North of Tyne, Gateshead and North Cumbria
Area Prescribing Committee

Minutes of the meeting held on Tuesday 5th April 2022

Present:

Nicola Allen	Acting Operations Director & Clinical Lead for Community Services & OPMH Services	GHFT
Steven Brice	Assistant Director of Pharmacy – Clinical Pharmacy & Supply Services	NUTH
Pat Bottrill	Lay Representative	
David Campbell (Chair)	Chief Pharmacist/Clinical Director for Medicines Optimisation	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
Naeem Iqbal	GP Prescribing lead	NTCCG
Steve Llewellyn	Medicines Optimisation Pharmacist	NGCCG
Jane Lothian	Medical secretary Northumberland LMC	N LMC
Matthew Lowery	Formulary and Audit Pharmacist	NUTH
Helen Seymour	Senior Pharmacist	NECS
Graham Syers	Clinical Director of Primary Care	N CCG
Mark Thomas	Chief Pharmacist	GHFT
Susan Turner	Pharmacist	NECS

Apologies

Sarah Chandler	Formulary Pharmacist	NHCT
Alan McCubbin	Chair, Newcastle and North Tyneside LMC	NNT LMC
Eugene Milne	Public Health consultant Newcastle city council	

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

2022/16	**Apologies** As noted above. DC noted that there were several apologies and changes in membership, some arising from changes in organisational structures and some because of ICS development. He also acknowledged the ongoing pressures in the system as a result of COVID and asked members to be sympathetic to timescales slipping for less urgent pieces of work. Eugene Milne, public health consultant at Newcastle City Council, retired at the end of March 2022. EM has previously been on the distribution list to receive APC papers and Lorna Smith will now receive these instead. PH have not been formal members of the committee to date but with the development of the ICS, and increasing recognition of the role of public health and population health management in addressing health inequalities, our terms of reference may need to be reviewed moving forwards. Steve Llewellyn was attending for last time as he is leaving NGCCG. Chris Jewitt will represent NGCCG in the future. DC thanked SL for his contribution to the committee. Pat Bottrill was also attending for last time and DC expressed thanks for her contribution over several years to the committee as a lay member. PB has contributed greatly in terms of challenge to the group and seeking clarity on reasons behind decisions from a patient perspective. She has always reminded the committee that it is vitally important that we don't forget the needs and experience of individual patients when making decisions and/or designing/delivering services for our populations. Sarah Chandler has commenced a new role as head of clinical pharmacy services and deputy chief pharmacist at Northumbria Healthcare Foundation Trust and as such will be handing over membership responsibilities to Alastair Green.
2022/17	**Declarations of interest** None
2022/18	**Appeals against previous decisions** None
2022/19	**Minutes and decision summary from previous meeting.** The following documents were accepted as a true record: • Decision summary from 11/01/22. • Minutes from 11/01/22 accepted with a minor amendment on page 5 to state: o 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.
2022/20	**Matters arising not on the agenda or Action Log.** None
2022/21	**Action Log** The action log was reviewed and will be updated to reflect the following: • 2021/39. A clinical pathway has been developed but this does not include the anticipated product review. ML will take that forward with Prof. Figuero and hopes to present it at the July meeting.

	• 2021/61 Buprenorphine prolonged release injection for opioid dependence. Recommended by the Formulary Subcommittee for use by specialist addiction services subject to the NTAG criteria being met. Remove from action log. • 2022/12 Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy. On NTAG agenda – remove from action log
2022/22	**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 17/02/22:** 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: **Inhaler review** The main purpose of the inhaler review recently undertaken by the FSC sub-group was to encourage the use of dry powder inhalers (DPI) over pressurised metered dose inhalers (pMDIs). The propellants used in pMDIs have a high carbon footprint as these are more potent greenhouse gases than CO2. DPIs are now first choice for all of the different inhaler classes. North Cumbria have subsequently asked for reconsideration of the recommendation not to include Luforbec®, an alternative branded version of Fostair®, as a cost saving alternative choice where an MDI was required. This had been discussed at the meeting. It was initially not included in the recommendations from the subgroup because it is an MDI, has limited strengths available and there would be costs associated with implementation of any change. North Cumbria colleagues have stated that they could save several hundred thousand pounds per annum by adopting this product and that they have support from clinicians in both primary and secondary care. The APC recognised the financial challenges facing the NHS and therefore agreed that Luforbec® should be added to the formulary as an additional option to allow for efficiency savings where areas wish to focus on this, where they have the capacity to implement change and where the patient is best suited to an MDI. The recommended changes to formulary products will be embedded within the decision summary, and will be reflected in the formulary.
2022/23	**DOAC procurement – next steps** The committee noted the recent GP contract update which includes an IIF indicator encouraging the use of edoxaban over other DOACs where clinically appropriate. NTAG are convening a meeting of relevant regional personnel with a view to agreeing a regional approach to implementation of the national guidance around DOAC use. CCGs have signed up to the national rebate but have not promoted it to primary care clinicians in advance of this regional meeting. The committee noted a joint letter that has been received from Bristol Myers Squibb and Pfizer in relation to the national procurement outcome. This has been escalated and will be considered by NTAG. The APC agreed it would be useful to send a holding statement out to organisations that they could share with clinicians in advance of the NTAG work being completed. JL/ST/GS to agree this and share with members.

2022/24	**Medicines Guidelines and Use Group** • Draft minutes from meeting held on 7/3/22 were received. o NHSE Low calorie diet clinical pathway This had been sent by NHSE/I for APC endorsement. MGUG had no concerns to note and recommend APC feedback to that effect to NHSE. The guidance will not be hosted on APC website at this stage as it is assumed NHSE will have their own comms route for this pilot work • Guidance/documents for approval: o Gluten Free Guidance – update approved o Sativex in MS SCG – update approved. o Urology Guideline JL suggested there are some issues around the provision of complex CT ordering and interpretation referred to in the guidance and asked that it was made clear in the guidance that the APC have endorsed it from a medicines perspective only. HS will liaise with the authors to ensure that change is made. Update approved on that basis. o Antidepressants and antipsychotics in children. All SSRIs are currently green on the formulary irrespective of age and indication and this has raised some concerns from primary care clinicians. The proposal is that FSC will be asked to review the RAG status for under 18s with a view to making them amber or green plus. In the meantime, CNTW, in conjunction with other CAMHS services, have produced guidance to support primary care clinicians when prescribing antidepressants in young people. JL expressed concern around the brevity of the guideline as there are often complex decisions at play. Primary care clinicians have concerns about taking on the care in young people without the appropriate specialist supervision, particularly where use of medication is off-licence. NICE say children and young people should be under specialist care, with appropriate access to talking therapies, when initiated on medication. The committee were concerned about approving a document that was not entirely in line with NICE although it was recognised that we also need to bear in mind the backlog of mental health referrals, including in children and young people, that have been exacerbated by pandemic and lockdowns. If a change to RAG status means people are kept under review when clinically stable we will reduce access for new referrals. The committee questioned whether FSC has the right representation to make decisions that have such an impact on waiting lists and service capacity. FSC can make a clinical recommendation but the implications of that on commissioning implications need fully considered. NICE is clear that the psychological support is essential during treatment and CNTW, CAMHS and clinical /commissioning leads therefore should be involved in discussions relating to development of an appropriate pathway that balances clinical need and NICE recommendations with service requirements and capacity. TD agreed to initiate discussions with the specialist teams but emphasised that commissioner input would be required. Guidance not approved at this stage.

	○ Melatonin deprescribing guideline – approved ○ Clinical network Headache guidelines – updated version to be hosted on website. MGUG has prompted the authors to submit an FSC application for nortriptyline as this is not currently on our formulary for this indication. Update approved. ○ Vit B12 – deferred. Subsequently approved through chair's action on 11/4/22. • IMD guidance – request to extend approval to the end of June 2022 whilst we await national RMOC shared care guidance. Agreed. It was also agreed that in the absence of national guidance MG should work towards developing a local SCG guideline for hydroxychloroquine. There is some work underway to provide expanded access to retinal screening and the SCG will streamline with that. • Guidance to retire: ○ Diabetes Stepped Approach guideline Jan 2019 - replaced with link to NICE update NG28 Visual summary (nice.org.uk)
2022/25	**Pain management sub-group** Quarter 3 data was received. The sub-group is due to meet on 7/4. GS highlighted that there are varying degrees of progress around the patch, and that includes areas of greater deprivation where making an impact was felt to be more challenging. Northumberland seem to be progressing well, particularly in relation to gabapentinoid use, and gabapentin in particular. Changing the formulary position to make codeine 15mg as first line formulary choice over 30mg seems to be helping. The ICS level subgroup is ready to progress some work including the use of population health management approaches to the issue. Public health involvement is also crucial as the issue is wider than prescribing. The APC subgroup started as a start and finish group but the work has resulted in improved and extended relationships between participating organisations and increased organisational ownership of work that needs progressed. The group will therefore continue its good work for the foreseeable future.
2022/26	**NENC ICS** Consultation documentation relating to the operating model, ICB functions and the potential role of an ICS MO committee had been received and shared with members by email but the timeframe for responding was too tight for the APC to be able to respond formally. The RDTC have sent a response that was shared with members. The APC broadly endorses the approach laid out but will wait to see how MO functions will evolve under an ICS medicines committee. We will need to reflect changes in our own TORs as the infrastructure develops.
2022/27	**RMOC** Progress has been slower in finalising some of the RMOC work, and secretariat restructuring, partly because the RMOC system is caught up in the national SPS transformation process and this has currently been paused for at least 3 months. The *Prescribing following a private consultation* guidance is still awaiting final approval once a NEY RMOC meeting is scheduled. The national shared care guidelines are with NHSE/I awaiting publications approval. It was noted that the RMOC's remit has changed over time. Following the recent restructuring process, it would appear that the RMOC committees may now support a more local decision-making approach around medicines as well as delivering some nationally mandated work. The desire to remove duplication remains but this needs balanced against local ownership and engagement.

2022/28	**Northern (NHS) Treatment Advisory Group (NTAG). http://ntag.nhs.uk/** Recommendations from meeting of 22nd February 2022 were noted and will be reflected in the formulary. • i-Port Advance® for use in children and adults with Type 1 diabetes – reviewed & no changes made • Infliximab subcutaneous injection (Remsima SC ®) – reviewed & no changes made • Actipatch® for management of localised musculoskeletal pain – reviewed & no changes made. • Alfapump® device for ascites due to liver cirrhosis pain – reviewed & no changes made. • Pitolisant (Wakix®) for the treatment of narcolepsy with or without cataplexy in adults – updated to reference NICE TA for Solriamfetol • Ulipristal (EllaOne®) for post-coital contraception: Updated data concerning the effect of body weight (BMI) on efficacy of both levonorgestegel and ulipristal products. The updated workplan was received and noted.	
2022/29	**NICE Technology Appraisals** The formulary will be amended to reflect the following:	RAG status
	• HST17 Odevixibat for treating progressive familial intrahepatic cholestasis – highly specialised technologies	R
	• TA759 Fostamatinib for treating refractory chronic immune thrombocytopenia Negative appraisal	N/A
	• TA760 Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer.	R
	• TA761 Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection	R
	• TA762 Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (terminated appraisal)	N/A
	• TA763 Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable	R
	• TA764 Fremanezumab for preventing migraine	R
	• TA765 Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable	R
	• TA766 Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma	R
	• TA767 Ponesimod for treating relapsing–remitting multiple sclerosis	R
	• TA768 Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs	R
	• TA769 Palforzia for treating peanut allergy in children and young people	R
	• TA770 Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer	R
	• TA771 Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (terminated appraisal)	N/A

	• TA772 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies	R
	• TA773 Empagliflozin for treating chronic heart failure with reduced ejection fraction	G+
	• TA774 Lenalidomide for relapsed or refractory mantle cell lymphoma (terminated appraisal)	R
	• TA775 Dapagliflozin for treating chronic kidney disease	G
	• TA776 Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea - negative appraisal.	N/A
	• TA777 Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea - Negative appraisal	N/A
	• TA778 Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria	R
	• TA779 Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency	R
	ML indicated that the previously minuted issues around the block contract for high cost, tariff excluded, CCG funded treatments remained unresolved from a NUTH perspective and he believed that discussions may be continuing with the commissioners. NUTH are facing a large funding gap for these types of treatments, therefore access to some newly approved NICE technologies is challenging.	
2022/30	**NHS England** The following NHS England Specialised Services circulars were noted and will be reflected in the formulary:	
	○ SSC2323 NICE Technology Appraisal Final Appraisal Determination: daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable. ○ SSC2324 NICE Technology Appraisal Final Appraisal Determination: pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer. ○ SSC2325 Specialised Commissioning update on future NICE Appraisals that are due to be commissioned during January 2022 to March 2022. ○ SSC2326 NICE Technology Appraisal Guidance: Risdiplam for treating spinal muscular atrophy. ○ SSC2329 NICE Technology Appraisal Final Appraisal Determination: pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies. ○ SSC2333 Early Access to Medicines Scheme – asciminib indicated for the treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukaemia in chronic phase (Ph+ CML-CP) without T315I mutation previously treated with two or more tyrosine kinase inhibitors. ○ SSC2334: National Orbis Drug Access Arrangements – atezolizumab monotherapy for adjuvant treatment following complete resection for adult patients with Stage II to IIIA (7th edition of the UICC/AJCC-staging system) non-small cell lung cancer whose tumours have PD-L1 expression on ≥ 50% of tumour cells and whose disease has not	

	progressed following platinum-based adjuvant chemotherapy ○ SSC2335: Palivizumab passive immunisation against Respiratory Syncytial Virus (RSV) in at-risk pre-term infants (2021/22 Season) ○ SSC2336: Early Access to Medicines Scheme – asciminib indicated for the treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukaemia in chronic phase (Ph+ CML-CP) without T315I mutation previously treated with two or more tyrosine kinase inhibitors. ○ SSC2337: NICE Technology Appraisal Guidance: Crizanlizumab for preventing sickle cell crises in sickle cell disease (TA743) ○ SSC2338: NICE Technology Appraisal Guidance: Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia (TA733) ○ SSC2339: Early Access to Medicines Scheme – Voxelotor in the treatment of haemolytic anaemia due to sickle cell disease (SCD) in adults and paediatric patients 12 years of age and older as monotherapy or in combination with hydroxycarbamide ○ SSC2340 NICE TA FAD: nivolumab with ipilimumab for untreated advanced renal cell carcinoma ○ SSC2341 is regarding NICE Technology Appraisal: Nintedanib for treating progressive fibrosing interstitial lung diseases (TA747). ○ SSC2342 is a Specialised Commissioning Update on future NICE Appraisals that are due to be commissioned during April 2022 to May 2022. ○ SSC2343 NICE Technology Appraisal: dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency ○ SSC2348 NICE Technology Appraisal Final Appraisal Determination: tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies. ○ SSC2351 NICE Technology Appraisal sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer.
2022/31	Chairman's action ○ Interim Clinical Commissioning Policy: Antivirals or neutralising monoclonal antibodies in the treatment of COVID-19 in hospitalised patients (Version 5) ○ Interim Clinical Commissioning Policy: Antivirals or neutralising monoclonal antibodies for non-hospitalised patients with COVID-19 ○ Endorsement of NEELI v.2.Website updated ○ Removal of stepped approach to diabetes from APC website and replacement with NICE update NG28 Visual summary (nice.org.uk) ○ Endorsement of V8 of clinical network SGLT2 Top Tips (for glycaemic control) – subsequently rescinded as update going to NTAG
	Date and time of next meeting(s) Tuesday 5/7/22 12.30-3pm Tuesday 11/10/22 12.30-3pm Both via Microsoft teams

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 5th April 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**
Buprenorphine prolonged-release injection (Buvidal®)	✓ R			Buprenorphine prolonged-release injection (Buvidal®) is a long acting buprenorphine preparation for the treatment of opioid dependence when used within a framework of medical, social and psychological treatment. It allows weekly or monthly injections therefore avoiding the need for daily supervised visits. Treatment is intended for use in adults and adolescents aged 16 years or over in accordance with RMOC and NTAG guidance including some criteria relating to the communication and documentation of use to avoid inadvertent overdose or patients deliberately seeking out extra doses.
Chloroprocaine 10mg/ml & 20mg/ml (Ampres®	✓ R			Chloroprocaine 10mg/ml & 20mg/ml has been requested for use in spinal nerve and peripheral blocks on the grounds that it is a shorter acting anaesthetic, which allows discharge of patients quicker. Due to its short duration of action it was felt it would have a very niche role. Approval was given but will be reviewed on receipt of an audit one year after approval.

Intra-ocular triamcinolone 40mg/ml Intracinol & Triesence	Intracinol ✓ R	Triesence ✓		Triesence and Intracinol are preparations of triamcinolone 40mg/ml for intra-ocular use both of which are preservative free. The preservative in Kenalog® (benzyl alcohol) is thought to be associated with serious adverse effects. Intracinol® is licensed in the UK as a medical device whereas Triesence® is an unlicensed import from the USA. The Triesence preparation is also significantly more expensive than the Intracinol and is not currently available for import. Intracinol is on the Moorfields Formulary. The committee approved the formulary inclusion of Intracinol but refused the addition of Triesence

3) New formulations & extensions to use

Product	Approved	Refused	Deferred	Notes
None				

4) NHS England Specialised Services communications noted and endorsed by APC

SSC2323 NICE Technology Appraisal Final Appraisal Determination: daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable.	The formulary will reflect the SSC position
SSC2324 NICE Technology Appraisal Final Appraisal Determination: pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer.	The formulary will reflect the SSC position
SSC2325 Specialised Commissioning update on future NICE Appraisals that are due to be commissioned during January 2022 to March 2022.	The formulary will reflect the SSC position
SSC2326 NICE Technology Appraisal Guidance: Risdiplam for treating spinal muscular atrophy.	The formulary will reflect the SSC position
SSC2329 NICE Technology Appraisal Final Appraisal Determination: pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies.	The formulary will reflect the SSC position
SSC2333 Early Access to Medicines Scheme – asciminib indicated for the treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukaemia in chronic phase (Ph+ CML-CP) without T315I mutation previously treated with two or more tyrosine kinase inhibitors.	The formulary will reflect the SSC position
SSC2334: National Orbis Drug Access Arrangements – atezolizumab monotherapy for adjuvant treatment following complete resection for adult patients with Stage II to IIIA (7th edition of the UICC/AJCC-staging system) non-small cell lung cancer whose tumours have PD-L1 expression on ≥ 50% of tumour cells and whose disease has not progressed following platinum-based adjuvant chemotherapy	The formulary will reflect the SSC position
SSC2335: Palivizumab passive immunisation against Respiratory Syncytial Virus (RSV) in at-risk pre-term infants (2021/22 Season)	The formulary will reflect the SSC position
SSC2336: Early Access to Medicines Scheme – asciminib indicated for the treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukaemia in chronic phase (Ph+ CML-CP) without T315I mutation previously treated with two or more tyrosine kinase inhibitors	The formulary will reflect the SSC position
SSC2337: NICE Technology Appraisal Guidance: Crizanlizumab for preventing sickle cell crises in sickle cell disease (TA743)	The formulary will reflect the SSC position
SSC2338: NICE Technology Appraisal Guidance: Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia (TA733)	The formulary will reflect the SSC position

SSC2339: Early Access to Medicines Scheme – Voxelotor in the treatment of haemolytic anaemia due to sickle cell disease (SCD) in adults and paediatric patients 12 years of age and older as monotherapy or in combination with hydroxycarbamide	The formulary will reflect the SSC position
SSC2340 NICE TA FAD: nivolumab with ipilimumab for untreated advanced renal cell carcinoma	The formulary will reflect the SSC position
SSC2341 is regarding NICE Technology Appraisal: Nintedanib for treating progressive fibrosing interstitial lung diseases (TA747).	The formulary will reflect the SSC position
SSC2342 is a Specialised Commissioning Update on future NICE Appraisals that are due to be commissioned during April 2022 to May 2022.	The formulary will reflect the SSC position
SSC2343 NICE Technology Appraisal: dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency	The formulary will reflect the SSC position
SSC2348 NICE Technology Appraisal Final Appraisal Determination: tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies.	The formulary will reflect the SSC position
SSC2351 NICE Technology Appraisal sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer.	The formulary will reflect the SSC position

5) Products considered by NICE

NICE reference	Formulary position	RAG status
HST17 Odevixibat for treating progressive familial intrahepatic cholestasis – highly specialised technologies	The formulary will reflect the NICE position	R
TA759 Fostamatinib for treating refractory chronic immune thrombocytopenia Negative appraisal	The formulary will reflect the NICE position	N/A
TA760 Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer.	The formulary will reflect the NICE position	R
TA761 Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection	The formulary will reflect the NICE position	R
TA762 Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (terminated appraisal)	The formulary will reflect the NICE position	N/A
TA763 Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable	The formulary will reflect the NICE position	R
TA764 Fremanezumab for preventing migraine	The formulary will reflect the NICE position	R
TA765 Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable	The formulary will reflect the NICE position	R
TA766 Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma	The formulary will reflect the NICE position	R
TA767 Ponesimod for treating relapsing–remitting multiple sclerosis	The formulary will reflect the NICE position	R
TA768 Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs	The formulary will reflect the NICE position	R
TA769 Palforzia for treating peanut allergy in children and young people	The formulary will reflect the NICE position	R
TA770 Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer	The formulary will reflect the NICE position	R
TA771 Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (terminated appraisal)	The formulary will reflect the NICE position	N/A
TA772 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies	The formulary will reflect the NICE position	R
TA773 Empagliflozin for treating chronic heart failure with reduced ejection fraction	The formulary will reflect the NICE position	G+
TA774 Lenalidomide for relapsed or refractory mantle cell lymphoma (terminated appraisal)	The formulary will reflect the NICE position	R

TA775 Dapagliflozin for treating chronic kidney disease	The formulary will reflect the NICE position	G
TA776 Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea - negative appraisal.	The formulary will reflect the NICE position	**N/A**
TA777 Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea - Negative appraisal	The formulary will reflect the NICE position	**N/A**
TA778 Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria	The formulary will reflect the NICE position	R
TA779 Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency	The formulary will reflect the NICE position	R

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

i-Port Advance® for use in children and adults with Type 1 diabetes - reviewed & no changes made	The formulary will reflect the N – TAG position
Infliximab subcutaneous injection (Remsima SC ®)- reviewed & no changes made	The formulary will reflect the N – TAG position
Actipatch® for management of localised musculoskeletal pain - reviewed & no changes made.	The formulary will reflect the N – TAG position
Alfapump® device for ascites due to liver cirrhosis pain - reviewed & no changes made.	The formulary will reflect the N – TAG position
Pitolisant (Wakix®) for the treatment of narcolepsy with or without cataplexy in adults - updated to reference NICE TA for Solriamfetol	The formulary will reflect the N – TAG position
Ulipristal (EllaOne®) for post-coital contraception: Updated data concerning the effect of body weight (BMI) on efficacy of both levonorgestegel and ulipristal products	The formulary will reflect the N – TAG position

7) Regional Medicines Optimisation Committee (RMOC)

No publications

8) Appeals against earlier decisions by the APC

Product	Approved	Refused	Deferred	Notes
None				

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

Gluten Free Guidance – update approved.
Sativex in MS SCG – update approved.
Urology Guideline - update approved.
Melatonin deprescribing guideline – approved.
Clinical network Headache guidelines – update approved.
Vit B12 - update approved.
IMD guidance – expiry date extended
Diabetes Stepped Approach guideline Jan 2019 - replaced with link to NICE update NG28 Visual summary (nice.org.uk)

10) Miscellaneous decisions by the APC

Dapagliflozin 5mg tablets	The formulary entry will be updated to reflect the loss of licence for Type 1 diabetes.
TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia	RAG Status to be changed to from RED to Green plus to reflect the updated TAG
Estradiol 0.06% gel (Oestrogel®)	Formulary to be updated as not added when first approved

Formulary review – inhalers

The main purpose of the review was to encourage the use of dry powder inhalers (DPI) over pressurised metered dose inhalers (pMDI). The propellants used in pMDIs have a high carbon footprint. DPIs are now first choice for all of the different inhaler classes.

Note: DPIs unless stated

SABA	Comment
Salbutamol Easyhaler®	First Choice*
Salbutamol Accuhaler®	Alternative First Choice*
Terbutaline Turbohaler®	To remain on Formulary*
Salbutamol generic – pMDI**	
Airomir® Autohaler – pMDI	
Salamol® Easi-breathe - pMDI	Alternative for patients hypersensitive to lactose or milk protein

LABA	Comment
Formoterol Turbohaler®	First choice *
Salmeterol Accuhaler®	Second choice*
Salmeterol – pMDI	Third choice*

LAMA	Comment
Glycopyronnium (Seebri Breezhaler®)	These inhalers have the same weight on the formulary
Umeclidinium (Incruse Ellipta®)	
Aclidinium (Eklira Genuair®)	
Tiotropium (Handihaler®)	For existing COPD patients only and those unable to use the other LAMA devices. Consideration should be given to switching at next review, providing adequate training / counselling is provided in device use
Tiotropium (Respimat®) - pMDI	Asthma: Step 4 of BTS/SIGN guidelines. Treatment should be stopped if not effective.

LABA/LAMA	Comment
Glycopyronium/indacaterol (Ultibro Breezhaler®)	First Choice
Umeclidinium/vilanterol (Anoro Ellipta®)	Second Choice
Aclidinium/formoterol (Duaklir Genuair®)	Alternative Second Choice
Glycopyrronium/formoterol (Bevespi Aerosphere® - pMDI) **NEW**	Add as First Choice pMDI*
Tiotropium/olodaterol (Spiolto Respimat® - pMDI)	Second choice pMDI*

ICS	Comment
Budesonide Easyhaler®	First choice*
Budesonide Turbohaler®	Alternative First Choice*
Beclometasone Easyhaler®	Second Choice*
Beclometasone QVAR® Easibreath - pMDI	Remove from formulary*
Beclometasone QVAR® - pMDI	
Beclometasone QVAR® Autohaler - pMDI	
Beclometasone Clenil Modulite® - pMDI**	Third choice

ICS/LABA	Comment
Budesonide/formoterol (DuoResp Spiromax®)	First Choice
Budesonide/formoterol (Symbicort Turbohaler®)	First Choice - Second line
Fluticasone furoate/vilanterol (Relvar Ellipta®)	Second Choice
Beclometasone/formoterol (Fostair® Nexthaler)	Third Choice
Fluticasone/Salmeterol (Seretide Accuhaler®)	Remove*
Beclometasone/formoterol (Fostair®) **pMDI**	First Choice pMDI*
Beclometasone/formoterol (Luforbec®) **pMDI NEW**	This is equivalent to the Fostair pMDI - agreed to add as an option*
Fluticasone/Salmeterol (Flutiform®)	Remove from formulary*
Fluticasone/Salmeterol (Flutiform K inhaler®) **NEW**	Not to be added to formulary*
Mometasone/Indacaterol (Atectura Breezhaler®) **NEW**	Add to formulary - ***Asthma only****

ICS/LABA/LAMA	Comment
Fluticasone furoate/Vilanterol/Umeclidinium (Trelegy Ellipta®)	First Choice
Beclometasone dipropionate/ Formoterol/ Glycopyrronium (Trimbow® NEXThaler) **NEW**	Add to formulary - Second Choice*
Budesonide/Formoterol/glycopyronnium (Trixeo Aerosphere® pMDI) **NEW**	Add to formulary as First Choice pMDI*
Beclometasone dipropionate/ Formoterol/ Glycopyrronium Trimbow®) **pMDI**	Second Choice pMDI*
Mometasone furoate/indacaterol/ glycopyrronium bromide (Enerzair Breezhaler®) **NEW**	Add to formulary - ***Asthma only****

***New recommendation**

**** to support patients with inspiratory effort insufficient for DPIs and/ or reduce local oral mucosal side effects – preferably should be used with a spacer**