NHS Newbury and District Clinical Commissioning Group | NHS North and West Reading Clinical Commissioning Group | NHS South Reading Clinical Commissioning Group | NHS Wokingham Clinical Commissioning Group

Berkshire West Area Prescribing Committee (BWAPC)

MINUTES of BW APC Meeting held on 6th May 2015 from 10:00 – 12:00 in Room G29/G30, 57/59 Bath Road, Reading, RG30 2BA

Attendance:	
[redacted]	Lay Member [redacted]
[redacted]	Clinical Lead Nurse, [redacted]
[redacted]	Commissioning Pharmacist, [redacted]
[redacted]	[redacted] Thames Valley Local Pharma Committee
[redacted]	Palliative Consultant, [redacted]
[redacted]	Chief Financial Officer [redacted]
[redacted]	GP, [redacted]
[redacted]	GP, [redacted]
[redacted]	Lay Member
[redacted]	Lay Member
[redacted]	MI Lead Pharmacist, [redacted]
[redacted]	RBFT
[redacted]	[redacted] Medicines Optimisation
[redacted]	Chief Pharmacist [redacted]
Minutes: [redacted]	[redacted] Admin Support
Apologies:	
[redacted]	Pharmaceutical Adviser [redacted]
[redacted]	RBFT
[redacted]	Lay Member, [redacted]
[redacted]	Lead MI Pharmacist [redacted]
[redacted]	GP, [redacted]
[redacted]	GP, [redacted]
[redacted]	Anaesthetist, [redacted]
[redacted]	Medical Director, [redacted]
[redacted]	BHFT
[redacted]	Lead Contracts Manager, [redacted]

1.	**Welcome & apologies:** [redacted] welcomed everyone to the meeting & apologies were noted as above
2.	**Pecuniary Interests:** [redacted] declared that she acted as a consultant to Celgene who manufacture apremilast.
3.	**Minutes of the APC meeting held on 4th March 2015:** Few amendments were highlighted. Overall, the minutes were agreed as accurate & action log completed.

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4.	**Matters Arising from Meeting not included in Main Items** • **<u>Update on joint formulary:</u>** It was noted that a joint formulary would be set up to be exercised by the CCGs, RBFT & BHFT. A proposal 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 was approved at CCG level. However, confirmations had not been received from the RBFT who were still reviewing it. The post has been banded on the basis of the job spec and [redacted] confirmed that it would be added in as a condition in the RBFT contract. • **<u>Update on Antimicrobial Guidelines:</u>** [redacted] informed that the antimicrobial guidelines were issued last year. Primary Care antibiotic guidelines to be confirmed by RBFT. However, concerns were raised that the [redacted] Microbiologist hadn't confirmed these yet. • **<u>Update on NOACs:</u>** [redacted] updated that the current spend on NOACs was £580k & has doubled since last year. Therefore we are currently looking at upskilling GPs with NOACs to help save & reduce spend. Grasp AF has been introduced to the PQS this year. [redacted] gave examples of various scoping studies that were being done by companies on NOACs
5.	**<u>PAPERS for consultation:</u>**
5.1	**<u>APC 15/06 Antifungal Nail Lacquers:</u>** [redacted] suggested updating the costs of the drug in the paper as it was not for the current year. [redacted] suggested adding oral terbinafine to the formulary so that GPs could prescribe it for their patients. [redacted] highlighted that when the fungal infection is proving painful and leading to a loss of function then it could be prescribed. [redacted] reminded all to differentiate between cosmetic & medicinal as cosmetic procedures are not funded by Berkshire West CCGs. **Recommendation: Option 3 – Antifungal nail lacquers, paints & solutions are not recommended for treatment except if proven fungal infection, with normal liver function & loss of function in toenails.** **Action 1: [redacted] to produce the amended Antifungal Nail Lacquers policy**
5.2	**<u>APC 15/07 Antihistamine Treatment:</u>** The overall spend on Dymista was £500k. [redacted] antihistamine pathway was presented along with an evidence review done by the [redacted] Group in February 2008. Antihistamines are readily available in supermarket aisles and there was a discussion around whether patients should be purchasing these treatments themselves. It was noted that for some patients this would not be an option due to their lower income. **Action 2: [redacted] to consider the current pathway or make adjustments. Title & treatment time to be changed to 2 weeks. [redacted] to also confirm if the pathway was meant for hay fever only or for all antihistamine.**
5.3	**<u>APC 15/08 Immediate release Fentanyl:</u>** There was a discussion on the various fentanyl products available. The GPs confirmed that they would use referrals from a specialist only when prescribing a fentanyl product. [redacted] suggested altering Option 3. [redacted] presented her comments including the use of morphine and oramorph. [redacted] raised concerns that fentanyl lozenges could not be used if the patient had a dry mouth as absorption of fentanyl is dependent on a healthy mucosa. Also depending on their preference, some patients opt for either tablets / sprays.

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	Recommendation: Option 3 – Renew the low priority status but also include other preparations other than buccal tablets. When an immediate fentanyl product must be used, prescribe the best recommended (or SrciptSwitch to advise) for a specific cohort after checking if the patient has been trialled on the product.
5.4	**<u>APC 15/09 Chronic Non-Malignant Pain Guidelines:</u>** The Chronic Non-Malignant Pain guidelines in Primary care were discussed. [redacted] suggested stating the risks for Dicofenac. It also highlighted that unless advised by a specialist, this drug would be classified as an AMBER drug in prescription. [redacted] to provide the Pain Pathway review, when finalised **Action 3: [redacted] to make the necessary changes to the policy & bring it to the July APC for ratification.** **Action 4: [redacted] to circulate the conversion charts for the Non-Malignant Pain drugs. These to be then added onto DXS.** **Action 5: [redacted] to provide contact details of a [redacted] Pain Consultant.**
5.5	**<u>APC 15/10 Apremilast for psoriasis & psoriatic arthritis:</u>** [redacted] informed that NICE would be reviewing evidences & technology appraisal in the near future. The pharmaceutical company is currently offering the drug for free (normal cost is approximately £7k per annum) until the NICE guidelines are published. Once NICE approve the drug, the CCGs will pick up the costs however if NICE is negative then Celgene will continue to supply free treatment until the patient stops treatment. It was further highlighted that a Patient Access Scheme is currently in place for these patients. The Rheumatology Department would like to pilot this drug with a cohort of 10 patients. Concerns were raised on the side effects highlighted, the high placebo effect and the fact that clinicians had previously not been interested in treatment until free stock was offered. **Recommendation: Wait for the NICE guidelines to be published & review the drug thereafter.** **Action 6: [redacted] to consider the discussions and recheck the Options recommended.**
6.	**<u>NICE Updates:</u>** The below updates were presented for information only • TA 335: Rivaroxaban for preventing adverse outcomes after acute management of acute coronary syndrome • TA 336: Empagliflozin in combination therapy for treating type 2 diabetes • TA337: Rifaximin for preventing episodes of overt hepatic encephalopathy • TA 338: Pomalidomide for relapsed and refractory multiple myeloma previously treated with lenalidomide and bortezomib
7.	**<u>Shared Care</u>** • **<u>Nalmefene:</u>** [redacted] informed that NICE had approved this treatment. The GPs would not have to recommend the drug in the first instance but 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. It was further informed that the DAT teams have agreed to provide the psychosocial support through shared care guidance with the GPs. The GPs have also been advised to prescribe Nalmefene for 2 weeks initially due to the placebo effect. **Action 7: [redacted] to update the Nalmefene guidance with SWANSWELL's contact details before it is sent to the GPs.**
8.	**<u>Expired Policies requiring Updates:</u>** [redacted] presented the expired policies & highlighted that in future cover page of the policy document would contain the Date of Issue & Date or Re-Issue. • **<u>APC 001 Ulipristal</u> –** Ulipristal to be reissued for a further three years with no new

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	information but the date initially accessed to be added. • **APC 002 Lixisenatide –** No Comments • **APC 003 Insulin Degludec –** This was initiated by [redacted] & will be updated. • **APC 004 Octasa –** This was initiated by [redacted] & will be updated • **APC 013 Ranibizumab for Macular Oedema –** There was discussion that this policy had no impact on prescribing • **APC 103 Episenta –** This policy was recommended to be reissued. • **APC 104 Amantadine –** No changes and will be therefore updated. However more work will be done on the Parkinson's Pathway. • **APC 105 Hydrocortisone 2.5% -** No changes & will stay the same. • **APC 106 Perampanel –** No changes & will stay the same. • **APC 107 Modified release doxycycline –** No changes & will stay the same. • **APC 108 Paliperidone –** Policy needs updating. AMBER drugs for shared care arrangements are being finalised. No changes yet.
9.	**Monitoring & Auditing of Policies:** [redacted] highlighted that all the APC policies will be audited at the renewal stage by the GP MOC & thereafter brought to the APC. Auditing procedures would be confirmed by the GP MOC.
10.	**AOB:** • Thames Valley Priorities Committee – [redacted] queried about having a streamlined approach with all the various policies. [redacted] suggested that all policies would come to the APC initially where they would be awarded with an APC Policy Number if confirmed & agreed upon. • Papers for consultation – [redacted] highlighted that's he would prefer to get her 3 options to the meeting for an easy vote of recommendations from the members.

ACTION LOG

No.	Action	Lead	Outcome
Previous Actions from 4th March'15			
1.	[redacted] to contact [redacted] & confirm the Glaucoma Prescribing guide with her. [redacted] to consider the discussions and recheck the Options recommended	[redacted]	Ongoing
Actions from 6th May'15 Meeting			

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1.	[redacted] to produce the amended Antifungal Nail Lacquers policy	[redacted]	Completed
2.	[redacted] to consider the current pathway or make adjustments. Title & treatment time to be changed to 2 weeks. [redacted] to also confirm if the pathway was meant for hay fever only or for all antihistamine	[redacted]	Completed
3.	[redacted] to make the necessary changes to the policy & bring it to the July APC for ratification.	[redacted]	Completed
4.	[redacted] to circulate the conversion charts for the Non-Malignant Pain drugs. These to be then added onto DXS.	[redacted]	Completed
5.	[redacted] to provide contact details of a [redacted] Pain Consultant	[redacted]	Completed
6.	[redacted] to consider the discussions and recheck the Options recommended	[redacted]	Completed
7.	[redacted] to update the Nalmefene guidance with SWANSWELL's contact details before it is sent to the GPs	[redacted]	Completed

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

Date of Meeting	Venue
1st July 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
2nd September 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
4th November 2015	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
6th January 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
2nd March 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
4th May 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
6th July 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
7th September 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
2nd November 2016	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA