North of Tyne, Gateshead and North Cumbria
Area Prescribing Committee

Minutes of the meeting held on Tuesday 13th April 2021

Present:

Nicola Allen	Clinical Lead for Community Services	GHFT
Pat Bottrill	Lay Representative	
David Campbell (Chair)	Chief Pharmacist/Clinical Director for Medicines Optimisation	NHCT
Ian Campbell	Assistant Director, Pharmacy and Medicines Optimisation	NUTH
Sarah Chandler	Formulary Pharmacist	NHCT
Sue Dickinson	Director of Pharmacy	RDTC
Tim Donaldson	Chief Pharmacist/Controlled Drugs Accountable Officer	CNTW
Paul Fieldhouse	Clinical Director of Pharmacy	NCICFT
Neil Gammack	Chief Pharmacist	GHFT
Matthew Lowery	Formulary and Audit Pharmacist	NUTH
Helen Seymour	Senior Pharmacist	NECS
Sheetal Sundeep	Consultant Microbiologist	NHCT
Graham Syers	Clinical Director of Primary Care	N CCG
Susan Turner	Pharmacist	NECS
Jane Welsh	Clinical Lead for Community	GHFT

Apologies

Matt Grove	Consultant Rheumatologist	NHCT
Steve Llewellyn	Medicines Optimisation Pharmacist	NGCCG
Neil Watson	Clinical Director of Pharmacy and Medicines Optimisation	NUTH

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

2021/17	**Declarations of interest** None
2021/18	**Appeals against previous decisions** None
2021/19	**Minutes and decision summary from previous meeting.** The following documents were accepted as a true record: • Decision summary from 12/01/21. • Minutes from 12/01/21.
2021/20	**Matters arising not on the agenda or Action Log.** None
2021/21	**Action Log** The action log was reviewed and will be updated to reflect the following: • 2020/06 Melatonin shared care guidance. The updated local guidance is expected at MGUG in June 2021. RMOCs are working with NICE on developing guidance relating to off-label use of melatonin but the final scope has not yet been published. This does not alter the local work currently required. • 2020/34 Election of officers. The election of APC chair, vice chair and professional secretary was deferred for one year in July 2020 due to the COVID pandemic. Invitations were extended to any member who would be interested in nominating either themselves or a colleague for any of the officer roles. Email nominations to ST by end June for appointments in July. • 2021/11 ICS wide IMD guidelines. DC agreed to write to Dr Davidson outlining committee support. Action complete. Response regarding next steps awaited.
2021/22	**Report from the Formulary Sub-committee** The formulary website is available at North of Tyne, Gateshead and North Cumbria Area Prescribing Committee Formulary. **Minutes and recommendations from the North of Tyne, Gateshead and North Cumbria FSC meeting held on 25/01/21:** 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: **Hydroxychloroquine – monitoring** The RCOP monitoring guidelines were updated in November 2020 and now recommend eye monitoring should only be carried out after 5 years unless there are other specific risk factors or baseline eye problems. Discussions are underway to increase the capacity for accessing the appropriate reviews. In the meantime patients are often signposted to local opticians for monitoring. Not all of these have access to the required OCT systems and there are often problems with the subsequent communication and interpretation of the results. **Decision**: The committee endorsed a status change for hydroxychloroquine from GREEN PLUS to AMBER in order to ensure appropriate long term follow up. A shared care agreement will be required.

	Valproate* – Pregnancy Prevention Programme (PPP) Audit work has shown that compliance with the Pregnancy Prevention Programme (PPP) for women of childbearing age in receipt of valproate is not as high as expected, including access to the annual specialist review. Discussions are ongoing on how to help increase this but it was agreed that the formulary status for valproate should be AMBER for women in this group. **Decision**: The committee endorsed a status change for valproate in women of childbearing age from GREEN PLUS to AMBER in order to ensure appropriate long term follow up. A shared care agreement will be required. **Ulipristal 5mg tablets (Esmya®)** Change to formulary status required in relation to ulipristal due to a change in licence. Use will be restricted to intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women who have not reached menopause when uterine fibroid embolisation and/or surgical treatment options are not suitable. Decision: Ulipristal 5mg tablet status change to RED The inhaler review group will be reconvened later in the year. Matt Grove to chair. **OxyPro®** Significant savings are to be made by changing first line modified release oxycodone from Longtec® to OxyPro®. This work is being explored elsewhere in the ICS area and the committee agreed to endorse such a move. Pain and palliative care clinicians in the relevant organisations will need to be involved in the process, as well as primary care. **Decision:** OxyPro® to replace Longtec® as the first line formulary choice from 1/10/21
2021/23	**Report from the Medicines Guidelines and Use Group** Draft minutes from meeting held on 1/3/21 were received and noted. • Guidance to be retired: o SPS NOAC table from APC website as the link is included in the AF guidance o Naltrexone guidance was recommended to retire by MGUG in Sept 2020 but not formally noted through APC. Chair's action taken. • Guidance/documents approved: o Preterm infant feeding guideline o Faltering growth guideline o Gender dysphoria guideline – the guideline will be hosted on the regional services website and therefore the APC guidelines website will include a link to this. o ADHD – approved. ST asked for confirmation that the specialist reviews would be undertaken by clinicians who were in a position to fully review the medication, including recommendations for dose escalation and reduction as appropriate. TD agreed to seek that confirmation.

	• The committee agreed to:
	  ○ Extend the expiry date on the current CMPA guidance by a year
	  ○ Extend review date on current Renal disease guideline to Dec 21

2021/24	**Report from opiate/pain management sub-group** • Update from meeting held on 17/3/21 Data shows that there has been a gradual downward trend in prescribing of pain medication, particularly for gabapentinoids. Despite some progress, prescribing rates of opioids in NENC are a third higher than the second highest prescribing ICS and the top 7 opioid prescribing CCGs (by patient list size) are all in NENC. Prescribing rates of gabapentinoids in NCNE are the highest of any ICS in the country and 5 of the top 10 prescribing CCGs (by patient list size) are in NENC. Within the North of Tyne, Gateshead and North Cumbria CCG areas there is further significant variation in prescribing rates, some of which will be influenced by demographics, but it is unlikely that this is the only contributing factor. A subgroup of the regional prescribing forum is developing a paper aimed at the ICS board. The purpose of the paper is to outline the problem described above and seek an escalation of the prioritisation of pain management across all ICS member organisations and work plans. Inclusion of these agents within the PCN DES offers an opportunity to increase the focus on this work.
2021/24	**System Working** The role of local decision making within the new ICS remains unclear. The committee will work to create efficiencies where they add value and when the structures become clearer.
2021/25	**RMOC** The following RMOC recommendations were received: • A minor update has been made to the Rarely Used and Urgent Medicines List Position Statement. The RMOC Position Statement can be found here: https://www.sps.nhs.uk/articles/rarely-used-and-urgent-medicines-list/ This update incorporates changes made by Public Health England (PHE) to the way rabies vaccine is supplied and PHE recommendations about access to stock of rabies vaccine on each site. • RMOC (North) has led development of "Shared Care for Medicines Guidance – A Standard Approach" on behalf of the national RMOC system. This guidance defines the principles for a national system of shared care for medicines and aims to provide a framework for the seamless sharing of care between the patient, specialist service and primary care prescriber in circumstances where this is appropriate, benefits the patient, and is supported by them. It builds on the NHS England guidance "Responsibility for prescribing between primary and secondary/tertiary care" (2018). A word version of the shared care template and associated letters (for local adoption) are available here. A suite of national shared care protocols is currently in development and a shared care working group has been

	formed, drawing on members of the national RMOC system and national stakeholders. Relevant subject matter experts will be invited to each meeting to ensure the content of shared care protocols is clinically appropriate. The group will meet monthly, with topics prioritised as outlined on the RMOC site (RMOC Shared Care Work Plan – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice) . All topics will cover adults only, unless otherwise specified, and drafts will be opened for a national six-week consultation following the working group meeting. The APC acknowledged that the clinical requirements of a shared care guideline are often the easiest to develop and the complications of differing commissioning arrangements and referral pathways can make implementation challenging. It is hoped that the development of the ICS may be an opportunity to enable some more alignment. ST asked secondary care colleagues to emphasise to clinicians that requests for primary care to take on the prescribing of approved medications should be accompanied by the appropriate paperwork. • Buprenorphine guidance https://www.sps.nhs.uk/wp-content/uploads/2021/04/RMOC-Buprenorphine-guidance-Final-V1.0.pdf This guidance informs local decision making processes but the FSC will still need to consider applications for use in our area. CNTW and the local authorities are already in discussions about where the best use would be. The APC received and noted these recommendations.
2021/26	**RDTC Prescribing for population health** The committee received the RDTC publication *"Inhaler Carbon Footprint: Significance, Focus & Action"* The impact of climate change on health is increasing, as global warming continues to rise. Within the health and social care sector, pressurised metered dose inhalers (pMDIs) and breath-actuated pMDIs (BA-pMDIs) have been identified as a significant contributing factor to the NHS carbon footprint. The purpose of the publication is to review current inhaler prescribing within the context of global warming potential (GWP) data and highlight interventions which should be considered by health systems. The total annual Inhaler carbon footprint for the NENC ICS (Sep 19-Aug 20) is 47,626,445 KgCO2e, equivalent to 164.2 million miles in a typical car and accounts for 6.1% of the England annual Inhaler carbon footprint. Despite the absence of significant change in the prescribing volume of bronchodilator, inhaled corticosteroid or inhaled corticosteroid combination inhalers across the NENC ICS over the last 18 months the inhaler carbon footprint per asthma & Chronic Obstructive Pulmonary Disease (COPD) patient has significantly decreased in half of the CCGs and for the ICS footprint as a whole. The carbon footprints of the 4 CCGs in our APC area are below the NENC and national average. A lower carbon footprint per patient is indicative that there are more DPIs and Soft Mist Inhalers (SMIs) prescribed and less pMDIs/BA-pMDIs and this reflects our formulary choices over recent years. Whilst it is obvious that progress is being made on an individual patient level, this is likely to be negated at least in part by the increasing prevalence of COPD. The British Thoracic Society guidance now recommends that in circumstances where more than one inhaler type would be equally effective, then the lower

	carbon footprint inhaler should be a factor in decision making. Having said this, better disease control will reduce use of SABA MDIs and therefore this challenge should not be met simply by device switching. Patient review and control is crucial. The use of combination inhalers is recommended and will reduce the total number of inhalers prescribed and recycling should be encouraged. The PCN DES has a focus on this and teams should be encouraged to explore the wider issues of disease control as part of multidisciplinary discussions. The regional respiratory group also emphasise the importance of control.
2021/27	**Northern (NHS) Treatment Advisory Group (N-TAG)** The following recommendations were updated by NTAG at their meeting on the 23rd February 2021 and are now available on the website: • Flash Glucose Monitoring – updated to include Learning Disability on insulin, and use in pregnancy on insulin with Type 2 diabetes as additional criteria. Plus information on switch to Freestyle Libre 2 and extra guidance on use in Type 1 diabetes patient with high HbA1c. • Teriparatide for atypical bisphosphonate induced fractures – reviewed and no changes made. • Doxylamine/Pyridoxine (Xonvea®) for nausea & vomiting in pregnancy – reviewed and no changes made. The following recommendations were archived by NTAG at their meeting on the 8th December 2020 as now superseded by NICE TA or NHSE guidance: • Erenumab and galcanezumab for prophylaxis of migraine • Brolucizumab for wAMD The APC formulary will reflect these changes
2021/28	MHRA and NICE • MHRA Early Access to Medicines Scheme scientific opinion: Pemigatinib in the treatment of cholangioarcinoma NICE Technology Appraisals published since last meeting • TA670 Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor • TA 671 Mepolizumab for treating severe eosinophilic asthma Update and replacement for NICE TA 431 • TA672 Brolucizumab for treating wet age-related macular degeneration • TA673 Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy • TA674 Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (terminated appraisal) • TA675 Vernakalant for the rapid conversion of recent onset atrial fibrillation to sinus rhythm (terminated appraisal) • TA676 Filgotinib for treating moderate to severe rheumatoid arthritis The committee approved the use of filgotinib in line with NICE guidance. However, ML highlighted that the current block contracting arrangements (introduced nationally during the pandemic) present an issue to resolve with commissioners in respect of approval of treatments such as this extension to treatment of moderate rheumatology and the introduction of newer agents for migraine treatment. As well as

	individual provider organisations taking actions to resolve this, GS agreed to raise with Mark Adams, Chief Officer of local CCGs. • TA677 Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma • TA679 Dapagliflozin for treating chronic heart failure with reduced ejection fraction ○ North Cumbria and Northumbria draft supplementary information leaflets had been tabled for discussion. PF agreed to explore through his cardiology colleagues the opportunity to develop one set of supplementary guidance across the APC area and to take that back through MGUG. • TA680 Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma • TA681 Baricitinib for treating moderate to severe atopic dermatitis • TA682 Erenumab for preventing migraine • TA683 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer • TA684 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease • TA685 Anakinra for treating Still's disease • TA686 Blinatumomab for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia : terminated appraisal • TA687 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy • TA689 Acalabrutinib for treating chronic lymphocytic leukaemia • TA690 Teduglutide for treating short bowel syndrome (terminated appraisal) • TA691Avelumab for untreated metastatic Merkel cell carcinoma HST14 Metreleptin for treating lipodystrophy - highly specialised technologies

2021/29	NHS England
	• Specialised Services circulars
	  ○ SSC2210 NICE Technology Appraisal Final Appraisal Determination: niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy.
	  ○ SSC2211 NICE Technology Appraisal Final Appraisal Determination: KTE-X19 (Tecartus®) for treating relapsed or refractory mantle cell lymphoma.
	  ○ SSC2212 Early Access to Medicines Scheme – nivolumab in combination with ipilimumab for the first line treatment of adult patients with unresectable malignant pleural mesothelioma (MPM).
	  ○ SSC2226 Early Access to Medicines Scheme – pemigatinib in the treatment of adults with locally advanced or metastatic cholangiocarcinoma with fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that is relapsed or refractory after at least one line of systemic therapy
	  ○ SSC2228 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy
	  ○ SSC2229 Specialised services commissioning update
	  ○ SSC2236: NICE Technology Appraisal - acalabrutinib for treating chronic lymphocytic leukaemia.

	○ SSC2237 NICE Technology Appraisal Final Appraisal Determination - Pembrolizumab for previously treated advanced or metastatic urothelial cancer ○ SSC2238 NICE Technology Appraisal Final Appraisal Determination - olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer. ○ SSC2239 NICE Technology Appraisal Final Appraisal Determination - carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma. ○ SSC2240 NICE Technology Appraisal Final Appraisal Determination: avelumab for untreated metastatic Merkel cell carcinoma. ○ SSC2243 - Specialised Commissioning Update The formulary will reflect these circulars.
2021/30	**Chair's action** Approval of updated OAB guidance noted.
2021/31	**Any other business** 1. TD asked if the committee would have a role in COVID vaccine choice when supply of vaccine moved to a "pull" model. The formulary currently advises that the Green Book should be followed and that is likely to remain the position, although this will be considered again if and when multiple vaccines are available for vaccination sites to choose from. SD is happy to explore vaccine choice with the RVOC. 2. It was noted that treatment in respect of wet AMD remains under potential review and, as with other medicines, any future proposal would be brought forward if there was an assessment by experts and the FSC that those factors which typically affect treatment choice became suitably favourable.
	Date and time of next meeting(s) Tuesday 6th July Tuesday 19th October Cobalt conference centre 12.30-2.30 with Microsoft TEAMs access available for those who cannot attend in person.

North of Tyne, Gateshead and North Cumbria Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Tuesday 27th April 2021.**

Classification of products:

R = 'RED' drugs for hospital use only
A = 'AMBER' drugs suitable for use under Shared Care arrangements
G+ = 'GREEN PLUS – Drugs normally recommended or initiated by hospital specialist, but where the provision of an information leaflet may be appropriate to facilitate continuing treatment by GPs. Many of these information sheets are in the process of development.
G = 'GREEN' – Drugs where initiation by GPs is appropriate.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
1) Requests deferred from previous meetings				
None				
2) New Requests				
None				
3) New formulations & extensions to use				
Oxycodone m/r (OxyPro®)	✓ G			Significant savings are to be made by changing first line modified release oxycodone from Longtec® to OxyPro®. This work is being explored elsewhere in the ICS area and the committee agreed to endorse such a move. Pain and palliative care clinicians in the relevant organisations will need to be involved in the process, as well as primary care. **Decision:** OxyPro® to replace Longtec® as the first line formulary choice from 1/10/21
Dexamethasone 20mg/5ml	✓ R			Haematologists at Northumbria have requested to use the higher dose liquid, 20mg/5ml, to ease the pill burden. **Decision:** Approved. The 20mg/5ml liquid will be added to the formulary as a RED drug for patients requiring high doses.
Dulaglutide (Trulicity) 3mgs and 4.5mgs	✓ G			Request received to add Dulaglutide (Trulicity) 3mgs and 4.5mgs alongside the 0.75mg and 1.5 mg strengths already on formulary to allow dosing flexibility. **Decision:** Approved

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
4) NHS England Specialised Services communications noted and endorsed by APC				
SSC2210 NICE Technology Appraisal Final Appraisal Determination: niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy.				The formulary will reflect the SSC position
SSC2211 NICE Technology Appraisal Final Appraisal Determination: KTE-X19 (Tecartus®) for treating relapsed or refractory mantle cell lymphoma.				The formulary will reflect the SSC position
SSC2212 Early Access to Medicines Scheme – nivolumab in combination with ipilimumab for the first line treatment of adult patients with unresectable malignant pleural mesothelioma (MPM).				The formulary will reflect the SSC position
SSC2226 Early Access to Medicines Scheme – pemigatinib in the treatment of adults with locally advanced or metastatic cholangiocarcinoma with fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that is relapsed or refractory after at least one line of systemic therapy				The formulary will reflect the SSC position
SSC2228 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy				The formulary will reflect the SSC position
SSC2236: NICE Technology Appraisal - acalabrutinib for treating chronic lymphocytic leukaemia				The formulary will reflect the SSC position
SSC2237 NICE Technology Appraisal Final Appraisal Determination - Pembrolizumab for previously treated advanced or metastatic urothelial cancer				The formulary will reflect the SSC position
SSC2238 NICE Technology Appraisal Final Appraisal Determination - olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer.				The formulary will reflect the SSC position
SSC2239 NICE Technology Appraisal Final Appraisal Determination - carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma.				The formulary will reflect the SSC position
SSC2240 NICE Technology Appraisal Final Appraisal Determination: avelumab for untreated metastatic Merkel cell carcinoma.				The formulary will reflect the SSC position
5) Products considered by NICE				
TA670 Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor				The formulary will reflect the NICE position
TA 671 Mepolizumab for treating severe eosinophilic asthma Update and replacement for NICE TA 431				The formulary will reflect the NICE position
TA672 Brolucizumab for treating wet age-related macular degeneration				The formulary will reflect the NICE position
TA673 Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy				The formulary will reflect the NICE position
TA676 Filgotinib for treating moderate to severe rheumatoid arthritis				The formulary will reflect the NICE position
TA677 Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma				The formulary will reflect the NICE position
TA679 Dapagliflozin for treating chronic heart failure with reduced ejection fraction				The formulary will reflect the NICE position

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA680 Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma				The formulary will reflect the NICE position
TA681 Baricitinib for treating moderate to severe atopic dermatitis				The formulary will reflect the NICE position
TA682 Erenumab for preventing migraine				The formulary will reflect the NICE position
TA683 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer				The formulary will reflect the NICE position
TA684 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease				The formulary will reflect the NICE position
TA685 Anakinra for treating Still's disease				The formulary will reflect the NICE position
TA687 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy				The formulary will reflect the NICE position
TA689 Acalabrutinib for treating chronic lymphocytic leukaemia				The formulary will reflect the NICE position
TA691Avelumab for untreated metastatic Merkel cell carcinoma				The formulary will reflect the NICE position
HST14 Metreleptin for treating lipodystrophy - highly specialised technologies				The formulary will reflect the NICE position
6) Northern (NHS) Treatment Advisory Group (N-TAG)				
Flash Glucose Monitoring - update				The formulary will reflect the N – TAG position
Teriparatide for atypical bisphosphonate induced fractures				The formulary will reflect the N – TAG position
Doxylamine/Pyridoxine (Xonvea®)				The formulary will reflect the N – TAG position
7) Regional Medicines Optimisation Committee (RMOC) – guidance noted				
Shared care guidance				"Shared Care for Medicines Guidance – A Standard Approach"
Buprenorphine guidance				https://www.sps.nhs.uk/wp-content/uploads/2021/04/RMOC-Buprenorphine-guidance-Final-V1.0.pdf This guidance informs local decision-making processes but the FSC will still need to consider applications for use in our area.
8) Appeals against earlier decisions by the APC				
None				
9) Guidelines approved/retired. http://www.northoftyneapc.nhs.uk/guidance/				
SPS NOAC table	Retired as link is included in the AF guidance			
Naltrexone guidance	Retired			
Preterm infant feeding	Approved			
Faltering growth	Approved			
Gender dysphoria	The guideline will be hosted on the regional services website. The APC website will include a link to this.			
Adult ADHD	Approved			
CMPA	Expiry date extended by one year			
Renal disease	Expiry date extended to December 2021			
10) Miscellaneous decisions by the APC				

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Hydroxychloroquine				The RCOP monitoring guidelines were updated in November 2020 and now recommend eye monitoring should only be carried out after 5 years unless there are other specific risk factors or baseline eye problems. **Decision:** The committee endorsed a status change for hydroxychloroquine from GREEN PLUS to AMBER to ensure appropriate long term follow up. A shared care agreement will be required.
Valproate - Pregnancy Prevention Programme (PPP)				Audit work shows poor compliance in the Pregnancy Prevention Programme (PPP) and valproate. **Decision**: The committee endorsed a status change for valproate in women of childbearing age from GREEN PLUS to AMBER to ensure appropriate long term follow up. A shared care agreement will be required.
Ulipristal 5mg tablets (Esmya®)				Change to formulary status required in relation to ulipristal due to a change in licence. Use will be restricted to intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women who have not reached menopause when uterine fibroid embolisation and/or surgical treatment options are not suitable. Decision: Ulipristal 5mg tablet status change to RED