NHS Berkshire West Area Prescribing Committee
Minutes of Meeting held on 4 September 2013
Room G29/30, 57/59 Bath Road, Reading, RG30 2BA

Attendance:

[redacted]

1. Chairman's Introduction

[redacted] welcomed everyone to the meeting.

2. Apologies

[redacted].

3. Pecuniary Interests

No declarations received.

4. Minutes of the APC meeting held on 3rd July 2013

The minutes were agreed as accurate.

5. Matters Arising from Meeting on 3rd July 2013 not Included in Main Items

5.1 APC Terms of Reference

Following AP's audit of the Terms of Reference an updated copy had been circulated to the Group with the following amendments:

a) Page 4: section on communication
b) Page 5: additional info added to the section on topic selection. Also section on decision making, hierarchy of evidence, ethical framework
c) Page 5: section on policy statements
d) Page 10: SOP for processing APC submissions added
e) Pages 15-18: Appendices with APC templates

It was agreed that the group should look at the amended document and let [redacted] know of any changes by the 18th September. Any minor changes would be incorporated into the document or if needed to be discussed would come to November meeting.

The final Terms of Reference will be available on the CCG Websites and Doctors Desktop.

[redacted] advised that Private providers would be invited to attend the meetings but they would not have voting rights.

[redacted] may have another Lay Member to join the group.

5.3 EPC 12/40 Melatonin for the treatment of sleep disorders in paediatric patients – AS is meeting with BHFT today to discuss this and will report back at November meeting.

5.8 Ketamin for Refractory Pain: Shared Care Protocol – [redacted] will chase [redacted] regarding this.

11.2 Berkshire West Diabetes Formulary – [redacted] has spoken to [redacted] and agreed that individual therapy areas will be looked at and [redacted] will then produce a paper to come to APC.

11.7 APC 13/11 TA280: Abatacept for treating rheumatoid arthritis – [redacted] clarifying pathway in secondary care and will update at November meeting.

11.9 APC 13/13 TA283: Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion – [redacted] finalising pathway and will bring to next meeting.

6. Horizon Scanning / NICE Update

[redacted] will circulate a list of topics to be looked at for the November meeting.

7. Preventing duplication of formulary submissions and submission forms

Future Topics / preventing duplication of formulary submissions – [redacted] to meet with RBH and BHFT to reduce risk of duplication. [redacted] will report back to November meeting.

8. Update on Existing and Expired EPC Topics

[redacted] has gone through expired policies and most can be updated as no new information available. [redacted] will take to GPs MMC to be ratified. Any topics where new information is available [redacted] will bring back to APC for discussion.

9. Policies Agreed at Meeting Held on 3rd July 2013

APC 005 New Oral Anticoagulants (NOACs) for stroke prevention in Atrial Fibrillation - Agreed. [redacted] has arranged an educational launch event for the evening of 2nd October for GPs and Clinicians.

APC 006	OAB Pathway - Agreed. Now been agreed with [redacted] at RBFT
APC 007	Ingenol Mebutate for actinic keratosis - Agreed.
APC 008	Linaclotide for IBS-C - Agreed.
APC 009	Zonisamide monotherapy in partial onset seizures - Agreed.
APC 010	Lisdexamphetimine for the treatment of ADHD in children aged 6 years of age and over when response to previous methylphenidate treatment is considered clinically inadequate - Agreed. [redacted] will prepare draft shared care guidelines for children to November meeting.

Action:
Policies to be taken to GPs MMC for ratification before publishing on Internet and NetFormulary.

10. Papers

10.1 APC 13/14

What priority to give to the prescribing of glycopyrronium for hyperhidrosis?

- Insufficient evidence to demonstrate cost effectiveness of treatment.
- Secondary care clinicians may use the individual funding route (IFR) for cases where it can be demonstrated that there is true clinical exceptionality

Recommendation:
Glycopyrronium solution 0.50% for hyperhidrosis is not approved for the treatment of patients with severe palmar and plantar hyperhidrosis, not responding to tap water iontophoresis.

Action:
Policy to be taken to GP's Medicines Management Committee for ratification and then published on Website and NetFormulary.

10.2 APC 13/15

What priority should be given to the prescribing of azelastine hydrochloride and fluticasone propionate Nasal Spray, 137 mcg/50 mcg (Dymista® Nasal Spray)?

- Almost half of patients treated with Dymista® (49.1%) achieved a clinically significant 50% improvement in Total Nasal Symptom Score (TNSS).
- Time to reach this was 5-6 days earlier than with fluticasone propionate or azelastine monotherapy.
- Overall incidence of adverse reactions was 16% with Dymista®, 15% with azelastine HCl, 13% with fluticasone propionate, and 12% with placebo
- Dymista® was not considered as cost effective as some of the other alternatives available although the APC recognised that there is a place for treating refractory patients.
- Additioinally the safety profile of Dymista® is not yet full established.

Recommendation:
Dymista® is only recommended for prescribing in patients where all other treatment options have been exhausted (including fexofenadine and corticosteroids such as

beclamethasone) and the patient who would normally be prescribed azelastine and fluticasone as separate components.

Comments to be added to Scriptswitch to use after alternative products have been tried.

It was agreed that a pathway for use was needed and [redacted] to produce this.

Action:
Policy to be taken to GP's Medicines Management Committee for ratification and then published on Website and Net Formulary.

10.3 APC 13/16
Should Leuprorelin continue to be the LHRH agonist of choice for new initiations and could it be considered for existing patients on alternative LHRH agonists?

- There is no difference in efficacy or safety of treatment however leuprorelin has the lowest acquisition cost.
- Leuprorelin also has a small needle size therefore will be a less painful injection.

Recommendation:
Leuprorelin should continue to be recommended for new initiations of patients with prostate cancer, excluding patients on neo-adjuvant treatment prior to radiotherapy, and for existing patients with prostate cancer on alternative LHRH agonists, excluding patients on neo-adjuvant treatment prior to radiotherapy. Practices may also switch patients from other LHRH agonists to Leuprorelin.

[redacted] has changed patients to this and is happy to speak to collaegues who require more information.

RBFT to be advised of this policy and asked to make clear in what product GPs should prescribe when sending letters.

Action:
Policy to be taken to GP's Medicines Management Committee for ratification and then published on Website.

10.4 APC 13/17
Updated shared care guidelines for the treatment and prevention of venous thromboemolic disease (DVT/PE)

These Shared Care Guidelines have been around for several years. The document was agreed with the following amendments:

- Approval and Authorisation box on front page needs updating as several of the people named here are no longer in post.
- Page 3 ' Treatment of venous thromboembolic disease in:' to be updated.

It was suggested that Healthcare at Home may be able to be involved with this case

– [redacted] to look into this.

Action:
Document to be updated and taken to GP's Medicines Management Committee for ratification and then published on Website.

10.5 APC 13/18
New oral anticoagulants (NOACs) for treating intravenous drug users (instead of using heparin)

- Treatment will be under the supervision of a consultant haematologist.
- This treatment is more reliable than the current standard which is injections of low molecular weight heparins.
- There were some safety concerns and the APC have asked for an audit to be performed in one year's time.

Recommendation:
Intravenous drug users presenting with VTE may be treated with a NOAC in place of low molecular weight heparins (LMWH). Patients currently being treated with LMWH may be switched if clinically appropriate.

[redacted] to speak to [redacted] about checking LFTs.

Action:
Policy to be taken to GP's Medicines Management Committee for ratification and then published on Website.

11 NICE Technology Appraisals

11.1 APC 13/19
TA 287: TA287: Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism Issued

There are cohorts of patients who will benefit from this treatment instead of the current standard (low molecular weight heparin/warfarin). NICE have approved treatment as cost-effective.

Recommendation:
Rivaroxaban is an option for treating PE and preventing VTE under the guidance of a hospital specialist.

Action:
Policy to be taken to GP's Medicines Management Committee for ratification and then published on Website.

11.2 APC 13/20
TA288 Dapagliflozin in combination therapy for treating type 2 diabetes

Has been discussed at APC before but decision deferred pending NICE TA.

GPs may benefit from discussing this treatment with specialists via virtual clinics until

more experience is gained.

[redacted] is taking over from [redacted] – [redacted] to arrange to meet with him to discuss further**.**

Recommendation:

1.1 Dapagliflozin in a dual therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if it is used as described for dipeptidyl peptidase-4 (DPP-4) inhibitors in Type 2 diabetes: the management of type 2 diabetes (NICE clinical guideline 87).

1.2 Dapagliflozin in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating type 2 diabetes.

1.3 Dapagliflozin in a triple therapy regimen in combination with metformin and a sulfonylurea is not recommended for treating type 2 diabetes, except as part of a clinical trial.

1.4 People currently receiving dapagliflozin in a dual or triple therapy regimen that is not recommended for them in 1.1 or 1.3 should be able to continue treatment until they and their clinician consider it appropriate to stop.

Action:
Policy to be taken to GP's Medicines Management Committee for ratification and then published on Website.

11.3 APC 13/21

TA292: Aripiprazole for treating moderate to severe manic episodes in adolescents with bipolar I disorder

- Does not represent a major change in practice
- NICE approved as a cost-effective option
- BHFT to produce a treatment pathway.

Recommendation:
Aripiprazole is recommended as an option for treating moderate to severe manic episodes in adolescents with bipolar I disorder, within its marketing authorisation (that is, up to 12 weeks of treatment for moderate to severe manic episodes in bipolar I disorder in adolescents aged 13 and older

Action:
Policy to be taken to GP's Medicines Management Committee for ratification and then published on Website.

11.4 APC 13/22

TA293: Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura (review of technology appraisal 205) Issued: July 2013

Recommendation:
This treatment will be used within secondary care under consultant haematologists.

Action: Policy to be taken to GP's Medicines Management Committee for ratification and then published on Website.

11.5 APC 13/23
TA 294: Aflibercept solution for injection for treating wet age-related macular degeneration (first line).

- This treatment will be used within secondary care under consultant opthalmologists under agreed conditions.
- This treatment will ease the pressure on clinic capacity due to the reduced requirement for monitoring.

Recommendation:
Aflibercept solution for injection is recommended as an option for treating wet age-related macular degeneration only if:

- it is used in accordance with the recommendations for ranibizumab in NICE technology appraisal guidance 155 (re-issued in May 2012) **and**
- the manufacturer provides aflibercept solution for injection with the discount agreed in the patient access scheme.

1.2 People currently receiving aflibercept solution for injection whose disease does not meet the criteria in 1.1 should be able to continue treatment until they and their clinician consider it appropriate to stop.

Action:
Policy to be taken to GP's Medicines Management Committee for ratification and then published on Website.

12 Drugs not recommended by NICE
[redacted] advised the group of the following drugs that NICE did not recommend:

- Pegloticase for gout
- Ruxolitinib for people with an enlarged spleen or symptoms from myelofibrosis

13 Any Other Business
No other business discussed.

Dates of Future Meetings

Date of Meeting	Venue
Wed 6th November 2013	Room G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wed 8th January 2014	Room G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wed 5th March 2014	Room G29/30, 57/59 Bath Road, Reading, RG30 2BA

All Meetings 10.00am – 12.00pm