North of Tyne and Gateshead Area Prescribing Committee
Minutes of a meeting held on Tuesday 11th April 2017 at Northumbria House, Cobalt Business Park, North Tyneside

Present:

Pat Bottrill	Lay Representative	
David Campbell (DCa) (Chair)	Chief Pharmacist/Clinical Director for Medicines Optimisation	NHCT
Sarah Chandler (SC)	Formulary Pharmacist	NHCT
Sue Dickinson (SD)	Director of Pharmacy	RDTC
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)	Associate Medical Director	GHFT
Peter McEvedy	GP	Northumberland CCG
Neil Morris (NM)	Medical Director	Newcastle Gateshead CCG
Helen Seymour (HS)	Senior Medicines Optimisation Pharmacist	NECS
Simon Thomas (STh)	Consultant Clinical Pharmacologist	NUTH
Sarah Tulip	Medicines Optimisation Pharmacist	Newcastle Gateshead CCG
Susan Turner	Medicines Optimisation Pharmacist	NECS
Neil Watson	Clinical Director of Pharmacy and Medicines Management	NUTH
Steve Williamson (SW)	Consultant Pharmacist in Cancer Services	NHCT/NHSE
Martin Wright	Medical Director	North Tyneside CCG

Apologies

Tim Donaldson	Trust Chief Pharmacist/Associate Director of Medicines Management	NTW
Alexander Dyker	Consultant Physician	NUTH
Neil Gammack	Chief Pharmacist	GHFT
Sheetal Sundeep	Consultant Microbiologist	NHCT
Graham Syers	Prescribing Lead	Northumberland CCG

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

2017/18	**Declarations of interest** No relevant declarations were made. Members were reminded that annual declarations for 2017 are now due.
2017/19	**Appeals against previous decisions** None.
2017/20	**Minutes and decision summary from previous meeting.** The following documents were accepted as a true record: • Decision summary from 10/01/17 v2. • Minutes from 10/01/17.
2017/21	**Matters arising not on the agenda or Action Log.** None.
2017/22	**Action Log** The action log was reviewed and will be updated to reflect completed work and the following progress: • 2016/42: Heart Failure Guidelines - updated and merged guideline sent to members 11/4/17. If no comments are received back by 28/4/17 chair's approval will be taken. • 2016/58: Osteoporosis guidelines - A final draft has been agreed and circulated for comments. It is hoped the guideline will be ready for approval at the next APC meeting on 11th July 2017. Newcastle Gateshead CCG is undertaking some work to try and assess the impact of the draft guideline on DEXA scans, both from a funding and capacity perspective. Mr Campbell wished to thank those involved in developing the new formulary website for their efforts in completing that work.
2017/23	**Report from the Formulary Sub-committee** The new formulary website is now active and accessible at North of Tyne and Gateshead Area Prescribing Committee Formulary. **Minutes and recommendations from the North of Tyne & Gateshead FSC meeting held on 23/2/17:** The above minutes and recommendations were received by the committee. The summary of recommendations made in relation to new product requests is listed in the decision summary. The following specific points were highlighted for further consideration: **Intravesical gentamicin and Whitmore Cocktail – 1 year review.** As requested, the urology team at NUTH has provided a report describing the clinical outcomes following the addition of intravesical gentamicin and Whitmore Cocktail to the formulary 1 year ago. The committee agreed that both treatments should remain on formulary, with patients on long-term maintenance treatment for intravesical gentamicin being trained for self-administration wherever possible. **Safinamide.** In October 2016 the committee rejected an application for safinamide as an alternative MAOB for the treatment of adult patients with mid-to late-stage idiopathic Parkinson's disease (PD). A resubmission was received requesting its use as last line therapy for patients with end stage PD i.e. before

	consideration of more invasive and expensive therapies. An email, sent on behalf of the consultant geriatricians responsible for the Northumbria Healthcare NHS Foundation Trust Parkinson's Service, had been received by the committee ahead of the meeting and was considered alongside the FSC recommendation. The clinicians wished to clarify that they were in support of the original application and that the potential role for safinamide would differ to that currently fulfilled by rasagaline. They envisage safinamide being used as add on therapy to levodopa in mid to late stage PD and therefore feel that using a head to head comparison with rasagiline as the basis for rejecting the application is flawed. They stated that safinamide has been shown to be at least as effective in increasing 'on' time as other drugs employed at this stage (i.e. dopamine agonists or entacapone) and its cost is not significantly more than the once daily dopamine agonists. Side effects are frequently encountered with dopamine agonists and entacapone therefore having the option of an alternative medication in this situation would be valuable, and may potentially delay referral for invasive treatments which have high associated costs. The committee acknowledged that PD is difficult to treat and delaying the need for the more invasive therapies was desirable. However, whilst it was recognised that safinamide works in PD, the committee felt that there was no evidence that safinamide works in patients for whom rasagiline isn't effective or tolerated. It was noted that the Parkinson`s team at Gateshead do not currently feel the need to add this product to the formulary. **Decision: Refused** The request to add safinamide to formulary was rejected on the grounds that there is no evidence of benefit over rasagiline for this target group of patients. **Formulary Review Process** There is currently no formal process in place to review the formulary and remove obsolete or discontinued products as required and it has been recognised that this should be addressed. It was agreed that the reviews should be shared between the foundation trust formulary pharmacists on the committee and that the cycle of review should aim to be completed within a 2 year period. This would equate to 2-3 chapters per meeting. The FSC has agreed to have this as a standing item on future agendas and to trial 2 chapters at the next meeting. This formal review process was welcomed by the committee.
2017/24	**Report from the Medicines Guidelines and Use Group** Minutes from the meeting on 8/3/17 were accepted. The following points were noted: **Clinical Guidelines for approval:** • NGCCG COPD Management Guidelines Mar-17 update – approved. Concern was expressed that one guideline covering the whole of the APC footprint had not been able to be produced and it was agreed that this would be the desired outcome when they were due for renewal. • Guidelines for the use of masculinising hormone therapy in gender

	dysphoria – minor update – approved. • Guidelines for the use of feminising hormone therapy in gender dysphoria – minor update – approved. • North of Tyne and Gateshead guidelines for anti-platelet treatment for prevention of cardiovascular events in patients with, or at risk of, vascular disease – minor update – approved. • Guidelines for prescribing in primary care: Anticoagulation in non-valvular atrial fibrillation – this is an update to existing Gateshead primary care guidance and whilst the committee had no concerns with the content they agreed that it was up to local primary care teams to use this or not as they see fit. • North of Tyne guidelines for primary management of drug prescribing in non-malignant pain (excluding detailed recommendations for long term strong opiates) February 2015 (Minor update April 2017). This has been updated to remove the previous reference to nefopam – approved subject to updating of costings in Appendix 2. A full update will be undertaken in due course. Newcastle Gateshead CCG members will confirm if this is to be re-badged at this point to apply to the Gateshead area as well or if that will wait until full review. • Heart Failure Guideline – circulated on 11/4/17 therefore it was agreed to defer approval until 28/4 to allow time for any concerns to be raised. If there are none, approval will be given via chair's action at that point. **Shared Care Guideline(s) for approval:** • Melatonin Shared Care Guidance for the Management of Sleep – Wake Disorders in Children and Young People – update to define 3 months as an adequate trial and to strengthen recommendations around use of the licensed product off-label in preference to unlicensed products – approved. **Information leaflets:** • Octreotide and lanreotide – Whilst merging the two existing formularies, octreotide and lanreotide were incorrectly added to the new formulary as Red/Amber depending on the indication and responsible commissioner. At that point, the information leaflet supporting prescribing in primary care was removed from the APC website. Subsequent discussion, including NHS England, has resulted in recognition that this leaflet is still needed until all contractual issues are worked through. The committee agreed that a standard format should be adopted for all new guidance.
2017/25	**Process for use of medication in advance of formulary approval** The committee had been asked if there was a policy in place for consideration of use of medication in advance of formulary approval. Sufentanil patient controlled analgesia is being introduced to the UK and the QE had signed up to a "trial" of 40 patients to assess use of the medicine (e.g. to understand any practical issues relating to new equipment) in a discrete patient group. It was recognised that the APC currently had no policy but the committee agreed that there should be a formal means of approving such use where it is not part of a clinical trial. Consideration for formulary approval takes into consideration cost, clinical effectiveness and side effects/risk and there is a judgment to be

	made, for each application, about where the balance sits between those three domains. In order to protect patients, and the organisation, a robust decision must be made before a cohort of patients is exposed to a new product, or new role for an existing product, and it was therefore decided that the formulary application process should be followed for any such "trial" of a product. This is different to supplying a one-off non formulary product to an individual patient either through the IFR process, because of some type of exceptionality, or on compassionate use grounds. Currently these decisions are not taken within the APC or any of its subgroups and those should continue. The committee did not wish to remove the opportunity for clinical innovation and flexibility in the system but felt that, before patients were exposed to any new treatment or mode of delivery, there should be sufficient evidence in the literature of effectiveness, safety and cost to confidently submit a formulary application and that this is therefore the process that should be followed by all organisations in the future (thereby becoming APC policy on this subject).
2017/26	**Cumbria links to APC and subcommittees** The Chief Pharmacist from North Cumbria University Hospitals NHS Trust had approached Mr Campbell regarding the possibility of developing a link to the North of Tyne and Gateshead APC. They currently have links to, but no formal membership of, the Lothian Formulary committee but their footprint has changed to West, North & East Cumbria from April and they feel that the emerging pattern of changes in the organisation of the NHS in the North suggest far closer formal relationships with the North East. There is an STP for the WNE Cumbria footprint, and an accountable care organisation in shadow format from later this year, therefore they feel they will require their own APC to report within that governance structure comprised of all the provider organisations. The request to the North of Tyne and Gateshead APC is for WNE Cumbria to take part in the committee subgroups and to utilise and follow the decision making processes that they output. Members were keen to help, and there was strong support for closer collaboration; however it was not felt that membership of the subgroups, without being a full APC member, was appropriate. As a result, DC agreed to contact colleagues in Cumbria to extend an invitation to attend a couple of cycles of each of the subgroups, and also the APC, to see how it all works. They would be welcome to use any outputs from the APC or subgroups, but would not be expected to participate in discussion as members of the groups. Future work with us within a single APC structure would be welcomed.
2017/27	**Election of officers** The following officer positions were elected for a period of 3 years: Chair – David Campbell Vice chair – Neil Morris Professional Secretary – Susan Turner Mr Campbell thanked all those who had previously held officer posts for their support.
2017/28	**Establishing Regional Medicines Optimisation Committees** To oversee the establishment process a Steering Group, co-chaired by Keith Ridge (Chief Pharmaceutical Officer, NHS England) and Julie Wood, (CEO, NHS Clinical Commissioners) was established to provide strategic direction and advice during the set up process. As well as membership from across the NHS the ABPI, NICE and BGMA are also represented on the group. The group meets on a monthly basis and will continue to do so until the Committees are operational.Calls for membership of the regional committees and the updated operating model are due to be published later in the month.

2017/29	**NICE Technology Appraisals** The following Technology Appraisals were noted and the recommendations within them will be reflected in the formulary: • HST4 Migalastat for treating Fabry disease • TA427 Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib • TA428 Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy • TA429 Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation • TA430 Sofosbuvir–velpatasvir for treating chronic hepatitis C • TA431 Mepolizumab for treating severe refractory eosinophilic asthma • TA432 Everolimus for advanced renal cell carcinoma after previous treatment • TA433 Apremilast for treating active psoriatic arthritis • TA434 Elotuzumab for previously treated multiple myeloma (terminated appraisal) • TA435 Tenofovir alafenamide for treating chronic hepatitis B (terminated appraisal) • TA436 Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (terminated appraisal) • TA437 Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal) • TA340 Ustekinumab for treating active psoriatic arthritis • Published date: 04 June 2015 Updated: 03 March 2017 • TA180 Ustekinumab for the treatment of adults with moderate to severe psoriasis Published date: 23 September 2009 Updated: 03 March 2017
2017/30	**Northern (NHS) Treatment Advisory Group (N-TAG)** The following recommendations were finalised by NTAG at their meeting on the 28th February and are now available on the website http://ntag.nhs.uk/html/latest_news.html The formulary will reflect the NTAG position. • Dimethyl fumarate for moderate to severe chronic plaque psoriasis • Transcutaneous vagus nerve stimulation for treatment of cluster headache and migraine • Lycra Garments for the management of cerebral palsy and other neurological or musculoskeletal conditions • Home Iontophoresis for Hyperhidrosis
2017/31	**NHS England** The following NHS England communications were noted and will be reflected in the formulary: • NHS England North Specialised Commissioning Bulletin for Providers & CCGs

- Specialised Commissioning Drugs Briefing - Spring 2017
- SSC1686_New Clinical Commissioning Policy 16051-P for Tolvaptan - Provider Letter
- SSC1689 - Clinical Commissioning Policy 16066/P: Everolimus for Subependymal Giant Cell Astrocytoma (SEGA) associated with Tuberous Sclerosis Complex
- SSC1693 - Clinical Commissioning Policy 16052/P: Pasireotide diaspartate injectable medical therapy for the treatment of Cushing's disease
- SSC1700 - NICE Technology Appraisal 417: Nivolumab for previously treated advanced renal cell carcinoma
- SSC1701 - NICE Technology Appraisal 423: Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens
- SSC1702 - NICE Technology Appraisal 421: Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (Cancer Drugs Fund reconsideration of TA295)
- SSC1704 - NICE Technology Final Appraisal Determination: Everolimus for advanced renal cell carcinoma after previous treatment (Cancer Drugs Fund reconsideration TA219)
- SSC1705 Belimumab January 2017 - Provider letter
- SSC1707 - Early Access to Medicines Scheme – Atezolizumab for the treatment of locally advanced or metastatic urothelial carcinoma in adults
- SSC1708 - NICE Technology Appraisal Consultation Document: Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia
- SSC1709 - NICE Technology Appraisal 428: Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy
- SSC1713 - Lenvatinib for thyroid cancer - available via a compassionate use scheme
- SSC1720 GvHD - Provider Letter
- SSC1722 - NICE Technology Final Appraisal Determination: Cetuximab and panitumumab for previously untreated metastatic colorectal cancer
- SSC1723 - Publication of Clinical Commissioning Policy 16055/P for riociguat in the treatment of pulmonary hypertension
- SSC1724 - Publication of Clinical Commissioning Policy 16054/P for Eculizumab in the treatment of recurrence of C3 glomerulopathy post kidney transplant
- SSC1725 IFR Continuation - Provider Letter
- SSC1726 Chemotherapy - Break in Treatment - Provider Letter v2
- SSC1727 Adalimumab - Provider Letter Adults with Severe Refractory Uveitis
- SSC1729 - NICE Technology Appraisal 422: Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer
- SSC1730 - NICE Technology Appraisal 424: Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer
- SSC1731 Childrens Policy - Provider Letter
- SSC1732 TKIs Untreated CML - Provider Letter
- SSC1733 TKIs Imatinib Intol/Resist CML - Provider Letter

2017/32	**Chair's action** Approval of : • Dressings formulary • Hosiery Formulary • Information regarding Silicone products • Update to Terms of Reference to reflect action point 2017/09 • Removal of information leaflet for lanreotide and octreotide – see 2017/24 • North of Tyne and Gateshead Kidney Guidelines
2017/33	**Any other business** • None
2017/34	**Date and time of next meeting(s)** 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:** 11/7/17 **(Chair of the APC)**

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Intravesical gentamicin and Whitmore Cocktail – 1 year review	The original approvals for these agents were granted on the condition that a review in 12 months was undertaken and presented back to the committee. These have now been received by the FSC. **Intravesical gentamicin** Thirteen patients with refractory, recurrent UTI were treated with intravesical gentamicin. This resulted in a 50% reduction of UTI episodes over a 6 month period. There were no significant adverse events and systemic absorption of gentamicin was demonstrated to be low. Regarding the maintenance treatment a query was raised regarding the requirement for patients to have regular day case attendances whether or not patients could be taught to self-administer? **Whitmore Cocktail** Four patients with end-stage bladder pain were treated with Whitmore cocktail therapy. One patient has responded to therapy. Two patients required major surgery, such cystectomy and urinary diversion, with surgery being considered in the other patient. There were no significant adverse events. The Urologists feel if the treatment is able to prevent or defer 1 in 4 of these major procedures for bladder pain then it is worth its place in the treatment pathway. The committee agreed that both treatments should remain on formulary. It was noted that, where appropriate, patients receiving long-term maintenance treatment with intravesical gentamicin will be taught to self-administer this at home, avoiding the need for repeated attendances at hospital.			

North of Tyne & Gateshead Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Tuesday 11th April 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				
None				
2) New Requests				
Isavuconazole 100mg capsules and 200mg injection (Cresemba®)	✓ R			Isavuconazole is a triazole antifungal agent licensed for the treatment of invasive aspergillosis and mucormycosis. Isavuconazole is non-inferior to voriconazole in the treatment of invasive aspergillosis and is better tolerated. Unlike voriconazole the IV formulation is suitable for patients with renal impairment. A small, open label, uncontrolled study suggests that isavuconazole may be of similar efficacy to liposomal amphotericin B (Ambisome®) in patients with mucormycosis. Therefore it is only licensed for mucormycosis in patients for whom amphotericin B is not appropriate **Decision: Approved** In line with licensed indications and specifically in solid organ transplant and bone marrow transplant recipients.
Articaine 4% and adrenaline 1:100,000 Injection (Septanest® & Espestesin®)			✓	Articaine 4% with adrenaline 1:100,000 has been requested by NHCFT for use in dental settings, including the avoidance of blocks. The NUTH Dental Hospital has confirmed they also use it to avoid the need for blocks e.g. in patients who are on anticoagulants. The committee was not persuaded of the advantages of articaine vs. lidocaine and felt that its proposed place in therapy needs further clarification. **Decision:Deferred** The committee agreed to defer the request until a clear idea of its precise place in therapy was given and there was consensus from the two dental services.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Safinamide methansulfonate (Xadago®) 50mg and 100mg tablets		✓		In September 2016 the committee considered an application for safinamide as alternative MAOB for the treatment of adult patients with mid-to late-stage idiopathic Parkinson's disease (PD). It is of similar efficacy, and was initially a similar cost, to rasagiline however rasagiline has recently came off patent with an associated price reduction. The original application was rejected. A resubmission has been received requesting use as a last line oral therapy before patients are considered for the more invasive and expensive therapies. The committee acknowledged that PD is difficult to treat, and delaying the need for the more invasive therapies was desirable, however it was recognised that there is currently no evidence that safinamide works in patients for whom rasagiline isn't effective or tolerated. **Decision: Rejected** The committee rejected the application on the grounds that there is no evidence of benefit over rasagiline for this target group of patients.
Insulin degludec 100 & 200 unit/mL (Tresiba®) penfill cartridges and pre-filled pen		✓		A previous request from GHNT for insulin degludec was deferred and it was agreed that the application could be considered further if there was a consensus from the diabetologists across the area on how insulin degludec would be used in relation to other basal insulins. NUTH and GHNT have subsequently stated that it would be used for a small cohort of patients: • Who cannot manage to take their basal insulin at a regular time each day. • For whom once daily glargine does not last 24 hours and twice daily glargine is non-negotiable. • With recurrent hypos on other long acting analogues, who are heading towards insulin pump therapy The team at NHCFT still don't feel there was much need for this product and it was felt overall that there is no good evidence to show that insulin degludec is any better than insulin glargine. **Decision: Rejected**
3) New formulations & extensions to use				
Levosimendan 12.5mg in 5ml vial (Simdax®) (unlicensed)	✓ R			Levosimendan is an intravenous inotrope previously approved for use in paediatric cardiology. A request has been received to widen the indication to adults, in particular to help with the process of weaning patients off extracorporeal membrane oxygenation (ECMO), and in cases where additional inotropic support is considered appropriate. Studies show improvements in haemodynamic parameters and survival rates compared to placebo or other inotropes. The additional cost may be offset by a reduction in ECMO costs. **Decision: Approved** The committee approved the use of Levosimendan injections for use in adults.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Sugammadex 200mg in 2ml & 500mg in 5ml injections (Bridion®)	✓			Sugammadex is a reversal agent for the neuromuscular blocking agent rocuronium. NUTH anaesthetists have changed from suxamethonium to rocuronium for all obstetric GA. Rocuronium is considered to provide better intubating conditions in emergency situations; however its effects can take much longer to wear off. **Decision: Approved** The committee agreed to approve the use of Sugammadex when required, following GA, for caesarean sections.
Alendronic acid 70mg effervescent tablets (Binosto®)			✓	Alendronic acid effervescent tablets have been requested for the treatment of postmenopausal osteoporosis in patients who cannot tolerate standard alendronic acid tablets. The group noted that the effervescent tablets have to be dissolved in at least 120mls of water and that this is a higher volume than the licensed alendronate liquid. It was felt that liquid preparations often make prescribers review the need for the preparation, and this may be less likely with an effervescent tablet. Usage and costs may increase unnecessarily. **Decision: Deferred** The Formulary Subcommittee will consider which bisphosphonate preparation is most suitable for patients with swallowing difficulty.
Caphosol® effervescent tablets	✓			Caphosol® effervescent tablets have been requested for the treatment of radiotherapy or chemotherapy induced mucositis. This is in addition to the current liquid formulation. It was noted the product is much less bulky than the current formulation, is easier to use, and is cost neutral. **Decision: Approved**
4) NHS England Specialised Services communications noted and endorsed by APC				
SSC1686_New Clinical Commissioning Policy 16051-P for Tolvaptan - Provider Letter	✓			The formulary will reflect the policy outlined in this circular
SSC1689 - Clinical Commissioning Policy 16066/P: Everolimus for Subependymal Giant Cell Astrocytoma (SEGA) associated with Tuberous Sclerosis Complex	✓			The formulary will reflect the policy outlined in this circular

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
SSC1693 - Clinical Commissioning Policy 16052/P: Pasireotide diaspartate injectable medical therapy for the treatment of Cushing's disease	✓ R			The formulary will reflect the policy outlined in this circular
SSC1700 - NICE Technology Appraisal 417: Nivolumab for previously treated advanced renal cell carcinoma	✓ R			The formulary will reflect the policy outlined in this circular
SSC1701 - NICE Technology Appraisal 423: 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
SSC1702 - NICE Technology Appraisal 421: 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
SSC1704 - NICE Technology Final Appraisal Determination: Everolimus for advanced renal cell carcinoma after previous treatment (Cancer Drugs Fund reconsideration TA219)	✓ R			The formulary will reflect the policy outlined in this circular
SSC1705 Belimumab January 2017 - Provider letter	✓ R			The formulary will reflect the policy outlined in this circular
SSC1707 - Early Access to Medicines Scheme – Atezolizumab for the treatment of locally advanced or metastatic urothelial carcinoma in adults	✓ R			The formulary will reflect the policy outlined in this circular

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
SSC1708 - NICE Technology Appraisal Consultation Document: Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia	✓ R			The formulary will reflect the policy outlined in this circular
SSC1709 - NICE Technology Appraisal 428: Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy	✓ R			The formulary will reflect the policy outlined in this circular
SSC1713 - Lenvatinib for thyroid cancer - available via a compassionate use scheme	✓ R			The formulary will reflect the policy outlined in this circular
SSC1720 GvHD - Provider Letter	✓ R			The formulary will reflect the policy outlined in this circular
SSC1722 - NICE Technology Final Appraisal Determination: Cetuximab and panitumumab for previously untreated metastatic colorectal cancer	✓ R			The formulary will reflect the policy outlined in this circular
SSC1723 - Publication of Clinical Commissioning Policy 16055/P for riociguat in the treatment of pulmonary hypertension	✓ R			The formulary will reflect the policy outlined in this circular
SSC1724 - Publication of Clinical Commissioning Policy 16054/P for Eculizumab in the treatment of recurrence of C3 glomerulopathy post kidney transplant	✓ R			The formulary will reflect the policy outlined in this circular
SSC1725 IFR Continuation - Provider Letter	✓ R			The formulary will reflect the policy outlined in this circular

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
SSC1726 Chemotherapy - Break in Treatment - Provider Letter v2	✓			The formulary will reflect the policy outlined in this circular
SSC1727 Adalimumab - Provider Letter Adults with Severe Refractory Uveitis	✓			The formulary will reflect the policy outlined in this circular
SSC1729 - NICE Technology Appraisal 422: Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer	✓			The formulary will reflect the policy outlined in this circular
SSC1730 - NICE Technology Appraisal 424: Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer	✓			The formulary will reflect the policy outlined in this circular
SSC1731 Childrens Policy - Provider Letter	✓			The formulary will reflect the policy outlined in this circular
SSC1732 TKIs Untreated CML - Provider Letter	✓			The formulary will reflect the policy outlined in this circular
SSC1733 TKIs Imatinib Intol/Resist CML - Provider Letter	✓			The formulary will reflect the policy outlined in this circular
5) Products considered by NICE				
HST4 Migalastat for treating Fabry disease	✓			The formulary will reflect the position outlined in the TAG
TA427 Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib	✓			The formulary will reflect the position outlined in the TAG
TA428 Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy	✓			The formulary will reflect the position outlined in the TAG

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA429 Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation	✓			The formulary will reflect the position outlined in the TAG
TA430 Sofosbuvir–velpatasvir for treating chronic hepatitis C	✓			The formulary will reflect the position outlined in the TAG
TA431 Mepolizumab for treating severe refractory eosinophilic asthma	✓			The formulary will reflect the position outlined in the TAG
TA432 Everolimus for advanced renal cell carcinoma after previous treatment	✓			The formulary will reflect the position outlined in the TAG
TA433 Apremilast for treating active psoriatic arthritis	✓			The formulary will reflect the position outlined in the TAG
TA434 Elotuzumab for previously treated multiple myeloma (terminated appraisal)	✓			The formulary will reflect the position outlined in the TAG
TA435 Tenofovir alafenamide for treating chronic hepatitis B (terminated appraisal)				The formulary will reflect the position outlined in the TAG
TA436 Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (terminated appraisal)				The formulary will reflect the position outlined in the TAG
TA437 Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal)				The formulary will reflect the position outlined in the TAG

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA340 Ustekinumab for treating active psoriatic arthritis Published date: 04 June 2015 Updated: 03 March 2017	✓			The formulary will reflect the position outlined in the TAG
TA180 Ustekinumab for the treatment of adults with moderate to severe psoriasis Published date: 23 September 2009 Updated: 03 March 2017	✓			The formulary will reflect the position outlined in the TAG
6) Northern (NHS) Treatment Advisory Group (N-TAG)				
Dimethyl fumarate for moderate to severe chronic plaque psoriasis	✓			Dimethyl fumarate has not yet been launched and this recommendation will apply once it's available and licensed. The formulary will reflect the position outlined in the recommendation
Transcutaneous vagus nerve stimulation for treatment of cluster headache and migraine		✓		The Northern (NHS) Treatment Advisory Group does not recommend the use of non-invasive transcutaneous vagus nerve stimulation for the treatment of cluster headache and migraine. The group were concerned about the limited evidence of efficacy and cost effectiveness for both cluster headaches and migraine and agreed with the NICE IP guidance that further research is required.
Lycra Garments for the management of cerebral palsy and other neurological or musculoskeletal conditions		✓		The Northern (NHS) Treatment Advisory Group does not recommend the use of Lycra Garments for the management of cerebral palsy and other neurological or musculoskeletal conditions.
Home Iontophoresis for Hyperhidrosis		✓		The Northern (NHS) Treatment Advisory Group does not recommend the use of home iontophoresis for hyperhidrosis. The group were concerned about the limited evidence of efficacy and cost effectiveness.
7) Appeals against earlier decisions by the APC				
none				
8) Miscellaneous decisions by the APC				
Programme of formulary chapter review	Formal review cycle to run over an ongoing 2 year cycle with adhoc amendments continuing to be made as they come to light.			