



Berkshire West Area Prescribing Committee (BWAPC)

Paper APC16-03

**MINUTES of BWAPC Meeting held on 6<sup>th</sup> January 2016 from 10:00 – 12:00 in Room G29/G30, 57/59 Bath Road, Reading, RG30 2BA**

Attendance:	
	Lay Member – Chair
	Commissioning Pharmacist, Wokingham CCG
	Pharmaceutical Adviser, BWCCG
	█, Thames Valley Local Pharma Committee
	Lay Member, Wokingham CCG
	Clinical Integration Pharmacist (BWCCG)
	Interim Chief Pharmacist █
	GP, North & West Reading CCG
	GP, Newbury & District CCG
	Anaesthetist, RBFT
	GP, Wokingham CCG
	Lay Member
	Lay Member
	MI Lead Pharmacist, BHFT
	Chief Pharmacist, █
	Associate Director of Medicines Optimisation
Also Present:	
	Pharmacist, CIRCLE
	Pre-reg, RBFT
Minutes:	PA to Asst Dir. Of Meds Opt & Admin Support
Apologies:	
	RBFT
	GP, South Reading CCG
	Interim Medical Director, BHFT
	Pharmacist, CIRCLE
	Pharmacist, BIH
	Lead Contracts Manager, RBFT
	Clinical Pharmacist - SPIRE
1.	<b>Welcome &amp; apologies:</b> █ welcomed everyone to the meeting & apologies were noted as above
2.	<b>Declaration of Conflicts:</b> None Declared
3.	<b>Minutes of the APC meeting held on 4<sup>th</sup> November 2016:</b> The minutes were agreed as an accurate record. Action Log updated.
4.	<b>Matters Arising from Meeting not included in Main Items:</b>

	<p>a) <b>Oral magnesium - clarity on policy statement around use of unlicensed products:</b> This paper had been previously presented but clarity was requested in terms of the wording for Scriptswitch with respect to the use of licensed magnesium &amp; branded specials versus unlicensed products. It was agreed that the Scriptswitch should include a message about checking for underlying causes of low magnesium. Scriptswitch would alert prescribers to the most cost effective alternative.  <b>Action:</b> ■ to update policy and ensure appropriate wording on Scriptswitch.</p> <p>b) <b>Appeal on Liothyronine:</b>  <b>Action:</b> ■ to invite Dr ■ to appeal the decision on Liothyronine in March. Dr ■ enquired into bringing a patient to the appeal and the APC noted this was not necessary.</p> <p>c) <b>COPD pathway:</b> ■ advised that the “Algorithm for the use of inhaled therapies in COPD” was presented &amp; discussed at the Respiratory Network which included all the relevant stakeholders. This pathway is in line with that of Oxfordshire CCG.</p> <p>d) <b>TA349: Dexamethasone intravitreal implant for treating DMO:</b> ■ confirmed that this NICE guidance was released in July 2015 but had not been noted at APC. All necessary steps had been taken to ensure the providers were aware of this TA and the relevant patient cohorts allowed access to this treatment.</p> <p>e) <b>Gastro prescribing for amber drugs:</b> ■ highlighted that GPs raised concerns that they were being asked to initiate AMBER DMARDs by RBFT Gastro consultants. ■ further informed that they were currently in the process of transferring budgets. Shared care guidelines have been sent to consultants for verification after discussion at the APC. Newbury &amp; District CCG patients to be issued with FP10s for the first 8 weeks of treatment. For patients going through RBH, their supply of medication will come from the on sight Lloyds pharmacy.</p> <p>f) <b>Update on questions on VSL:</b> ■ awaiting information from Gastro consultants on the outcomes of treatment.  <b>Action:</b> ■ to bring back the VSL paper in March’16 for an update.</p> <p>g) <b>Update on formulary decision making checklist:</b> ■ presented the updated checklist for further review. A few changes were suggested to the wording used.</p> <p>h) <b>APC Work-plan:</b> ■ &amp; ■ volunteered to discuss future APC Work-plans on products with NICE guidance with ■.  <b>Action:</b> ■ to resend the updated APC work-plan for members to discuss at the March’16 APC meeting</p>
5.	<p><b>PAPERS for consultation:</b></p> <p><b>5.1 Avanafil for erectile dysfunction:</b> ■ noted that Avanafil had previously been considered by the APC and was currently low priority. A submission to RBFT DTC proposes avanafil as 2<sup>nd</sup> line after Sildenafil on the RBFT formulary. It was also highlighted that this treatment is approved by TVPC and the recommendation is to adopt the TVPC policy on erectile dysfunction treatments. All agreed to points 1 to 7 of the TVPC Erectile Dysfunction Policy.</p> <p>■ further emphasised that avanafil doses above 100mg were not recommended and a note will be</p>

	<p>added to Scriptswitch about the 200mg dose.</p> <p>In addition ■ requested to withdraw Vitaros as this treatment is not supported by TVPC. This was agreed.</p> <p><b>Action: TVPC policy on ED to be adopted by BW CCGs.</b></p> <p><b>5.2 Sativex for multiple sclerosis:</b> ■ reported that Sativex® was indicated as treatment for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy. The evidence base for Sativex is not robust and this treatment should not be compared to anecdotal reports of pain relief through smoking cannabis. After consideration of the evidence and views of the neurologists, it was agreed to recommend OPTION 2: Sativex should not be a treatment option for patients with MS.</p> <p><b>Action: ■ to produce a policy for the above</b></p> <p>■ suggested that ■/■ to ask ■ (RBFT Med. Dir.) to send out communication to all consultants requesting them not to ask GPs to prescribe low priority drugs.</p> <p><b>5.3 Migraine pathways:</b> ■ noted that there is now a Neurology steering group with stakeholders from RBFT and the CCGs. The group are looking at Headache Pathways and treatments for migraine &amp; tension headaches. The guidelines have been adopted from Oxfordshire CCG. All agreed to the guidelines. It was suggested that patients could be referred to Oxford for Botox treatment.</p> <p><b>5.4 NOAC VTE guidance:</b> AS to bring this to March'16 APC Meeting.</p> <p><b>5.5 Oral Magnesium:</b> As discussed in 4.1 above.</p>
6.	<p><b>NICE Updates:</b> The below updates were presented for information only.</p> <p>TA267: Vortioxetine for treating major depressive episodes – Currently AMBER &amp; going to BHFT DTC. Recommendation as per NICE, use after failure of 2 anti-depressants. Consultant to initiate.</p> <p>TA363: Ledipasvir–sofosbuvir for treating chronic hepatitis C (NHS England commissioned treatment)</p> <p>TA364: Daclatasvir for treating chronic hepatitis C (NHS England commissioned treatment)</p> <p>TA365: Ombitasvir–paritaprevir–ritonavir with or without dasabuvir for treating chronic Hepatitis C (NHS England commissioned treatment)</p> <p>TA366: Pembrolizumab for advanced melanoma not previously treated with ipilimumab (NHS England commissioned treatment)</p> <p>TA377: Apremilast for treating moderate to severe plaque psoriasis. Not recommended.</p> <p>NG28: Type 2 Diabetes in Adults: Management. Local guidelines to be updated and brought to APC.</p>
7.	<p><b>Shared Care:</b></p> <ul style="list-style-type: none"> <li>• Azathioprine/6MP</li> <li>• Methotrexate</li> <li>• Tacrolimus</li> </ul> <p><b>Action: All the above shared care guidelines to be carried forward to the March'16 APC Meeting.</b></p>

8.	<p><b>Other Committee Updates:</b> ■ presented these papers for information only.</p> <ul style="list-style-type: none"> <li>• <b>RBFT DTC Minutes:</b> ■ is stepping down as the RBFT DTC's Chair &amp; ■ to take his place in the interim. New ToRs were being created along with Membership for the meeting. The next DTC Meeting to take place in February. ■ highlighted the importance of getting DTC in order as ■'s role could be at risk along with that of the Joint Formulary work.</li> <li>• <b>BHFT DTC Minutes:</b> For noting</li> <li>• <b>Thames Valley Priorities Committee Minutes:</b> It was announced that ■ (Chief Officer, BWCCGs) would be attending the TVPC Meeting to represent all 4 CCGs. All relevant policies noted and the ED policy adopted.</li> </ul>
9.	<p><b>Expired APC Policies:</b>  <b>Action: NOAC guidance for Atrial Fibrillation to be updated via the Cardiology steering group &amp; brought to the March'16 APC Meeting.</b></p>
10.	<p><b>AOB:</b></p> <ul style="list-style-type: none"> <li>a) <b>Score Card (Decision on drugs):</b></li> <li>b) <b>Commissioning Statements:</b> ■ informed that Vedolizumab (for treatment of Crohns) is a RED drug. Ciclosporin eye drops which have been through NICE was noted and a decision on the treatment pathway to be discussed in March.  AS raised the point of NICE TA approved treatments which are found not to be as effective as indicated in clinical trials. It was agreed that if a drug has a NICE guidance but the evidence shows treatment is not efficacious then ■ to write to NICE.</li> <li>c) <b>Vacuum Erectile Devices (VED) Tick Box Form:</b> All members agreed to the VED tick Box form created by Dr ■ (RBFT).</li> <li>d) <b>IV Iron:</b> ■ questioned if the BWCCGs could commission IV Iron. ■ recommended that the business case would need to be presented to the Planned Care Programme Board (PCPB) for approval.</li> </ul>

## ACTION LOG

No.	Action	Lead	Outcome
<b>Actions from 2<sup>nd</sup> Sep'15 &amp; 4<sup>th</sup> Nov'15 Meeting</b>			
1.	Action 1: ■ to confirm the local policy for providing Hepatitis B for carers.	■	Completed
2.	Action 2: ■ to create a separate policy for Travel vaccines	■	On hold
3.	■ to circulate the amended "Algorithm for the use of inhaled therapies in COPD" document to ■ & ■ before it is launched	■	Completed
<b>Actions from 6<sup>th</sup> Jan'16 Meeting</b>			
1.	■ to add appropriate wording on Scriptswitch for the use of unlicensed Magnesium products.	■	Completed

2.	█ to invite Dr █ to appeal his paper with robust evidence on Liothyronine at the March'16 APC Meeting (excluding his patients).	█	C/f to May'16 Agenda
3.	█ to bring back the VSL paper in March'16 for an update	█	On March'16 Agenda
4.	█ to resend the updated APC work-plan for members to discuss at the March'16 APC meeting	█	On March'16 Agenda
5.	█ suggested that █ / █ to ask █ (RBFT Med. Dir.) to send out a comms. To all consultants requesting them not to ask GPs to prescribe low priority drugs	█	Completed
6.	NOAC VTE guidance: █ to bring this to March'16 APC Meeting	█	On March'16 Agenda
7.	All the below shared care guidelines to be carried forward to the March'16 APC Meeting. <ul style="list-style-type: none"> <li>• Azathioprine/6MP</li> <li>• Methotrexate</li> <li>• Tacrolimus</li> </ul>	█	On March'16 Agenda
8.	NOAC guidance for Atrial Fibrillation to be updated via the Cardiology steering group & brought to the March'16 APC Meeting	█	On March'16 Agenda
9.	Update to Diabetes guidance for May 2016 APC	█	C/f to May'16 Agenda
10.	Ciclosporin eye drops pathway for May 2016 APC	█	C/f to May'16 Agenda

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

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