

**North of Tyne, Gateshead and North Cumbria
Area Prescribing Committee**

April 2020 meeting.
Papers shared and considered via email, and chairs action taken to approve, due to COVID-19.

2020/18	Declarations of interest None made
2020/19	Appeals against previous decisions None
2020/20	Minutes and decision summary from previous meeting. The following documents were accepted as a true record: <ul style="list-style-type: none"> • Decision summary from 14/01/20. • Minutes from 14/01/20.
2020/21	Matters arising not on the agenda or Action Log. None.
2020/22	Action Log The action log was reviewed and will be updated to reflect the following: <ul style="list-style-type: none"> • 2019/28 Cinacalcet APC guidance. It was noted in January that the guidance was being reviewed by North Cumbria and chairs action could be taken if they are happy with it. Chairs action has now been taken and the document uploaded to APC website. Action completed. • 2020/06 Dexamfetamine for narcolepsy – Agenda item. Approved, remove from action log.
2020/23	<p>Report from the Formulary Sub-committee The formulary website is available at North of Tyne, Gateshead and North Cumbria Area Prescribing Committee Formulary.</p> <p>Minutes and recommendations from the North of Tyne, Gateshead and North Cumbria FSC meeting held on 13/2/20: The above minutes and recommendations were approved. The following specific points were highlighted:</p> <p>Sucralfate suspension</p> <p>Sucralfate suspension was removed from the formulary in July 2017 following a chapter review on the grounds that it was a low use product and, at the time, no licensed product available. It has subsequently been requested for:</p> <ul style="list-style-type: none"> • Short term use post Radio Frequency Ablation (RFA) for Barrett’s Oesophagus & Endoscopic Mucosal Resection (RMR). • Bile Reflux (usually post oesophagectomy) in patients in patients who have failed PPI treatment. Approx. 20 – 60 patients per year. <p>Northumbria confirmed that they also use it for stomal ulceration and biliary gastritis in approx. 10-15 patients per year.</p> <p>A literature search didn’t identify any studies that specifically looked at the use of sucralfate in patients with bile reflux following oesophagectomy but it has</p>

been compared it to PPI in other patient groups. A licensed product is now available from Alliance Healthcare.

Decision

The committee approved the addition of sucralfate suspension to the formulary with a 'Red' status for post RFA and EMR patients and a 'Green Plus' status for bile reflux and stomal ulceration patients.

Sativex for MS spasticity – status

Sativex for MS spasticity is recommended by NICE. The guideline states that a shared care agreement should be in place. The MS team will initiate treatment, review response after 4 weeks (using a VAS score) and perform an annual review thereafter. A short shared care guideline should be produced that contains information regarding:

- the clinical criteria for initiation
- the requirement for a review by the MS team prior to transfer to the GP
- the requirement for specialist annual review thereafter.

Decision

The committee agreed that Sativex for MS spasticity should be given an 'Amber' status once the SCG is approved. Until then prescribing will be retained in secondary care.

Ingenol mebutate

Following a series of safety alerts ingenol mebutate has lost its market authorisation and will therefore be removed from formulary.

Silicone scar preparations

The committee clarified that the use of silicone scar gel preparations was previously approved for use by the 'Burns Team and Scar Clinic' and the formulary will be amended to reflect this. Currently the formulary only states "burns team".

GLP-1 agonist RAG status

Clarity has been requested around the RAG status of GLP-1 agonists as some have a 'Green' status while other have a 'Green Plus' status.

The committee agreed that the RAG status of all GLP1 drugs on formulary should be changed to 'Green' subject to local guidelines being followed.

The MHRA drug safety alerts were received for November 2019, December 2019 and January 2020 and the formulary will be amended to reflect:

- Domperidone for nausea and vomiting: lack of efficacy in children; reminder of contraindications in adults and adolescents.

Compassionate use / Early Access / Free of charge schemes.

Following discussion at the North East Pharmacy Procurement Group it had been suggested that the regional procurement pharmacist should have oversight of these agreements and could sign these on behalf of Trusts.

Concerns were raised about where the liability would lie with this approach and, following further discussion and national advice, the consensus now is that the procurement group should have sight of such schemes, for transparency and awareness of industry practices, but any signing should continue to be taken at Trust level.

	<p>The former will allow feedback to NHSE/NICE etc. on pricing policies and practices of industry whilst the latter will ensure that current governance processes via APCs/DTCs are maintained.</p> <p>ML indicated that NUTH are happy with this process for CCG commissioned drugs but that the vast majority of such schemes fall under NHSE Spec Comm and, as they encourage participation in these schemes, such a process would not be used by them for these.</p>
2020/24	<p>Low Carbon inhalers</p> <p>The NHS long-term plan for England has set out plans to increase the use of lower carbon footprint inhalers. The plan says this could help reduce carbon emissions in the NHS in England by 4%. The NHS Sustainable Development Unit has estimated that 3.5% of the NHS's total carbon footprint comes from pMDIs which have a carbon footprint approximately 18 times that of DPIs. Data from Open Prescribing demonstrates that the CCGs in our APC area all have a significantly lower rate of MDI prescribing as a % of all inhaler prescribing than the national average. In fact at the end of Qtr. 2 19/20 North Tyneside, Northumberland and Newcastle Gateshead CCGs are the 3 lowest prescribing CCGs of MDIs (excluding salbutamol) nationally with North Cumbria also demonstrating relatively low use.</p> <p>The committee has been asked to endorse a formulary statement that encourages the use of low carbon inhalers wherever this is clinically appropriate. The committee was happy to do so and a statement to this effect will be added to the formulary.</p>
2020/24	<p>Report from the Medicines Guidelines and Use Group</p> <p>Draft minutes from meeting held on 24/2/20 were received and noted.</p> <ul style="list-style-type: none"> • Guidance agreed to retire: <ul style="list-style-type: none"> ○ North of Tyne/Gateshead guidelines for detection, management and referral of adults with kidney disease ○ Memantine shared care guidance – now incorporated in Cognitive enhancing medications. • Guidance/documents to be approved: <ul style="list-style-type: none"> ○ Dexamfetamine shared care guideline ○ North of Tyne recommendations for symptom management in renal patients (including symptom management at the end of life) ○ Cinacalcet shared care guideline ○ Catheter formulary ○ Vitamin D quick reference guide – update ○ Brand name prescribing – update
2020/25	<p>Opiate/pain management sub-group</p> <p>Minutes from the meeting held on 4/3/20 were received by the committee. This included data up to the end Qtr.3. 19/20. The data demonstrates that more progress seems to have been made on influencing gabapentinoid prescribing than opioid prescribing.</p> <p>An action from the group was to present a position statement to APC members around opiate prescribing. This was developed and shared with members via email in March. Chairs action was subsequently taken to approve it. Organisations were asked to give proper consideration to the statement as the expectation is that all would be signed up to it and be taking actions to demonstrate that commitment. It will be published on the APC website.</p>

<p>2020/26</p>	<p>RMOC</p> <p>The following RMOC recommendations were received :</p> <ul style="list-style-type: none"> • Advisory Statement: Standard Principles for Medicines Prior Approval Forms (January 2020) • Advisory Statement Sequential Use of Biologic Medicines (January 2020) • Free of Charge (FOC) Medicines Schemes: Updated RMOC Advice for adoption as local policy (January 2020) <p>The APC received and noted these recommendations. The third of these documents cross references to item 2020/23.</p>
<p>2020/27</p>	<p>ICS update</p> <p>The ICS OHS Board has been stood down until further notice. The board is due to discuss the ongoing support for the Pharmacy and Medicines Strategy Group and a decision on this will now be delayed. In the meantime scheduled meetings of the ICS Pharmacy and Medicines Strategy Group and the Joint Pharmacy Workforce and Talent Work stream will not proceed.</p>
<p>2020/28</p>	<p>Northern (NHS) Treatment Advisory Group (N-TAG) http://ntag.nhs.uk/</p> <p>The following recommendation was finalised by NTAG at their meeting on the 25th February 2020:</p> <ul style="list-style-type: none"> • Voke® Inhaler Nicotine Replacement Therapy for Smoking Cessation <p>The following recommendations were updated by NTAG at their meeting on the 25th February 2020 and are now available on the website:</p> <ul style="list-style-type: none"> • Sativex® for the treatment of non-MS pain • 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 <p>The following recommendations were archived by NTAG at their meeting on the 25th February 2020 as they are now superseded by NICE TAs:</p> <ul style="list-style-type: none"> • Patiromer cation exchange resin for hyperkalaemia • Ozurdex® dexamethasone ocular implant for posterior segment uveitis (NETAG) • Biologic drugs for treatment-refractory moderate to severely active ulcerative colitis in younger patients (to avoid colectomy) <p>The formulary will reflect these recommendations.</p>
<p>2020/29</p>	<p>NICE Technology Appraisals</p> <p>The formulary will be amended to reflect the following:</p> <ul style="list-style-type: none"> • TA617 Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure • TA618 Atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer (terminated appraisal) • TA619 Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer • TA620 Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer • TA621 Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer • TA622 Sotagliflozin with insulin for treating type 1 diabetes

	<ul style="list-style-type: none"> • TA623 Patiromer for treating hyperkalaemia: • TA624 Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis • TA625 Recombinant human parathyroid hormone for treating hypoparathyroidism (terminated appraisal)
<p>2020/30</p>	<p>NHS England</p> <p>The following NHS England communications were noted and will be reflected in the formulary:</p> <ul style="list-style-type: none"> • Specialised Services circulars : <ul style="list-style-type: none"> ○ SSC2117 - Specialised Commissioning Update February to April ○ SSC2119 - Not for Routine Commissioning Policy for Telotristat for treating carcinoid syndrome diarrhoea in adults ○ SSC2122 - Human plasma derived C1 esterase inhibitors for Hereditary Angioedema ○ SSC2125 - NICE Technology Appraisal Final Appraisal Determination - Lenalidomide with rituximab for previously treated follicular lymphoma ○ SSC2126 - Specialised Commissioning Update March 2020 ○ SSC2128 - Two drug regimen policies for the treatment of HIV-1 Dolutegravir rilpivirine and dolutegravir lamivudine ○ SSC2129 - NICE Technology Appraisal Final Appraisal Determination - Pembrolizumab for previously treated advanced or metastatic urothelial cancer (CDF review TA519) ○ SSC2130 - Mercaptamine hydrochloride viscous eye drops for corneal cystine deposits in people aged older than 2 years
<p>2020/31</p>	<p>Chair’s action</p> <p>Completion of AMR survey sent on behalf of Richard Seal, Regional Chief Pharmacist (NHS England and NHS Improvement) on behalf of the APC</p> <p>The NHS Commissioning Support Units (CSUs) have been commissioned by NHSE/I to support a number of key Regional Medicines Optimisation Committee (RMOC) work streams. Arden & GEM CSU are leading on Antimicrobial Resistance (AMR) for the collaborative, with one element being the intelligence gathering of views around the challenges facing clinicians and organisations around AMR and the practical help and resources needed to implement the medicines optimisation elements of the AMR strategy (primary care/out of hospital care), and NICE antimicrobial guidelines in particular. The aim is to inform future work streams and outputs that will practically support everyone working to promote antimicrobial stewardship.</p> <p>Position statement on the use of opioid medicines – approved.</p> <p>At the March pain management subgroup it was agreed that it may be helpful to have an APC position statement that could support clinicians when they are having difficult conversations with patients.</p> <p>A draft was circulated to members asking them to consider it and indicate any changes they required. The expectation of members is to ensure that organisations are ultimately all signed up to it and to be taking actions to demonstrate that commitment. .</p>

Date and time of next meeting(s)

Cobalt conference centre, Level 2
Northumbria Healthcare NHS Foundation Trust
Northumbria House
7-8 Silver Fox Way
Cobalt Business Park
North Shields NE27 0QJ
Tuesday, 7th July 2020 12:30 pm room 4 (tbc)
Tuesday, 13th October 2020 12:30 pm
Tea/coffee will be available from 12:15 pm