haemolytic anaemia. **Update:** In progress

- 0519/09 BSSE APC Primary Care Clinical Pathway for Atrial Fibrillation Detection and Management. Amend document as discussed and circulate to member organisations for review. **Update:** Feedback received, scheduled October APC

- 0419/AOB Matters arising – enoxaparin. Provider trusts to engage with CCG to resolve commissioning decisions. **Update:** Action closed, see 0719/06

- 0419/AOB Matters arising – mexiletine. Further discussion required between CCGs and Trusts regarding potential arrangements for mexiletine supply. **Update:** In progress

- 0219/06 BSSE APC Type 2 Diabetes prescribing guidance. Amend guidance as discussed and seek approval from individual organisations governance process. **Update:** Awaiting update from DMMAG with

addition of semaglutide

- 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.

0619/15 NICE Technological Appraisals (TAs)

In July 2019, there were 4 TAs published; of these, 3 are NHSE commissioned and 1 CCG commissioned

The CCG commissioned NICE TA is:

- Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uvetitis [TA590]

RED status agreed

In August 2019, there were 7 TAs published; of these, 5 are NHSE commissioned and 2 CCG commissioned

The CCG commissioned NICE TAs are:

- Dapagliflozin with insulin for treating type 1 diabetes [TA597]

The Diabetes Medicines Management Advisory Group (DMMAG) to review and make recommendation.

- Risankizumab for treating moderate to severe plaque psoriasis [TA596]

RED status agreed

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

Any other business:

Review of dental products on formulary

There is a need to review the dental products currently listed on the formulary with specialists at Birmingham Community Healthcare Trust. The review should follow the same format in which the other chapters were reviewed.

It was agreed amongst members to schedule the chapter review January/February 2020.

ACTIONS:

- **Schedule dental formulary chapter review away day** **APC sec/UHB NHS FT**

Review of wording for immunosuppressants on BSSE APC formulary

A CCG member informed the APC that a GP practice received request for shared care for Prograf® from a locum consultant at UHB NHSFT. The request was declined by the GP and there were differences in opinion on the

understanding of the wording currently annotated on the formulary for Prograf®.

Currently, the formulary states the drug has an Amber status for patients who were initiated pre-April 2013. The patient concerned had commenced Prograf® post-transplant in 2008 but had been receiving treatment from secondary care.

It was clarified the patient had received a liver transplant. UHB NHSFT - QE have repatriated patients who have had a renal transplants but not cardiothoracic or liver patients.

The member wanted clarification on the stance to be taken if a patient had received a transplant pre 2013 and a consultant is making a new request for primary care to prescribe Prograf®.

Primary care representatives felt it is unlikely for GPs to feel competent to prescribe Prograf® in this group of patients, therefore any new shared care requests would be declined.

APC Members agreed to change the wording of the annotation of the formulary.

ACTIONS:

- **Wording on APC formulary to be updated** — **BSOL CCG/APC sec**

Prescribing of vitamin B compound strong tablets

Birmingham and Solihull CCG are one of the highest prescribers of vitamin B compound strong tablets nationally. Updated NICE guidance recommends prescribing thiamine only for the management/prevention of Wernicke's Encephalopathy in individuals with alcohol dependency syndrome. Currently, NICE guidelines CG100 recommend the use of thiamine only (200mg-300mg daily, in divided doses) for this group of patients. The CCG are changing their guidance in primary care to reflect this and are in the process of reviewing patients who are prescribed vitamin B compound strong tablets. Secondary care members confirmed their Trusts had moved away from prescribing vitamin B compound strong tablets.

Emollients

Birmingham and Solihull CCG have reviewed the emollient preparations on formulary in order to support the NHSE guidance on items which should not routinely be prescribed in primary care. As part of cost saving improvements for emollients, there are several switches that can be recommended such as including Zeroveen® cream which has a similar composition to Aveeno® cream. The member would like to clarify the process for the addition of these emollients on the BSSE APC formulary. Members agreed abbreviated applications would be required.

ACTION:

- **Relay request for abbreviated application for alternative emollient preparations** — **BSOL CCG/APC sec**

Hydroxychloroquine

A primary care clinician has asked APC to consider the need for an ESCA or RICaD for hydroxychloroquine. This has been requested due to new guidelines from the Royal College of Ophthalmologists suggesting that there should be annual screening with the secondary care ophthalmology service after 5 years of therapy. Currently, the responsibility of arranging this fall to the prescribing doctor in primary care.

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

- A member commented that originally there was an ESCA for hydroxychloroquine, however this was removed. The only requirement within the ESCA being for ophthalmologic monitoring.
- Members opposed the requirement for an ESCA/RICaD with hydroxychloroquine.

The Chair thanked the members for their input today. The meeting closed at 17:00.

Date of next meeting: Thursday 10th October 2019
Birmingham Research Park.