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 3rd May 2017 10am – 12pm (Room G4, 57/59 Bath Road, Reading, RG30 2BA)

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

1.	**Welcome & apologies:** The chair welcomed everyone to the meeting. Apologies were noted as above.
2.	**Declaration of Conflicts:** [redacted] declared that consultancy work was done for Roche Pharmaceuticals.
3.	**Minutes of the APC meeting held on 1st March 2017:** The minutes were agreed as an accurate record. Action Log updated.

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4.	**Matters Arising from Meeting not included in Main Items:** **A)** **Purdah & implications for this meeting:** [redacted] informed that due to the general elections on 8th June'17, we were formally in purdah & therefore no decisions could be ratified at this meeting but would be done so at the June'17 GP MOC Meeting. **B)** **APC ToRs:** [redacted] presented the APC ToRs for review. The following suggestions were made: • [redacted] suggested changing the name of the meeting to Berkshire West ACS Prescribing Committee **Action: [redacted] to confirm with [redacted] on any implications if the meeting name was changed** • Under "Purpose" add: To monitor the impact of APC decisions across its member organisations & recommend audits. Interfacing with RMOC. • Under "Membership" add: Formulary / MI Pharmacist from both RBFT & BHFT (Non-voting members) • All members (cancel "full) will have voting rights where a vote is required. • Members were reminded that they need to log their conflict of interests at each meeting & the chair to review the list. • Quorum: Add at least one rep. from Medicines Optimisation, BWCCG. • Annual reporting: Minutes of meetings & decisions will be ratified by the GP MOC. **Action: [redacted] to make all the necessary changes & circulate the amended APC ToRs to all.** **C)** **Biosimilar Rituximab (Truxima)including infusion forms:** [redacted] informed that the first biosimilar version of rituximab (Truxima®) was approved for use in Europe in February 2017 and was launched in the UK in April 2017. It is licensed for intravenous use in adults with rheumatoid arthritis, granulomatosis with polyangiitis and microscopic polyangiitis, non-Hodgkin's lymphoma (NHL) and chronic lymphocytic leukaemia (CLL). RBFT was now ready to switch their patients onto the biosimilar.
5.	**PAPERS for consultation:** [redacted] informed that due to the general elections on 8th June'17, we were formally in purdah & therefore no decisions could be ratified on agenda items 5A, 5B & 5F at this meeting but would be done so at the Sept'17 Meeting **A)** **Sunscreens:** [redacted] did inform that there was ACBS guidance on sunscreens. This item has been carried forward to Sept'17 Meeting. **B)** **Lutein & AMD Vitamins:** This item has been carried forward to Sept'17 Meeting. **C)** **Self-Care Leaflets:** [redacted] presented the Patient Information Leaflets on Hayfever, Fever in Children, Piles and Coughs & colds which would be given to patients to support self-care & use of the OTC Policy. [redacted] highlighted that although we did have the OTC Guidelines currently approved, there could be changes depending on the consultation results & therefore the leaflets may need to be changed. This item has been carried forward to Sept'17 Meeting **D)** **Dosulepin:** [redacted] presented the bulletin which focused on dosulepin and provided the rationale for not starting or switching to dosulepin in view of its safety profile and advice on how to manage existing patients. Information on dosulepin's adverse effects, options for dose conversion in support of the switch and potential switch savings were also provided. [redacted] confirmed that the MOT would do a review at the end of Quarter 4.The committee agreed to *Option 1: Accept these recommendations* **E)** **Opicapone:** [redacted] (RBFT Consultant) presented on Opicapone, a licensed drug for use as adjunctive therapy to preparations of levodopa/ DOPA decarboxylase inhibitors (DDCI) in adult

patients with Parkinson's disease and end-of-dose motor fluctuations who cannot be stabilised on levodopa/DDCI inhibitors. [redacted] highlighted that safety and tolerability of opicapone was generally good and the majority of adverse events are comparable to other COMT inhibitors. Off periods were reduced by 30-50 minutes in opicapone thereby improving quality of life. Reduction in diarrhoea or urine discoloration & pill burden. Although the drug is more expensive than entacapone, a favourable cost/benefit profile cannot be calculated for the drug. Out of the 1174 patients on the database only 10 have the GI side effects & would require Opicapone. [redacted] raised concerns that the drug was expensive & could affect costs if patient numbers increased. [redacted] agreed to do an audit to keep a check on patient numbers. The committee agreed on

Option 1: Accept opicapone onto the joint formulary & review after a year with an audit.

F) **<u>Multivitamins & Minerals:</u>** [redacted] informed that this was covered under the OTC Policy that had gone out for consultation but results would be declared only after the general elections as we were currently in purdah. [redacted] raised concerns that a patient insisted that her 5 year old continued to receive the vitamins as suggested by the RBFT paediatrician. However, [redacted] highlighted that at times consultants only suggest not expecting the GPs to prescribe. SD requested [redacted] & [redacted] to check the claims with the paediatrician. [redacted] queried the length of vitamins required for alcoholics & patients requiring folic acid. It was confirmed that alcoholics receive B12 for the rest of their lives. [redacted] however emphasised that only clinically identified deficiencies would be prescribed the vitamins.

Action: [redacted] to send the RBFT paediatrician's letter on prescribing vitamins to under 5s to [redacted] for further investigation

Action: [redacted] to provide an OTC Poster for GP Practices & any other info after the consultation results are declared.

G) **<u>COPD Algorithm:</u>** [redacted] presented the revised version of the COPD Algorithm created by the Berkshire West Respiratory Network to support clinicians in selecting the most appropriate, cost effective treatments for patients with Chronic Obstructive Pulmonary Disease. [redacted] informed that there were 2 Flowcharts for the COPD Algorithm. The vertical flowchart was preferred by GPs but the horizontal flowchart was preferred by Respiratory Network Group. [redacted] further highlighted that the combination drug "Spiolto" now had a Black Triangle status. However, no safety warning has come out. [redacted] suggested brand prescribing which had been listed.

The Committee agreed to the updated guidelines & suggested that both options be provided so that the individual GP practice could choose their preferred COPD flow-chart.

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6. **NICE TAs funded by the CCG & NHSE:** [redacted] presented the NICE guidance updates for Feb'17, March'17 & April'17.

Ref	Title	Summary	Commissioner
TA432 Feb 2017	Everolimus for advanced renal cell carcinoma after previous treatment	Everolimus is recommended within its marketing authorisation as an option for treating advanced renal cell carcinoma that has progressed during or after treatment with vascular endothelial growth factor targeted therapy, only if the company provides it with the discount agreed in the patient access scheme. This guidance is a Cancer Drugs Fund reconsideration of everolimus for the second-line treatment of advanced renal cell carcinoma (TA219). This guidance replaces TA219.	NHS England
TA433 published Feb 2017	Apremilast for treating active psoriatic arthritis:	1.1 Apremilast, alone or in combination with disease-modifying antirheumatic drugs (DMARDs), is recommended as an option for treating active psoriatic arthritis in adults only if: • they have peripheral arthritis with 3 or more tender joints and 3 or more swollen joints & • their disease has not responded to adequate trials of at least 2 standard DMARDs, given either alone or in combination and • the company provides apremilast with the discount agreed in the patient access scheme. 1.2 Stop apremilast at 16 weeks if the psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis response Criteria (PsARC), defined as an improvement in at least 2 of the 4 PsARC criteria (including joint tenderness or swelling score) with no worsening in any criteria. If the disease has a Psoriasis Area and Severity Index (PASI) 75 response, a dermatologist should decide whether to continue treatment with apremilast after 16 weeks based on skin response. 1.3 When using the PsARC healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect a person's responses to components of the PsARC and make any adjustments they consider appropriate. 1.4 This guidance is not intended to affect the position of patients whose treatment with apremilast was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop. This guidance replaces the previous NICE technology appraisal guidance on apremilast for treating active psoriatic arthritis (TA372).	CCG

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TA440, April 2017	Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine	1.1 Pegylated liposomal irinotecan, in combination with 5 fluorouracil and leucovorin, is not recommended, within its marketing authorisation, for treating metastatic adenocarcinoma of the pancreas in adults whose disease has progressed after gemcitabine-based therapy. 1.2 This guidance is not intended to affect the position of patients whose treatment with pegylated liposomal irinotecan was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop	NHS England
TA441, , April 2017	Daclizumab for treating relapsing–remitting multiple sclerosis	1.1 Daclizumab is recommended as an option for treating multiple sclerosis in adults, only if: • the person has active relapsing–remitting multiple sclerosis previously treated with disease-modifying therapy, or rapidly evolving severe relapsing–remitting multiple sclerosis (that is, at least 2 relapses in the previous year and at least 1 gadolinium-enhancing lesion at baseline MRI) and • alemtuzumab is contraindicated or otherwise unsuitable and • the company provides the drug with the discount agreed in the patient access scheme. 1.2 This guidance is not intended to affect the position of patients whose treatment with daclizumab was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop	NHS England
TA443, April 2017	Obeticholic acid for treating primary biliary cholangitis	1.1 Obeticholic acid is recommended, within its marketing authorisation, as an option for treating primary biliary cholangitis in combination with ursodeoxycholic acid for people whose disease has responded inadequately to ursodeoxycholic acid or as monotherapy for people who cannot tolerate ursodeoxycholic acid. Obeticholic acid is recommended only if the company provides it with the discount agreed in the patient access scheme. 1.2 Assess the response to obeticholic acid after 12 months. Only continue if there is evidence of clinical benefit	CCG
TA44, April 2017	Ixekizumab for treating moderate to severe plaque psoriasis	Ixekizumab is recommended as an option for treating plaque psoriasis in adults, only if: • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 • the disease has not responded to standard systemic therapies, for example, ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet radiation), or these treatments are contraindicated or the person cannot tolerate them, and • the company provides the drug with the discount agreed in the patient access scheme.	CCG

		1.2 Stop ixekizumab treatment at 12 weeks if the psoriasis has not responded adequately. An adequate response is defined as: • a 75% reduction in the PASI score (PASI 75) from when treatment started or • a 50% reduction in the PASI score (PASI 50) and a 5 point reduction in DLQI from when treatment started. 1.3 When using the PASI, healthcare professionals should take into account skin colour and how this could affect the PASI score, and make the clinical adjustments they consider appropriate. 1.4 When using the DLQI, healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties, that could affect the responses to the DLQI and make any adjustments they consider appropriate. 1.5 These recommendations are not intended to affect treatment with ixekizumab that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop	

Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (terminated appraisal)	TA436	March 2017
Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal)	TA437	March 2017
Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (terminated appraisal)	TA438	March 2017
Cetuximab and panitumumab for previously untreated metastatic colorectal cancer	TA439	March 2017

7.	**Commissioning Statements:** **A) <u>Apremilast for Active Psoriatic Arthritis:</u>** [redacted] presented for information only.
8.	**<u>Shared Care: Prescribing Guidance:</u>** **<u>Fidoxamicin:</u>** [redacted] presented the shared care guidance (written by [redacted], IPC Nurse) on Fidoxamicin for the treatment of CDiff. This shared care agreement outlined suggested ways in which the responsibilities for managing the prescribing of fidaxomicin can be shared between the Consultant Medical Microbiologist (CMM) and general practitioner (GP). If the CMM asks the GP to prescribe this drug, the GP must reply to this request as soon as practicable confirming whether or not they are happy to do so. The intention to shared care should be explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it. [redacted] raised queries & asked for clarification under the GP's responsibilities points 7 & 9. **Action: [redacted] to confirm [redacted] queries on the GP's responsibilities under points 7 & 9 (Fidoxamicin Shared Care guidance) & feedback.**
9.	**<u>Other Committee Updates:</u>** [redacted] presented these papers for information only. **B) <u>RBFT DTC Minutes</u>:** For noting only **C) <u>BHFT DTC Minutes</u>:** For noting only **D) <u>Thames Valley Priorities Committee Minutes</u>:** For noting only
10.	**<u>Any other Business:</u>** • It was informed that [redacted] would not attend the APC henceforth as was resigning from his duties. The Committee thanked him for his immense contribution to the APC. • [redacted] informed that as the next set of APC consultation papers would have to be sent in a week's time & as we were still in purdah, no decisions could be made. It was therefore suggested to cancel the July'17 APC meeting & extend the meeting time to 3 hours for the Sept'17 Meeting. **Action: [redacted] to reschedule the meetings & send invites**. • [redacted] requested if the Degludec Policy could include initiation of treatment by DSN's as well. The committee agreed to the suggestion.

ACTION LOG

No.	Action	Lead	Outcome
Actions from 1st March 2017 Meeting			
1.	[redacted] to make all the necessary changes & circulate the amended APC ToRs to all	[redacted]	Completed
2.	Emollients: This item to be carried forward to the Sept'17 APC Meeting	[redacted]	On Sept'17 Agenda
3.	Consultation Docs on Sunscreens, Lutein & AMD	[redacted]	On Sept'17 Agenda

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	Vitamins, Self-Care Leaflets & Multivitamins & Minerals to be carried forward to the sept'17 Meeting		
4.	[redacted] to send the RBFT paediatrician's letter on prescribing vitamins to under 5s to [redacted] for further investigation [redacted] to provide an OTC Poster for GP Practices & any other info after the consultation results are declared	[redacted] [redacted]	Completed Completed
5.	[redacted] to review the Quetiapine XL policy along with [redacted] & get the coherent paper back to APC.	[redacted]	On Nov'17 Agenda
6.	[redacted] to confirm [redacted] queries on the GP's responsibilities under points 7 & 9 (Fidoxamicin Shared Care guidance) & feedback	[redacted]	On Sept'17 Agenda

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

Date of Meeting	Venue
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