



Berkshire West Area Prescribing Committee (BWAPC)

**NHS Berkshire West Area Prescribing Committee
Minutes of Meeting held on 7th January November 2015
Room G29/G30, 57/59 Bath Road, Reading, RG30 2BA**

Attendance:

[Redacted attendance list]

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 5th November 2014**
The minutes were agreed as accurate.

5. **Matters Arising from Meeting on 5th November 2014 not Included in Main Items**
Vesomni® – Appeal by [Redacted]
Carried Forward from September 2014 meeting:
[Redacted] was dissatisfied that the APC had upheld their decision regarding

the prescribing of Vesomni® and has asked for a formal appeal. This will be conducted by Berkshire East CCGs Effective Prescribing Committee.

Update 07/01/15

Berkshire East CCG agreed with the action taken by WB APC. [REDACTED] would ask for this to be put in writing and [REDACTED] would then write to [REDACTED] to let him know.

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.

Update 05/11/14

The paper has been circulated to the group. Any comments to be sent to [REDACTED]

Update 07/01/15

[REDACTED] has emailed documents to [REDACTED]. This has been circulated to GPs and comments passed back to [REDACTED].

5.2 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.

[REDACTED] will reword the policy and bring to November meeting.

[REDACTED] will put the cost implication of this on the Risk Register.

Update 07/01/15:

[REDACTED] has made [REDACTED] aware of this.

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. [REDACTED] will look at the development of this and update on progress in November.

Update 05/11/14

The updated document circulated to the group by ■ was agreed.

■ suggested that the simple document produced by Oxford comparing Warfarin and NOACs could be adopted by Berkshire West. ■ would circulate to the group.

Update 07/01/15:

It was agreed that document should include information on switching medication. ■ will update.

■ asked if this document could be included in the RBFT Pathology Handbook, ■ will look into this.

■ will ensure document is available on Netformulary, DSX and Doctors Desktop.

Items From Agenda of APC Meeting on 05/11/14

6.3 APC 14/25 NHS Prescribing of Gluten-free Foods

Update 07/01/15

■ reported that the Coeliac UK felt there had not been sufficient opportunity to comment on the changes to the policy and were concerned that savory biscuits / crackers / crispbreads and pizza breads were being removed when the original consultation had been about changing the number of units prescribed.

After much discussion it was agreed that ■ would draft a letter for ■ to send to Coeliac UK to advise that no change would be made to the policy agreed by APC in November 14.

It was felt that had never been agreed that sweet biscuits should be available on FP10 but this may not have been enforced. Basic ingredients such as flour, bread and pasta remain available. Other items such as pizza bases and crackers are now available to be purchased in many supermarkets or can be made from the basic ingredients.

Various pieces of work are being done across the country to look at how gluten free food should be provided.

Action:

■ would draft a letter to Coeliac UK advising that no change would be made to the APC policy issued in November 14.

Parents are phoning 111 and being told to call an ambulance, ■ to look at how more training can be provided to 111 staff to avoid unnecessary admissions.

Update 07/01/15

This is ongoing work.

8.2 Ketamine Shared Care

█ advised that although Ketamine was not widely used this document had been produced to improve patient care.

APC felt this should be restricted to secondary care use, but █ would obtain the views of the Pain Clinic and bring back to the group.

Update 07/01/15:

Work on this was continuing.

6. Papers

6.1 APC 14/26 What priority should be given to the prescribing of the certolizumab pegol (Cimzia®) for treating psoriatic arthritis (PsA)?

This is used locally as first line anti TNF. █ supports the use of this treatment in PsA. The advantage is that 2 or 4 weekly injections are needed. There are currently only 2 patients receiving this in Berkshire West and savings would be larger if more patients were initiated on treatment.

Recommendation

It was agreed that Certolizumab pegol (Cimzia®) should be accepted on to the formulary for the treatment of PsA in patients who meet criteria for anti-TNF treatment.

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

6.2 APC 14/27 Empagliflozin for type 2 diabetes and NICE ESMN for empagliflozin

This is 3rd SGLT to come to the market and is licensed for dual and triple therapy. NICE were due to review in December 14 but this has been delayed until March 15.

Recommendation

It was agreed that Empagliflozin should be an option to treat patients with type 2 DM.

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

6.3 APC 14/29 SGLT2 comparison paper

It was agreed that Canagliflozin, Empagliflozin and Dapagliflozin all need to be equal on the formulary and the choice of which to use depends on patient

factors.

Recommendation

The document should be issued as a Pathway but would need to be regularly updated.

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

6.4 APC 14/32 Application for NuvaRing to be added to Formulary

Action: Carried forward to March 2015 meeting.

6.5 APC 14/33 & 14/36 What priority should be given to the prescribing of Rifaximin for the reduction of hepatic encephalopathy?

It was agreed this treatment is likely to keep patients out of hospital. Rifaximin has been approved for use in Scotland and currently under review by NICE.

Recommendation

It was agreed that Rifaximin should be accepted for the treatment of HE for a restricted cohort of patients as defined as ≥ 18 years of age unable to take lactulose or in patients experiencing episodes of HE despite optimum doses of lactulose.

Action: [redacted] to draft Policy and circulate to group for approval and take Policy to GP's MOC for ratification and then published on Netformulary.

6.6 APC 14/34 Application for Jaydess to be added to Formulary

Some GPs have already received training in using this from the company and Family Planning Clinics are already using.

The information provided did not compare to copper devices and it was felt this information was needed to make a decision.

[redacted] to obtain more information of comparison with copper devices and bring to March meeting.

Action: [redacted] to obtain more information of comparison with copper devices, update paper and bring to March meeting.

**6.7 APC 14/35 Implementation of NICE TA 318: Lubiprostone for treating chronic idiopathic constipation
Implementation of NICE TA 211: Prucalopride for the treatment of chronic constipation in women**

Had previously been approved as Amber drug but since NICE TA moved to Green status.

It was agreed information should be issued as Pathway and not Policy.
Pathway to be updated to show male / female pathways.

■ to update Pathway and circulate for approval.

**Action: ■ to update as Pathway and circulate for approval.
Pathway to be taken to GP's MOC for ratification and then published
on Netformulary.**

6.8 APC 14/36 Rifaximin application form
See item 6.5 above.

**6.9 APC 14/37 What priority should be given to Elastolabo® as an agent
for perineal massage for first time pregnancies?**
No evidence that this has any benefits over perineal massage using a car.

Recommendation

It was agreed that Elastolabo should not be a treatment option for pregnant women.

**Action: Policy to GP's MOC for ratification and then published on
Netformulary.
Decision needs to be feedback to Midwives at RBFT**

7. NICE Technology Appraisals

7.1 PH56: Vitamin D: increasing supplementation in at risk groups
■ has updated Policy APC 027 which was issued in November 2013. ■
to check that Public Health are looking at NICE Guidance as High Risk
Group is a large group of population.

**7.2 TA235: Nalmefene for reducing alcohol consumption in people with
alcohol dependence**
■ is attending a meeting with CCGs, Public Health and Mental Health
Specialists at end of January to discuss how required support can be
provided. ■ will report back to March meeting.

8. Shared Care

8.1 Methotrexate for Sign-off

A copy of the document was circulated to the group. It was agreed subject to the following amendments:

- Contact details needed to be added to front page.
- GPs cannot be responsible for ensuring secondary care review appointments are made and attended they can only encourage patients to attend, wording needs to be amended to say this.

Action: ■ to amend document as above.

9. Any Other Business

■ as who was responsible for ensuring APC were updated as necessary. It was agreed that the APC needed to have a system in place to ensure reviews were carried out as necessary.

Dates of Future Meetings

Date of Meeting	Venue
Weds 4 th March 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Weds 6 th May 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Weds 1 st July 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Weds 2 nd September 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Weds 4 th November 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA

All Meetings 10.00am – 12.00pm