NHS Berkshire West Area Prescribing Committee
Minutes of Meeting held on 8th January 2014
Room G30, 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 6th November 2013

The minutes were agreed with the following amendments:

- [redacted] added to the attendance list
- 11.9 APC 13/13 amended to read "form a *part of* a larger pathway"
- 8.2 APC 13/24 amend to read '*using the Breezhaler delivery system'*
- 8.4 Spelling for Saxagliptin corrected
- 9.1 Spelling of Mercaptopurine corrected

5. Matters Arising from Meeting on 6th November 2013 not Included in Main Items

5.8 Ketamin for Refractory Pain: [redacted] handed over to [redacted]. [redacted] will bring back to group.

11.2 [redacted] has started discussions about a diabetes pathway with [redacted]

11.7 APC 13/11 TA280: [redacted] will bring to May meeting.

6. Update on existing and expired EPC topics

[redacted] has updated a number of EPC policies and sent these to stakeholders for consultation. These have all been approved and will be re issued as APC policies.

[redacted] asked if policies should be issued without an expiry date and would be reviewed when needed. [redacted] was concerned that it would not be evident if changes had been captured if there was not an expiry date.

[redacted] suggested that policies could have a 3 year expiry date unless significant changes happened before this date. This was agreed.

Action: EPC policies that have been reviewed will be re issued with APC numbers, ratified by GPs Medicines Optimisation Committee (GP's MOC) and published on websites.

7. Horizon Scanning / NICE Update

Horizon scanning is being carried out by the lead for the Thames Valley Priorities Committee.

8. NICE TAs where the manufacturer does not submit information

[redacted] advised that NICE sometimes do not recommend drugs because no information is available from manufacturers. [redacted] asked if we should accept NICE recommendation in these cases. The group agreed this should happen.

9. Papers

9.1 APC 13/13

Dapoxetine for the treatment of premature ejaculation (PE)

Existing data suggests dapoxetine significantly improves all aspects of PE and was generally well tolerated. It increased intravaginal ejaculation latency time in men from a baseline of 0.9 minutes to 3.5 to 4.2 minutes. Dapoxetine costs significantly more than the SSRI treatments used off-label

to treat this condition.

The committee understood that patients presenting with PE are usually given holistic advice to improve the condition and SSRI's are not routinely used to manage the conditioin. Criteria for determining eligibility for treatment with dapoxetine would be difficult to enforce within primary care and could be liable to abuse.

Recommendation
Dapoxetine should not be available for the treatment of patients with PE.

This decision was agreed by the group with the exception of [redacted] who felt the decision had been made based on cost.

Action: Policy to be taken to GP's MOC for ratification and then published on Netformulary and websites.

9.2 APC 13/29
What priority should be given to the prescribing of indacaterol/glycopyrronium (Ultibro®) for the management of symptoms of chronic obstructive pulmonary disease (COPD)?
Indacaterol approved by EPC in 2011 but despite this uptake has been minimal.

Ultribro® demonstrated rapid and sustained bronchodilation with significant improvements compared with indacaterol monotherapy and placebo in patients with COPD. This combination inhaler also demonstrated a good safety and tolerability profile, providing rapid and sustained bronchodilation over 52 weeks in patients with moderate-to-severe COPD.

Recommendation:

Indacaterol/glycopyrronium (Ultibro®) is recommended as an option for prescribi within primary care when used as a second or third line treatment as recommended by NICE clinical guideline 101 (chronic obstructive pulmonary disease; June 2010)

Action: Policy to be taken to GP's MOC for ratification and then published on Netformulary and websites.

9.3 APC 13/30
Lubiprostone (Amitiza®) for the treatment of chronic idiopathic constipation.
Lubiprostone (Amitiza®) is licensed for the treatment of chronic idiopathic constipation (CIC). It is a bicyclic fatty acid and a locally acting chloride channel activator that enhances the secretion of chloride-rich intestinal fluid without altering electrolyte concentrations in the serum. Current trial data

shows efficacy against placebo but no comparative data are available making its' place in therapy difficult to determine.

Recommendation:
Lubiprostone (Amitiza®) is not recommended as an option for prescribing within primary care except when initiated by a specialist after other treatments have been exhausted.

Action: Policy to be taken to GP's MOC for ratification and then published on Netformulary and websites.

9.4 APC 13/31

The Prescribing of Melatonin in primary are; unlicensed vs off-label

Unlicensed melatonin is being used in primary care despite the low priority statement restricting the supply in primary care. Clinicians claim it can be of benefit in some patients having an impact on not just the child but the entire family in some circumstances. One suggestion has been to use licensed melatonin (Circadin) off-label and put in place shared care between the specialist and GP. This practice has been adopted in other areas of England. CambridgeshireTrust's patient information leaflet was circulated as part of this appraisal. Circadin can be crushed and although the process of crushing the tablets results in the loss of modified release characteristics, liquid melatonin is immediate release therefore there is no difference. [redacted] raised the problem of it be unethical for community pharmacies to label as 'able to be crushed'. Crushing the tablets means they are used outside of license however using in the paediatric population invalidates the license. It was agreed that specific details of crushing tablets would be mentioned in the patient information leaflet similar to the way Cambridge have. Consultants would be expected to explain the process to the patient and/or patient's carers at the start of treatment.

The proposed option is to use Circadin on a shared care basis i.e. the specialist initiates treatment and GP continues. For patients who cannot tolerate Circadin and required another form/brand of melatonin, prescribing would remain in secondary care. [redacted] is doing some work around supplying Melatonin.

Recommendation:
Melatonin is NOT recommended as an option for prescribing within primary care EXCEPT when Circadin® (modified release melatonin) is initiated by a specialist who maintains overall responsibility for the patient.

Action: [redacted] to produce leaflet similar to Cambridge use and Policy to be taken to GP's MOC for ratification and then published on Netformulary and websites.

9.5 APC 13/32
Paliperidone Palmitate Prescribing Arrangements
Some amendments need to be made to the document:
- 'Place in Therapy' needs expanding to show where it is used
- Need to include fact that does need to be stored in fridge
- No delayed release profile

[redacted] will amend document.

[redacted] asked if GPs were happy to do baseline ECGs / tests etc. [redacted] felt it was difficult to get patients to come to the surgery for these tests. It was agreed that these tests should be carried out by secondary care at initiation and GPs would monitor when passed back to primary care.

[redacted] is carrying out ongoing audit and will bring results to group.

Action: [redacted] to update document and [redacted] to take Policy to GP's MOC for ratification and then published on Netformulary and websites.

9.6 APC 13/33
NOAC DAWN Module
RBFT use a module on the DAWN database to monitor patients on NOACs and have offered to do this for all patients at a cost of £52 per patient per year for a counselling session and £32 per patient per year for 4 blood tests.

The group asked whether this monitoring was needed as this was not mentioned when guidelines launched 6 months and NICE do not indicate that this level of monitoring is needed.

[redacted] to ask RBFT why they are deviating from NICE Guidelines.
Action: [redacted] to ask RBFT why they are deviating from NICE Guidelines.

9.7 APC 13/34
Lithium Shared Care Guidelines
[redacted] has updated these and they have been agreed by BHFT D&TC.

[redacted] asked for clarification concerning the ECG requirement under 3.1. If this is needed BHFT would need to have an arrangement for this to be done by the acute trust. [redacted] will check this point and update document.

Action: [redacted] to check ECG requirement under 3.1 and update document.

10. NICE Technology Appraisals

10.1 **TA 297: Ocriplasmin intravitreal injection for the treatment of vitreomacular traction**
This reatment costs approximately £2500 + VAT per patient. It is anticipated there will be approximately 17 patients across Berkshire with a total cost of

approximately £57,000. The 'watch and wait' process should still be used but for patients with severe symptoms this would be an option before vitrectomy although some patients will still require surgery after using this treatment.

10.2 TA 298: Intravitreal Ranibizumab injection for the treatment of visual impairment due to choroidal neovascularisation secondary to pathological myopia

This will be used as per the NICE TAG.

10.3 TA 301: NICE guidance TA 301 – Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema after inadequate response to prior therapy (rapid review of technology appraisal guidance 271)

This was previously declined by NICE, but was approved after a patient access scheme (PAS) was put in place.

11. Any Other Business

On behalf of [redacted] raised the issue of Out Patient prescribing as [redacted] sent out a memo advising clinicians not to issue a prescription unless the patient needed the medication within 5 days. A proforma has been produced which explains to the patient that the proforma should be handed in to reception at their GP practice and their GP will issue the medication as this medication is not urgently required.

[redacted] and [redacted] stated that they had a lot of patients asking for their prescription to be issued urgently so proforma needed to make it clear that it was not urgent.+

[redacted] and [redacted] will look into this.

Dates of Future Meetings

Date of Meeting	Venue
Wed 5th March 2014	Room G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wed 7th May 2014	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wed 2nd July 2014	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wed 3rd September 2014	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wed 5th November 2014	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA

All Meetings 10.00am – 12.00pm