North of Tyne and Gateshead Area Prescribing Committee
Minutes of a meeting held on Tuesday 10th January 2017 at Northumbria House, Cobalt Business Park, North Tyneside

Present:

Pat Bottrill	Lay Representative	
David Campbell (DCa)	Chief Pharmacist/Clinical Director for Medicines Management	NHCT
Sarah Chandler (SC)	Formulary Pharmacist	NHCT
Helen Coundon	GP	NHS North Tyneside CCG
Sue Dickinson (SD)	Director of Pharmacy	RDTC
Tim Donaldson (TD)	Trust Chief Pharmacist/Associate Director of Medicines Management	NTW
Matt Grove	Consultant Rheumatologist and Head of Service	NHCT
Tomal Karim		South Tyneside and Gateshead LPC
Matthew Lowery (ML)	Formulary and Audit Pharmacist	NUTH
Frank McAulay (FM) (Chair)	Associate Medical Director	GHFT
Neil Morris (NM)	Medical Director	NHS Newcastle Gateshead CCG
Helen Seymour (HS)	Senior Medicines Optimisation Pharmacist	NECS
Sheetal Sundeep	Consultant Microbiologist	NHCT
Graham Syers	Prescribing Lead	NHS Northumberland CCG
Simon Thomas (STh)	Consultant Clinical Pharmacologist	NUTH
Steve Williamson(SW)	Consultant Pharmacist in Cancer Services	NHCT/NHSE
Martin Wright	Medical Director	NHS North Tyneside CCG

Apologies

Anne-Marie Bailey	Senior Medicines Optimisation Pharmacist	NHS Newcastle Gateshead CCG
Ian Campbell	Deputy Clinical Director of Pharmacy and Medicines Management	NUTH
Neil Gammack	Chief Pharmacist	GHFT
Helena Nettleton	Public Health	Gateshead LA
Susan Turner	Medicines Optimisation Pharmacist	NECS
Neil Watson	Clinical Director of Pharmacy and Medicines Management	NUTH
Andre Young	Specialist Pharmacy Advisor - Public Health	Newcastle City Council

GHFT	Gateshead Health NHS Foundation Trust
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

2017/01	**Declarations of interest** No relevant declarations were made. Members were reminded that annual declarations for 2016 are now overdue.
2017/02	**Appeals against previous decisions** **Use of oral glycopyrronium bromide in patients with uncontrolled oral / respiratory secretions / sialorrhoea with conditions such as Motor Neurone Disease (MND).** Dr Tim Williams attended to present the appeal. The committee considered the original FSC application plus the additional information below that had been circulated: • A multicentre evaluation of oropharyngeal secretion management practices in amyotrophic lateral sclerosis • Management of sialorrhoea in motor neurone disease: A survey of current UK practice • Motor neurone disease: assessment and management NICE guideline Published: 24 February 2016 nice.org.uk/guidance/ng42 • At the appeal hearing Dr Williams confirmed that the application was only for use in MND where patients had a cognitive deficit (which would preclude use of hyoscine patches) or had previously failed treatment with hyoscine or had adverse drug reaction to hyoscine. • It was estimated that 45% of all MND patents experience distressing drooling, of these half have some degree of cognitive impairment meaning that around 20% of patients would be treated with glycopyrronium first line. An estimate was made that across the region this equates to 2-3 patients/CCG, these patients have a limited life expectancy of between 6-12 months. Following discussion, the request for glycopyrronium bromide 1mg /5ml suspension was approved for: • First line use in patients with MND with cognitive impairment • Second line use in patients who had failed other treatment options such as hyoscine patches or who had intolerance to other agents. • The Medicines Guidelines and Use Group subcommittee of the APC will expect an audit from Dr Williams to be submitted in 12 months' time to ensure that the place in therapy has been adhered to. The appeal for the use of glycopyrronium tablets, 1mg, was rejected. **Removal of nefopam from formulary** Dr Jon Walton (Clinical Lead Acute Pain Service Freeman Hospital) and Dr Jenny Holland (Cons Anaesthetist Freeman) attended to present the appeal. The following information was considered: • Presentation • Original Consultation – considered October 2016 • Responses to original consultation – considered October 2016 • Nefopam appeal APS combined

	• Nefopam Changues study • Nefopam Cochrane 2009 • Nefopam ESRD Anaesth analg 2010 • Nefopam post renal transplant • Nefopam post op pain Br.J. Anaest.2008 • Nefopam v propacetamol Anaesthesia 2001 Following discussion, the request for nefopam to be available for inpatient use was rejected: • The appeal gave more fine detail to nefopam's place in therapy but there was no new evidence to support its use in pain management sufficient to convince the committee to reverse its decision • The committee considered that the evidence of nefopam's efficacy in the ICU setting was not robust • The committee agreed that for patients who currently take nefopam there would be no immediate withdrawal of the drug. Instead guidance would be developed, in conjunction with the Regional Drug and Therapeutics Centre, to give guidance to clinicians about how to reduce and stop nefopam and signposting them to other pain management strategies/resources. • Work is already progressing in some GP practices to review/reassess patients on nefopam. Decision: The appeal was rejected and the APC has recommended that nefopam should not be used in new patients and review of existing patients who use this drug was recommended. An APC position statement will be published to support clinicians and patients to manage and review patients currently receiving nefopam.
2017/03	**Minutes and decision summary from previous meeting.** The following documents were accepted as a true record: • Decision summary from 11/10/16. • Minutes from 11/10/16
2017/04	**Matters arising not on the agenda or Action Log.** None
2017/05	**Action Log** The action log was reviewed and will be updated to reflect the following progress: • 2015/73 - Work on Formulary merging. This had taken longer than anticipated but was now complete and checking of the entries was being finalised. ML stated that the formulary would be operational by the end of the month. DC informed the group that an observer from Cumbria would be attending a future APC to see how our system works; given that many referral pathways are shared across our boundaries, it was agreed that it may be a good time to explore closer working with Cumbria in respect of local decision making. • 2016/07 – Whitmore Cocktail. The audit is expected to be tabled at the next FSC. • 2016/07 – Gentamicin intravesicular installation. The audit is expected to be tabled at the next FSC. • 2016/26 – Shared care guidelines for liver, adult and paediatric renal transplantation. Adult renal transplantation completed, others

	progressing. • 2016/42 – Heart Failure guidelines. NM agreed to check with Dr S Kirk that this is progressing. • 2016/58 – Thyroid Regional Assessment and Management Plan. NM to progress Gateshead Hospitals endorsement of guideline. • 2016/58 – Osteoporosis guidelines. Meeting on 6/12/16 had been cancelled, rescheduled meeting on 12/1/17.
2017/06	**Report from the Formulary Sub-committee** Formulary version 6.5 is now available on the APC website. **Minutes and recommendations from the North of Tyne & Gateshead FSC meeting held on 24/11/16:** 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 the decision summary. The following specific points were highlighted for further consideration: **Sodium thiosulphate injection.** The request for the licensed injection had been approved for the off label treatment of calciphylaxis and the directorate are aware of the price increases. **Decision: Approved** **Formulary Subcommittee draft Terms of Reference** These were approved subject to a change in the quoracy requirements such that either the Chair or Vice Chair to be present. The APC nominated Dr S Thomas to continue as Chair of the FSC.
2017/07	**Report from the Medicines Guidelines and Use Group** Minutes from the meeting on 14/12/16 were accepted. **Clinical Guidelines for approval:** • The management of patients with swallowing difficulties – approved. • Seven Day Prescriptions and Monitored Dosage Systems - approved. **Shared Care Guideline(s) for approval:** • Shared Care Guidelines for the Use of Cinacalcet in Primary Hyperparathyroidism. N.B. this applied to existing patients only, for new patients, cinacalcet is Red. Approved. • Immunosuppressive treatment following renal transplantation SCG – approved. **Guideline(s) for removal** • Guidelines for the Treatment of Scalp Psoriasis – removal agreed. • Guidelines for Management and Diagnosis of Hypertension – removal agreed.

2017/08	**Newcastle AF treatment protocol** • AHSN INR Project summary The committee discussed the remit of this project. NM confirmed that it was for Newcastle residents only and will inform any future decisions about patient pathways. He agreed to feedback the concerns raised by the APC. The committee briefly discussed AHSN's lack of engagement with the APC, as a key stakeholder, in the development of the 'AF in a box' information which was circulated to GP practices. FM to write to AHSN to express concern that local decision making bodies do not seem to be fully linked in to the AHSN process.
2017/09	**Review of Terms of Reference and process for election of officers** The terms of reference were discussed as the process for election of officers was not included in them. It was agreed that the Chair and Vice Chair positions should be represented by both Provider and Commissioner organisations (i.e. if the Chair is a commissioner member then the Vice Chair should be a provider member, or vice versa). Both these positions and that of the Professional Secretary to be elected at next meeting. All members of the committee are eligible for election; self nominations for the posts should be made to Susan Turner at least two weeks before the next meeting. If more than one candidate is nominated for a position, then an election will take place at the meeting.
2017/10	**Establishing Regional Medicines Optimisation Committees** The member's names who volunteered to join the RMOC have been forwarded to Dr Mike Prentice by DC. SD informed the committee that the first meeting was scheduled for April and that there would be regional engagement events in the week beginning 13/2/17. No ToRs are currently available.
2017/11	**NHS England Commissioning intentions – chemotherapy supportive drugs to be commissioned by NHS England.** These were noted.
2017/12	**NICE Technology Appraisals** The following Technology Appraisals were noted and the recommendations within them will be reflected in the formulary: • TA413 Elbasvir–grazoprevir for treating chronic hepatitis C • TA414 Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma • TA415 Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor • TA416 Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer • TA417 Nivolumab for previously treated advanced renal cell carcinoma • TA418 Dapagliflozin in triple therapy for treating type 2 diabetes • TA419 Apremilast for treating moderate to severe plaque psoriasis • TA420 Ticagrelor for preventing atherothrombotic events after myocardial infarction • TA421 Everolimus with exemestane for treating advanced breast cancer after endocrine therapy • TA422 Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer • TA423 Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens • TA424 Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer

	• TA425 Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia • TA426 Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia
2017/13	**Northern (NHS) Treatment Advisory Group (N-TAG)** The following recommendations were finalised by NTAG at their meeting on the 22nd November and are now available on the website http://ntag.nhs.uk/html/latest_news.html The formulary will reflect the NTAG position. • Alfapump® device for the treatment of ascites due to Liver Cirrhosis • Qutenza® (capsaicin patch) for neuropathic pain (updated) – not recommended.
2017/14	**NHS England** The following NHS England communications were noted and will be reflected in the formulary: • Specialised Commissioning Drugs Briefing – Autumn 2016. • SSC1658 : C1-esterase inhibitor for the treatment of prophylactic treatment of hereditary angioedema (HAE) types I and II • SSC1659 : NICE Technology Appraisal 397: Belimumab for treating active autoantibody-positive systemic lupus erythematosus • SSC1660 : NICE Technology Final Appraisal Determination (FAD): Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer • SSC1661: NICE Technology Appraisal 401: Bosutinib for previously treated chronic myeloid leukaemia • SSC1662 : NICE Technology Appraisal 405: Trifluridine–tipiracil for previously treated metastatic colorectal cancer • SSC1663 : NICE Technology Final Appraisal Determination: Nivolumab for previously treated advanced renal cell carcinoma • SSC 1664: NICE Technology Appraisal 400: Nivolumab in combination with ipilimumab for treating advanced melanoma • SSC1666: NICE Technology Final Appraisal Determination: Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens • SSC1667: Early Access to Medicines Scheme – Nivolumab for treatment as monotherapy of adult patients with classical Hodgkin Lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) and brentuximab vedotin • SSC1668: NICE Technology Final Appraisal Determination: Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (Cancer Drugs Fund reconsideration of TA295) • SSC1670 - NICE Technology FAD: Dasatinib for treating previously untreated chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia and for treating only chronic- or accelerated-phase Philadelphia-chromosome • SSC 1671: NICE Technology Final Appraisal Determination: Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer • SSC1672 - Anti-retroviral drugs for treatment of people with diagnosed HIV: Reimbursement of further TAF containing products under the

	Tenofovir Alafenamide Clinical Commissioning Policy (Ref: NHS England: 16043/P) • SSC1673 - NICE Technology Final Appraisal Determination: Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib. • SSC1674 - Delay of Implementation - NHS England Clinical Commissioning Policy 16030/P: Intravenous immunoglobulin for acute disseminated encephalomyelitis and autoimmune encephalitis • SSC1675 - Improving value: Guidance on use of appropriate dose of intravenous immunoglobulin in the treatment of immune thrombocytopenic purpura and the recording of intravenous immunoglobulin usage on the National Immunoglobulin Database (MDSAS) • SSC1678 - NICE Technology Final Appraisal Determination: Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy • SSC1679 - NICE Technology Appraisal 410: Talimogene laherparepvec for treating unresectable metastatic melanoma • SSC1680 - NICE Technology Appraisal 406: Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer • SSC1683 - NICE Technology Final Appraisal Determination: Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation • SSC1685 - Clinical Commissioning Policy 16057/P: Rituximab for immunoglobulin G4-related disease (IgG4-RD)
2017/15	**Chair's action** Ref. 2016/58 Approval of • Updated Methotrexate guidance • Updated guidance on Melatonin for the Management of Sleep – Wake Disorders in Children and Young People. • Update to Northumberland and North Tyneside COPD guidance to reflect recent formulary changes • Approval of TRAMP guidance for North of Tyne area The above guidance has been previously approved and is currently on the website.
2017/16	**Any other business** • HS requested that as some strengths of Ramipril were cheaper as tablets (rather than capsules), both solid dose forms should be included in the formulary with the caveat that the cheapest dosage form be prescribed. **Approved**. • GS reported to the group that he was now Chair of the North East and Cumbria CCG Prescribing Forum (a sub group of the CCG Forum) which would now be leading on regional QIPP projects involving medicines. Current key priorities that are being considered include reduction in over the counter (OTC) medicines on prescription, reduction of managed repeats, reduction in gluten free food on prescriptions and use of Lucentis to treat ARMD.
2017/17	**Date and time of next meeting(s)** Tuesday 11th April 12.30pm

	Tuesday 11th July 12.30pm Tuesday 10th October 12.30pm Room 4, Northumbria House, Unit 7/8 Silver Fox Way, Cobalt Business Park, North Tyneside.
	Signed: ..... **Date:** 19/4/17 **(Chair of the APC)**

North of Tyne & Gateshead Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Tuesday 10th January 2017.**

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				
Methoxyflurane (Penthrox®) Inhalation vapour			✓	At the previous meeting it was agreed to defer this application until the applicants could clarify how the renal safety issues would be dealt with and provide clearly defined criteria for its use. The applicant has subsequently stated that Penthrox® would only be given to conscious patients who would be asked if they have any kidney problems, are on dialysis or on any kidney medication; if the answer to these questions is yes, Penthrox® would not be given. Members noted that it was not uncommon for patients to have undiagnosed clinically significant renal impairment e.g. CKD stage 3. The subcommittee were, therefore, still not sufficiently persuaded that it is possible to identify people these patients in advance of use. **Decision: Deferred** The committee still recognises the potential advantage of Penthrox® but decided to defer the application until the anticipated public assessment report (PAR) has been published and the commentary from the MHRA on the safety issues could be viewed.
2) New Requests				
Netupitant/palonosetron (Akynzeo®) capsule	✓ R			Akynzeo® is a combination of netupitant and palonosetron. It has been requested for the prevention of acute and delayed nausea and vomiting associated with highly and moderately emetogenic chemotherapy regimens. It is included in Northern England Strategic Clinical Cancer Network (NCCN) guidelines for highly emetogenic regimens. **Decision: Approved** The committee agreed to add Akynzeo® to the formulary on the grounds it is simple to use and it is supported by the NCCN.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Sodium thiosulphate injection	✓ R			Sodium thiosulphate injection has been requested for the treatment of caliciphylaxis in patients with ESRD. Case series show that administration during or after dialysis appears to lead to complete wound healing in 50% of patients and is well tolerated. The group accepted that evidence was limited but understood the difficulties of conducting a robust study in this population. A licensed product (for cyanide poisoning) is now available, although at considerable more cost. It was felt that overall some of these costs would be likely to be offset by the cost of dialysis and ITU admissions in these patients. **Decision:** The committee approved the addition of sodium thiosulphate injection to the formulary.
Insulin degludec (Tresiba®) injection			✓	The Formulary Subcommittee agreed that it would consider this application further if there was consensus from the diabetologists on how insulin degludec would be used in relation to other basal insulins
3) New formulations & extensions to use				
Tacrolimus (Envarsus®) tablets	✓ R			Envarsus® had been requested for renal and liver transplant patients who are suffering from neurotoxicity with the other formulations, or for patients requiring large doses of tacrolimus. This is on the grounds that it has a lower peak serum level, and a lower total daily dose of tacrolimus is required compared to Prograf® and Advagraf®. **Decision: Approved**
Potassium citrate (Urocit K®)		✓		UroCit®-K is licensed in the US for recurrent kidney stone formation associated with hypocitraturia. It has been requested for this indication on the grounds that the UK licensed potassium preparations are difficult to tolerate as long-term treatment due to palatability and side-effects. There is no comparative data with the UK licensed potassium citrate preparations (potassium citrate mixture BP 1.5g/5ml and effervescent tablets 1.5g) and the cost is significantly higher. **Decision: Refused** Refused on the grounds that the costs do not justify the benefits.
Carbocysteine 750 mg sachets	✓			A 750mg sachet of carbocysteine liquid has recently been launched which is significantly cheaper than current formulary option. **Decision: Approved** The 750mg sachets of carbocysteine will be added to formulary as the first line liquid preparation.
4) NHS England Specialised Services communications noted and endorsed by APC				

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
SSC1658 : C1-esterase inhibitor for the treatment of prophylactic treatment of hereditary angioedema (HAE) types I and II	✓ R			The formulary will reflect the policy outlined in this circular
SSC1659 : NICE Technology Appraisal 397: Belimumab for treating active autoantibody-positive systemic lupus erythematosus	✓ R			The formulary will reflect the policy outlined in this circular
SSC1660 : NICE Technology Final Appraisal Determination (FAD): Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer	✓ R			The formulary will reflect the policy outlined in this circular
SSC1661: NICE Technology Appraisal 401: Bosutinib for previously treated chronic myeloid leukaemia	✓ R			The formulary will reflect the policy outlined in this circular
SSC1662 : NICE Technology Appraisal 405: Trifluridine–tipiracil for previously treated metastatic colorectal cancer	✓ R			The formulary will reflect the policy outlined in this circular
SSC1663 : NICE Technology Final Appraisal Determination: Nivolumab for previously treated advanced renal cell carcinoma	✓ R			The formulary will reflect the policy outlined in this circular
SSC 1664: NICE Technology Appraisal 400: Nivolumab in combination with ipilimumab for treating advanced melanoma	✓ R			The formulary will reflect the policy outlined in this circular

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
SSC1666: NICE Technology Final Appraisal Determination: Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens	✓ R			The formulary will reflect the policy outlined in this circular
SSC1667: Early Access to Medicines Scheme – Nivolumab for treatment as monotherapy of adult patients with classical Hodgkin Lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) and brentuximab vedotin	✓ R			The formulary will reflect the policy outlined in this circular
SSC1668: NICE Technology Final Appraisal Determination: Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (Cancer Drugs Fund reconsideration of TA295)	✓ R			The formulary will reflect the policy outlined in this circular
SSC1670 - NICE Technology FAD: Dasatinib for treating previously untreated chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia and for treating only chronic- or accelerated-phase Philadelphia-chromosome	✓ R			The formulary will reflect the policy outlined in this circular
SSC 1671: NICE Technology Final Appraisal Determination: Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer	✓ R			The formulary will reflect the policy outlined in this circular

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
SSC1672 - Anti-retroviral drugs for treatment of people with diagnosed HIV: Reimbursement of further TAF containing products under the Tenofovir Alafenamide Clinical Commissioning Policy (Ref: NHS England: 16043/P)	✓ R			The formulary will reflect the policy outlined in this circular
SSC1673 - NICE Technology Final Appraisal Determination: Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib	✓ R			The formulary will reflect the policy outlined in this circular
SSC1674 - Delay of Implementation - NHS England Clinical Commissioning Policy 16030/P: Intravenous immunoglobulin for acute disseminated encephalomyelitis and autoimmune encephalitis	✓ R			The formulary will reflect the policy outlined in this circular
SSC1675 - Improving value: Guidance on use of appropriate dose of intravenous immunoglobulin in the treatment of immune thrombocytopenic purpura and the recording of intravenous immunoglobulin usage on the National Immunoglobulin Database (MDSAS)	✓ R			The formulary will reflect the policy outlined in this circular
SSC1678 - NICE Technology Final Appraisal Determination: Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy	✓ R			The formulary will reflect the policy outlined in this circular

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
SSC1679 - NICE Technology Appraisal 410: Talimogene laherparepvec for treating unresectable metastatic melanoma	✓ R			The formulary will reflect the policy outlined in this circular
SSC1680 - NICE Technology Appraisal 406: Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer	✓ R			The formulary will reflect the policy outlined in this circular
SSC1683 - NICE Technology Final Appraisal Determination: Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation	✓ R			The formulary will reflect the policy outlined in this circular
SSC1685 - Clinical Commissioning Policy 16057/P: Rituximab for immunoglobulin G4-related disease (IgG4-RD)	✓ R			The formulary will reflect the policy outlined in this circular
5) Products considered by NICE				
TA413 Elbasvir–grazoprevir for treating chronic hepatitis C	✓ R			The formulary will reflect the position outlined in the TAG
TA414 Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma	✓ R			The formulary will reflect the position outlined in the TAG
TA415 Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor	✓ R			The formulary will reflect the position outlined in the TAG

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA416 Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer	✓ R			The formulary will reflect the position outlined in the TAG
TA417 Nivolumab for previously treated advanced renal cell carcinoma	✓ R			The formulary will reflect the position outlined in the TAG
TA418 Dapagliflozin in triple therapy for treating type 2 diabetes	✓ R			The formulary will reflect the position outlined in the TAG
TA419 Apremilast for treating moderate to severe plaque psoriasis	✓ R			The formulary will reflect the position outlined in the TAG
TA420 Ticagrelor for preventing atherothrombotic events after myocardial infarction	✓ G+			The formulary will reflect the position outlined in the TAG
TA421 Everolimus with exemestane for treating advanced breast cancer after endocrine therapy	✓ R			The formulary will reflect the position outlined in the TAG
TA422 Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer	✓ R			The formulary will reflect the position outlined in the TAG
TA423 Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens	✓ R			The formulary will reflect the position outlined in the TAG
TA424 Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer	✓ R			The formulary will reflect the position outlined in the TAG
TA425 Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia	✓ R			The formulary will reflect the position outlined in the TAG
TA426 Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia	✓ R			The formulary will reflect the position outlined in the TAG

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
6) Northern (NHS) Treatment Advisory Group (N-TAG)				
Alfapump® device for the treatment of ascites due to Liver Cirrhosis	✔ R			The formulary will reflect the position outlined in the recommendation
Qutenza® (capsaicin patch) for neuropathic pain (updated) – not recommended.		✔		
7) Appeals against earlier decisions by the APC				
Glycopyrronium bromide 1mg/5ml suspension **1mg tablets**	✔	✔		Oral glycopyrronium bromide has been requested for use in patients with uncontrolled oral / respiratory secretions / sialorrhoea with conditions such as Motor Neurone Disease (MND). In October the APC refused the application as it was felt there was little evidence of efficacy for such a significant cost impact. **Decision** On consideration of further evidence the committee agreed that glycopyrronium bromide 1mg /5ml suspension would be approved for: • First line use in patients with MND with cognitive impairment • Second line use in patients who had failed other treatment options such as hyoscine patches or who had intolerance to other agents. The appeal for the use of glycopyrronium tablets, 1mg, was rejected.
Nefopam		✔		Given the lack of evidence to support its use, overall tolerability, toxicity in overdose, and very high cost the North of Tyne and Gateshead Area Prescribing Committee decided in October to remove nefopam from the local formulary. An appeal requesting restriction to certain cohorts of patients was presented. **Decision** The appeal was rejected. The APC has confirmed that nefopam should not be used in new patients. An APC position statement will be published to support clinicians and patients to manage and review patients currently receiving nefopam.
8) Miscellaneous decisions by the APC				
Ramipril tablets	✔			Tablets forms of Ramipril will be added to the formulary. Both solid dose forms should be included in the formulary with the caveat that the cheapest dosage form be prescribed.