North of Tyne Area Prescribing Committee

Minutes of a meeting of the Area Prescribing Committee held on Tuesday 13th October 2015 at Northumbria House, Cobalt Business Park, North Tyneside

Present:

Arpita Bhattachayra (AB)	Consultant Community Paediatrician	NHCT
Pat Bottrill	Lay Representative	
David Campbell (DCa) (Chair)	Chief Pharmacist/Clinical Director for Medicines Management	NHCT
Ian Campbell	Senior Pharmacist	NUTH
Sarah Chandler (SC)	Formulary Pharmacist	NHCT
Sue Dickinson (SD)	Director of Pharmacy	RDTC
Tim Donaldson (TD)	Trust Chief Pharmacist/Associate Director of Medicines Management	NTWT
Alexander Dyker (AD)	Consultant Physician	NUTH
Peter McEvedy (PMcE)	GP and Prescribing Lead	NHS Northumberland CCG
Helen Seymour (HS)	Senior Medicines Optimisation Pharmacist	NECS
Sheetal Sundeep	Consultant Microbiologist	NHCT
Susan Turner (STu)	Medicines Optimisation Pharmacist	NECS
Neil Watson(NW)	Clinical Director of Pharmacy and Medicines Management	NUTH
Steve Williamson(SW)	Consultant Pharmacist in Cancer Services	NHCT/NHSE

Apologies

Anne-Marie Bailey (AMB)	Senior Medicines Optimisation Pharmacist	NECS
Helen Coundon	GP	NHS North Tynesdie CCG
Matthew Lowery (ML)	Formulary and Audit Pharmacist	NUTH
Neil Morris (NM)	Medical Director	NHS Newcastle Gateshead CCG
Simon Thomas (STh) (Chair)	Consultant Clinical Pharmacologist	NUTH

NoT LPC	North of Tyne Local Pharmaceutical Committee
NHSE	NHS England
NHCT	Northumbria Healthcare NHS Foundation Trust
NECS	North of England Commissioning Support Organisation
NTWT	Northumberland Tyne and Wear NHS Foundation Trust
NUTH	Newcastle upon Tyne Hospitals NHS Foundation Trust
RDTC	Regional Drugs and Therapeutics Centre

2015/65 **Resignations**
Dr Hilary Wynn and Dr Wendy Ross have both resigned from the committee. DC has written to them thanking them for their valued contribution.

2015/66 **Declarations of interest**
Members were asked to complete declarations for the current year and return these to the secretary.

2015/67 **Appeals against previous decisions**
None

2015/68 **Minutes and decision summary from the meeting held on Tuesday 14th July 2015**
These were accepted as a true record.

2015/69 **Matters arising not on the agenda.**
None

2015/70 **Action Log**
The action log was reviewed and will be updated to reflect the following progress:

- Merging of Gateshead MMC and NoT APC – agenda item 2015/73

2015/71 **Report from the Formulary Sub-committee**
Formulary version 6.0 is now available on the APC website.

Minutes and recommendations from the meeting held on 27th August 2015:
The above minutes and recommendations were received by the committee.
The summary of decisions made by the committee on new product requests is listed in **Appendix 1**.
The following specific points were highlighted for further consideration:

Methenamine hippurate

Methenamine hippurate has been requested as a second line agent for the prophylaxis of UTIs in patients who have failed long term prophylaxis with antibiotics, have contraindications to antibiotics, and who have breakthrough infections with resistant organisms. This is on the grounds that as a non-antibiotic urinary antibacterial it will not contribute to antibiotic resistance. It was recognised that this product has only limited clinical value but that the current antimicrobial resistance crisis has given greater weight to its potential role.
It was acknowledged that there is currently no evidence, either way, to support the long term use of methenamine hippurate for UTI prophylaxis in patients without renal tract abnormalities. The committee noted additional correspondence between urology consultants and Mr Lowery in relation to the required level of microbiology advice and requesting an amendment to the indications to include those patients who do not wish to take prophylactic antibiotics on account of the possibility of antimicrobial resistance. This communication was noted but the original FSC recommendation was supported.

Decision:
The request for methenamine hippurate after an appropriate sequence of antibiotics, and following the advice of microbiology, was approved.

Diphenylcyclopropenone

Diphenylcyclopropenone (DPCP) is an unlicensed topical solution which has been requested as a last line treatment option for alopecia areata. The application of DPCP to the scalp causes a mild allergic contact dermatitis which is thought to stimulate hair growth.

Evidence from two small poor quality trials suggests that DPCP may stimulate full re-growth in approximately 20-30% of patients with severe/extensive alopecia areata. Approximately 50% of patients suffer relapse on discontinuation, requiring retreatment. Due to its mode of action DPCP has a number of dermatological side effects however these appear to be able to be managed with topical corticosteroids. Repeated hospital visits would be required during treatment.

Decision:
The request for DPCP was refused on the grounds of limited evidence of efficacy and cost effectiveness.

Longtec®

Strong modified release opiates should be prescribed by brand name.

Longtec® has now been approved as the preferred formulary option on the basis of cost. It was noted that this is identical to the originator brand in terms of release characteristics.

The use of Shortec® capsules was not currently supported. Where a shorter acting oxycodone preparation is required, palliative care clinicians have requested that this should continue to be provided in a liquid form.

The traffic light list has been updated and is available on the website

2015/72 **Report from the Medicines Guidelines and Use Group**

Minutes from the meeting on 27/7/15 were accepted
Information Leaflets for approval:

- Antipsychotic Drugs – Prescribing & Monitoring in Adults- updated in line with NICE Guidance - approved
- Nebulised Gentamicin – updated - approved

Guidelines for approval:

- Guidelines for management of erectile dysfunction in adults ≥ 18 years – update - approved
- Northumberland and North Tyneside COPD Guidelines –The committee expressed concern that it had not been possible to develop a guideline that coveredthe whole NoT APC area. It was agreed to approve the guidelines but on the basis of an earlier review date, hopefully by which time guidelines could be agreed across the whole area covered by the APC.

2015/73 **Merger of North of Tyne APC and Gateshead MMC**

Minutes from a meeting between key members of both the Gateshead Medicines Management Committee and the North of Tyne Area Prescribing Committee held on 17/9/15 were presented to the committee.
The way in which the newly merged Newcastle Gateshead CCG makes decisions about medicines needs to change to meet the needs of the new

single statutory organisation. Newcastle Gateshead CCG feel that a single APC will ensure consistency of process and this was supported by the chairmen of each of the existing committees. It was agreed at the scoping meeting that both the GMMC and the NoT APC would discuss membership of the new APC and sub committees at their next meetings with a view to merging in January 2016.
DC suggested that the current membership of the NoT APC would need to remain on the new committee, with the addition of representation from Gateshead Health NHS Foundation Trust. Newcastle Gateshead CCG currently has membership of both committees. The difficulty of ensuring a meeting date and time that suits all potential members was accepted and HS agreed to send out diary invites to all potential members to find a day and time that suits the majority. One potential advantage of a merged committee will be the ability to move towards uniformity of guidelines across a wider geography. It was recognised that this may present some challenges, and there may still be a need for local pathway variations. The involvement of the LMC throughout guideline development processes, in particular shared care guidelines, may help facilitate implementation. Sub committees of the new committee should use this as an opportunity to review their terms of reference and membership. APC members stated that this should be seen as an opportunity to strengthen the existing work of the committee. A formulary merging process will need to be undertaken, followed by subsequent review and rationalisation. A first meeting of relevant personnel has been arranged for 19/10/15. It was agreed that this would also be a suitable point in time to consider a move towards a more interactive, online version of the formulary.

2015/74 NICE Technology Appraisals

The following Technology Appraisals were noted and the recommendations within them will be reflected in the formulary:

- TA345 Naloxegol for treating opioid- induced constipation
- TA347 Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non small cell lung cancer
- TA346 Aflibercept for treating diabetic macular oedema
- TA348 Everolimus for preventing organ rejection in liver transplantation
- TA349 Dexamethasone intravitreal implant for treating diabetic macular oedema
- TA350 Secukinumab for treating moderate to severe plaque psoriasis
- TA351 Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti- platelet therapy (terminated appraisal)
- TA352 Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy
- TA353 Bevacizumab for treating relapsed, platinum resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (terminated appraisal)
- TA354 Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism
- TA355 Edoxaban for preventing stroke and systemic embolism in people with non- valvular atrial fibrillation. An update to the comparison document on the website is now available.
- TA356 Ruxolitinib for treating polycythaemia vera (terminated

appraisal)

2015/75 **Northern (NHS) Treatment Advisory Group (N-TAG)**

The following papers and recommendations were noted and will be reflected in the formulary :

- Treatment Appraisal - Decision Summary: Infliximab Biosimilars (Remsima® & Inflectra®). Updated.
- Treatment Appraisal - Decision Summary: Certolizumab pegol (Cimzia®) for the treatment of Psoriatic Arthritis
- Treatment Appraisal - Decision Summary: Sequential use of TNF inhibitors for the treatment of Psoriatic Arthritis

2015/76 **NHS England**

The following NHS England communications were noted:

- SSC 1531 Pembrolizumab for advanced melanoma
- SSC 1533 NICE Technology Appraisal 339: Omalizumab for previously treated chronic spontaneous urticarial
- SSC 1534 Multiple Sclerosis: First line disease modifying agents
- SSC 1535 Commissioning of Palivizumab (To reduce the risk of RSV in High Risk Infants) for the 2015 Vaccination Season plus briefing paper.
- SSC 1537 NICE Technology Appraisal 347: Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non-small-cell lung cancer
- NHS England Commissioning Intentions 2016/17

2015/77 **Chair's action**

The following guidance has been approved:

- Diabetes Guideline

2015/78 **Any other business**

1. In her role as patient representative, PB expressed ongoing concern at the frequent changes to the appearance of medication. The committee acknowledged the problems this can cause for patients but outlined the reasons, which are beyond the influence of the APC.

2. The committee is aware that some CCGs are endorsing the use of branded generics. CCG members explained that they understand the arguments against this but the current financial pressures they face have meant they have pursued one or two of these. The APC reiterated that it does not endorse the use of branded generic prescribing except as detailed within their guidance: Guideline on Medicines that are Not Suitable for Generic Prescribing

2015/64 **Date and time of next meeting**

Tuesday 12th January 2016
Room 4, Northumbria House, Unit 7/8 Silver Fox Way,
Cobalt Business Park,
North Tyneside.
The meeting will start at 12:30pm

Signed:..... **Date:** 12/1/16
(Chair of the APC)

North of Tyne
Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Tuesday 13th October 2015.**

Classification of products:

R = 'RED' drugs for hospital use only
A = 'AMBER' drugs suitable for use under Shared Care arrangements
B = 'BLUE' drugs initiated in secondary care where an information sheet for GPs is recommended

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
1) Requests deferred from previous meetings				
No new deferrals				
2) New Requests				
Methenamine Hippurate 1g tablets (Hiprex®)	✓ s			Methenamine hippurate has been requested as a second line agent for prophylaxis in patients with recurrent UTI's. It is intended for patients who have failed long-term antibiotic prophylaxis, have contraindications to antibiotics or breakthrough infection with resistant organisms. As a non-antibiotic it will not contribute to antibiotic resistance. No evidence is available to support its use in patients with renal tract abnormalities or for long term use. After discussion it was agreed its use would be appropriate after a sequence of antibiotics, following microbiology advice. **Decision:** The request for methenamine hippurate after an appropriate sequence of antibiotics, and following the advice of microbiology was approved.
Diphenylcyclopropenone (DPCP) topical solution		✓		DPCP topical solution has been requested as a last line treatment option for alopecia areata. It is an unlicensed topical solution that is painted on to the scalp to cause a contact dermatitis. Poor quality evidence suggests full hair growth may be stimulated with DPCP in some patients. **Decision:** The request for DPCP was refused on the grounds of limited evidence of efficacy and cost effectiveness.
3) **New Formulations & Extensions to Use**				
None				
4) NHS England Specialised Services communications noted and endorsed by APC				
SSC 1531 Pembrolizumab for advanced melanoma				NHS England position noted

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
SSC 1533 NICE Technology Appraisal 339: Omalizumab for previously treated chronic spontaneous urticarial				NHS England position noted
SSC 1534 Multiple Sclerosis: First line disease modifying agents				NHS England position noted
SSC 1535 Commissioning of Palivizumab (To reduce the risk of RSV in High Risk Infants) for the 2015 Vaccination Season plus briefing paper.				NHS England position noted
SSC 1537 NICE Technology Appraisal 347: Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non-small-cell lung cancer				NHS England position noted
NHS England Commissioning Intentions 2016/17				Noted
5) Products considered by NICE				
TA345 Naloxegol for treating opioid-induced constipation				The formulary will reflect the TAG.
TA347 Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non small cell lung cancer				The formulary will reflect the TAG.
TA346 Aflibercept for treating diabetic macular oedema				The formulary will reflect the TAG.
TA348 Everolimus for preventing organ rejection in liver transplantation				The formulary will reflect the TAG.
TA349 Dexamethasone intravitreal implant for treating diabetic macular oedema				The formulary will reflect the TAG.
TA350 Secukinumab for treating moderate to severe plaque psoriasis				The formulary will reflect the TAG.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA351 Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy (terminated appraisal)				The formulary will reflect the TAG.
TA352 Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy				The formulary will reflect the TAG.
TA353 Bevacizumab for treating relapsed, platinum resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (terminated appraisal)				The formulary will reflect the TAG.
TA354 Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism				The formulary will reflect the TAG.
TA355 Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation				The formulary will reflect the TAG.
TA356 Ruxolitinib for treating polycythaemia vera (terminated appraisal)				The formulary will reflect the TAG.
6) Northern (NHS) Treatment Advisory Group (N-TAG)				
Treatment Appraisal Decision Summary: Infliximab biosimilars (updated)				The formulary will reflect the N-TAG recommendation.
Treatment Appraisal Decision Summary: Certolizumab pegol (Cimzia®) for the treatment of Psoriatic Arthritis				The formulary will reflect the N-TAG recommendation.
Treatment Appraisal Decision Summary: Sequential use of TNF inhibitors for the treatment of Psoriatic Arthritis				The formulary will reflect the N-TAG recommendation.
7) Appeals against earlier decisions by the APC				
None				

Product	Decision Approved | Refused | Deferred	Comments/notes
8) Miscellaneous decisions by the APC		
Ulipristal 5mg tablets (Esmya®)		Ulipristal 5mg tablets were added to the formulary in 2013, as a RED (hospital only) drug, for pre-op treatment of moderate to severe uterine fibroids in women of reproductive age. It was initially licensed for 3 months but this has recently changed to allow for a further 3 months prior to surgery. Subsequently it was requested that the RED status was changed to "**s**" (specialist initiation) for patient convenience. The license has further changed to allow up to four 3 month courses for pre-op treatment and for medical only treatment. **Decision:** It was agreed that the further license change should be followed, allowing use of ulipristal 5mg tablets for up to one year as per its license, subject to regular reviews
QV® and Aquamax® cream - status		QV® and Aquamax® cream were added to the formulary in 2013 as a RED (hospital only) drugs for use following radiotherapy. It has been reported that some patients are continuing to have discomfort after discharge and have been requesting these emollients from their GP. It was requested the status is changed to "**s**" specialist initiation (following radiotherapy) to allow for continuing prescribing in primary care. **Decision:** It was agreed that the status for QV® and Aquamax® cream will be changed from RED (hospital only) to "**s**" specialist initiation following radiotherapy.
Demeclocycline – SIADH		It was requested that the continued use of unlicensed demeclocycline for SIADH be discussed by the FSC. It was noted that licensed demeclocycline was still unavailable. The only alternative, tolvaptan, is a high cost drug and is not being routinely funded by NHS England. **Decision:** It was agreed that the continued use of unlicensed demeclocycline is appropriate whilst the supply problem continues with the licensed preparation.
Oxycodone brand choice		Strong modified release opiates should be prescribed by brand name. Longtec® has now been approved as the preferred formulary option on the basis of cost. It was noted that this is identical to the originator brand in terms of release characteristics. The use of Shortec® capsules was not currently supported. Where a shorter acting oxycodone preparation is required, this should continue to be provided in a liquid form.