









	<p>Update on joint formulary: It was noted that a joint formulary would be set up to be exercised by the CCGs, RBFT & BHFT. A proposal was put forward to the QIPP & Finance Committee to fund the post for an interface pharmacist who would act as a Joint Formulary Coordinator as well as support APC and high cost drug work. ■ and ■ to meet with the RBFT Chief Pharmacist on Monday.</p> <ul style="list-style-type: none"> • Nalmefene: A sub-group including BHFT, Smart, Iris, Public Health & Turning Point met to discuss the use of nalmefene. It was agreed that GPs would not have to recommend the drug in the first instance and after some brief alcohol advice refer the patient to the relevant provider for counselling. GPs will initiate the drug only after the psychosocial assessment starting, if the providers support the use of nalmefene. The providers are currently confirming the provisions of the assessments. TH raised concerns that as this would be prescribed for a long period of time, who would bear the cost? Action: ■ to present the joint Nalmefene paper for further review by APC Members. • NOACs: ■ met up with ■ to discuss DVT Treatments. ■ to amend the policy & include switching criteria from NOACs to Warfarin & identified risks before circulating the reviewed policy to all members. ■ suggested circulating it as an exclusive message via the newsletter to all GP practices. Action: ■ to amend the NOACs policy & circulate to all APC members.
<p>6.</p> <p>6.1</p>	<p>PAPERS:</p> <p>APC 14/32 Application for Nuva ring to be added to the formulary: ■ presented the paper & highlighted that Nuva Ring was expensive & in addition required refrigeration. There were also risks around forgetting to remove the ring at timely intervals. The Scottish Medicines Compendium & Hampshire CCGs have not approved the product. During the discussion it became clear that some patients who live in other parts of Europe including Ireland tend to prefer this product. It would therefore be appropriate to have this treatment on the formulary to enable continuation of care without having refer the patient. Recommendation: Option2 – Accept with conditions. Continuation of current treatment if other treatment is not suitable. Action: ■ to produce the NuvaRing policy</p>
<p>6.2</p>	<p>APC 14/34 Application for Jaydess to be added to the formulary: A discussion was held on the best comparator for this product but it was agreed that Mirena was an adequate comparator. Jaydess is smaller than Mirena, causes less pain on insertion and is easier for the clinician to fit. Although not licensed for this, it may be a choice for nulliparous women. There was not enough data to determine whether there is an increased risk in pregnancies. It is therefore up to the discretion of the clinician after discussions with the patients who needs to give informed consent. ■ suggested reviewing this document within 3 years which is standard practice anyway. Recommendation: Option1- Accept Action: ■ to produce the Jaydess policy</p>
<p>6.3</p>	<p>APC 15/01 Application for biosimilar infliximab to be added to the formulary: It was reported that the majority of use were within gastro. The gastro team had demonstrated an initial hesitation to use this product and had been concerned about antibody formation. A Hungarian study which involved switching patients from infliximab to biosimilar infliximab showed that antibody</p>

	<p>formation was low. The recommended was to initiate biosimilar infliximab in infliximab naïve patients. Biosimilar infliximab has an acquisition cost which is much less than that of infliximab and BWCCG would share the savings made with RBFT under a Gain Share Agreement.</p> <p>Recommendation: Option 1 – Patients new to infliximab to be initiated on biosimilar infliximab</p> <p>Action: ■ to produce the biosimilar infliximab policy</p> <p>Post APC additional action: ■ arranged a meeting with the Gastro team/pharmacy to drive forward the use of biosimilar infliximab. Pharmacy has produced a biosimilar infliximab specific infusion forms.</p>
6.4	<p><u>APC 15/02 Application for Vitaros to be added to the formulary:</u></p> <p>There was a discussion on the ease of use of Vitaros and the fact that patients did not need to come back to clinic for training like some other alprostadil products. The acquisition cost is also lower than some alprostadil products in use.</p> <p>Recommendation: Option 1 – Vitaros should be prescribed as 2nd choice after failure of generic sildenafil or for patients where generic sildenafil is contraindicated who meet SLS criteria.</p> <p>Action: ■ to produce a <u>Vitaros</u> policy</p>
6.5	<p><u>APC 15/03 Glaucoma prescribing:</u></p> <p>■ stated that the guide was reasonable but queried if it was discussed with an Ophthalmologist. ■ informed the group that GPs don't have the facility to check eye pressures & therefore would need a shared care approach. Concerns were raised that GPs were switching medications without the ability to monitor.</p> <p>Recommendation: Recheck the document, update and bring back to APC</p> <p>Action: ■ to contact ■ & confirm the Glaucoma Prescribing guide with her. ■ to consider the discussions and recheck the Options recommended.</p>
6.6	<p><u>APC 15/04 Review of eflornithine policy:</u></p> <p>There has been a low priority statement in place for this treatment for a number of years now and due updating. It was reported that old requests coming through via IFR have been turned down as there is no evidence of safety & efficacy. No new evidence available,</p> <p>Recommendation: Option 1 – Eflornithine continues to be a treatment which is not recommended for prescribing.</p> <p>Action: ■ to produce APC Eflornithine policy</p>
6.7	<p><u>APC 15/05 Review of NHS to private policy:</u></p> <p>This policy was written by in 2005 & updated in 2009. The Medicines Optimisation Team have had several queries from GPs for patients crossing the boundaries between private and NHS care and it was considered appropriate to adapt the existing policies through the APC. ■ suggested amending the policy by adding the following:</p> <ul style="list-style-type: none"> • “Primary & Secondary specialist” to point 3.2 on p.g.2 • Add “may” instead of “can” in 5. & then add a line to say refer to 5.2 <p>Recommendation:</p> <p>Action: ■ to circulate the doc after incorporating the necessary changes. APC to then recommend to all 4 Programme Boards for ratification.</p>
7.	<p><u>NICE Updates:</u></p> <p>The below updates were presented for information only</p>

	<ul style="list-style-type: none"> • Axitinib for treating advanced renal cell carcinoma after failure of prior systemic treatment • Regorafenib for metastatic colorectal cancer after treatment for metastatic disease (terminated appraisal) • Simeprevir in combination with peginterferon alfa and ribavirin for treating genotypes 1 and 4 chronic hepatitis C • Sipuleucel-T for treating asymptomatic or minimally symptomatic metastatic hormone-relapsed prostate cancer: • Sofosbuvir for treating chronic hepatitis C <p>It was agreed that Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262) would be highlighted to the providers.</p>
8.	<p>Minor change to denosumab shared care: MHRA advice to check calcium levels before each 6 monthly injection added Action: [REDACTED] to update the guidelines as discussed & circulate.</p> <p>An Osteoporosis education event is to be held on 26th March 2015. [REDACTED] will be talking about the use of Denosumab & other drugs along with an update on Vitamin D. [REDACTED] will be speaking about Fracture Liaison Service, Dexo Scan etc. Post APC update This meeting was very successful and was rated highly by GPs. Fifty-eight GPs were able to attend the evening event.</p>
9.	<p>AOB:</p> <ul style="list-style-type: none"> • Discussion on minor amendment to vitamin d policy statement: Action: [REDACTED] to make changes to the Vitamin D Policy & circulate to all members. • [REDACTED] (RBFT) prepared a Diabetes Pathway & has introduced new treatments within. [REDACTED] confirmed that Diabetes is a priority for BWCCGs, this would be on a future APC agenda. • It was informed that GPs may be interested in using the new GLPI.

ACTION LOG

No.	Action	Lead	Outcome
1.	█ to present the joint Nalmefene paper for further review by APC Members	█	Providers have agreed to psychosocial support, see GP guide under agenda item 7.1
2.	█ to amend the NOACs policy & circulate to all APC members	█	Done and circulated with agenda
3.	█ to contact █ & confirm the Glaucoma Prescribing guide with her. █ to consider the discussions and recheck the Options recommended	█	Outstanding
4.	█ to circulate the "NHS to Private" Policy doc after incorporating the necessary changes. APC to then recommend to all 4 Programme Boards for ratification	█	 APC 102 Managing the boundaries of NH
5.	█ to update the Denosumab Shared care guidelines as discussed & circulate to all	█	Done and signed off by GP MOC
6.	█ to make changes to the Vitamin D Policy & circulate to all members	█	 APC 027 High dose vitamin D for Vitamin I
7.	█ to produce APC Eflornithine policy	█	 APC 101 Eflornithine cream (Vaniqa) for fa
8.	█ to produce a <u>Vitaros</u> policy	█	 APC 100 topical alprostadil (Vitaros) fr
9.	█ to produce the biosimilar infliximab policy █ arranged a meeting with the Gastro team/pharmacy to drive forward the use of biosimilar infliximab. Pharmacy have produced a biosimilar infliximab specific infusion forms.	█	 APC 099 Biosimilar infliximab.pdf  RBH Biosimilar infliximab (Inflectra) f
10.	█ to produce the Jaydess policy	█	 APC 098 Jaydess for contraception.pdf
11.	█ to produce the NuvaRing policy	█	 APC 097 NuvaRing for contraception.pdf

Dates of Future APC Meetings: All Meetings from 10.00am – 12.00pm

Date of Meeting	Venue
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