



NHS Berkshire West Area Prescribing Committee Minutes of Meeting held on 2nd July 2014 Room G30, 57/59 Bath Road, Reading, RG30 2BA

Attendance:



1. Chairman's Introduction

█ welcomed everyone to the meeting.

2. Apologies

█.

3. Pecuniary Interests

No declarations received.

4. Minutes of the APC meeting held on 7th May 2014

The minutes were agreed as accurate.

5. Matters Arising from Meeting on 7th May 2014 not Included in Main Items

TA280 and the pending rheumatology paper: █ met with Consultant Rheumatologists █ and █ to discuss formulating a rheumatology pathway for anti-TNF agents. During the meeting it was felt that there was a more pressing need to address ankylosing spondylitis over rheumatoid arthritis (RA) .RBH are following NICE guidance for anti-TNFs in



RA and using the DAWN database to ensure patients are adequately monitored and clinically reviewed whilst on treatment. ■ to work with ■ to produce a paper on ankylosing spondylitis.

Update 02/07/14

■ will bring this paper to the September APC Meeting.

The Prescribing of Melatonin in Primary Care: ■ is working on shared care for adult ADHD patients requiring melatonin and will bring to the APC once complete.

Update 02/07/14

■ will bring this paper to the November APC Meeting.

5.1 Ketamine Shared Care

A draft document has been in circulation for some time, but this has never been ratified. ■ will contact Dr ■ to get a date when document will be completed. ■ will update at September APC meeting.

5.2 LUTS Pathway

■ will attend the September APC to present his appeal to the group.

5.3 Nalmefene for the reduction of alcohol consumption in adult patients with alcohol dependence with a high drinking risk level

■ has sent paper to DAT Commissioners for comments and will bring to September APC meeting.

6. Papers

6.2 APC 14/16 What priority should be given to the prescribing of tadalafil for benign prostatic hyperplasia?

- NICE new medicine evidence review suggested local decisions should be made
- Lack of comparable data available and manufacturer has not submitted any data
- Has not been compared against other medications
- More expensive than generic

Recommendation

Tadalafil 5mg is not recommended as an option for the treatment of benign prostatic hyperplasia in adult men.

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

6.3 APC 14/17 Duloxetine – Application for Addition to the BHFT Formulary



■■■ advised that Consultants had requested that this is added to the BHFT formulary for restricted use as it is effective for the treatment of significant neuro pain and low mood in patients. They do not anticipate it will be used a lot. If agreed it would be initiated by BFT Specialist and once patient stable managed in primary care.

■■■ and ■■■ were concerned that this request was not following the normal APC process.

Recommendation

Agreed to approve use of Duloxetine for patients who meet guidelines for one year subject to audit process being implemented and results of audit to come back to APC.

6.4 APC 14/18 What Priority should be given to the prescribing of avanafil (Spedra®)?

- A new PDE5 for treating ED
- Not yet appraised by NICE
- Is effective against placebo
- Costs significantly higher than generic sildenafil, the first line PDE-5 inhibitor in Berkshire West.

Recommendation

Avanafil should not be recommended for the treatment of ED in patients meeting SLS criteria.

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

6.5 APC 14/19 What should be the priority for prescribing Abilify Maintena® (aripiprazole long acting injection)?

- BHFT have requested that this is added to formulary
- Is well tolerated especially when other products not suitable due to other medical conditions patient may have.
- One monthly injection
- Does not require fridge storage
- Patients are requesting this as less side effects
- No evidence or comparable data with other depot medications available
- Not as cost effective as other treatments

Recommendation

Provisional approval agreed subject to evidence coming to APC as soon as it is available.

Action: ■■■ to amend wording of Option 2 and circulate to group for



approval.

7. NICE Technology Appraisals

TA 313: Psoriatic Arthritis (active) - ustekinumab

NICE do not recommend the use of Ustekinumab for treating active psoriatic arthritis

TA312 Multiple Sclerosis (relapsing-remitting) – alemtuzumab

NICE recommend the use of Alemtuzumab. This is funded by NHS England.

8. Shared Care

8.1 ADHD for Children and Adolescents

APC had asked [redacted] to produce a document to combine all options. This document has been to Berkshire East EPC for approval, and has been circulated widely for comment.

East and West Berkshire drug differences need to be clarified in the document.

Action: [redacted] to amend document and bring to September APC meeting.

9. Any Other Business

[redacted] advised that very few comments were being received for APC papers despite papers being sent to out to all Trusts.

Recently Survey Monkey had been used to obtain comments on the papers for Gluten Free Products and Baby Milks, an email had been sent to GPs and Healthcare Professional containing a link which took them to survey monkey where they were required to answer 3 questions. This method had received a very good response.

It was agreed that this method could be used to obtain comments on APC papers.

BHFT and RBH requested that all correspondence was sent to their generic mailboxes rather than to individuals and they would ensure it was circulated within their Trusts.

[redacted] and [redacted] would look at ways to obtain a better response.

[redacted] suggested that APC should have a formal statement saying: "APC does not recommend use of any new drugs until they have been to APC (excluding NICE approved drugs)."



█ reported that when drugs were not recommended for treatment they were being marked as 'Black' on the formulary. The DoH is the only body which can black list a drug therefore █ suggested we should be using a different colour as Black is misleading and makes it look like we are 'Black Listing' the drug. It was agreed that Brown would be used for treatments not recommended within the traffic light classification of the formulary.

Dates of Future Meetings

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

All Meetings 10.00am – 12.00pm