North of Tyne, Gateshead and North Cumbria
Area Prescribing Committee

Minutes of the meeting held on Tuesday 11th January 2022		
Present:		
Nicola Allen	Nicola Allen, Acting Operations Director & Clinical Lead for Community Services & OPMH Services	GHFT
Pat Bottrill	Lay Representative	
David Campbell (Chair)	Chief Pharmacist/Clinical Director for Medicines Optimisation	NHCT
Steven Brice	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
Matt Grove	Consultant Rheumatologist	NHCT
Jane Lothian	Medical secretary Northumberland LMC	N LMC
Matthew Lowery	Formulary and Audit Pharmacist	NUTH
Alan McCubbin	Chair, Newcastle and North Tyneside LMC	NNT LMC
Helen Seymour	Senior Pharmacist	NECS
Sheetal Sundeep	Consultant Microbiologist	NHCT
Susan Turner	Pharmacist	NECS
Jane Welsh	Clinical Lead for Community Services	GHFT

Apologies

Graham Syers	Clinical Director of Primary Care	N CCG

Member organisations

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
NNT LMC	Newcastle and North Tynesdie LMC
N LMC	Northumberland LMC
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

2022/01	**Declarations of interest** None
2022/02	**Appeals against previous decisions** None
2022/03	**Minutes and decision summary from previous meeting.** The following documents were accepted as a true record: • Decision summary from 19/10/21. • Minutes from 19/10/21.
2022/04	**Matters arising not on the agenda or Action Log.** **Inclisiran** The AHSN is still seeking opinion on what further training materials or support will be needed by clinicians to facilitate access to inclisiran. HS is happy to receive any such requests. The NEELI guidance is due to be updated in line with the updated AAC document (https://www.england.nhs.uk/aac/wp-content/uploads/sites/50/2020/04/Lipid-Management-Pathway-NEW-version-4.pdf) Members noted the December RCGP and BMA update relating to the proposals for the prescription of inclisiran in primary care settings (Inclisiran position statement (rcgp.org.uk).This statement, whilst supportive of innovation and promoting population health approaches to cardiovascular care, raises ongoing questions regarding the roll out of this novel medication that they feel have yet to be answered. LMC representatives at the meeting emphasised their support of this position, whilst going further to state that they think green formulary status is premature. They did recognise that some practices would be happy to prescribe and administer inclisiran on the recommendation of secondary care clinicians however.
2022/05	**Action Log** DC acknowledged that current pressures across the system have meant that work priorities are shifting. Despite that the action log was reviewed and will be updated to reflect the following: • 2021/28 Dapagliflozin in HF. See agenda item 22/08. Remove from action log. • 2021/39 Opthalmology products review. A draft pathway has been developed by NUTH. ML to share with wider group.

2022/06	**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 18/11/21:** 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: **Syreniring®** Syreniring® is a vaginal contraceptive ring that releases etonogestrel and ethinylestradiol. It contains the same hormones and has the same release characteristics as NuvaRing® which is currently on the formulary. It has been requested as a replacement for NuvaRing® on the grounds that it doesn't need to be stored in the fridge, allowing longer scripts to be issued, and is slightly cheaper. The FSC had questioned whether 12 month scripts would be issued initially or only after it had been confirmed that the patient could use it properly and tolerated it. Confirmation had been given that prescribers will check ability to use before initiation. **Decision: Approved**. Syreniring® will replace NuvaRing® on the formulary, as a GREEN plus drug **Colecalciferol 3200 unit capsules** Colecalciferol 3200 unit capsules have been requested for formulary inclusion on the grounds that it is priced pro rata with the 800 unit capsule formulation and is more appropriate for patients with malabsorption such as patients who've had bariatric surgery and require higher maintenance doses. **Decision: Approved** for patients with malabsorption such as patients who've had bariatric surgery and require higher maintenance doses.
2022/07	**National procurement for DOACs** Honey Thomas, consultant cardiologist at Northumbria and chair of the regional clinical network cardiac rhythm management group, attended the meeting for this agenda item. The committee was made aware of the national operational note relating to the completion of a national procurement exercise for DOACs, that had been published in December 2021, as well as a subsequent commissioning recommendations document that had been published in January 2022. HT had also discussed this with the regional clinical network cardiac rhythm management group as clinician support for any pathway changes is crucial. The stated intent of the recent procurement exercise (concluded in October 2021) was that any savings released would allow more patients with AF and other cardiovascular disease (CVD) to be diagnosed and treated. The national documents acknowledge that: *"It is for the prescribing clinician to determine which DOAC(s) are clinically appropriate for an individual patient, based upon the relevant NICE technology appraisal guidance"* but go on to state that:

	"For patients commencing treatment for AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should use edoxaban where this is clinically appropriate. If edoxaban is contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider rivaroxaban first, then apixaban or dabigatran. *For patients already prescribed a DOAC for the treatment of AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, commissioners may wish to consider developing local policy to review patients currently prescribed apixaban, rivaroxaban or dabigatran, where clinically appropriate."* The procurement process was informed and supported by clinicians including the three national clinical directors for CVD Prevention, Stroke and Cardiovascular Disease, and the National Medical Director. It aligns with work already underway to reduce stroke rates in line with the NHS Long Term Plan by: • diagnosing patients with undiagnosed AF (the detect gap) • ensuring patients diagnosed with AF are offered anticoagulation where appropriate (protect gap) • optimising the anticoagulant pathway (time from referral to treatment, quality of anticoagulant management including regular reviews of treatment selection and dose; and • promoting adherence, self-monitoring and self-management) to ensure patient outcomes are optimised (perfect gap). The results of the procurement provide a significant opportunity for the NHS to treat 440,000 to 620,000 (50% - 72%) more patients and thereby improve AF outcomes, while reducing current and future growth in spend. The APC, and the regional clinical network cardiac rhythm management group, acknowledge the significant potential savings to be made from adopting the commissioning recommendations, which could be very usefully put to good use elsewhere in the health care system, but had some concerns. Whilst the procurement deal makes edoxaban significantly cheaper to use concern was expressed that NICE have not undertaken a review of the various cost-effectiveness analyses which have been published. Many cardiology clinicians across our region have a preference, albeit marginal, for apixaban as their first line choice of DOAC with an acknowledgement that there are situations that the alternatives may be better suited to some patients and that outcome data for all are good. We also have some local variation with a higher percentage use of apixaban in some trusts and of rivaroxaban in others. In that context the committee debated whether they felt comfortable recommending an immediate change to the formulary to reflect the prioritisation outlined in the national recommendations. At this point in time it was felt that it would be good to seek further opinion on the options available and discuss in more detail at a future meeting. There is also a concern that when the patent for apixaban expires (Nov 2026) any savings achieved now from following the recommendations outlined nationally would be eroded. It should be noted that concerns were also expressed about the costs associated with any switching process and how that could be undertaken in a true and open shared decision-making way if there was any clinician doubt that this was the best approach for their individual patient(s).

2022/08	**Report from the Medicines Guidelines and Use Group** Draft minutes from meeting held on 6/12/21 were received and noted. • Guidance/documents approved: o Osteoporosis Guideline- deadline extended to end June 22 o Denosumab leaflet o Liothyronine prescribing guideline (prices changed to reflect licensing changes) o Blood Glucose monitoring guideline (minor product amendment) o NENC Palliative and End of Life symptom control guidelines o Dapagliflozin in HF. HS highlighted that it has become apparent that different trusts have different internal guidelines relating to heart failure treatments, with several choosing to base treatment decisions on the recent European guidelines as opposed to the NICE guidance that was published in 2021. The document approved through MGUG acknowledges this. o Renal transplant shared care o 7 day prescribing guideline. This guidance has been updated to expand on the requirements relating to "reasonable adjustment". The provision of a “reasonable adjustment” to support a patient with their medication is based on the clinical judgement of the assessing pharmacist / dispenser. It may include, but is by no means limited to, the provision of an MCA. The decision to supply an MCA should consider any concerns from health care professionals regarding the patient’s ability to take their medication. The assessor should consider the person’s needs and preferences and involve the person and/or their family members or carers and the home care provider in decision-making but it is the pharmacist’s decision to determine themselves whether medicine-related adjustments are required to be made by the pharmacy, following an assessment with reference to the Equality Act 2010. An example of a tool that can aid this decision making (Fuller’s assessment) has been included in the updated guidance but there is no contractual requirement for any one particular process/tool to be used. Before making a supply in an MCA, it is essential that the pharmacist satisfies themself that the patient will be able to use the MDS safely. The community pharmacy contract places no obligation on community pharmacies to provide MDS to assist carers and GM highlighted that the demand from the social care sector for such provision is becoming untenable for pharmacies. Local authority contracts should reflect that position. This is a complex situation and is impacting on timely discharge from hospital. TD highlighted that MDS dispensing automation is available that could help with community pharmacy capacity issues. CNTW procured an Omnicell MDS robot in 2018, which has improved workflow and released significant pharmacy staff time for patient-facing services. TD offered to arrange a demonstration for interested parties. o NENC Hepatology network: Abnormal LFT guidelines o Shared Care Guideline Checklist – new process agreed for development and approval of shared care guidance.
2022/09	**Report from opiate/pain management sub-group** Data to end September 2021 was received and noted.

2022/10	**RMOC** Following publication of the "RMOC Shared Care for Medicines Guidance – a Standard Approach", the sixth set of draft shared care protocols have been developed by the RMOC Shared Care Working Group. The four draft documents included in this sixth consultation were: • Leflunomide • Mercaptopurine • Hydroxycarbamide • Information on shared care medicines for patients and carers The consultation ran for six weeks until 5pm on Thursday 9th December. Members had been encouraged to respond directly, or on behalf of their organisations. SD informed the group that all shared care guidelines are currently awaiting final sign off by NHSE and there is a hope that these will be released as one set of documents in the spring. The last RMOC north meeting , before re-structure, is to be held in January and the expectation is that guidance relating to prescribing following a private consultation will be published following that.	
2022/11	**Northern (NHS) Treatment Advisory Group (N-TAG)** No update	
2022/12	NICE HSTs and Technology Appraisals published since last meeting: • HST16 Givosiran for treating acute hepatic porphyria • TA735: Tofacitinib for treating juvenile idiopathic arthritis • TA736: Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy • TA737: Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer • TA738:Berotralstat for preventing recurrent attacks of hereditary angioedema • TA739 Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable • TA740 Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer • TA741 Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer • TA742 Selpercatinib for treating advanced thyroid cancer with RET alterations • TA743 Crizanlizumab for preventing sickle cell crises in sickle cell disease • TA744 Upadacitinib for treating moderate rheumatoid arthritis • TA746 Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer • TA747 Nintedanib for treating progressive fibrosing interstitial lung diseases • TA748 Mexiletine for treating the symptoms of myotonia	RED RAG status for all these approvals.

	in non-dystrophic myotonic disorders • TA752 Belimumab for treating active autoantibody-positive systemic lupus erythematosus • TA753 Cenobamate for treating focal onset seizures in epilepsy • TA754 Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome • TA755 Risdiplam for treating spinal muscular atrophy • TA756 Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis • TA757 Cabotegravir with rilpivirine for treating HIV-1 • TA758 Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy ML agreed to approach NTAG to see if they will be reviewing their recommendations on this, sodium oxybate and pitolisant in light of the NICE publication and statements on cost - effectiveness.	
2022/13	NHS England • Specialised Services circulars: ○ SSC2294 Clinical Commissioning Policy: Rituximab for the treatment of nodal/paranodal antibody positive inflammatory/autoimmune neuropathy in adults and post-pubescent children. ○ SSC2295: NICE Technology Appraisal Final Appraisal Determination: Selpercatinib for treating advanced thyroid cancer with RET alterations. ○ SSC2296:NICE Technology Appraisal Final Appraisal Determination: nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer ○ SSC2300 'National Orbis Drug Access Arrangements – sotorasib as monotherapy for the treatment of adult patients with advanced non-small cell lung cancer (NSCLC) exhibiting a KRAS G12C mutation and who have been previously treated with at least 1 prior systemic therapy for advanced NSCLC' ○ SSC2301 Clinical Commissioning Policy Anakinra for Haemophagocytic Lymphohistiocytosis (HLH) for adults and children in all ages. ○ SSC2302 NICE Technology Appraisal Guidance [TA720] Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma. ○ SSC2303 Clinical Commissioning Policy Vismodegib for adults with either Gorlin syndrome or non-Gorlin syndrome related multiple basal cell carcinomas. ○ SSC2304 Specialised Commissioning Update ○ SSC2306 Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable ○ SSC2308 mogamulizumab for previously treated mycosis fungoides and Sézary syndrome. ○ SSC2309 fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis. ○ SSC2310 selpercatinib for RET fusion-positive advanced non-small-cell lung cancer ○ SSC2311 osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection	

	○ SSC2315 - Specialised Commissioning Update December 2021 to February 2022 ○ SSC2317 Therapeutic Immunoglobulin (Ig) ○ SSC2318 Abatacept for refractory idiopathic inflammatory myopathies (adults and children aged 2 and over) ○ SSC2319 Rituximab for the treatment of IgM paraproteinaemic demyelinating peripheral neuropathy in adults ○ SSC2320: venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable. ○ SSC2321: pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma.
2022/14	**Chair's action** • SGLT2 Network Guidance - minor update approved and on website. • COVID therapeutic alert • Approval of the use of Neutralising monoclonal antibodies (Casirivimab and imdevimab (Ronapreve®)) and the antiviral Molnupiravir for patients with COVID-19 in line with the NHSE interim commissioning policies: ○ Interim Clinical Commissioning Policy: Neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19 ○ Interim Clinical Commissioning Policy:Neutralising monoclonal antibodies(Sotrovimab) or antivirals for non-hospitalised patients with COVID-19 It was noted that interim commissioning policies relating to new COVID treatments in particular, are being published regularly and frequently at present. It was agreed that DC will take chairs action to approve these as appropriate but that the formulary will reflect them accordingly. Use in line with the policies is not dependent on the formulary processes keeping pace with the national approvals. It was agreed that it would be helpful to add a link to the formulary directing users to the NHSE site where these policies are stored (Coronavirus (england.nhs.uk).
2022/15	**Any other business** None raised
	Date and time of next meeting(s) 5/4/22 12.30-3pm 5/7/22 12.30-3pm 11/10/22 12.30-3pm All via Microsoft teams

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Tuesday 11th January 2022.**

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.

1) Requests deferred from previous meetings				
Product	**Approved**	**Refused**	**Deferred**	**Notes**
None				
2) New Requests				
Product	**Approved**	**Refused**	**Deferred**	**Notes**
Syreniring®	✓ G+			Syreniring® is a vaginal contraceptive ring that releases etonogestrel and ethinylestradiol. It contains the same hormones and has the same release characteristics as NuvaRing® which is currently on the formulary. It has been requested as a replacement for NuvaRing® on the grounds that it doesn't need to be stored in the fridge, allowing longer scripts to be issued, and is slightly cheaper. **Decision: Approved**. Syreniring® will replace NuvaRing® on the formulary, as a GREEN plus drug
Pro-Prems® probiotic	✓ R			Pro-Prems® has been requested for the prevention of necrotising enterocolitis (NEC) in pre-term infants. It has recently been reviewed by the European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) who gave a conditional recommendation for its use. Costs are higher than Infloran and LaBiNic however it was recognised that the cost of treating NEC is very high. **Decision: Approved**

Recarbio® (imipenem/cilastin and relebactam) IV injection	✓ R			Requested by the microbiologists for the treatment of multi-resistant gram-negative infections. **Decision: Approved**

3) New formulations & extensions to use

Product	Approved	Refused	Deferred	Notes
Doxycycline injection	✓ R			Doxycycline injection (unlicensed in UK) has been requested for off label use as a sclerosing agent for lymphatic malformations in children. It is preferred to bleomycin. Evidence from small retrospective cohort studies suggest that sclerotherapy with doxycycline is effective in the treatment of lymphatic malformations. **Decision: Approved** as a sclerosing agent for lymphatic malformations in children, as a RED drug .
Oxybutynin liquid 1mg/1ml	✓ G			Request to add the 1mg/ml strength of oxybutynin to formulary as a licensed and cost-effective option **Decision: Approved**
Colecalciferol capsules 3200 units	✓ G			Colecalciferol 3200-unit capsules have been requested for formulary inclusion on the grounds that it is priced pro rata with the 800 unit capsule formulation and is more appropriate for patients with malabsorption such as patients who've had bariatric surgery and require higher maintenance doses. **Decision: Approved** for patients with malabsorption such as patients who've had bariatric surgery and require higher maintenance doses.

4) NHS England Specialised Services communications, and interim clinical commissioning policies, noted and endorsed by APC

SSC2294 Clinical Commissioning Policy: Rituximab for the treatment of nodal/paranodal antibody positive inflammatory/autoimmune neuropathy in adults and post-pubescent children.	The formulary will reflect the SSC position
SSC2295: NICE Technology Appraisal Final Appraisal Determination: Selpercatinib for treating advanced thyroid cancer with RET alterations.	The formulary will reflect the SSC position
SSC2296: NICE Technology Appraisal Final Appraisal Determination: nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer	The formulary will reflect the SSC position
SSC2300 National Orbis Drug Access Arrangements – sotorasib as monotherapy for the treatment of adult patients with advanced non-small cell lung cancer (NSCLC) exhibiting a KRAS G12C mutation and who have been previously treated with at least 1 prior systemic therapy for advanced NSCLC	The formulary will reflect the SSC position
SSC2301 Clinical Commissioning Policy Anakinra for Haemophagocytic Lymphohistiocytosis (HLH) for adults and children in all ages	The formulary will reflect the SSC position

SSC2302 NICE Technology Appraisal Guidance [TA720] Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma.	The formulary will reflect the SSC position
SSC2303 Clinical Commissioning Policy Vismodegib for adults with either Gorlin syndrome or non-Gorlin syndrome related multiple basal cell carcinomas.	The formulary will reflect the SSC position
SSC2306 Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable	The formulary will reflect the SSC position
SSC2308 mogamulizumab for previously treated mycosis fungoides and Sézary syndrome.	The formulary will reflect the SSC position
SSC2309 fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis.	The formulary will reflect the SSC position
SSC2310 selpercatinib for RET fusion-positive advanced non-small-cell lung cancer	The formulary will reflect the SSC position
SSC2311 osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection	The formulary will reflect the SSC position
SSC2317 Therapeutic Immunoglobulin (Ig)	The formulary will reflect the SSC position
SSC2318 Abatacept for refractory idiopathic inflammatory myopathies (adults and children aged 2 and over)	The formulary will reflect the SSC position
SSC2319 Rituximab for the treatment of IgM paraproteinaemic demyelinating peripheral neuropathy in adults	The formulary will reflect the SSC position
SSC2320: venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable.	The formulary will reflect the SSC position
SSC2321: pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma.	The formulary will reflect the SSC position
Neutralising monoclonal antibodies (Casirivimab, imdevimab (Ronapreve®) and Sotrovimab) for patients with COVID-19 in line with the NHSE interim commissioning policies	Approved in line with NHSE interim commissioning policies for COVID-19
Molnupiravir	Approved in line with NHSE interim commissioning policies for COVID-19

5) Products considered by NICE

NICE reference	Formulary position	RAG status
HST16 Givosiran for treating acute hepatic porphyria	The formulary will reflect the NICE position	✓ R
TA735: Tofacitinib for treating juvenile idiopathic arthritis	The formulary will reflect the NICE position	✓ R
TA736: Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy	The formulary will reflect the NICE position	✓ R
TA737: Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer	The formulary will reflect the NICE position	✓ R
TA738:Berotralstat for preventing recurrent attacks of hereditary angioedema	The formulary will reflect the NICE position	✓ R
TA739 Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable	The formulary will reflect the NICE position	✓ R
TA740 Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer	The formulary will reflect the NICE position	✓ R
TA741 Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer	The formulary will reflect the NICE position	✓ R
TA741 Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer	The formulary will reflect the NICE position	✓ R

TA742 Selpercatinib for treating advanced thyroid cancer with RET alterations	The formulary will reflect the NICE position	✓ R
TA743 Crizanlizumab for preventing sickle cell crises in sickle cell disease	The formulary will reflect the NICE position	✓ R
TA744 Upadacitinib for treating moderate rheumatoid arthritis	The formulary will reflect the NICE position	✓ R
TA746 Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer	The formulary will reflect the NICE position	✓ R
TA747 Nintedanib for treating progressive fibrosing interstitial lung diseases	The formulary will reflect the NICE position	✓ R
TA748 Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders	The formulary will reflect the NICE position	✓ R
TA752 Belimumab for treating active autoantibody-positive systemic lupus erythematosus	The formulary will reflect the NICE position	✓ R
TA753 Cenobamate for treating focal onset seizures in epilepsy	The formulary will reflect the NICE position	✓ R
TA754 Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome	The formulary will reflect the NICE position	✓ R
TA755 Risdiplam for treating spinal muscular atrophy	The formulary will reflect the NICE position	✓ R
TA756 Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis	The formulary will reflect the NICE position	✓ R
TA757 Cabotegravir with rilpivirine for treating HIV-1	The formulary will reflect the NICE position	✓ R
TA758 Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy	The formulary will reflect the NICE position	✓ R

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

No update	

7) Regional Medicines Optimisation Committee (RMOC)

No update	

8) Appeals against earlier decisions by the APC

Product	Approved	Refused	Deferred	Notes
None				

9) Guidelines. http://www.northoftyneapc.nhs.uk/guidance/

Osteoporosis Guideline	Deadline extended to end June 22
Denosumab leaflet	Approved
Liothyronine prescribing guideline	Prices changed to reflect licensing changes
Blood Glucose monitoring guideline	Minor product amendment
NENC Palliative and End of Life symptom control guidelines	Agreed to host on website
Dapagliflozin in HF	Approved
Renal transplant shared care	Approved

7 day prescribing guideline	Update approved
NENC Hepatology network: Abnormal LFT guidelines	Agreed to host on website
SGLT2 diabetes clinical Network Guidance	Minor update approved and on website.

10) Miscellaneous decisions by the APC

Midazolam injection	The NHSE CD accountable officer had noted the prescribing of different strengths of midazolam in primary care other than 10mg/2ml. Discussed with palliative care who agreed that only the 10mg/2ml should be prescribed in primary care. The committee agreed that the 10mg/2ml preparation should be changed to GREEN and first choice for palliative care use in the community. Other strengths should remain GREEN plus and only be used in community on the advice of palliative care.
Collagenase (Xiapex®) for Dupuytren's contracture	Product discontinued so remove from formulary
Hyoscine hydrobromide injection	Hyoscine butylbromide is the first choice for the treatment of respiratory secretions on the grounds that the hydrobromide preparation crosses the blood brain barrier leading to drowsiness. The butylbromide preparation is also safer in renal impairment.
Chloral Hydrate	On the back of the recent MHRA safety alert for the chloral hydrate/betaine that restricts use to maximum of 14 days it was agreed that chloral hydrate will now be a RED drug.
Ciprofloxacin 0.3% eye drop (unlicensed)	The formulary currently suggests that the unlicensed eye drops should be used in the ear, however a licensed eardrop preparation (0.2%) is now available. **Decision:** The 0.2% licensed ear drops will be added to formulary.