



Berkshire West Area Prescribing Committee (BWAPC)

MINUTES of BW APC Meeting held on 1st July 2015 from 10:00 – 12:00 in Room G29/G30, 57/59 Bath Road, Reading, RG30 2BA

Attendance:	
	Lay Member –
	Commissioning Pharmacist,
	Thames Valley Local Pharma Committee
	GP,
	GP,
	Lay Member
	Pharmacist,
	MI Lead Pharmacist,
	Lead Contracts Manager,
	Chief Pharmacist,
	Associate Director
Minutes:	
Also in attendance:	
	Consultant Chemical Pathologist,
	Consultant Psychiatrist,
	Consultant Psychiatrist,
Apologies:	
	Pharmaceutical Adviser
	Pharmacy Clinical Services Manager,
	Lay Member,
	Lead MI Pharmacist,
	GP,
	Consultant Anaesthetist,
	Medical Director,
	GP,
	Lay Member
1.	Welcome & apologies: welcomed everyone to the meeting & apologies were noted as above
2.	Pecuniary Interests: None declared
3.	Minutes of the APC meeting held on 6th May 2015: Few amendments were highlighted. Overall, the minutes were agreed as accurate & the action log completed.

4.	<p>Matters Arising from Meeting not included in Main Items</p> <ul style="list-style-type: none"> • Update on joint formulary & gain share pharmacist post: ■ reported that there were delays in appointing into the joint post due to internal approval processes within RBFT. As this QIPP project may not achieve its 2015-16 targets, an internal decision will be taken by the BWCCGs & ■ will feedback at a future meeting. • Chronic Non-Malignant Pain Guidelines: These guidelines were reviewed jointly by pain consultants & GPs. The committee members agreed that although the document was cumbersome, the GPs needed to have access to much of the detail to avoid missing out on important sections. All agreed to the recommendations in the guidelines. • Antihistamine Guidelines: All members agreed to the guidelines except for a couple of amendments.
5.	<p><u>PAPERS for consultation:</u></p> <p>5.1 <u>APC 15/11 Pentosan for internal cystitis:</u> After discussing the evidence and the unlicensed status of Pentosan, it was agreed that Pentosan was not a cost effective use of scarce NHS resources. Recommendation: Option 1 – Pentosan not recommended for use in the treatment of interstitial cystitis.</p> <p>5.2 <u>APC 15/12 Omega 3 Fatty acids:</u> ■ (RBFT) expressed concerns over the suggestion to review all patients and consider switching as this would not be applicable to all patients especially those who have very high triglycerides (usually > 11mmol/L, who have WHO hyperlipidaemias Types I, IV and V, with defects on the proteins involved in clearing triglycerides from the circulation. When triglycerides are over 11mmol/L the risk of acute pancreatitis is increased. Treatment is based on high dose fibrates as statins are usually ineffective. Omega 3 at doses of 4g/day are effective in patients not responding to fibrates. This would apply to 1-2 patients per year Action 1: ■ to gain further confirmation & feedback from RBFT Cardiology Consultants on the above suggestion before the Omega 3 Fatty acids policy is ratified at the APC. Recommendation: Option 1 – Accept the recommendations contained within the paper but modify to exclude a cohort of patients with high triglycerides</p> <p>5.3 <u>APC 15/13 Molludab for Molluscum Contagiosum (MC):</u> Molludab was under consideration after 2 mothers in the Wokingham area had asked their GP to prescribe this treatment for MC. It was highlighted that MC is a self-limiting condition. Molludab is potassium hydroxide (KOH) 5%. There was very little evidence to support the use of KOH in MC and the little evidence there was compared KOH 10% with other treatments. One study compared KOH 5% with KOH in 2.5% in 29 children, showed no difference in side-effects and that the 5% strength was more effective. The conclusion was that these studies were not robust enough for use in children for a condition which is self-limiting. Recommendation: Option 2 – Not recommended as insufficient clinical evidence.</p> <p>5.4 <u>APC 15/14 Fixed dose combination (FDCs) medicines:</u> There was a discussion on the appropriateness of using FDCs and discussions centred around clinically driven decisions versus commercially driven decisions. There were also times when pharmacological synergy would be an advantage of a FDC tablet however it was agreed that for most FDCs the disadvantages outweigh the benefits. Action 2: ■ to revise the FDC policy according to the suggestions discussed.</p>

6.	<p><u>NICE Updates:</u></p> <p>The below updates were presented for information only. However it was noted that most of these drugs could not be prescribed by GPs especially Vedolizumab & Ustekinumab as they were RED drugs & should be prescribed by Secondary Care only.</p> <ul style="list-style-type: none"> • TA341: Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism • TA343: Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia • TA344: Ofatumumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia • TA339: Omalizumab for previously treated chronic spontaneous urticaria • TA340: Ustekinumab for treating active psoriatic arthritis (rapid review of technology appraisal guidance) • TA342: Vedolizumab for treating moderately to severely active ulcerative colitis
7.	<p><u>Shared Care</u></p> <ul style="list-style-type: none"> • <u>Lithium:</u> ■ presented the Lithium prescribing arrangements. It was reported that this was presented to the APC before. Besides the NICE guidelines, ■ included the annual patient check for GPs to have initiation guidance. ■ emphasised that it should be called a Lithium Prescribing Arrangement & not Shared Care. All members were content with the guidelines. • <u>Melatonin:</u> ■ presented the Melatonin shared care guidelines & informed that Melatonin was an aid for insomnia for 17 year olds to 55 year olds. It was further advised that clinicians would need to give information leaflets to patients as pharmacists would not give any advice as they are not licensed to do so. All members were content & agreed to the guidelines. • <u>Prescribing Arrangements for Patients Prescribed Long Acting Injectable (LAI)</u> <u>Antipsychotics:</u> ■ confirmed there is a LES in place for LAI. All members were content & agreed to the guidelines. Action 3: ■ to make amendments to the LAI document as discussed by all members. • <u>Memory drugs (updated):</u> ■ presented the paper. ■ confirmed there was no difference in efficiency of 1st generation & 2nd generation drugs. The only difference was the side effects caused by the drugs. BHFT confirmed that they have access to test results & GPs wouldn't need to be contacted to gain these. All members were content & agreed to the guidelines. Action 4: ■ to make amendments to the Memory drugs document as discussed by all members. • <u>Cinacalcet:</u> It was reported that only a small number of patients use Cinacalcet. All members were content & agreed to the guidelines. • <u>Lanthanum:</u> It was suggested that the document name should be changed from Lanthanum Carbonate Shared Care Guidelines to Phosphate Carbonate Prescribing Arrangements. ■ confirmed that as "Renal" came under specialised Commissioning, the funding responsibility would be handled by the CCGs. All members were content & agreed to the guidelines. • <u>Tacrolimus & Protocol for monitoring Tacrolimus:</u> ■ highlighted that the dosage was unclear & should have been in micrograms. ■ further highlighted that the monitoring & auditing of the drug was unclear as well. The policy needed more clarity & a standardised template.

	<p>Action 5: ■ to convey feedback on the Tacrolimus & Protocol for monitoring Tacrolimus to the RBFT Consultant /Author & provide an updated document</p> <ul style="list-style-type: none"> • Methotrexate: The policy needed more clarity & a standardised template. <p>Action 6: ■ to convey feedback on the Methotrexate to the RBFT Consultant /Author & provide an updated document</p> <ul style="list-style-type: none"> • Aza/6MP: The policy needed more clarity & a standardised template. <p>Action 7: ■ to convey feedback on the Aza/6MP to the RBFT Consultant /Author & provide an updated document</p> <ul style="list-style-type: none"> • Ketamine: All members were content & agreed to the guidelines
8.	<p>Respiratory update</p> <ul style="list-style-type: none"> • GP training evening: ■ reported that the 30th June Respiratory Event was well attended by GPs. Both speakers, ■ & ■ received very good reviews for the topics covered by them respectively. • Patient safety failures in asthma care: ■ highlighted the scale of unsafe prescribing in the UK and the importance of LABA / LAMA therapy in asthma.
9.	<p>AOB:</p> <ul style="list-style-type: none"> • Eye formulary – ■ to contact ■ & confirm the Glaucoma Prescribing guide at the next Meeting.

ACTION LOG

No.	Action	Lead	Outcome
Previous Actions from 4th March'15			
1.	■ to contact ■ & confirm the Glaucoma Prescribing guide with her. ■ to consider the discussions and recheck the options recommended	■	On September Agenda
Actions from 1st July'15 Meeting			
1.	■ to gain further confirmation & feedback from RBFT Cardiology Consultants on the above suggestion before the Omega 3 Fatty acids policy is ratified at the APC	■	■ hadn't received any feedback yet. ■ to confirm at the Sept. Meeting
2.	■ to revise the FDC policy according to the suggestions discussed	■	Completed
3.	■ to make amendments to the LAI document as discussed by all members	■	Completed
4.	OT to make amendments to the Memory drugs	Ozma Tahir	Completed

	document as discussed by all members		
5.	AS to convey feedback on the Tacrolimus & Protocol for monitoring Tacrolimus to the RBFT Consultant /Author & provide an updated document	██████████	C/F to Nov Meeting
6.	██████ to convey feedback on the Methotrexate to the RBFT Consultant /Author & provide an updated document	██████████	██████ working with Meds Info Team at RBFT
7.	██████ to convey feedback on the Aza/6MP to the RBFT Consultant /Author & provide an updated document	██████████	██████ working with Meds Info Team at RBFT

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

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