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 APC17-03

MINUTES of BWAPC Meeting held on 1st March 2017 10am – noon (Room G29/30, 57/59 Bath Road, Reading, RG30 2BA)

Attendance:	
	Lay Member – Chair
	Interface Pharmacist Lead, BWCCGs
	Chief Pharmacist (BHFT)
	CEO, Thames Valley Local Pharma Committee
	Clinical Integration Pharmacist, BWCCGs
	GP, North & West Reading CCG
	GP, Newbury & District CCG
	GP, Wokingham CCG
	GP, SRCCG
	Lay Member
	Lay Member
	Pharmacist, CIRCLE
	MI Lead Pharmacist, BHFT
	Chief Pharmacist, RBFT
	Associate Director of Medicines Optimisation, BWCCGs
Also present:	
	Pharmaceutical Adviser, BWCCGs
	Consultant Psychiatric (BHFT)
Minutes:	PA to Asso. Dir. of Meds Opts & Admin Support, BWCCGs
Apologies:	
	Lay Member, Wokingham CCG
	Interim Medical Director, BHFT
	Pharmacist, BIH
	Deputy Chief Pharmacist, RBFT
	Clinical Pharmacist - SPIRE

1.	**Welcome & apologies:** The chair welcomed everyone to the meeting. Apologies were noted as above.
2.	**Declaration of Conflicts:** None Declared
3.	**Minutes of the APC meeting held on 11th January 2017:** The minutes were agreed as an accurate record with a few amendments. Action Log updated.
4.	**Matters Arising from Meeting not included in Main Items:**

	A) Update on Sacubitril Valsartan: This paper was brought to the APC last year where it was designated a RED drug (for hospital prescribing only) as one of the options for treating Heart Failure. It was agreed this would be reviewed in April 2017. Currently no consultants are prescribing this drug yet as there is limited capacity to recall the patients. The RBFT has requested for this drug to be AMBER with a shared care agreement in place which allows consultants to transfer care to the GP after 3 months. This will also be further discussed under agenda item 8A. **B) TVPC Policy on sequential use of biologics in Rheumatoid Arthritis:** Following the last meeting, ██ informed the committee that TVPC had produced a pathway on "Sequential use of biologics in Rheumatoid Arthritis" which was challenged by the Rheumatologists at RBFT. ██ would feedback on the updated policy once this has been reconsidered. **C) OTC Policy:** ██ presented the OTC Policy (approved by GP MOC) highlighting that this was a guide for GPs. It recommends that medicines which could be purchased over the counter should not be prescribed on the NHS and patients should be asked to purchase such products, thus enabling effective management of scarce NHS resources. **Action: ██ to add Verruca & Warts as a separate line within the OTC policy as suggested by ██ & ██. ██ to also add Rubefacients to the OTC policy as suggested by ██.**
5.	**PAPERS for consultation:** **A) Lurasidone:** ██ reminded all that this policy was brought to the APC 3 years ago & the decision was not to support its' use in Primary Care. ██ presented a late paper on the Evaluation Outcomes for lurasidone highlighting its main benefits. ██████ further informed the committee he had conducted an audit on 3 patients to review the effectiveness of lurasidone and so far only 1 patient had to be discontinued due to abdominal pains. ██ confirmed that only 6 patients over the period of 6 months have been deemed suitable for lurasidone. Out of these 6, only 4 continued with the medication whilst 2 had to be discontinued due to side effects. The 4 patients who received the full medication had good outcomes. It was reported that Surrey CCG approved this as 3rd line AMBER Drug and a few other CCGs have it as 2nd line after aripiprazole. There was a concern that this treatment could replace aripiprazole (now generic). ██████ confirmed that this was a reserved treatment meant for those who really needed it, having failed on other treatments due to side-effects and wouldn't open the flood gates for all. Aripiprazole can be very agitating and although there are aspects of lurasidone that are favourable, there are no studies demonstrating superiority over other antipsychotics. There was clarification that this would not be used for treatment resistance schizophrenia, for which clozapine remains the only licensed option. ██ raised concerns that spending costs could creep up if GPs were expected to prescribe by private providers. ██████ confirmed that treatment initiation wouldn't start at the first instance. *The Committee agreed & recommended Option 2: Accept the use of lurasidone a third line treatment of schizophrenia in certain cohorts of patients (with strict criteria). Consultant to initate until effective symptom control. ██ & ██ to add initiation by BHFT.* **B) Braltus Zonda Inhaler:** The current Berkshire West APC algorithm for the use of inhaled therapies in COPD recommends tiotropium as the first line long acting anitmuscarinic agent (LAMA) & Spiriva Handihaler as the preferred inhaler for the drug. The proposal is to use the Braltus inhaler to deliver tiotropium. CL demonstrated the use of both the Spiriva & Braltus inhalers highlighting the added advantages of the Braltus inhaler which included: • Clear capsules enabling patients to visually confirm that the full dose has been inhaled, • Capsules are packed in a bottle enabling easier retrieval for patients who cannot manage

blister packs,
- The price of the Braltus Zonda inhaler is 23% lower than the cost of the Spiriva Handihaler,
- Braltus Zonda has a longer shelf life.

The estimated savings is £254K for Berkshire West. Recommendations apply to new and existing patients currently being treated with Spiriva Handihaler. ██ suggested having a phased switch to avoid loss of outdated stock within the community pharmacies.

The committee were satisfied that Braltus Zonda is equivalent to the tiotropium handihaler and recommended Option 1: Accept the use of Braltus Inhalation Powder as the first line Tiotropium inhaler.

- **Rubefacients:** ██ presented the paper and highlighted that there is a lack of evidence to support the use of rubefacients in acute or chronic musculoskeletal pain. A Cochrane review looked at salicylate-containing rubefacients for acute and chronic musculoskeletal pain in adults and found that any evidence came from the older smaller studies. The more recent larger studies showed no effect. In February 2014 NICE included "do not offer rubefacients for treating osteoarthritis" to its "do not do" database. Rubefacients have been reviewed by PrescQIPP and the following recommendations made:
- All patients prescribed rubefacients should have their therapy reviewed with the aim of discontinuing prescribing on FP10;
- If appropriate consider prescribing an effective evidence based alternative;
- Patients wishing to use a rubefacient should be advised to purchase this as Over The Counter self-care with the support of their community pharmacist
- Do not initiate rubefacients prescriptions for new patients and review with a view to stopping treatment in existing patients.

  ██ **suggested adding this to the OTC Policy as well**.

The committee agreed to the above recommendations.

C) **Emollients:** **This item has been carried forward to the May'17 APC Meeting**.

D) **Co-Proxamol:** ██ presented the paper & highlighted that currently the spend on co-proxamol was over £330k. This is because since co-proxamol was withdrawn amid safety concerns, it is no longer a licensed drug and has to be ordered as an unlicensed special at significant cost. This area of prescribing has been reviewed by PrescQIPP and codeine has been recommended for use in the first instance. RBFT pain consultants are happy with this and recommend that if not effective, patients can be referred to the RBFT pain clinic.
The committee agreed to the recommendations suggested in the policy paper.

E) **Oxycodone:** ██ presented the paper & highlighted that prescribing of oxycodone within Berkshire West was approximately £27K and represents NHS resources which could be put to better use. PrescQIPP have also written a review of this area recommending the use of morphine. NG informed that orthopaedic patients were discharged from CIRCLE on oxycodone for pain relief but is of the view that this is then continued in primary care without being reviewed. MOT to review the patients within practices & switch them accordingly.

The committee agreed to the PresQIPP recommendations & decided that this was not for prescribing within primary care for new or existing patients.

F) **Duavive:** ██ presented this paper and informed the committee that in a randomised controlled trial (RCT) involving 332 women, at week 12, Duavive significantly reduced the average daily number of moderate and severe hot flushes from baseline compared with placebo. ██ also highlighted that

	Duavive cost less when compared to the patches. ██ emphasised that women with a history of breast cancer in the family would have an interest in this drug. The committee had concerns about the long term safety of this treatment and a decision not to recommend this treatment was made. *The Committee rejected the use of Duavive but would consider reviewing their recommendation when further evidence would be available on long-term safety of this treatment.*
6.	**NICE TAs funded by the CCG:** ██ presented the NICE guidance published in December 2016 and January 2017.
7.	**Commissioning Statements:** **A)** **<u>Mepolizumab for treating severe refractory Eosinophilic Asthma:</u>** ██ reported that the BW APC supported the use of Mepolizumab as recommended by NICE as a treatment option for severe refractory Eosinophilic Asthma when used in accordance with NICE TA guidelines and initiated by a consultant. Mepolizumab would be added to BlueTeq to help audit usage.
8.	**<u>Shared Care: Prescribing Guidance for Symptomatic Heart Failure (HF):</u>** **<u>Sacubitril Valsartan:</u>** ██ presented the shared care guidance on Sacubitril Valsartan and the request from RBFT clinicians that the traffic light status should be changed from RED to AMBER thus allowing GPs to prescribe after the Heart Failure Consultant had initiated it. ██ had concerns that there were long term safety issues with inadequate evidence. The number needed to treat to reduce 1 hospital admission is 25 and there were concerns that this drug has been hyped up by the pharmaceutical industry. ██ reiterated that as it has NICE guidance as an option for the treatment of HF and as prescribing was not intended to remain within secondary care, GPs were expected to prescribe it. ██ assured that the drug would be used with caution by RBFT clinicians and only initiated in suitable patients. It was also reported that ██████ had drawn up criteria for treating patients to ensure suitable patients are initiated on this drug along with monitoring requirements. There is no need for monthly monitoring. ██ requested more clarity on the dosage and blood tests requirements and this has been included within the shared care guidance. ██ reported that Oxford CCG had commissioned Secondary Care to prescribe the drug for 3 months & then moved to Primary Care. It was agreed that this model seemed reasonable. **Action: ██ to confirm details including dosage, blood test monitoring before GPs were requested to prescribe Sacubitril Valsartan before taking this to GP MOC.**
9.	**<u>Other Committee Updates:</u>** ██ presented these papers for information only. **A)** **<u>RBFT DTC Minutes</u>:** For noting only **B)** **<u>BHFT DTC Minutes</u>:** For noting only **C)** **<u>Thames Valley Priorities Committee Minutes</u>:** For noting only **D)** **<u>Melatonin</u>:** ██ presented the TVPC Policy where they have considered the evidence for clinical and cost effectiveness of melatonin treatment in children and recommended that, in line with NICE and SIGN guidance, melatonin would only be funded as an intervention for sleep disorders in children with challenging behaviour, learning disabilities, autism, chronic fatigue & sleep EEG & where strict criteria are met. ██ emphasised that under the Berks West Melatonin Policy, a licensed product would need to be used off label. BHFT to discuss their policy internally and make a decision about the use of unlicensed versus off label melatonin. A decision is expected around July 2017.
10.	**<u>Expired APC Policies:</u>** ██ presented the following expired policies & explained that they were sent for

consultation to the respective specialists who have sent in their comments.

- █ informed that ███████ from RBFT would like to keep Rivaroxaban as BROWN. BHFT confirmed that Westcall uses Tinzaparin. █ to confirm details on Rivaroxaban & add the score on DXS. All agreed not to make any amendments to the policy until further notification.
- █ informed that Quetiapine XL had expired & asked ████ for his agreement on its use. █ raised concerns that BHFT were requesting GPs to prescribe the drug when it wasn't on their own formulary. BHFT confirmed that they were reviewing their policy and how it is applied across the trust including use by crisis teams at their DTC
  Action: █ to review the Quetiapine XL policy along with ████ & get the coherent paper back to APC.
- All agreed to the extension of the remaining expired policies as it stands.

Action: █ to confirm details on Rivaroxaban & add to DXS.
Action: █ to add the traffic status for each expired policy to the individual document as requested by █.
Action: █ to add a cover sheet & update references for all expired policy as requested by █ for future expired policies.

Policy No	Colour	Drug	Condition	Expiry date
APC 028	**Brown**	Dapoxetine	Premature ejaculation (PE)	Jan-17
APC 030	**Green**	Lubiprostone (Amitiza®)	Chronic idiopathic constipation	Jan-17
APC 031	**Amber / Red**	Melatonin	Paediatric Sleep Disorders	Jan-17
APC 038	**Brown**	Lurasidone	Schizophrenia	Mar-17
APC 041	**Brown**	Rivaroxaban Out of Hours	DVT	Mar-17
APC 044	**Brown**	Solifenacin and tamsulosin combination tablet (Vesomni®)	OAB	Mar-17
APC 045	**Amber**	Apomorphine (Apo-go®)	Parkinson's Disease	Jan-17
APC 046	**Brown**	Transdermal oxybutynin (Kentera®)	Urge incontinence and/or increased urinary frequency	Jan-17
APC 047	**Brown**	Coenzyme Q10	Hypertension, chronic fatigue syndrome, fibromyalgia, myopathy or Parkinson's disease	Jan-17
APC 048	**Brown**	Silk garments	Dermatological conditions	Jan-17
APC 049	**Brown**	Aliskiren (Rasilez®)	Essential hypertension	Jan-17
APC 050	**Brown**	Ginkgo Biloba		Jan-17
APC 051	**Brown**	Lycopene (Ateronon®)	Lipid Modication	Jan-17

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	APC 053	Brown	Testosterone patches	Female Sexual Dysfunction	Jan-17
	APC 054	Brown	Naltrexone	Multiple Sclerosis	Jan-17
	APC 061	Brown	Silicone plasters	Prevention and treatment of scaring	Jan-17
	APC 062	Red	Capsaisin patch (Qutenza®)	Neuopathic Pain	Jan-17
	APC 063	Brown	Quetiapine XL	Schizophrenia and bipolar disorder	Jan-17
	APC 064	Brown	Purepotions Skin Salvation cream	Eczema, psoriasis and sore skin conditions?	Jan-17
	APC 065	Brown	Esomeprazole-naproxen (Vimovo)	Osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis, and to decrease the risk of developing gastric ulcers in patients at risk of developing NSAID- associated gastric ulcer	Jan-17
	APC 069	Brown	Pelvic toners	Stress Incontinence	Jan-17
	APC 070	Brown	Heel balms containing 25% urea	Dry, cracked skin and hyperkeratosis on soles of feet and heels	Jan-17
	APC 072	Brown	Ketoprofen and omeprazole (Axorid®)	Rheumatoid arthritis, ankylosing spondylitis and osteoarthritis	Jan-17
	APC 074	Brown	Dutasteride plus tamsulosin (Combodart®)	Benign prostatic hyperplasia (BPH)	Jan-17
	APC 076	Brown	Aqueous and menthol cream	Pruritus and other skin conditions	Jan-17
	APC 077	Brown	Eosin	Wound Healing	Jan-17
	APC 079	Green	Generic Ropinirole	Severe Restless Leg Syndrome (RSL)	May-17

11. **<u>Any other Business:</u>**

- ██ informed that keeping in line with the BWCCG Governance procedures, ██ & ██ would no longer be attending the APC meetings. ██ thanked ██ & ██ for their immense contribution to the APC over the years. ██ also informed that ██ would Chair the APC in the interim until a chair has been nominated on a permanent basis.

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ACTION LOG

No.	Action	Lead	Outcome
Actions from 1st March 2017 Meeting			
1.	to add Verruca & Warts as a separate line within the OTC policy as suggested by & . to also add Rubefacients to the OTC policy as suggested by		Completed
2.	Emollients: This item to be carried forward to the May'17 APC Meeting		C/f to Sept'17 Meeting
3.	to confirm details including dosage, blood test monitoring before GPs were requested to prescribe Sacubitril Valsartan & report back at the next meeting.		ongoing
4.	to review the Quetiapine XL policy along with & get the coherent paper back to APC.		ongoing
5.	• to confirm details on Rivaroxaban & add to DXS. • to add the traffic status for each expired policy to the individual document as requested by . • to add a cover sheet & update references for all expired policy as requested by .		Completed

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

Date of Meeting	Venue
Wednesday 3rd May 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 5th July 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 6th September 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 1st November 2017	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 10th January 2018	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA
Wednesday 7th March 2018	Rooms G29/30, 57/59 Bath Road, Reading, RG30 2BA