



Berkshire West Area Prescribing Committee (BWAPC)

**NHS Berkshire West Area Prescribing Committee
Minutes of Meeting held on 3rd September 2014
Room G29/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. Vesomni® – Appeal by █

The APC statement issued in March 2014 does not recommend the routine use of Vesomni® for treating men with lower urinary tract symptoms (LUTS). █, Consultant Urologist, RBFT has appealed this decision as he feels Vesomni® should be a treatment option.

█ attended the meeting and explained that currently 700 men a year are referred to the RBH with urinary tract symptoms and this costs £90,000. █ stated that at least 40% of these referrals could be avoided through

better use of medication. Around 1% of the male population over the age of 18 have some urinary tract symptoms but only 6% of these are being appropriately treated. [REDACTED] aims to get a better pathway for GPs to use to treat these patients.

After discussion it was agreed not to change the recommendation on Vesomni® but that GPs needed further education in the use of dual drugs. [REDACTED] would discuss this at the next Medicines Optimisation Committee meeting scheduled for October 2014.

[REDACTED] would update the existing pathway to include an algorithm.

[REDACTED] left the meeting after this discussion.

5. Minutes of the APC meeting held on 2nd July 2014

With the addition of [REDACTED] to the attendees list, the minutes were agreed as accurate.

6. Matters Arising from Meeting on 2nd July 2014 not Included in Main Items

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

Update 02/07/14

[REDACTED] will bring this paper to the November APC Meeting.

Update 03/09/14

[REDACTED] will bring this paper to the November APC meeting.

6.1 Ketamine Shared Care

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

Update 03/09/14

[REDACTED] will follow up with [REDACTED] and bring to November APC meeting.

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

[REDACTED] has sent paper to DAT Commissioners for comments and will bring to September APC meeting.

Update 03/09/14

■ has circulated papers to Drug and Alcohol Teams for comment and will bring to November APC meeting.

6.3 **Shared Care – ADHD for Children and Adolescents**

■ has updated details on final version of paper and forwarded to ■.

6.4 **NOAC policy for discussion in light of NICE guidance**

Currently Warfarin is 1st line, but latest NICE guidance makes clear that the policy currently used (BW APC NOAC Policy) needs to be amended.

Warfarin is the recommended first line oral anticoagulant however warfarin and all 3 available NOACs should be first line. NICE have issued a patient decision aid document for patients and GPs to use to determine the most appropriate treatment for the patient.

■ will review the policy and bring to November meeting.

■ will put the cost implication of this on the Risk Register.

■ discuss at next Medicines Optimisation Committee how to arrange more training for GPs in the use of NOACs and how to upskill at least one GP in each Practice.

It was agreed that it would be helpful to have a simple statement showing the difference between Warfarin v NOACs, this would need to be agreed with stroke/cardiac specialists and would need to be in line with NICE guidance. A similar statement could also be developed for other drugs.

■ will look at the development of this and update on progress in November.

6.5 **DoH update on drugs for ED**

Until now ED drugs have only been available for patients meeting the criteria for the Selected Scheme List* (SLS). South Central Priorities Committee Statement previously restricted the amount of drugs to 2/month.

Since the patent on sildenafil expired, the price of generic sildenafil has drastically reduced. The requirement to fulfil SLS criteria has also been unrestricted for generic sildenafil. Generic sildenafil can therefore be prescribed for any patient with erectile dysfunction provided they are eligible in terms of suitability to the medication etc.

Patients currently receiving private prescriptions for sildenafil are now eligible to receive this on the NHS as generic sildenafil (but not branded sildenafil)

Oxford are no longer restricting sildenafil to 2/month but have agreed to increase this to 4/month in line with DoH recommendations.

■ will arrange for clear details of changes to be sent out to GP Practices.

* Pre-specified conditions include: diabetes, multiple sclerosis, Parkinson's disease, poliomyelitis, prostate cancer, prostatectomy, radical pelvic surgery, renal failure treated by dialysis or transplant, severe pelvic injury, single gene neurological disease, spinal cord injury, spina bifida.

7. Papers

7.1 APC 14/19: What priority should be given to the prescribing of Abilify Maintena® (aripiprazole long acting injection)?

As requested at the last meeting [REDACTED] has amended the wording of the paper and this has been circulated to the group.

Recommendation

Abilify Maintena® should be considered as first line treatment for patients who are stabilised on oral aripiprazole and require depot formulation to aid concordance.

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

7.2 APC 14/20 Sildenafil conversions

Generic sildenafil is the first line PDE-5 inhibitor. Some practices would like to switch patients from another PD4-5 inhibitor to sildenafil to realise savings. The Medicines Optimisation Team has been asked for details of equivalent doses.

It was agreed that the following amendments should be made to the table circulated:

- Tadalafil 2.5mg daily should be removed from the table
- A reference for the table should be added to the document.

Recommendation

[REDACTED] would make the amendments above before ratification.

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

7.3 APC 14/21 Managed entry of new drugs

[REDACTED] presented a paper which suggests that new drugs should not be routinely prescribed by GPs until the APC has had an opportunity to appraise the evidence of safety and efficacy. It was agreed that this was a useful document for GPs to use when explaining to patients why they do not want to prescribe new drugs.

[REDACTED] would include wording about NICE guidance and TAs and would add a form for GPS to use to refer new drugs to APC.

Recommendation

█ would make amendments above before ratification.

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

7.4 APC 14/22 What priority should be given to the prescribing of BRIMONIDINE gel (Mirvaso® ▼)

Brimonidine gel is a topical beta-2 adrenergic receptor agonist recently licensed for the symptomatic treatment of facial erythema of rosacea in adult patients. The group discussed the evidence of safety and efficacy and felt that this could be used as 2nd line if other treatments had failed. There was concern that the Dermatologists had not commented on this paper and it was decided that █ should contact them for their views and bring back to the November meeting.

Action: AS to contact Dermatologists for their views.

7.5 APC 14/23 Eslicarbazepine (Zebinex®) for refractory epilepsy

Eslicarbazepine (Zebinex®) is indicated as adjunctive therapy in adults with partial onset seizures with or without secondary generalisation. There was a previous policy statement (EPC 046) which did not recommend this treatment for prescribing. EPC 046 expired in May 2013 and requires updating. Since this time NICE guidance, CG 137: *The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care* has been published (issued January 2013, modified December 2013). This recommends the use of eslicarbazepine as a medication that may be used by tertiary epilepsy specialists when other adjunctive treatments are not effective.

Recommendation

For use by tertiary epilepsy specialists as recommended by NICE within CG 137

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

7.6 APC 14/24 Ticagrelor (Brilique®) and Prasugrel (Efient®) in combination with aspirin in Acute Coronary Syndrome (ACS)

NICE TA 236: Ticagrelor for the treatment of acute coronary syndromes was issued in 2011. Local Cardiologists had continued to use Clopidogrel as the anti-platelet agent of choice. With NICE guidance and European Society of Cardiology guidelines recommending ticagrelor as the anti-platelet of choice, local cardiologist would like to use Ticagrelor for treating patients with ST elevation myocardial infarction (STEMI) and non-ST-segment elevation myocardial infarction (NSTEMI).

The APC has asked the Medicines Optimisation Team to audit practices to ensure ticagrelor is used according to NICE TAs (including stopping

ticagrelor after 1 year)

Recommendation

To be used in accordance with NICE Guidance.

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

8. NICE Technology Appraisals

The following NICE Technology Appraisals were noted by the Committee:
July 2014

- 8.1 Advanced breast cancer (update) (CG81)
<https://www.nice.org.uk/guidance/CG81>
- 8.2 Chronic kidney disease (CG182) <http://www.nice.org.uk/guidance/cg182>
- 8.3 Enzalutamide for metastatic hormone-relapsed prostate cancer previously treated with a docetaxel-containing regimen (TA316)
<https://www.nice.org.uk/guidance/ta316>
- 8.4 Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma (TA319) <http://www.nice.org.uk/guidance/ta319>
- 8.5 Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease (CG181) <http://www.nice.org.uk/guidance/cg181>
- 8.6 Lubiprostone for treating chronic idiopathic constipation (TA318)
<https://www.nice.org.uk/guidance/TA318>
- 8.7 Prasugrel with percutaneous coronary intervention for treating acute coronary syndromes (review of technology appraisal guidance 182) (TA317)
<http://www.nice.org.uk/guidance/ta317>

June 2014

- 8.8 Atrial fibrillation: the management of atrial fibrillation (CG180)
<https://www.nice.org.uk/guidance/CG180>
- 8.9 Canagliflozin in combination therapy for treating type 2 diabetes (TA315)
<http://www.nice.org.uk/guidance/ta315>
- 8.10 Implantable cardioverter defibrillators and cardiac resynchronisation therapy for arrhythmias and heart failure (review of TA95 and TA120) (TA314)
<http://www.nice.org.uk/guidance/ta314>

9. Shared Care

ADHD for Children and Adolescents

OT has updated the document as discussed at the last meeting.

10. Any Other Business

Gluten Free Policy

■ explained that a consultation survey had been sent to Health Professionals in July. Many clinicians had requested that a policy was issued for Gluten free foods. Coeliac UK had requested that the draft policy was sent to all their members for comment, but it was agreed that this is not a practice which is done for other groups and was therefore the responsibility of Coeliac UK to circulate the survey to its members and collate responses.

Information Management

■ advised that he had been made aware that draft papers and policies could only be sent to secure NHS.net accounts and in future would not be sent to any other email addresses.

Dates of Future Meetings

Date of Meeting	Venue
Wed 5 th November 2014	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wed 7 th January 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wed 4 th March 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wed 6 th May 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA

All Meetings 10.00am – 12.00pm