



Berkshire West Area Prescribing Committee (BWAPC)

Paper APC16-03

MINUTES of BWAPC Meeting held on 2nd March 2016 from 10:00 – 12:00 in Room G29/G30, 57/59 Bath Road, Reading, RG30 2BA

Attendance:	
	Commissioning Pharmacist, Wokingham CCG
	Chief Pharmacist ()
	Pharmaceutical Adviser, BWCCG
	, Thames Valley Local Pharma Committee
	Clinical Integration Pharmacist (BWCCG)
	Interim Chief Pharmacist
	GP, North & West Reading CCG
	GP, Newbury & District CCG
	Anaesthetist, RBFT
	GP, Wokingham CCG
	Lay Member
	MI Lead Pharmacist, BHFT
	Chief Pharmacist,
	Associate Director of Medicines Optimisation
Also Present:	
	Prescribing Course Student/Practice nurse
	Consultant Psychiatrist (BHFT)
Minutes:	
	PA to Asso. Dir. Of Meds Opts & Admin Support
Apologies:	
	Lay Member – Chair
	RBFT
	Lay Member, Wokingham CCG
	Interim Medical Director, BHFT
	Lay Member
	Pharmacist, CIRCLE
	Pharmacist, BIH
	Lead Contracts Manager, RBFT
	Clinical Pharmacist - SPIRE
1.	Welcome & apologies: chaired the meeting in 's absence. welcomed everyone to the meeting. Apologies were noted as above.
2.	Declaration of Conflicts: declared that she had done consultancy work on Lisdexamphetamine for . also declared that his spouse works as a consultant for an Adult ADHD Clinic.

3.	<p>Minutes of the APC meeting held on 6th January 2016: The minutes were agreed after a few amendments. Action Log updated.</p>
4.	<p>Matters Arising from Meeting not included in Main Items:</p> <p>1) Appeal on Liothyronine: Deferred to May 2016 as [REDACTED] was unable to attend this meeting.</p> <p>2) Update on VSL: [REDACTED] reminded the APC that TVPC has previously recommended this treatment as a low priority. This is now a licensed product. The consultant gastroenterologists have been unable to make a compelling case for the use of this treatment. It was agreed that patients with pouchitis wishing to use this treatment would be looked at on an individual basis via the Individual Funding Request (IFR) route. Action: [REDACTED] to write up the VSL policy & bring back to the APC meeting</p> <p>3) Antibiotics Update: [REDACTED] presented the Hampshire Antibiotic Prescribing Guidelines & informed all that the BWCCGs had adopted them too. This will now be circulated to all GP Practices. Members were also made aware of the free Antibiotic App. Action: [REDACTED] to circulate the updated Antibiotic Prescribing Guidelines to all GPs</p> <p>4) New Formulary Application Forms: [REDACTED] presented the new form which he has designed for RBFT Drugs and Therapeutics Committee (DTC). In keeping with plans to move towards a shared formulary across Berkshire West, the forms will be used by the APC and BHFT DTC. [REDACTED] has had the opportunity to test the new form for BHFT & agreed it was much easy to use. All committees in Berkshire West agreed to use it in future. Action: [REDACTED] to use new forms</p> <p>5) Updated Vitamin D Guidance: [REDACTED] presented the Vitamin D Policy for feedback. It was agreed the policy would not focus on brands but rather on dosage. Scriptswitch will make recommendations on the most cost effective brand to use. It was also agreed to add a warning guidance for renal patients as the Vitamin D Policy would be different for them. Action: [REDACTED] to make the necessary changes to the Vitamin D Policy & bring back for noting at the next meeting.</p>
5.	<p>PAPERS for consultation:</p> <p>5.1 Ivermectin for Rosacea: [REDACTED] presented the paper for Ivermectin cream (Soolantra©) highlighting that this was now a licensed for the treatment of papulopustular rosacea. Some patients are already aware of this treatment and have been asking for this to be prescribed by their GP. The evidence presented supports this treatment and shows it to be a safe and efficacious treatment. All agreed to keep this as a GREEN Drug and the following option recommended: <i>OPTION 1: Ivermectin is recommended for use in the treatment of moderate or severe papulopustular rosacea.</i> Action: [REDACTED] to formulate policy and upload to NetFormulary</p>

	<p>5.2 Lisdexamfetamine: ■ informed the APC that Lisdexamfetamine, a licensed treatment for adult ADHD is an inactive prodrug that is rapidly absorbed after oral administration & hydrolysed to the active moiety dexamfetamine. It was considered at the BHFT DTC & approved for use. BHFT would therefore like to have this treatment as an AMBER drug on the Primary Care Formulary. Dr ■ further added that it was more difficult to misuse this drug & the price comparable to dexamfetamine. All agreed & recommended:</p> <p><i>OPTION 1: Lisdexamfetamine an AMBER drug is recommended for the treatment of adult ADHD as 1st Line after consultation with a psychiatrist.</i></p> <p>Action: ■ to add Lisdexafetamine in the shared care guidelines & send it to be ratified at GP MOC at the end of March'16</p>
	<p>5.3 NOAC VTE guidance: ■ presented the VTE Treatment Pathway which was created by a group of CCG/RBFT stakeholders. After much discussion, the challenges in prescribing Tinzaparin were highlighted. ■ & ■ pointed out that "Group and Save" were not mentioned in the diagram & requested ■ to verify. ■ also queried what happens to patients who do not live in the Berkshire West area.</p> <p>Action: ■ to verify with RBFT all queries pointed out by APC members about the VTE Treatment Pathway & feedback at the next meeting.</p>
	<p>5.4 Biosimilar Etanercept: ■ presented the policy for consideration of biosimilar etanercept for new initiations & switching from branded etanercept in existing patients. This drug is to be licensed for use in inflammatory joint conditions such as rheumatoid arthritis. The evidence of safety and efficacy is robust and all agreed & recommended:</p> <p><i>OPTION 2 : Biosimilar Etanercept to be adopted across the Berkshire West Health economy. Existing patients to be switched as soon as the product is available. Branded drugs to be taken off the formulary.</i></p> <p>Action: ■ to formulate policy and upload to NetFormulary. ■ to liase with RBFT regarding a switch program</p>
	<p>5.5 Sayana Press: ■ presented the paper on Sayana Press, contraception to be administered as a subcutaneous injection at intervals of 13 weeks +/- 7 days. There is robust evidence of safety and efficacy. In addition this treatment can be given by healthcare support workers thus freeing up GP and Practice Nurse time. The treatment can also be used in more obese patients. Treatment costs are similar to the existing intramuscular injection. All agreed & recommended</p> <p><i>OPTION1: Sayana Press to be recommended for use in contraception.</i></p> <p>Action: ■ to formulate policy and upload to NetFormulary.</p>
6.	<p>NICE Updates: The below updates were presented for information only.</p> <ul style="list-style-type: none"> ● TA375: Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed. All drugs within this TA are RED drugs for hospital prescribing. They are National Tariff (NT) excluded drugs recharged to the CCG. ● TA 376: Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases. This is RED on the traffic light system, for hospital use only. Funding is from NHS England. ● TA 383: TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis. These drugs are RED on the traffic light system, for hospital prescribing only and as NT excluded drug are rechargeable to the CCG, funded from 1st May 2016.

7.	<p>Shared Care: ■ informed that the below Shared Care guidelines were approved at the APC in the past. However on request, OT has prepared a one page summary of the 4 BHFT Shared care guidelines for easy reading & would also upload them on Net Formulary. These were agreed by all.</p> <ul style="list-style-type: none"> • Anticholinestrase (BHFT) • Melatonin (BHFT) • Lithium (BHFT) • LAIs (BHFT) • Tinzaparin in pregnancy (RBFT)
8.	<p>Other Committee Updates: ■ presented these papers for information only.</p> <ul style="list-style-type: none"> • RBFT DTC Minutes: For noting only • BHFT DTC Minutes: For noting only • Thames Valley Priorities Committee Minutes: For noting only <p>a) <u>NHS prescribing following private consultation:</u></p> <p>b) <u>Managing the boundaries of NHS and private prescribing:</u> ■ informed that this policy would supersede the current GP MOC Policy. ■ raised concerns about patients opting for private fertility clinics initially & then switching back to NHS Fertility Clinics. He would therefore like more clarity about this.</p> <p>Action: ■ to confirm on the policy regarding NHS vs Private Fertility Clinic Usage & feedback.</p> <p>c) <u>Excess treatment costs:</u></p> <p>d) <u>Research trials and NHS funding:</u></p> <p>e) <u>Severe and complex obesity:</u></p>
9.	<p>Expired APC Policies: None to update for this month. However ■ did mention that the Stroke Prevention in AF Policy would be brought to the May'16 Meeting.</p> <p>Action: Stroke Prevention in AF Policy to be brought to the May meeting.</p>
10.	<p>AOB:</p> <ul style="list-style-type: none"> a) ■ distributed the APC Work plan for info only. b) The Letter regarding establishing Regional MOC was distributed for info only. c) ■ informed that NICE had launched new guidelines on Ciclosporin for dry eyes, which is currently at the initiation stage. Treatment costs £72 per bottle and would not be reviewed by secondary care. ■ has compared predicted numbers with RBFT who have confirmed less patients. It was also highlighted that other treatments are available. A message will be put on Scriptswtich highlighting this as an AMBER Drug & Secondary Care would be <i>initiating and monitoring</i> this treatment. <p>Action: ■ to check with the RBFT Ophthal & feedback</p>

ACTION LOG

No.	Action	Lead	Outcome
Actions from 2nd March'16 Meeting			
1.	█ to invite Dr █ to appeal his paper with robust evidence on Liothyronine at the May'16 APC Meeting (excluding his patients).	█	On May'16 Agenda
2.	All the below shared care guidelines to be carried forward to the May'16 APC Meeting. <ul style="list-style-type: none"> • Azathioprine/6MP • Methotrexate • Tacrolimus 	█	On May'16 Agenda
3.	█ to write up the VSL policy & bring back to the APC meeting	█	Completed
4.	█ to circulate the updated Antibiotic Prescribing Guidelines to all GPs	█	Completed
5.	█ to make the necessary changes to the Vitamin D Policy & bring back for noting at the next meeting	█	On May'16 Agenda
6.	█ to add Lisdexafetamine in the shared care guidelines & send it to be ratified at GP MOC at the end of March'16	█	Completed
7.	█ to verify with RBFT all queries pointed out by APC members about the VTE Treatment Pathway & feedback at the next meeting	█	On May'16 Agenda
8.	█ to confirm on the policy regarding NHS vs Private Fertility Clinic Usage raised by MS & feedback	█	AS confirmed that if patients have gone for Private Fertility Clinic after NHS treatment & come back to NHS, it wouldn't be funded.
9.	Stroke Prevention in AF Policy to be brought to the May'16 Meeting	█	On May'16 Agenda
10.	█ to check with the RBFT Ophthal on whether the Ciclosporin AMBER drug would be added to Scriptswitch & feedback	█	Completed

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

Date of Meeting	Venue
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
4th January 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
1st March 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA