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)

Paper APC16-03

MINUTES of BWAPC Meeting held on 4th May 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
	Chief Pharmacist (BHFT)
	Pharmaceutical Adviser, BWCCG
	CEO, Thames Valley Local Pharma Committee
	Clinical Integration Pharmacist (BWCCG)
	GP, Newbury & District CCG
	Anaesthetist, RBFT
	GP, Wokingham CCG
	GP, SRCCG
	Lay Member
	Lay Member
	MI Lead Pharmacist, BHFT
	Chief Pharmacist, RBFT
	Associate Director of Medicines Optimisation
Also Present:	
	Consultant Endocrinologist, RBFT
	Prescribing Course Student & Practice Nurse
Minutes:	PA to Asso. Dir. Of Meds Opts & Admin Support
Apologies:	
	RBFT
	Lay Member, Wokingham CCG
	GP, North & West Reading CCG
	Interim Medical Director, BHFT
	Pharmacist, CIRCLE
	Pharmacist, BIH
	Lead Contracts Manager, RBFT
	Clinical Pharmacist - SPIRE

1.	**Welcome & apologies:** welcomed everyone to the meeting. Apologies were noted as above.
2.	**Declaration of Conflicts:** None declared.
3.	**Minutes of the APC meeting held on 2nd March 2016**: The minutes were agreed after a few

<table>
<tr><td></td><td>amendments. Action Log updated.</td></tr>
<tr><td>4.</td><td>Matters Arising from Meeting not included in Main Items:</td></tr>
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1) <u>Appeal on liothyronine:</u> ██ reminded all that previously liothyronine was considered a low priority treatment, not authorised for routine prescribing due to limited evidence of efficacy and safety. ██ introduced ██ who was present to appeal the APC decision not to recommend liothyronine. ██ presented a few of his patient's cases as support for this treatment. He explained that he is expecting to treat fewer than 20 patients per year. ██ highlighted how there wasn't enough evidence to support the use of liothyronine or the use of combination therapy which was also not licensed. ██ also pointed out that the British Thyroid Association & American Thyroid Association doesn't support this treatment. ██ highlighted that there were a few patients who needed the drug; ██ confirmed that they could go through IFR for review. ██ confirmed that patients currently on the drug could continue on treatment until treatment ceased to be of benefit. The committee's stance on this case stands as before. ██'s appeal on liothyronine was rejected by APC due to lack of evidence & cost effectiveness. It was further highlighted that the drug wasn't on RBFT's formulary either.
<u>Post APC update: RBFT Medical Director and Director of Network Care have acknowledged that as this treatment is not on formulary for use in the cohort of patients outlined by ██, GPs should not be expected to prescribe this treatment.</u>

2) <u>Update on NOAC VTE:</u> ██ presented the VTE Treatment Pathway & also reminded all that the standard treatment of choice for VTE is tinzaparin and warfarin. However, in line with NICE TAs, NOACs can also be used to treat VTE. NOACs are to be used for treating provoked DVTs and the NOACs of choice are rivaroxaban and apixaban (due to the fact these 2 NOACs do not require initial treatment with a low molecular weight heparin). One issue highlighted is that NOACs are being used out of license for suspected VTE.
Action: ██ to discuss Group & Save in the VTE Pathway. ██ to also check with the RBFT Microbiologist as to why EGFR can't be used. ██ to redo the policy & include the following: drugs names that need avoiding, author, date & licensing issues & bring to the July'16 Meeting.

3) <u>Updated Vitamin D Guidance:</u> ██ presented the amended Vitamin D Policy. This was to make the dosing clearer. References to brands have been removed as there are now numerous (approx. 27 licensed products) brands available & easier to swap to cheaper alternatives. Scriptswitch to list cost effective brands.

4) <u>RBFT Non Formulary Audit:</u> ██ presented the RBFT Non-Formulary Drugs audit done jointly by ██████(Pre-reg) & himself. However, a few discrepancies were noticed which would be rectified by ██. The document was agreed as a benchmark audit. ██ informed that the committee that once it was validated at DTC, it would be communicated to RBFT Staff & CCGs via their respective Communications Teams.

5) <u>Tapentadol Submission by RBFT</u>: Tapentadol (AMBER drug) as recommended by Dr ████ ████ was discussed as a treatment option for managing moderate to severe chronic pain in adults where conventional opioids have failed to provide adequate pain relief or cannot be tolerated. It was agreed that tapentadol can be initiated or recommended for prescribing by the Pain Team consultants in patients failing on conventional opioids.

6) <u>Berkshire Palliative Care Guidelines:</u> ██ presented the Palliative Care Guidelines produced by
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	Dr [redacted]. These were brought to the meeting for a final sign off.
5.	**PAPERS for consultation:** **5.1 Degludec (by RBFT):** [redacted] presented the paper for insulin degludec (Tresiba®). All agreed to keep this as an *AMBER Drug* but highlight that it is not recommended for routine use within Berkshire West for the treatment of diabetes mellitus in adults *except on the recommendation of a consultant endocrinologist* (usually for patients suffering nocturnal hypoglycaemia).
	5.2 Use of glargines in diabetes: [redacted] informed the committee that glargines were expensive but promoted heavily for Type 2 Diabetes. Abasaglar is a biosimilar which currently costs a fifth of the originator product Lantus®. After much discussion, the committee decided to support abasaglar as an option for new initiations. [redacted] further highlighted that patients would need support when newly initiated. [redacted] informed that this switch would be added into the PQS Incentive scheme from next year. All agreed & recommended the following: *Toujeo® OPTION 3 - (BROWN Drug) is NOT recommended for the treatment of adult patients with type 1 and type 2 Diabetes.* *Abasaglar® OPTION 2 - (GREEN Drug) is recommended for the treatment of adult patients with type 1 and type 2 diabetes newly initiated onto a glargine. Existing patients on Lantus® may be switched onto treatment with Abasaglar®.*
	5.3 Use of dulaglutide in diabetes: [redacted] presented the paper & emphasized that dulaglutide (Trulicity®) was suggested in adults with T2D mellitus to improve glycaemic control for overweight patients. It is also more effective & less expensive than liraglutide where GLPs have not worked. All agreed & recommended the following: *OPTION 2: Dulaglutide is recommended as an AMBER drug for the treatment of cohort of adult patients with diabetes. These cohorts could include patients failing to improve on treatment with lixisenatide or may include patients currently on liraglutide or weekly exenatide.*
	5.4 Core Stepped Approach in diabetes: It was reported that the existing core stepped approach guidance had been updated in line with recent NICE guidelines. All agreed & recommended the following: *OPTION 3: Accept guidelines but modify based on Dr [redacted] comments.*
	5.5 HRT: Guidance & Advice on treatments: [redacted] presented the paper & highlighted that these have been adapted from Oxford CCG. Most members agreed that as these are already in use, they were happy to adopt as it stands. All agreed & recommended the following: *OPTION 1 : Accept the updated guidelines*
6.	**NICE Updates:** The below updates were presented for information only. • **TA386:** Ruxolitinib for treating disease related splenomegaly or symptoms in adults with myelofibrosis. • **TA23:** Guidance on the use of temozolomide for the treatment of recurrent malignant glioma. **New Quality Standards (or updates to existing**) • QS120: Medicines Optimisation • QS118: Food allergy • QS119: Anaphylaxis • QS 29: Venous thromboembolism in adults (update) • QS 22: Antenatal care

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	• QS 02: Stroke in adults (update) • CG 90: Depression in adults (update)
7.	**Shared Care:** ██ presented the following guidance for the treatment of IBD. • **Tacrolimus in IBD:** It was reported that GPs had issues with the Gastro Consultants at RBFT prescribing treatment for GPs to initiate. It has been agreed that RBFT consultants will prescribe medication for 8- 10 weeks & then ask GPs to prescribe treatment under a shared care arrangements. ██ also pointed out that grapefruit should be among the list of cautions. • **Methotrexate in IBD:** A few changes were suggested under the following: - Dose - "The usual dose of Methotrexate is 10 – 15mg at weekly intervals between doses but on the same day of the week". - Subsequent monitoring – LFT's, FBC & U&E's - Every week for 4 weeks after dose optimisation: then if stable 3 monthly thereafter. • **Azathioprine/6MP in IBD:** These were accepted by the committee.
8.	**Other Committee Updates:** ██ presented these papers for information only. **A) RBFT DTC Minutes:** For noting only **B) BHFT DTC Minutes:** For noting only **Ci) Thames Valley Priorities Committee Minutes:** For noting only **Cii) Policy No. TVPC40 - Penile Rehabilitation following prostate surgery:** ██ informed that The Thames Valley Priorities Committee (TVPC) had considered the evidence for the interventions for penile rehabilitation in patients following prostate surgery. Due to inadequate evidence of clinical effectiveness and lack of evidence of cost effectiveness, they do not recommend funding these devices. It was noted that the APC interim agreement to fund these devices would now be withdrawn and this will be communicated to RBFT. Therefore patients requiring these devices would need to pay for it themselves. All agreed to adopt the TVPCA's policy.
9.	**Expired APC Policies:** None to update for this month. However ██ did mention that the Stroke Prevention in AF Policy would be brought to the July'16 Meeting. **Action: Stroke Prevention in AF Policy to be brought to the July'16 meeting**.

ACTION LOG

No.	Action	Lead	Outcome
Actions from 2nd March'16 Meeting			
1.	Stroke Prevention in AF Policy to be brought to the July'16 Meeting	██	On July'16 Agenda
Actions from 4th May'16 Meeting			
1.	██ to add Group & Save in the VTE Pathway. ██ to also check with the RBFT Microbiologist as to why EGFR can't be used. ██ to redo the policy & include the following: drugs names that need avoiding, author, date & licensing issues & bring to the July'16 Meeting.	██	In progress

2.	██ to inform RBFT of decision on erectile devices	███	Completed
3.	██ to update policy for degludec	███	Completed
4.	██ to produce policy for • Tapentadol • Glargines • Dulaglutide • Core stepped approach	███	Completed
5.	██ to amend shared care guidance for gastro (x3)	███	Completed
6.	██ to publish all policies and guidance to netformulary	███	Completed
7.	██ to produce bulletin of policies and guidelines agreed and circulate appropriately	███	Completed

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

Date of Meeting	Venue
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
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