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 6th September 2017 10am – 1pm (Room G29 &30, 57/59 Bath Road, Reading, RG30 2BA)

Attendance:	
	Medicines Optimisation Interface Lead Pharmacist, Berkshire West (BW) CCGs
	Clinical Integration Pharmacist, BWCCGs
	GP, North & West Reading CCG
	GP, Newbury & District CCG
	GP, South Reading CCG
	Lay Member and Non-Executive Director, BWCCGs (APC Chair)
	Lay Member, BWCCGs
	Pharmacist, Circle Hospital
	Medicine Information and Clinical Economy Pharmacist, BHFT
	Chief Pharmacist, RBFT
	Associate Director of Medicines Optimisation, BWCCGs
Also present:	
	Formulary Pharmacist, RBFT
	Lead Pharmaceutical Adviser, BWCCGs
	Prescribing Support Dietician, BWCCGs
Minutes:	PA to Asso. Dir. of Meds Opts & Admin Support, BWCCGs
Apologies:	
	Chief Pharmacist, Berkshire Healthcare Foundation Trust (BHFT)
	CEO, Thames Valley Local Pharmaceutical Committee
	GP, Wokingham CCG
	Medical Director, BHFT
	Pharmacist, Berkshire Independent Hospital (BIH)
	Deputy Chief Pharmacist, RBFT
	Clinical Pharmacist – Spire Hospital

1.	**Welcome & apologies:** The chair welcomed all to the meeting. Apologies were noted.
2.	**Declaration of Conflicts:** presented the new "Declarations of Interest" document (now a mandatory requirement) & highlighted that this would be circulated at every meeting, expecting members to update any declarations/conflicts of interest therein. This document would also be used as an attendance register.
3.	**Minutes of the APC meeting held on 3rd May 2017:** The minutes were agreed as an accurate record. Action Log updated.

4. **Matters Arising from Meeting not included in Main Items:**

A) <u>**Updated APC Terms of Reference (ToRs):**</u> Following comments received at the last meeting, ██ made the necessary changes & presented the updated APC ToRs for approval.

- The meeting name has now changed to "Berkshire West ACS Prescribing Committee"
- Under "Purpose": It was confirmed that any auditing would be done via the Medicines Optimisation team & all reviews would be brought back to the ACS Prescribing Committee.
- It wall suggested to add "**Audit of Policies**" as a standing agenda item.

B) <u>**Outcome of Public Consultation:**</u> ██ reported that the public consultation closed in May 2017. The feedback was being collated by the CCG Communications team & would be ratified after being presented to all 4 Governing Body CCG meetings. In the interim, it was confirmed that Gluten Free products would no longer be prescribed. Liothyronine will no longer be prescribed. BWCCGs will meet with RBFT to discuss care of existing patients on currently on treatment with liothyronine. In addition, camouflage cosmetics will not be prescribed, only in exceptional cases. Painkillers to be stopped under the OTC Policy along with sunscreen & vitamins. Only certain group of patients needing vitamins will get them through prescription. Information leaflets will be sent to all GP practices via the communications team to be disseminated to individual patients. The Repeat Prescribing Policy has not been approved & there will be no decision until further notice. The self-care leaflets written by PresQipp, presented at the last meeting were approved.

C) <u>**Updated UTI Guidelines:**</u> ██ reported that the local Antibiotic Guidelines had expired & the current Public Health Guidelines were being modified by ██████████ & ██████████ to enable it to be adapted for local use.

5. **PAPERS for consultation:**

A) <u>**Biologics Pathway for moderately to severely active Crohn's Disease:**</u> ██ presented the pathway (produced in consultation with RBFT Gastro Dept.) developed to encourage the use of biosimilars and offer guidance on biologic therapies including switching therapies when there is primary or secondary failure of treatment. It was noted that if a patient does not respond to the 1st treatment after a therapeutic dose has been tried for a suitable length of time, the dose may be escalated. This would increase the cost of treatment & therefore the CCGs would need to be notified prior to dose escalation. The 3rd line choice nominated is ustekinumab as this was considered cost-effective & can be self-injected as a subcutaneous injection (compared to intravenous vedolizumab).
The APC approved the pathway.

B) <u>**Ulcerative Colitis Biologics Pathway:**</u> ██ presented the pathway (based on NICE & Thames Valley Priorities Committee (TVPC) policy) developed to encourage the use of biosimilars and offer guidance on biologic therapies used for the treatment of ulcerative colitis. It was confirmed that if 1st line failed, Vedolizumab could be used as 2nd line without notifying CCG. However, if 2nd line biologics failed, then secondary care would need to complete an Individual Funding Request (IFR) form.
The APC approved the pathway.

C) <u>**Emollient Formulary:**</u> Following the meeting (held on 11th July 2017) to agree a local list of cost effective emollients with local dermatologists and other key stakeholders, the agreed formulary was presented by ██ for discussion. This formulary is based on a document written by PresQIPP. ██ explained that currently Berks West CCGs prescribe 130 emollients including bath oils at a cost of

approx. £730k. RBFT & BHFT confirmed that their emollient formulary was much smaller than the one suggested by PresQIPP. suggested reducing the list of emollients & amalgamating all lists (along with updated prices) for both Secondary & Primary Care to use.

Action: to redo the emollient list after looking into the RBFT & BHFT Formulary & bring back in November. When approved to add it on Scriptswitch & DXS.

D) **Dermatology Specials:** presented the paper on Dermatology Specials. It was noted that in England and Wales almost £1 million was spent annually on specials dermatology products. Of these £828,672 is for items that are not recommended for prescribing by the British Association of Dermatologists (BAD) with an average cost per item of £168 (range £1 to £1,183). PresQIPP has produced a bulletin discussing the prescribing of dermatology specials products and offering advice on alternatives for treatment and appropriate review of treatment. noted that dermatology specials were currently being scoped as an ACS project. GPs have been advised that patients on dermatology specials should be referred back to the dermatologist to avoid over spending in Primary care.

The APC accepted the formulary

E) **Psoriasis Biologics Pathway:** presented the Psoriasis pathway devised to encourage the use of biosimilars and offer guidance on biologic therapies available for the treatment of psoriasis in patients meeting NICE criteria. suggested using the most cost-effective option of the biosimilar.

Recommendation: All agreed to adopt the Psoriasis Biologics Pathway for prescribing within Berkshire West for patients meeting NICE criteria

F) **Ocular Lubricants Formulary:** In absence, the ocular lubricant formulary was presented for comment with the aim to be approved for use in primary and secondary care. The formulary has been prepared with treatments for mild, moderate and severe dry eye & includes eye drops, ointment and preservative options. It was highlighted that more work was required to harmonise the formulary with secondary care. raised issues about out of date medicines in mild symptoms along with difficult to use devices & preservative issues. queried if preservative free should be offered only to patients with allergies as this could increase the price. confirmed that if patients take a variety of meds then preservative free eye drops is suggested.

Action: AS to work with SBK/AF to harmonize the eye formulary.

G) **Specialised Infant Formulary Prescribing Guidelines:** presented the guidelines for the appropriate prescribing of Specialist Paediatric Formulas in Berkshire West Primary Care. These guidelines are targeted at infants aged 0-12 months and advise on the appropriate prescribing of specialist infant formulas. Some of the formula mentioned could be used past this age, usually under the recommendation of a paediatrician or paediatric dietitian. However as breast feeding is the best form of nutrition for infants, this should be encouraged and promoted wherever possible. All agreed that the format of the guidelines was more user friendly with easy to follow flow-charts. When adopted, all guidelines would be made available on DXS & Net formulary.

Action: to confirm the hub's email address, add under 1st Line - Most cost effective product to be used (as suggested by) & gain more clarity from the Dietetics dept. on the Referral Pathway for Paediatric Dietetic Support.

H) **Amantadine for the treatment of fatigue in MS:** presented the guidelines for amantadine (also supported by , Consultant Neurologist at RBFT) indicated for use as per NICE guidance for fatigue in MS. Treatment should be initiated by a specialist and shared care arranged with the patient's GP (Amber drug).

The APC agreed to add it on the formulary & accepted into prescribing practice.

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	I) **Sucroferric Oxyhydroxide:** █ presented the document written by █, Renal Pharmacist at RBFT. Sucroferric oxyhydroxide is licensed for control of serum phosphorus levels in adult chronic kidney disease (CKD) patients on haemodialysis (HD) or peritoneal dialysis (PD). It is proposed for long term use as a third line treatment. It is anticipated that there will be up to 30 patients per year eligible for treatment. The committee were concerned that the drug was four times more expensive than current treatments & usage as 2nd line could creep up. █ assured that █ maintained an internal spreadsheet & monitored usage regularly, thus not allowing numbers to go up. *The APC agreed that sucroferric oxyhydroxide should be accepted onto the formulary as a third line option with a traffic light amber status.* **J)** **Blephaclean:** █ presented a paper focussing on the lack of data to demonstrate cost effectiveness of Blephaclean products. It was suggested that these products should not be available on prescription. It was noted that the total spend of Blephaclean & associated products was £8045.42. █ raised concerns that GPs were being asked to prescribe these by the patient's opticians. It was agreed that a statement would be sent to the Secretary of Local Ophthalmic Committee informing them that GPs should not be asked to prescribe Blephaclean & associated products & request this message be disseminated to all. *The APC agreed that Blephaclean & associated products should not be prescribed on FP10 prescription.* **K)** **AMD Pathway:** █ presented the policy which sets out the APC position on the use of anti VEGF therapies for the treatment of wet AMD; in line with the guidance set out by the Royal College of Ophthalmology. The treatments covered in the guideline include ranibizumab (Lucentis®) & aflibercept (Eylea®). The information within the policy is intended to supplement the NICE TA for aflibercept (TA 294) and ranibizumab (TA 155); the use of both of these treatments should always be in line with NICE guidance. When queried, DP confirmed that Avastin could be requested via the IFR route. *The APC approved the policy.* **L)** **PsA Pathway:** █ presented the policy which sets out the APC's position on the use of high cost (rechargeable) therapies for the treatment of psoriatic arthritis (PsA); in line with the guidance set out by NICE and TVPC Policy on *Sequential use of biologic therapy in Psoriatic Arthritis* (TVPC46). The aim of the pathway is to promote the use of biosimilars and more cost effective treatments. When the options laid out in this policy are unsuitable for patients for a particular reason then clinicians have the option to work outside of the policy, but should be clearly communicated to the CCG through the IFR route. *The APC approved the policy.* **M)** **RA Pathway:** █ presented the policy which sets out the APC position on the use of high cost (rechargeable) therapies for the treatment of rheumatoid arthritis (RA); in line with the guidance set by NICE and Thames Valley Priorities Committee (TVPC) Policy on Sequential use of biologic therapy in Rheumatoid Arthritis (TVPC51). The use of these treatments should always be in line with NICE guidance and product licensing. *The APC approved the policy.*
6.	**NICE TAs funded by the CCG & NHSE:** AS presented the NICE guidance updates for July'17 & Aug'17.

Ref	Title	Published
TA452	Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation	July 2017
TA453	Bortezomib for treating multiple myeloma after second or subsequent relapse	July 2017
TA454	Daratumumab with lenalidomide & dexamethasone for treating relapsed or refractory	July 2017

		multiple myeloma	
	TA455	Adalimumab, etanercept & ustekinumab for treating plaque psoriasis in children & young people	July 2017
	TA456	Ustekinumab for moderately to severely active Crohn's disease after previous treatment	July 2017
	TA457	Carfilzomib for previously treated multiple myeloma	July 2017
	TA458	Trastuzumab emtansine for treating HER2 positive advanced breast cancer after treatment & taxane	July 2017
	TA459	Collagenase clostridium histolyticum for treating Dupuytren's contracture	July 2017
	TA460	Adalimumab & dexamethasone for treating non-infectious uveitis	July 2017
	TA464	Bisphosphonates for treating osteoporosis	Aug 2017
	TA465	Olaratumab in combination doxorubicin for treating advanced soft tissue sarcoma	Aug 2017
	TA466	Baricitinib for moderate to severe rheumatoid arthritis	Aug 2017
	TA467	Holoclar for treating limbal stem cell deficiency after eye burns	Aug 2017
	TA468	Methylnaltrexone bromide for treating opioid-induced constipation	Aug 2017
	TA469	Idealisib with ofatumumab for treating chronic lymphocytic leukaemia	Aug 2017
	TA470	Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia	Aug 2017
	TA471	Eluxadoline for treating irritable bowel syndrome with diarrhoea	Aug 2017
	TA472	Obinutuzumab with bendamustine for treating follicular lymphoma refractory rituximab	Aug 2017
	TA473	Cetuximab for treating recurrent or metastatic squamous cell cancer of the head & neck	Aug 2017

7.	**Commissioning Statements:** A) **Blueteq List:** ██ presented the document to support the current Service Development Improvement Plan (SDIP) agreed with the RBFT. This states that the new & continued use of rechargeable drugs must have funding approved via the Blueteq Hi-Cost management system to ensure payment from the BWCCGs. ██ highlighted that the document would need to be approved by the contract teams from both organisations.
8.	**Shared Care: Prescribing Guidance:** A) **Amantadine (Prescribing Guidance):** ██ presented the prescribing guidance for amantadine for managing fatigue in Multiple Sclerosis with care shared between the consultant and general practitioner (GP). A minor amendment on starting dose was agreed. This was agreed by the APC. B) **Fidaxomicin (Shared Care Guidance):** ██ presented the shared care guidance (written by ██████ ██████, Infection Prevention and Control (IPC) Nurse) on Fidoxamicin for the treatment of Clostridium Difficile infections. 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). The expectation is that the CMM will ask the GP to prescribe treatment and the GP must reply to the request as soon as practicable confirming they are willing to prescribe. The intention to share 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. This was agreed by the APC.

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9.	**<u>Other Committee Updates:</u>** ██ presented these papers for information only. **B)** **<u>RBFT DTC Minutes</u>:** For noting **C)** **<u>BHFT DTC Minutes</u>:** For noting. OT confirmed that Quetiapine would be added to the formulary as an AMBER drug & would be discussed in detail at the November 2017 meeting. **D)** **<u>Thames Valley Priorities Committee Minutes</u>:** For noting
10.	**<u>Any other Business:</u>** • ██ queried whether she could prescribe 3 courses of ulipristal as suggested by a gynaecologist. ██ confirmed that GPs could prescribe only 1 course of this drug & would confirm at the November APC meeting if GPs could prescribe more than one course of the drug.

ACTION LOG

No.	Action	Lead	Outcome
Actions from 16th Sept 2017 Meeting			
1.	██ to redo the emollient list after looking into the RBFT & BHFT Formulary & bring back in November. When approved to add it on Scriptswitch & DXS	██	Ongoing
2.	██ to work with ██ to harmonize the eye formularies	██	Completed
3.	██ to confirm the hub's email address, add under 1st Line - Most cost effective product to be used (as suggested by ██) & gain more clarity from the Dietetics dept. on the Referral Pathway for Paediatric Dietetic Support	██	Ongoing

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

Date of Meeting	Venue
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