NHS Berkshire West Area Prescribing Committee
Minutes of Meeting held on 1 May 2013
Room G30, 57/59 Bath Road, Reading, RG30 2BA

Attendance:

[redacted]

1. Chairman's Introduction

[redacted] welcomed everyone to the meeting and explained this was the first meeting of the new Area Prescribing Committee (APC) which replaces the Effective Prescribing Committee (EPC). This Group would sign off the final papers from the last EPC meeting held on 6th March.

2. Apologies

[redacted].

3. Pecuniary Interests

[redacted] mentioned that the Medicines Optimisation Team had received training provided by Bayer and she had attended an advisory board commissioned by Omega Scientific on behalf of Bayer.

4. Minutes of the EPC meeting held on 6th March 2013

The minutes were agreed as accurate.

5. Matters Arising not Included in Main Items

5.1 APC Terms of Reference
Amendments to the draft ToRs were discussed. [redacted] confirmed that APC will not be responsible for monitoring prescribing performance. APC will be looking at safety aspects / evidence, side effects and cost. It was agreed that relevant patient groups need to be consulted with and more lay members need to be included in the membership. The difficulties with lay members such as papers being too technical / clinical for the average lay member were acknowledged.

[redacted] will ask CCGs if they have representatives from patients groups on their committees.

Health Watch groups also need to be included in consultations.

Need to ensure that all papers for consultation go to all relevant organisations and groups.

Decisions made by APC will go to GPs MMC for approval.

All representatives at APC need to feedback discussions to relevant people within their organisations so all are aware of decisions made.

Papers would be emailed to group for comments / approval to speed up process as group only meets every other month.

Terms of Reference and membership to be reviewed every 2 years or as appropriate.

5.2 5.4 Representatives from South Reading and Wokingham CCGs had now been identified and were in attendance.

5.3 5.7 [redacted] is continuing work on EPC 12/40 Melatonin for the treatment of sleep disorders in paediatric patients.

5.4 5.8 [redacted] has discussed with Cardiologists at RBH.

5.5 5.10 Work is being carried out with RBFT Consultants. Results will be available in 6 – 9 months' time, [redacted] will bring to APC when available.

5.6 6. EPC 098 Episenta® - this needs to be taken to RBFT DTC as usually initiated in secondary care. Clear guidance is needed for Primary Care when patients are discharged.

5.7 7.2 EPC 13/01 Dapagliflozin (Forxiga®) for type 2 diabetes mellitus – [redacted] has suggested that this is carried forward until NICE guidance is available in June.

5.8 7.7 Ketamine for Refractory Pain: Shared Care Protocol – to be carried forward.

6. Horizon Scanning / NICE

[redacted] will email a list of topics to the group so members can decide what should be considered at July's APC meeting.

When NICE Guidance issued [redacted] will produce a one page policy for the group to consider.

[redacted] will let Commissioning know of any advance information she receives which may have an impact on budgets / spend.

7. Future Topics / preventing duplication of formulary submissions

It is important that all organisations are represented at APC and all members keep their organisations updated on work APC undertakes.

[redacted] to develop a standard form which can be used by all organisations, draft to be emailed to the group for approval.

NetFormulary is now live and can be accessed at http://westberks.formulary.co.uk/default.asp and provides details of the joint formulary for Berkshire West CCGs, RBFT and BHFT. NICE guidelines and supporting information is also available.

8. Existing and Expired EPC Topics

Some old EPC policies are no longer relevant and do not need to be reviewed. [redacted] will send out a list of all policies so the group can decide which need to be reviewed.

9. Policies Agreed at Meeting Held on 6th March 2013

EPC 100	Hydrocortisone 2.5% cream and ointment low priority. Approved.
EPC 101	Perampanel (Fycompa®) as an option for the treatment of epilepsy. Approved.
EPC 102	Ivabradine (Procoralan®) as an option for the treatment of heart failure. Approved.
EPC 103	Denosumab (Xgeva®) as a treatment option for the prevention of skeletal-related events in adults with bone metastases from solid tumours. Approved.
EPC 104	Aflibercept (Eylea®) as an option for the treatment of wet age related macular degeneration (wAMD). Approved.

Action: Policies to be submitted to GP's MMC for approval before publishing on Internet.

10. Papers

10.1 APC 13/01

Insulin degludec (Tresiba®) for diabetes mellitus

Summary:

Insulin degludec is a long-acting insulin analogue which was found to be non-inferior to insulin glargine when compared in clinical trials. The rate of nocturnal hypoglycaemia with insulin degludec was found to be 25% lower than with insulin glargine in both T1DM and T2DM. The overall rate of hypoglycaemia was lower in patients with T2DM. There is no evidence that insulin degludec improves long-term survival in T1DM or T2DM compared to other basal insulin regimens.

Insulin degludec costs significantly more than existing long-acting insulin analogues. Current guidelines for patients with T2DM recommend using human insulins as a first choice.

Recommendation:
The APC does not recommend insulin degludec (Tresiba®) over human insulins or existing long acting insulin analogues for treating patients with diabetes.

Why has the APC said this?

The APC looks at how well treatments work, and also at how well they work in relation to how much they cost the NHS. It was not clear from the evidence whether insulin degludec works as well as other treatments available on the NHS. It was also uncertain whether insulin degludec provides enough benefit to patients to justify its high cost.

Wording on exceptionality to be added to footnote of all policies re use in exceptional circumstances for patients falling outside of the policy recommendations.

Action: Policy to be prepared and emailed to APC members for approval before taken to GP's Medicines Management Committee.

10.2 APC 13/02
Lixisenatide (Lyxumia®) for type 2 diabetes
Summary:
This treatment now has a marketing authorisation for use. It is a "me too" GLP1 mimetic that is cheaper than existing options (15% cheaper than twice daily exenatide and 26% cheaper than once daily liraglutide). Lixisenatide has the advantage of being a once daily injection.

Recommendation:
The APC recommends Lixisenatide as a treatment option for patients with type 2 diabetes meeting criteria for use of a GLP-1. Furthermore as the preparation is once daily and has a cheaper acquisition cost, the APC recommend using this agent first line (after a sufficient period of cautious use to confirm safety of treatment).

Why has the APC said this?
The APC looks at how well treatments work, and also at how well they work in relation to how much they cost the NHS.

The APC recommended lixisenatide because as a cost effective treatment option.

Action: Policy to be prepared and emailed to APC members for approval before taken to GP's Medicines Management Committee.

10.3 APC 13/03
Use of Octasa MR (mesalazine) as the first line oral 5-aminosalicylates
Summary:
Since December 2012, Octasa MR is the rebranded but pharmaceutically identical

version of Mesren MR. It represents the least expensive, pH-dependent, modified-release mesalazine product in the UK.

QIPP (Quality, innovation, productivity and prevention) savings can be achieved by approving Octasa MR the first line mesalazine product. This proposal was put forward by the Gastroenterologists at RBFT. Additionally Octasa MR is the first line mesalazine product within Berkshire East.

Recommendation:
The APC recommends Octasa MR as the firstline treatment option for new patients requiring mesalazine or for patients currently on Mesren MR.

AS to write a revised option for policy.

Why has the APC said this?
The APC looks at how well treatments work, and also at how well they work in relation to how much they cost the NHS.

The APC recommended Octasa MR as the first line mesalazine as this is a cost effective treatment brand and is endorsed by the specialists at RBFT.

10.4 APC 13/04
What priority should be given to the prescribing of Ulipristal (Esmya®) for uterine fibroids?
Summary:
Ulipristal is licensed for the pre-operative treatment of moderate-to-severe symptoms of uterine fibroids in adult women of reproductive age. **The duration of treatment is limited to three months.** Ulipristal was superior to placebo and non-inferior to a gonadotrophin releasing hormone (GnRH) agonist for reducing uterine bleeding in pre-operative women with uterine fibroids and excessive bleeding.

Recommendation:
The APC recommends ulipristal (Esmya ®) as a treatment option for patients with uterine fibroids undergoing surgery. The APC recommend that treatment initiation is on the advice of a specialist who will decide whether ulipristal is the most suitable treatment option for the individual patient. (Amber status on traffic light system).

Why has the APC said this?
The APC looks at how well treatments work, and also at how well they work in relatior how much they cost the NHS.

The APC recommends ulipristal (Esmya ®) as a cost effective treatment option for wo with uterine fibroids requiring surgery.

Action: Policy to be prepared and emailed to APC members for approval before taken to GP's Medicines Management Committee.

10.5 APC 13/05
New Oral Anticoagulants (NOACs) for stroke prevention in Atrial Fibrillation

Summary:
The 2012 focused update of the European Society of Cardiology (ESC) Guidelines for the management of AF state *There is insufficient evidence to recommend one NOAC over another, although some patient characteristics, drug compliance and tolerability and cost may be important considerations in the choice of agent.*

[redacted] presented APC members with samples of rivaroxaban tablets and dabigatran capsules to compare sizes. Dabigatran cannot be used in dosset boxes which represents impracticality. Discontinuation due to dyspepsia is also an issue with dabigatran. Cardiologists at RBFT support using rivaroxaban as the preferred NOAC and the NOAC guidelines recognize situations when a differing NOAC may be the preferred option.

The APC agreed that the flow chart in the document needs to be updated with latest information and made clearer.

JC expressed concerns about the rebate agreements for these drugs and CT mentioned that the Department of Health may stop all rebate agreements in the future.

Action: [redacted] to update document and pathway and circulate to the group.

8. Any Other Business
No other business.

Date of APC Meeting:
Wednesday 3rd July 2013
10.00am – 12.00pm at 57/59 Bath Road, Reading, RG30 2BA