North of Tyne, Gateshead and North Cumbria
Area Prescribing Committee

Minutes of the meeting held on Tuesday 6th July 2021

Present:

Pat Bottrill	Lay Representative	
David Campbell (Chair)	Chief Pharmacist/Clinical Director for Medicines Optimisation	NHCT
Ian Campbell	Assistant Director, Pharmacy and Medicines Optimisation	NUTH
Sue Dickinson	Director of Pharmacy	RDTC
Tim Donaldson	Chief Pharmacist/Controlled Drugs Accountable Officer	CNTW
Neil Gammack	Chief Pharmacist	GHFT
Alastair Green	Formulary pharmacist	NHCT
Matt Grove	Consultant Rheumatologist	NHCT
Steve Llewellyn	Medicines Optimisation Pharmacist	NGCCG
Matthew Lowery	Formulary and Audit Pharmacist	NUTH
Geraint Morris		LPC
Helen Seymour	Senior Pharmacist	NECS
Sheetal Sundeep	Consultant Microbiologist	NHCT
Graham Syers	Clinical Director of Primary Care	N CCG
Susan Turner	Pharmacist	NECS
Phil Utting	Deputising for Paul Fieldhouse	NCICFT

Apologies

Nicola Allen		GHFT
Paul Fieldhouse	Clinical Director of Pharmacy	NCICFT
Naeem Iqbal	GP prescribing lead	NTCCG
Simon Thomas	Consultant Clinical Pharmacologist	NUTH
Neil Watson	Clinical Director of Pharmacy and Medicines Optimisation	NUTH
Jane Welsh	Clinical Lead for Community Services	GHFT

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

2021/32	**Declarations of interest** None
2021/33	**Appeals against previous decisions** None
2021/34	**Election of officers** David Campbell, Graham Syers and Susan Turner were re-elected to the roles of chair, vice chair and professional secretary respectively for a period of 3 years as outlined in the terms of reference.
2021/35	**Terms of reference** The terms of reference were reviewed with minor amendments made to include the permanent membership of an LMC representative and to reflect the need for MGUG to consider national guidance when progressing work.
2021/36	**Minutes and decision summary from previous meeting.** The following documents were accepted as a true record: • Decision summary from 13/4/21. • Minutes from13/4/21.
2021/37	**Matters arising not on the agenda or Action Log.** None
2021/38	**Action Log** The action log was reviewed and will be updated to reflect the following: • 2019/53 Progesterone 25mg SC/IM Injection (Lubion®). The APC agreed in 2019 that Lubion® would be added to the formulary for luteal support in patients who've had a previous failed biochemical pregnancy in a FET cycle. This approval was subject to reporting back of outcomes to the formulary subcommittee after 40 patients. The fertility service had paused seeing patients during COVID therefore the deadline was extended to July 2021. The requisite numbers of patients have now been treated and the FSC expect a report back in September. • 2019/53 Follitropin delta (Rekovelle®) injection. The addition of Rekovelle® to the formulary was approved in October 2019 for the purposes of a 100-patient evaluation only. The fertility service had paused seeing patients during COVID and as of June 2021 only 40 patients have been treated so far. Deadline extended. • 2021/28 Block contracts. GS informed the committee of discussions he has had with commissioners around block contract issues that have the potential to impact negatively on the speed of access to medicines. NUTH representatives reflected their organisational desire to get ICS level agreement on access to additional funding. APC members expressed significant ongoing concern but noted that action has been taken to escalate to finance and contract meetings where resolution of problem exists.
2021/39	**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 on10/6/21:** 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:

Hydrocortisone Sodium Phosphate Preservative Free Eye Drops (Softacort®)

Softacort® has been requested for the treatment of mild non-infectious allergic or inflammatory conjunctival diseases. It was noted that there are no published head-to-head studies comparing Softacort® with other low potency (or any other) topical ocular corticosteroids. Weak evidence suggests that Softacort® isn't associated with an increase in ocular pressure however the committee felt that it wasn't clear which patients this would be used in and when this would be used in relation to the other ocular steroid preparations. Approval was deferred until a pathway outlining where it fits in treatment alongside other topical steroids, and a rationalised formulary of topical lubricants, is received. The ophthalmic section of the formulary should be rationalised to simplify recommendations to primary care and to maximise cost effectiveness. It should also recognise and reference the national guidance on conditions for which over the counter items should not routinely be prescribed including section 4.3.4 https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/

Decision : Deferred

Nasal Naloxone (Nyxoid®)

Nyxoid® is a naloxone nasal spray marketed in the UK for emergency treatment of known or suspected opioid overdose in non-medical and healthcare settings. For use in the community, a naloxone nasal spray may offer a simpler and more convenient method of administration by non-healthcare professionals.
CNTW have stated that approval of the intranasal preparation offers the addictions services an opportunity to gain experience of use under a limited therapeutic pilot in the following circumstances:

- Plummer court staff use (Specialist addictions service – Day unit patients)
- Carers (of addictions service users – Plummer Court) who are unwilling to use Prenoxad
- Addictions service users (Plummer Court) who would normally require carers to administer naloxone
- Addictions service users (Plummer Court) who continuously fail to carry Prenoxad due to stigma etc
- Partners (i.e. police, who would not normally use the injectable formulation, where Nyxoid is more acceptable to use)
- Supply by the following CNTW Community Drug and Alcohol Services in accordance with local written process/protocols for Nyxoid distribution:
    - Newcastle Treatment and Recovery (NTaR)
    - Northumberland Recovery Partnership (NRP)
    - North Tyneside Recovery Partnership (NTRP)

Decision: Approved for CNTW addiction services as outlined above. The results of a planned 12-month review should be brought back to the formulary subcommittee.

	Chloramphenicol eye drops Warnings for boric acid (and borates) were introduced into the European Commission guideline for excipients in October 2017. As a result of this some licences for chloramphenicol eye drop products containing borax or boric acid buffers were recently updated to restrict use in children younger than 2 years of age to reflect warnings on maximum daily limits for boron exposure. The Royal College of Ophthalmologists (RCOPHTH) issued a statement that offered a more balanced view regarding the risks and NUTH ophthalmologists support that view. The committee recognised that stance and agreed to add a note to the formulary stating that there is specialist support for deviating from the national guidance. This would also offer some reassurance to parents if off-label use was to be suggested. The committee also agreed to escalate these concerns through the regional antimicrobial network and ask for additional support of this position. **Post meeting note**: Following the APC meeting the MHRA have issued a drug safety update (7/7/21). This outlines that the MHRA carried out a review of the safety of chloramphenicol eye drops for children under 2 years, following changes to SmPCs introduced by manufacturers responding to the excipient warnings. That review has concluded that the benefit of chloramphenicol eye drops continues to outweigh the risk for children under 2 years with eye infections that require antibiotic treatment. The MHRA has requested the removal of restrictions and associated warnings about boron exposure in children aged 0 to 2 years from the SmPCs and PILs for UK chloramphenicol eye drop products. The advice is published as part of the July Drug Safety Update and email alerts will be sent to healthcare professionals and stakeholders. https://www.gov.uk/drug-safety-update/chloramphenicol-eye-drops-containing-borax-or-boric-acid-buffers-use-in-children-younger-than-2-years
2021/40	**Report from the Medicines Guidelines and Use Group** Draft minutes from meeting held on 7/6/21 were received and noted. • Guidelines approved: ○ Antiplatelet guidance – update ○ Prescribing intervals – update ○ Children`s ADHD shared care guidance – update ○ Melatonin shared care guidance for the management of Sleep/Wake Disorders in Children and Young People: update. The main changes to the guidance are that each shared care agreement is time limited to 2 years at which point a formal review is to be undertaken by secondary care and a new shared care agreement requested if needed. There should also be at least an annual trial off treatment. It was noted that RMOCs are working with NICE to build a framework for appropriate review and a request to include evidence around sleep hygiene clinics was noted by SD who will feed into this work. ○ Bariatric – management of patients, post-bariatric surgery, in primary care – update ○ Immunosuppression liver transplant – update – repatriation of patients to specialist services is still on the NHSE plan but is not expected to take place imminently. It was recognised that there is a challenge for clinicians when prescribing and monitoring are not undertaken by the same clinician.

	Valproate The committee had previously suggested that valproate should become an amber drug for women of child-bearing age. National shared care guidance is being developed so this work will now not proceed locally however clinicians should currently ensure that they are following the PREVENT programme and referring appropriate patients back to secondary care for the annual ARAF discussions and documentation. **Hydroxychloroquine** Hydroxychloroquine was changed to AMBER RAG status to emphasise the need for specialist input into discussions with patients around the risk benefit balance for ongoing use and the need for ophthalmology review for high-risk patients. A national shared care guideline is being developed so the local shared care guidance has been halted pending that. In the meantime, clinicians are encouraged to refer back to secondary care all patients who meet the high-risk categorisation and any who may be lost to follow up.
2021/41	**Report from opiate/pain management sub-group** The committee received an update from meeting held on 16/6/21 noting some gradual progress in reducing prescribing rates of opioids and gabapentinoids and encouraging updates from work being progressed in secondary care. There has also been discussion regionally with PHE leads who agree this is a population health issue that needs prioritised at an ICS level. The pain management subgroup of the committee was originally set up as a task and finish group, but it has been recognised that this is an ongoing piece of work and therefore the sub-group will remain in place for the foreseeable future. The AHSN are keen to support any work and DC has raised the issue about OTC codeine medication being available with the Royal Pharmaceutical Society.
2021/42	**ICS** • IMD shared care update. The work initially proposed by Durham APC to develop a region wide shared care guidance for immune modifying medications has been suspended in light of the RMOC programme underway to develop standardised national guidance. • Regional survey on LDMs – response submitted. Whilst recognising the benefits of working at scale (demonstrated by NTAG, with a very specific focus/niche, as an example of good practice within NENC in this regard) the committee expressed caution about any moves to form one ICS wide APC/formulary. Our current ICP focussed APC covers a population and geography as large as many ICS areas and widening the membership further could reduce local buy-in and the ability to progress work at pace.
2021/43	**RMOC** The following RMOC consultations were shared with members in advance of the meeting in order to enable individual member feedback: • Shared care consultations: Following publication of the “RMOC Shared Care for Medicines Guidance – a Standard Approach”, three sets of draft shared care protocols have been developed by the RMOC Shared Care Working Group. The consultations were open for five weeks each. The documents are intended to represent

	the minimum information required to support safe, effective sharing of prescribing of the specified drugs, and were drafted in line with the agreed RMOC process using key sources such as the BNF, relevant Summaries of Product Characteristics, MHRA safety warnings, national guidance and specialist input. The medicines included in these first three consultations are: ○ Amiodarone ○ Dronedarone ○ Lithium ○ Valproate medicines in women of child-bearing potential ○ Methylphenidate in adults ○ Lisdexamfetamine in adults ○ Dexamfetamine in adults ○ Atomoxetine ○ Guanfacine ○ Riluzole Members welcomed the support being given to the development of shared care guidance but reiterated the importance of also addressing commissioning arrangements to support implementation in a consistent manner. • Terms of reference consultation. In recognition of the transition to Integrated Care Systems (ICSs), NHS England and NHS Improvement (NHSEI) ran a programme of work on "Enhancing Our Approach to Medicines Optimisation and Pharmacy" with the aim of establishing a framework of policy, clinical leadership and governance to ensure all aspects of medicines optimisation and pharmacy are integrated and coordinated within and across all levels of the healthcare system. A key part of the programme includes strengthening the function and form of the Regional Medicines Optimisation Committees (RMOCs).The draft Terms of Reference for RMOCs , reflects the vision that RMOCs will be regionally focused to support their local systems in optimising medicines usage to help achieve the triple aim of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources. The consultation closed on 2nd June.
2021/44	**Northern (NHS) Treatment Advisory Group (N-TAG)** http://ntag.nhs.uk/ The following recommendations were updated by NTAG at their meeting on the 8th June 2021 and are now available on the website: • Perampanel (Fycompa®) for Partial-onset (focal) epilepsy – updated recommendation to include license extension in children under 12 years old. • Transanal Irrigation Systems (TAIs) for neurogenic bowel dysfunction, chronic constipation, and chronic faecal incontinence – updated to replace Peristeen with Peristeen Plus as Peristeen discontinued by manufacturer. • Infliximab Subcutaneous (Remsima®) – reviewed and no change to recommendation that this is an option during Covid-19 Pandemic. To be reviewed again in 6 months. • Dupilumab and Omalizumab for chronic rhinosinusitis with nasal polyps – updated to note that not recommended as NICE TA terminated. • Transcutaneous vagus nerve stimulation for treatment of cluster

	headache and migraine – updated to reflect change in funding arrangements. Now CCG commissioned and funded. The following recommendations were archived as now superseded by NICE TA or NHSE guidance: • Andexanet alfa (Ondexxya®) Factor Xa inhibitor antidote The formulary will reflect the recommendations above. The NTAG Annual report 2020/21 was also received.
2021/45	NICE Technology Appraisals published since last meeting • TA692 Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy Negative appraisal • TA693 Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer • TA694 Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia The committee agreed that the RAG status of bempedoic acid should be green but that there should be a formulary annotation highlighting that use should only be in line with the TAG and that the statin intolerance pathway outlined in the NEELI guidance should be followed before escalating treatment in line with the TAG. The formulary will include this recommendation as well as referencing both the TAG and the NEELI guidance. ML will liaise with authors to ensure that the NEELI guidance will be updated later in the year to make specific reference to bempedoic acid. • TA695 Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma • TA696 Tafamidis for treating transthyretin amyloidosis with cardiomyopathy – negative appraisal • TA697 Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban • TA698 Ravulizumab for treating paroxysmal nocturnal haemoglobinuria • TA699 Ofatumumab for treating relapsing multiple sclerosis • TA700 Selinexor with low-dose dexamethasone for treating refractory multiple myeloma (terminated appraisal) • TA701 Crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older (terminated appraisal) • TA702 Ibrutinib with obinutuzumab for untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma (terminated appraisal) • TA703 Ibrutinib with rituximab for untreated chronic lymphocytic leukaemia (terminated appraisal) • TA704 Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies • TA705 Atezolizumab monotherapy for untreated advanced non-small-cell lung cancer • TA706 Ozanimod for treating relapsing–remitting multiple sclerosis – negative appraisal • TA707 Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer • TA708 Budesonide orodispersible tablet for inducing remission of

	eosinophilic oesophagitis • TA709 Pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency • TA710 Ravulizumab for treating atypical haemolytic uraemic syndrome • TA711 Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs
2021/46	**NHS England** The following NHS England communications were noted and will be reflected in the formulary: • SSC2247 NICE Technology Appraisal Final Appraisal Determination: Trastuzumab deruxtecan for treating HER2- positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies • SSC2248 NICE Technology Appraisal Final Appraisal Determination: atezolizumab monotherapy for untreated advanced non-small-cell lung cancer • SSC2250 'Specialised Commissioning Update' • SSC2251 - Nivolumab for prev treated unresectable adv oesophageal cancer • SSC2252 - osimertinib adjuvant EGFR +ve NSCLC • SSC2253 - Pembro 1L MSI-H MMR colorectal cancer • SSC2259 Specialised Commissioning Update • SSC2262 NICE Technology Appraisal Final Appraisal Determination: enzalutamide for treating hormone-sensitive metastatic prostate cancer • SSC2263 NICE Technology Appraisal Final Appraisal Determination: nivolumab with ipilimumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency
2021/47	**Chair's action** None
2021/48	**Any other business** None
	Date and time of next meeting(s) Tuesday 19th October 12.30 pm Cobalt conference centre, Level 2 Northumbria Healthcare NHS Foundation Trust Northumbria House 7-8 Silver Fox Way Cobalt Business Park North Shields NE27 0QJ Tea/coffee will be available from 12:15 pm Dial in option: Join Microsoft Teams Meeting

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 6th July 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				
Cefiderocol	✓ R			Cefiderocol has been requested for the treatment of infections with gram negative aerobic bacteria in patients with limited treatment options. It has a novel mechanism of uptake into bacterial cells and is resistant to all classes of beta lactamases. Decision: Approved as a RED drug in line with the above criteria. To be used on the advice of microbiology and ID physicians only.
Delafloxacin	✓ R			Delafloxacin is an anionic fluoroquinolone with broad spectrum activity. It has been requested for acute bacterial skin and skin structure infections (ABSSSI) where other antibiotics are inappropriate, either due to resistant organisms or intolerance/allergy. Decision: Approved as a RED drug in line with the above criteria. To be used on the advice of microbiology and ID physicians only.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Nexobrid®	✓ R			Nexobrid® is an enzyme-based debriding agent that consists of a partially purified mixture of proteolytic enzymes enriched in bromelain. It has been requested for the removal of eschar in adults with deep partial and full thickness thermal burns. Compared to standard of care for partial and full thickness burns Nexobrid® treated burns required less percentage of the wound area to be excised, less autographs, and less percentage of the wound area autografted. Decision: Approved as a RED drug
3) New formulations & extensions to use				
Anakinra for islet cell transplantation	✓ R			Anakinra has been requested as part of a protocol including alemtuzumab and etanercept for islet cell transplantation to improve outcomes e.g. insulin independence. Decision: Extended indication approved as part of the protocol with alemtuzumab and etanercept for islet cell transplantation
Rivaroxaban granules	✓ G			Requested by the paediatric haematologists at NUTH for the treatment of VTE in children. Decision: Approved for this and in patients with swallowing difficulties.
Hydrocortisone Sodium Phosphate Preservative Free Eye Drops (Softacort®)			✓	Requested for the treatment of mild non-infectious allergic or inflammatory conjunctival diseases. It was noted that there are no published head-to-head studies comparing Softacort® with other low potency (or any other) topical ocular corticosteroids. Weak evidence suggests that Softacort® isn't associated with an increase in ocular pressure. The group felt that it wasn't clear which patients this would be used in and when this would be used in relation to the other ocular steroid preparations. The group also recognised that there was a need for an overall review of the dry formulary / pathway. Decision: Deferred

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Nasal Naloxone (Nyxoid®)	✓ R			A naloxone nasal spray may offer a simpler and more convenient method of administration by non-healthcare professionals. In addition, it avoids the risk of needlestick injuries associated with intramuscular injection. As with all naloxone products the key message is one of ensuring emergency services are called whilst using rescue medication to 'buy time' before they arrive. Decision: Approved as a suitable alternative, for purpose of limited therapeutic pilot, under following circumstances: - Plummer court staff use (Specialist addictions service – Day unit patients) to gain a better understanding of use in practice - Carers (of addicitons service users – Plummer Court) who are unwilling to use Prenoxad - Addictions service users (Plummer Court) who would normally require carers to administer naloxone - Addictions service users (Plummer Court) who continuously fail to carry Prenoxad due to stigma etc - Partners (ie police, who would not normally use the injectable formulation, where nyxoid is more acceptable to use) - Supply by the following CNTW Community Drug and Alcohol Services in accordance with local written process/protocols for Nyxoid distribution: o Newcastle Treatment and Recovery (NTaR) o Northumberland Recovery Partnership (NRP) o North Tyneside Recovery Partnership (NTRP) The results of a planned 12-month review should be brought back to the formulary subcommittee.

Product	Decision Approved | Refused | Deferred	Comments/notes
4) NHS England Specialised Services communications noted and endorsed by APC		
SSC2247 NICE Technology Appraisal Final Appraisal Determination: Trastuzumab deruxtecan for treating HER2- positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies		The formulary will reflect the SSC position
SSC2248 NICE Technology Appraisal Final Appraisal Determination: atezolizumab monotherapy for untreated advanced non-small-cell lung cancer		The formulary will reflect the SSC position
SSC2251 - Nivolumab for prev treated unresectable adv oesophageal cancer		The formulary will reflect the SSC position
SSC2252 - osimertinib adjuvant EGFR +ve NSCLC		The formulary will reflect the SSC position
SSC2253 - Pembro 1L MSI-H MMR colorectal cancer		The formulary will reflect the SSC position
SSC2262 NICE Technology Appraisal Final Appraisal Determination: enzalutamide for treating hormone-sensitive metastatic prostate cancer		The formulary will reflect the SSC position
SSC2263 NICE Technology Appraisal Final Appraisal Determination: nivolumab with ipilimumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency		The formulary will reflect the SSC position
5) Products considered by NICE		
TA692 Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy Negative appraisal		The formulary will reflect the NICE position
TA693 Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer		The formulary will reflect the NICE position
TA694 Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia		The formulary will reflect the NICE position. RAG status of Bempedoic acid should be green but there will be a formulary annotation highlighting that use should only be in line with the TAG and that the statin intolerance pathway outlined in the NEELI guidance should be followed before escalating treatment in line with the TAG.
TA695 Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma		The formulary will reflect the NICE position
TA696 Tafamidis for treating transthyretin amyloidosis with cardiomyopathy – negative appraisal		The formulary will reflect the NICE position

Product	Decision Approved | Refused | Deferred	Comments/notes
TA697 Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban		The formulary will reflect the NICE position
TA698 Ravulizumab for treating paroxysmal nocturnal haemoglobinuria		The formulary will reflect the NICE position
TA699 Ofatumumab for treating relapsing multiple sclerosis		The formulary will reflect the NICE position
TA700 Selinexor with low-dose dexamethasone for treating refractory multiple myeloma (terminated appraisal)		The formulary will reflect the NICE position
TA701 Crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older (terminated appraisal)		The formulary will reflect the NICE position
TA702 Ibrutinib with obinutuzumab for untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma (terminated appraisal)		The formulary will reflect the NICE position
TA703 Ibrutinib with rituximab for untreated chronic lymphocytic leukaemia (terminated appraisal)		The formulary will reflect the NICE position
TA704 Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies		The formulary will reflect the NICE position
TA705 Atezolizumab monotherapy for untreated advanced non-small-cell lung cancer		The formulary will reflect the NICE position
TA706 Ozanimod for treating relapsing–remitting multiple sclerosis – negative appraisal		The formulary will reflect the NICE position
TA707 Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer		The formulary will reflect the NICE position
TA708 Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis		The formulary will reflect the NICE position
TA709 Pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency		The formulary will reflect the NICE position
TA710 Ravulizumab for treating atypical haemolytic uraemic syndrome		The formulary will reflect the NICE position
TA711 Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs		The formulary will reflect the NICE position
6) Northern (NHS) Treatment Advisory Group (N-TAG)		
Perampanel (Fycompa®) for Partial-onset (focal) epilepsy – updated recommendation to include license extension in children under 12 years old.		The formulary will reflect the N – TAG position

Product	Decision Approved | Refused | Deferred	Comments/notes
Transanal Irrigation Systems (TAIs) for neurogenic bowel dysfunction, chronic constipation, and chronic faecal incontinence – updated to replace Peristeen with Peristeen Plus as Peristeen discontinued by manufacturer.		The formulary will reflect the N – TAG position
Infliximab Subcutaneous (Remsima®) – reviewed and no change to recommendation that this is an option during Covid-19 Pandemic. To be reviewed again in 6 months.		The formulary will reflect the N – TAG position
Dupilumab and Omalizumab for chronic rhinosinusitis with nasal polyps - updated to note that not recommended as NICE TA terminated.		The formulary will reflect the NICE position
Transcutaneous vagus nerve stimulation for treatment of cluster headache and migraine – updated to reflect change in funding arrangements. Now CCG commissioned and funded.		The formulary will reflect the N – TAG position
7) Regional Medicines Optimisation Committee (RMOC)		
Shared care consultations noted.		
8) Appeals against earlier decisions by the APC		
None		
9) Guidelines approved. http://www.northoftyneapc.nhs.uk/guidance/		
Antiplatelet guidance		Updated guidance
Prescribing intervals		Updated guidance
Children`s ADHD shared care guidance		Updated guidance
Melatonin shared care guidance for the management of Sleep/Wake Disorders in Children and Young People: update.		The main changes to the guidance are that each shared care agreement is time limited to 2 years at which point a formal review is to be undertaken by secondary care and a new shared care agreement requested if needed. There should also be at least an annual trial off treatment.
Bariatric surgery - management of patients, post-bariatric surgery, in primary care - update		Updated guidance
Immunosuppression following liver transplant		Updated guidance
10) Miscellaneous decisions by the APC		
None		