North of Tyne, Gateshead and North Cumbria
Area Prescribing Committee

Minutes of the meeting held on Tuesday 7th July 2020 via Microsoft TEAMS

Present:

Nicola Allen	Clinical Lead for Community Services	GHFT
Pat Bottrill	Lay member	
Sarah Chandler	Formulary Pharmacist	NHCT
Tim Donaldson	Chief Pharmacist/Controlled Drugs Accountable Officer	CNTW
Paul Fieldhouse	Clinical Director of Pharmacy	NCICFT
Alistair Green	Formulary pharmacist	NHCT
Matt Grove	Consultant Rheumatologist	NHCT
Naeem Iqbal	GP prescribing lead	NTCCG
Steve Llewellyn	Medicines Optimisation Pharmacist	NGCCG
Matthew Lowery	Formulary and Audit Pharmacist	NUTH
Helen Seymour	Senior Pharmacist	NECS
Sheetal Sundeep	Consultant Microbiologist	NHCT
Susan Turner	Pharmacist	NECS
Pat Bottrill	Lay Representative	
Neil Gammack	Chief Pharmacist	GHFT
Graham Syers (chair)	Clinical Director of Primary Care	N CCG

Apologies

David Campbell	Chief Pharmacist/Clinical Director for Medicines Optimisation	
Neil Watson	Clinical Director of Pharmacy and Medicines Optimisation	NUTH
Hannah Willoughby	Pharmacist	NGCCG

GHFT	Gateshead Health NHS Foundation Trust
NG CCG	Newcastle Gateshead CCG
NT CCG	North Tyneside CCG
NC CCG	North Cumbria CCG
NCICFT	North Cumbria Integrated Care Foundation Trust
NCCG	Northumberland CCG
NoT LPC	North of Tyne Local Pharmaceutical Committee
NHSE	NHS England
NHCT	Northumbria Healthcare NHS Foundation Trust
NECS	North of England Commissioning Support Organisation
CNTWT	Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
NUTH	Newcastle upon Tyne Hospitals NHS Foundation Trust
RDTC	Regional Drugs and Therapeutics Centre
ST&G LPC	South Tyneside and Gateshead LPC

2020/32	**Declarations of interest** None
2020/33	**Review of terms of reference** With minor changes to reflect the new name for North Cumbria Integrated Care NHS Foundation Trust , the terms of reference were agreed with a new review date of July 2022.
2020/34	**Election of officers** The committee agreed to re-elect the existing officers for a period of 12 months.
2020/35	**Appeals against previous decisions** None
2020/36	**Minutes and decision summary from previous meeting.** The following document was accepted as a true record: • Minutes from April 2020.
2020/37	**Matters arising not on the agenda or Action Log.** None
2020/38	**Action Log** The action log was reviewed and will be updated to reflect the following: • 2019/24 Amiodarone shared care guidance: Amiodarone shared care guidance to be developed to fulfil the criteria outlined in national documentation regarding items which should not routinely be prescribed in primary care. ML agreed to progress this action through the next MGUG meeting. • 2020/06 Current Melatonin SCG is to be updated to outline in more detail what should be covered at ongoing review. TD agreed to check what stage this is at and encourage progression through MGUG, ensuring that there has been appropriate consultation with colleagues in Cumbria and all acute trusts covered by the APC. PF highlighted that Cumbria have a county wide children's service • 2020/24 Low carbon inhalers - A statement was to be added to the formulary to reflect that the committee endorses the use of low carbon inhalers wherever this is clinically appropriate. Action completed.
2020/39	**Report from the Formulary Sub-committee** The formulary website is available at North of Tyne, Gateshead and North Cumbria Area Prescribing Committee Formulary. No report from the formulary sub-group was received as the meeting was cancelled due to COVID pressures. The following 2 products were considered by email correspondance. **Betesil®(Betamethasone valerate 0.1% Medicated Plaster)** The application was initially rejected by the FSC on grounds of cost effectiveness, with concerns that the evidence base is poor and the comparator (non-occlusive treatment) doesn't enable cost-comparison with tape already on formulary. Since that initial recommendation the applicant has provided some additional information that the APC considered: • The cost analysis considered was based on a usage of one full plaster each day for 30 days. This is seldom the case with patients more commonly being treated for small, stubborn recalcitrant plaques, where the plaster can be cut to size, with the remainder placed back into the

	aluminium envelope ready to be used again for up to 30 days from the envelope being opened. • The product is used for stubborn, recalcitrant inflammatory skin disorders as a second line treatment where first line creams and ointments have already been tried and proven to be ineffective. The use of a metered dose occlusive plaster increases the likelihood of greater patient compliance. • The usage of BETESIL over Fludroxycortide tape represents a significant cost saving, with the added benefit of a higher potency steroid. **Betesil®(Betamethasone valerate 0.1% Medicated Plaster)** The committee agreed that Betamethasone valerate 0.1% Medicated Plaster (Betesil®) could be added to the formulary, subject to the production of a clear algorithm for use being approved by the FSC, and dependent on the removal of Fludroxycortide (Haelan®) tape. **Subcutaneous vedolizumab** Vedolizumab IV is NICE approved for ulcerative colitis and Crohn's disease. A subcutaneous formulation has recently been approved by the EMA which is given after the IV loading phase. https://www.ema.europa.eu/en/documents/variation-report/entyvio-h-c-2782-x-0040-epar-assessment-report-variation_en.pdf The SC preparation is the same price as the IV preparation and is of similar efficacy to the IV preparation (for maintenance). Specialists are keen to use this for the approved gastro indications to help avoid hospital attendances for i/v administration in a vulnerable group of patients. ML confirmed that infliximab and adalimumab would currently be seen as first line choices in line with NICE and vedolizumab would only be used where an anti TNF was deemed clinically inappropriate. **Vedolizumab s/c** Approved for gastroenterology indications where an anti TNF was deemed clinically inappropriate and self-administration was deemed beneficial for the patient.
2020/40	**Report from the Medicines Guidelines and Use Group** The formal Medicines Guidelines and Use Group meeting was cancelled during the first wave of the COVID pandemic but the following submissions were received and reviewed virtually. The following recommendations are made: Guidance for approval: • Ketamine in palliative care – update. Approved subject to a minor wording change that reflects that GP involvement should not be requested before there has been demonstrated response. • Vitamin B12 guidance – minor update to remove reference to liver stores in the flow diagram. The committee agreed that it should be

retained in the body of the guideline as this is included on the NHS website https://www.nhs.uk/conditions/vitamin-b12-or-folate-deficiency-anaemia/causes/ .

- Catheter formulary v2 – the committee requested that the review group consider monitoring of non-formulary use in their work plan.

Guidance deferred:

- Apomorphine shared care agreement: some concerns were expressed about the shifting of work to primary care without due consideration of the appropriate commissioning implications. These need considered at CCG level before the guidance is approved. CCG members were asked to consider this with their MO and finance colleagues in time for a decision to be made at the October APC meeting.

Guidance to reinstate until formal review is undertaken:

- North of Tyne/Gateshead guidelines for detection, management and referral of adults with kidney disease. PF indicated that Barbara Maxwell and Andy Bow from North Cumbria would be able to contribute to the review

Guidance to retire:

- Menopause guidance

The committee noted that NICE have developed rapid guidance and evidence summaries specific to COVID-19.These are available at https://www.nice.org.uk/covid-19

2020/41

Data from pain management subgroup

The committee noted the following progress on reducing prescribing in chronic pain :

Gabapentinoids

Area	April – June 2018	Jan – March 2020	% reduction/increase
Northumberland	294.5	236.8	-19.6
North Tyneside	310.1	263.6	-15.0
Newcastle Gateshead	352.8	308.6	-12.53
NENC	325.9	309	-5.19
England	209.5	211	+0.72

Opioids

Area	April – June 2018	Jan – March 2020	% reduction/increase
Northumberland	585.5	523.2	-10.6
North Tyneside	590.5	550.5	-6.8
Newcastle Gateshead	718.1	618.3	-13.9
NENC	642.1	586.1	-8.73

	England	303.9	281.9	-7.2

2020/42

RMOC

There were no updates to receive.

2020/43

Northern (NHS) Treatment Advisory Group (N-TAG)

The following recommendations were finalised by NTAG at their meeting on the 2nd June 2020 and are now available on the website:

- Infliximab Subcutaneous (Remsima®) – it was noted that the approval included off-label use but that the licensing had now been updated to include some of these.
- Verteporfin (Visudyne®) with photo-dynamic therapy for chronic central serous chorioretinopathy
- Vaginal devices for female urinary stress incontinence
- Purewick® female external urinary catheter

The following recommendation was updated by NTAG and is now available on the website:

- Sativex® for the treatment of non-MS pain

The following recommendations were archived by NTAG as they are now superseded by NICE TA or NHSE guidance:

- Cervical spinal prosthetic disc replacement for degenerative cervical disc disease (NETAG)
- Tocilizumab (RoActemra®) for systemic-onset and polyarticular juvenile idiopathic arthritis (NETAG)
- Bosentan (Tracleer®) for digital ulcers (NETAG)
- Novel fentanyl products (Abstral®, Effentora® Instanyl® and PecFent®): Updated appraisal for breakthrough pain associated with cancer (NETAG)

The formulary will reflect the NTAG recommendations.

2020/44

NICE Technology Appraisals

The formulary will be amended to reflect the following:

- TA626 Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure
- TA627 Lenalidomide with rituximab for previously treated follicular lymphoma
- TA628 Lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer
- TA629 Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab
- TA630 Larotrectinib for treating NTRK fusion-positive solid tumours
- TA631 Fremanezumab for preventing migraine
- TA632 Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer
- TA633 Ustekinumab for treating moderately to severely active ulcerative colitis
- TA634 Daratumumab with lenalidomide and dexamethasone for

	untreated multiple myeloma (terminated appraisal) • TA635 Ramucirumab with erlotinib for untreated EGFR-positive metastatic non-small-cell lung cancer (terminated appraisal) • TA636 Eculizumab for treating refractory myasthenia gravis (terminated appraisal) • TA637 Ranibizumab for treating diabetic retinopathy (terminated appraisal) • TA638 Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer • TA639 Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer
2020/45	**NHS England** The following NHS England communications were noted and will be reflected in the formulary: • EAMS approval for remdesivir in COVID-19 https://www.gov.uk/government/news/mhra-supports-the-use-of-remdesivir-as-the-first-medicine-to-treat-covid-19-in-the-uk?utm_source=4307a5df-53f5-408b-bcf6-fcd2adddd655&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate • Specialised Services circulars ○ SSC2133 NICE Technology Appraisal Final Appraisal Determination - obinutuzumab with bendamustine for treating follicular lymphoma after rituximab ○ SSC2134 NICE Technology Appraisal Final Appraisal Determination: lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer ○ SSC2136 Clinical Commissioning Policy: Temozolomide as adjuvant treatment for people with newly diagnosed anaplastic astrocytoma without 1p/19q codeletion following surgery and radiotherapy (Adults) ○ SSC2137 Clinical Commissioning Policy: Dexrazoxane for preventing cardiotoxicity in children and young people (< 25 years) receiving high-dose anthracyclines or related drugs for the treatment of cancer ○ SSC2138 Specialised Blood Disorder Policies: Factor X and Vonicog Alfa ○ SSC2139 NICE Technology Appraisal Final Appraisal Determination: larotrectinib for treating NTRK fusion-positive solid tumours ○ SSC2140 Canakinumab for periodic fever syndromes (all ages) ○ SSC2143 NICE Technology Appraisal Final Appraisal Determination: atezolizumab with nab-paclitaxel for treating PD-L1-positive, triple-negative, advanced breast cancer ○ SSC2144 - NICE Technology Appraisal Final Appraisal Determination - atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer ○ SSC2148 - Nivolumab as monotherapy treatment of adult patients with unresectable advanced, recurrent or metastatic oesophageal, squamous cell carcinoma (OSCC) after one prior fluoropyrimidine and platinum-based chemotherapy

2020/46	**Chair's action** None
2020/47	**Any other business** None
	Date and time of next meeting(s) Tuesday 13th October 12.30.