North of Tyne Area Prescribing Committee

Minutes of a meeting of the Area Prescribing Committee held on Thursday 11th March 2010 at Northumbria House, Cobalt Business Park, North Tyneside

Present

Ian Campbell (IC)	Assistant Director of Pharmacy	NUTH
David Cook (DCo) (Professional Secretary)	Lead Clinical Pharmacist, Procurement and Formulary	NHCT
Tim Donaldson (TD)	Head of Pharmacy Clinical Governance	NTWT
Sue Gordon (SG)	Consultant in Public Health Medicine	NCT
Matt Grove (MGr)	Consultant Rheumatologist, NTGH	NHCT
Mike Guy (MGu)	Medical Director	NHS NoT
Janet Kelly (JK)	Nurse Clinical Manager	NNTCH
Dominic McDermott (DM) (for Bhavana Reddy)	Senior Pharmacist	RDTC
Peter McEvedy (PM)	GP representative from the PBC community North of Tyne	NHS NoT
Helen Seymour (HS) (for Rosie England)	Medicines Management Advisor	NHS NoT
Alison Smith (AS) (also representing Zahra Irannejad)	Prescribing Adviser (Provider) – representing prison service	NNT&N
Glyn Trueman (GT)	Formulary Pharmacist	NUTH
Mritunjay Varma (MV)	Consultant Anaesthetist, Newcastle General Hospital	NUTH
Neil Watson (NW)	Clinical Director of Pharmacy and Medicines Management	NUTH
Steve Williamson (SW)	Consultant Pharmacist in Cancer Services	NECN
Hilary Wynne (HW) (Chaired the meeting in the absence of David Campbell)	Consultant Physician/Chair of NUTH D&T panel	NUTH

In Attendance

Adam Todd	Lecturer, University of Sunderland	

Apologies

David Campbell	Chief Pharmacist/Clinical Director for Medicines Management	NHCT
Rosie England	Head of Medicines Management	NHS NoT
Mike Hannon	Community Pharmacist/North of Tyne PEC	NHS NoT
Zahra Irannejad	Head of Prescribing	NNT&N
Bhavana Reddy	Acting Director of Pharmacy	RDTC
Simon Thomas	Consultant Clinical Pharmacologist	NUTH

NCT	Northumberland Care Trust
NECN	North of England Cancer Network
NHCT	Northumbria Healthcare NHS Foundation Trust
NHS NoT	NHS North of Tyne
NNT&N	Newcastle, North Tyneside & Northumberland PCOs
NTWT	Northumberland Tyne and Wear NHS Trust
NUTH	Newcastle upon Tyne Hospitals NHS Foundation Trust

RDTC Regional Drugs and Therapeutics Centre

2010/13 Minutes of the meeting held on Tuesday 12th January 2010
These were accepted as a true record.

2010/14 Matters arising
2009/16a Generic vs brand prescribing
It was clarified that the final version was almost complete and would be sent to DCo to put on the website.

2009/20 NHS Constitution and NPC documents on clinical decision making
HS reported that an event organised by the National Prescribing Centre (NPC) had been held in January to discuss local decision making on medicines. Dominic McDermott would be writing up a report on the event for the SHA with some proposals on how to move the issue forward. One proposal that had been made was to roll out the North of Tyne APC model to NHS North East. The committee felt that it was important that a considered approach be adopted so that there was full engagement by all stakeholders.

2009/69 Collaboration in decision making between Durham and NHS NoT
MGu informed the committee that Durham primary care were very happy to join with the North of Tyne APC process.

2010/15 Appeal against previous decisions
No appeals had been received.

2010/16 Report from the Formulary Sub-committee
a) Minutes and recommendations from the meeting held on Tuesday 9th February 2010
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**. However the following specific points were highlighted:

- Methylphenidate SR (Equasym XL® Medikinet XL®) - After considering views from relevant clinicians as to which of these shorter acting preparations (compared to Concerta XL®) should be included in the Formulary it was decided that the previous decision to approve the use of Equasym XL and reject the use of Medikinet XL should stand. Immediate release methylphenidate could always be added to a daily regimen if needed to provide additional cover.
- Silver containing dressings under compression bandages – The tissue viability team had confirmed that silver containing dressings were not being recommended for use under compression bandaging for the treatment of leg ulcers. The recently published VULCAN study had showed that such practice was, in any case, not cost effective and did not improve quality of life.
- Certolizumab – This was not the subject of an application but was approved for use as it was recommended in NICE technology appraisal guidance 186, as an option for the treatment of people with rheumatoid arthritis.
- Officers – The following were confirmed as officers of the Formulary sub-committee:
    - Chair – Professor Simon Thomas
    - Vice Chair 1 – Dr Alexander Dyker

- Vice Chair 2 – Mrs Zahra Irannejad
- Professional Secretary – Mr Ian Campbell on a temporary basis owing to the imminent retirement of Glyn Trueman.

2010/17 Report from the Shared Care Group (SCG)

a) Minutes of the meeting held on Wednesday 16th December 2009

These were noted as having been received. The following points were highlighted:

- Lanreotide/Octreotide – it had been confirmed that community nurses can administer these products. There are currently about 30 patients receiving such treatment.
- Atypical antipsychotic drugs – The LMC are happy for these to be classified as 'Blue' rather than 'Green' when used for treating schizophrenia as recommended by NICE guidance. However GPs would need to be informed of the diagnosis.
- Vice chair of the SCG – Helen Seymour had agreed to be the vice chair of the Shared Care Group.

b) Updated shared care guidance on Methylphenidate in Treatment of ADHD in Adults

The committee felt that information warning about the use of illegal drugs and alcohol in this group of patients should be included in this shared care guideline.

DECISION: Ratified subject to minor amendments.
ACTION: TD to arrange for the guideline to be amended and sent to DCo to place on the APC website.

c) Updated shared care guidance on Methylphenidate in Treatment of ADHD in Children and Young People

This was ratified by the committee, subject to some minor amendments.

DECISION: Ratified subject to minor amendments.
ACTION: TD to arrange for the guideline to be amended and sent to DCo to place on the APC website.

d) Draft shared care guidance on Immunosuppressive Treatment following Renal Transplantation

It was clarified that the hospital would provide the first 3 months of treatment. This was ratified by the committee, subject to some minor amendments which would be confirmed by the renal physicians.

DECISION: Ratified subject to minor amendments to be confirmed by the renal physicians.
ACTION: GT to amend and send to DCo to place on the APC website.

e) Modafinil – Information leaflet for GPs

This was approved, subject to some minor amendments, and would be placed on the APC website in the section for Blue drug information leaflets.

2010/18 Report from the North of England Cancer Network

a) Minutes of a meeting of the North of England Cancer Drug Approvals Group (NECDAG) held on Wednesday 17th February 2010

No minutes had been received prior to the meeting but would be circulated once received. SWi informed the committee that Degarelix had been approved by NECDAG for first line treatment of advanced hormone-dependent prostate cancer. This treatment does not result in a testosterone surge, thus avoiding tumour flare. It was not a replacement for goserelin or leuprorelin and had been priced to match

competitors.

2010/19 Report from the Antimicrobial Chemotherapy Sub-Group
No meeting of this sub-group had been held.

2010/20 Documents previously circulated
These were noted as having been received.
The committee noted the work plan for the North East Treatment Advisory Group (NETAG) and wondered who NETAG were liaising with at local level when drawing up the plan. The chair was asked to write to Will Horsley, the Lead Pharmacist for NETAG with the following questions:

- How did products get put onto the work plan?
- Do such products have a clinical consensus?
- What is the intended appeal process for rejected products?
- What drugs, if any, were currently under appeal

ACTION: DCa to write to Will Horsley, the Lead Pharmacist for NETAG with the questions noted above.

2010/21 Chair's action
Nothing to report.

2010/22 Any other business

a) Clopidogrel
HS reported that a community pharmacy chain had directed all their pharmacists to contact the prescriber for any prescription where aspirin is co-prescribed with a clopidogrel salt other than 'Plavix' or hydrogen sulphate to let them know that it is not licensed for treatment in conjunction with aspirin. The committee felt that the APC position on generic clopidogrel should be restated (APC meeting of 29th September 2009).

ACTION: DCa to prepare a letter to be sent to all pharmacy chains restating the position of generic clopidogrel within the North of Tyne health economy.

b) Declarations of interest
Committee members were reminded of the need to complete the 2010 Declaration of Interests form and return to the Professional Secretary.

c) Retirement of Glyn Trueman
Glyn Trueman was thanked by the committee for all his hard work in various decision making committees over the years and particularly his recent role as Professional Secretary of the Formulary Sub-committee. He was wished all the best in his retirement.

2010/23 Date and time of next meeting
The date of the next meeting is Tuesday 11th May 2010.
Venue: Northumbria House, Unit 7/8 Silver Fox Way, Cobalt Business Park.

Signed: ..... **Date:** 11/5/10
(Chair of the APC)

APPENDIX 1

North of Tyne
Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Thursday 11th March 2010.**

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
T = drugs used in Tertiary Care only.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
1) Requests deferred from previous meetings				
Quetiapine modified release (Seroquel XL®)	√ A			Prolonged release formulation of this atypical antipsychotic that is licensed for once daily administration and allows more rapid dose titration. **Decision** – Approved for use: 1. In patients who require an outside carer to administer their medicines, where its use would reduce the number of visits for administration. 2. Where rapid dose titration is considered important (e.g. by mental health trust crisis support teams) for example where its use might avoid the need to admit the patient to hospital. *If maintenance treatment with quetiapine is required, it should be with the conventional formulation (unless 1 above applies).*
Tisseel® Ready Mix		√		Formulation of this fibrin sealant/tissue glue that is easier to use, but more expensive than the existing product even with discounted price offered by the manufacturer. **Decision –** Not approved.
2) New Requests				
Biatain®Adhesive 10 x 10cm and 17cm contour dressings	√			Polyurethane foam dressing with adhesive border that is available in sizes that fit better on some wounds. Less expensive and has greater capacity to absorb exudate than Allevyn® Adhesive, requiring fewer dressing changes, but is more likely to delaminate. **Decision** – The 10 x 10cm dressings (with circular pad) and 17cm contour dressings approved for use. Other sizes of Biatain Adhesive have not been approved for use.

Product	Decision			Comments/notes
	Approved	Refused		Approved
Dibotermin Alfa (InductOs®)	√ R			A Bone Morphogenic Protein (BMP) or osteoinductive protein that induces the formation of new bone at the site of implantation. Requested for use in spinal fusion surgery (revision failures, and for rare cases where there is a very high risk of non-union in a complex case - about 1 per year). Shown to be effective, but some safety concerns if used for fusion of anterior cervical spine. Use for other than for single-level (L4–S1) anterior lumbar spine fusion is unlicensed, but is supported by clinical evidence. **Decision -** Dibotermin alfa approved for use in spinal fusion procedures: 1. In patients who have failed previous spinal fusion surgery. 2. Patients undergoing spinal fusion surgery where there is a very high risk of non-union. **It is not approved for use in anterior cervical spine surgery (one-off, non-formulary approval may be sought for individual patients).**
Dovobet® (Calcipotriol 50 micrograms, Betamethasone 0.5 mg)	√			Topical combination product containing calcipotriol and betamethasone dipropionate. Requested for the fourth-line treatment of stable plaque psoriasis vulgaris amenable to topical therapy. More effective than monotherapy with either component. More convenient to use and likely to be more cost effective than using separate corticosteroid and calcipotriol preparations. **Decision** - Approved for use in the treatment of stable plaque psoriasis.
KerraMax® Superabsorbent Dressing	√			Absorbent Cellulose Dressing with Fluid Repellent Backing. Has greater capacity to absorb exudate than other products even under moderate compression and is likely to be cost effective. **Decision** - Approved. Tissue viability nurses to be consulted on the possibility of rationalising the range of highly absorbing dressings in the Formulary.
Urgosorb®			√	Sterile alginate/ hydrocolloid dressing designed to combine the properties of both types of dressing with high absorbency. Requested with a view to it replacing Aquacel® in the Formulary. **Decision -** Deferred pending the receipt of further information and discussion.

Product	Decision			Comments/notes
	Approved	Refused		Approved
3) New formulations & extensions to use				
Nicotine Mini Lozenges (NiQuitin® Minis Lozenges)	√			New formulation of nicotine lozenges that have some advantages over the lozenges currently used: ○ Dissolve faster. ○ Are smaller in size and are presented in a more convenient pack and are claimed to be more palatable. **Decision** - NiQuitin® Minis Lozenges to be added to the range of nicotine replacement therapy products in the Formulary.
Olanzapine Dispersible Tablets and Olanzapine Injection	√ A			Atypical antipsychotic requested for use in the management of delirium in critical care patients who are unable to tolerate haloperidol (due to extra- pyramidal effects) – unlicensed indication. It is anticipated to be used 2nd line enterally via naso-gastric tube and 3rd line as IM injection when the enteral route is not available (unlicensed indication). Shown to be very effective and better tolerated than haloperidol. **Decision -** Olanzapine dispersible tablets and injection approved for use in the management of delirium in critical care patients. Treatment should only be initiated on the advice of specialists.
4) Products considered by NECDAG				
Degarelix (Firmagon®)	√ R			Approved for first line treatment of advanced hormone-dependent prostate cancer with at least one of the following: • PSA > 50mg/l at presentation • Urether obstruction • Symptoms of spinal cord compression The approval is conditional on the manufacturer giving either a discount or a rebate against the cost of degarelix equivalent to the cost of goserelin.
5) Products considered by NETAG				
Deferasirox (Exjade®)			√	An appraisal of deferasirox was conducted for the treatment of chronic iron overload within its licensed indications. Deferasirox is an orphan drug that has been available in the UK for this indication since 2007. A decision was deferred pending more accurate estimation of the actual cost impact for NHS North East.

Product	Decision			Comments/notes
	Approved	Refused		Approved
Sodium Oxybate (Xyrem®)		√		An appraisal of sodium oxybate was conducted for use within its licensed indications for the treatment of narcolepsy and cataplexy. Sodium oxybate is an orphan drug that has been available in the UK for this indication since 2006. Sodium oxybate (Xyrem®) is not approved for use within NHS North East.
6) Appeals against earlier decisions by the APC				
No appeals have been considered by the APC since the last meeting.				
7) Miscellaneous decisions by the APC				
Certolizumab pegol (Cimzia)	√ R			An anti tissue necrosis factor (anti TNFα) monoclonal antibody which was considered for the treatment of rheumatoid arthritis in NICE technology appraisal guidance No. 186 (Feb 2010) which states: Certolizumab pegol is recommended as an option for the treatment of people with rheumatoid arthritis only if: • certolizumab pegol is used as described for other tumour necrosis factor (TNF) inhibitor treatments in 'Adalimumab, etanercept and infliximab for the treatment of rheumatoid arthritis' (NICE technology appraisal guidance No. 130) and • the manufacturer provides the first 12 weeks of certolizumab pegol (10 pre-loaded 200 mg syringes) free of charge to all patients starting treatment. **Decision** – Approved for use in line with NICE recommendations.
Methylphenidate Modified release (Equasym XL® and Medikinet XL®)	Equasym XL A	Medikinet XL		Prolonged release formulations of the stimulant, methylphenidate used in the treatment of ADHD. Equasym XL® and Medikinet XL® have a shorter duration of action than Concerta XL® and are less expensive. Equasym XL had originally been approved for use and Medikinet XL had been rejected (APC – 26th November 2009) but following an appeal these decisions had been reconsidered. After considering views from relevant clinicians as to which of these shorter acting preparations should be included in the Formulary, it was decided that the previous decision to approve the use of Equasym XL and reject the use of Medikinet XL should stand. **Decision –** Equasym XL approved. Medikinet XL not approved for use.