North of Tyne, Gateshead and North Cumbria
Area Prescribing Committee

Minutes of the meeting held on Tuesday 10th January 2023

Present

David Campbell	Chief Pharmacist/Clinical Director for Medicines Optimisation	NHCT
Alasdair Green	Formulary Pharmacist	NHCT
Sue Dickinson	Director of Pharmacy	RDTC
Tim Donaldson	Chief Pharmacist/Controlled Drugs Accountable Officer	CNTW
Venessa Echanique		GHFT
Alastair Green	Formulary pharmacist	NHCT
Matt Grove	Consultant Rheumatologist	NHCT
Naeem Iqbal	GP prescribing lead	NENC ICB 99C
Chris Jewitt	GP prescribing lead	NENC ICB 13T
Matthew Lowery	Formulary and Audit Pharmacist	NUTH
Helen Seymour	Senior Pharmacist	NECS
Graham Syers	Clinical Director of Primary Care	NENC ICB 00L
Susan Turner	Pharmacist	NECS
Jane Welsh	Clinical Lead for Community Services	GHFT

Apologies

Ian Campbell	Assistant Director, Pharmacy and Medicines Optimisation	NUTH
Geraint Morris		NoT LPC
Alan McCubbin	Chair, Newcastle and North Tyneside LMC	NNT LMC
Mark Thomas	Chief Pharmacist	GHFT

Member organisations

GHFT	Gateshead Health NHS Foundation Trust
NENC ICB 13T	Newcastle Gateshead
NENC ICB 99C	North Tyneside
NENC ICB 01H	North Cumbria
NCICFT	North Cumbria Integrated Care Foundation Trust
NENC ICB 00L	Northumberland
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
CNTW	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

2023/01	**Declarations of interest** None
2023/02	**Appeals against previous decisions** None
2023/03	**Minutes and decision summary from previous meeting.** The following documents were accepted as a true record: • Decision summary from 11/10/22. • Minutes from 11/10/22.
2023/04	**Matters arising not on the agenda or Action Log.** DC noted that GS and CJ were at the meeting when they had indicated in October that they were unsure if they would have a continued role in the ICB supporting the medicines optimisation agenda moving forwards. Both have now received confirmation that they will have a clinical lead role in the ICB but there is still some uncertainty as to their full portfolios. They are expecting further clarity in the coming days/weeks.
2023/05	**Action Log** The action log was reviewed and will be updated to reflect the following: • 2021/39 Opthalmology products review. ML and specialists at NUTH have reviewed the formulary choices for ocular lubricants. The new product list was accepted by the committee and the formulary will be updated accordingly. There has not been an associated pathway review and, with the current pressures facing the specialist teams, this is unlikely to be progressed imminently. Remove from action log. • 2022/24 Antidepressant use in children and young people. Discussions are needed between clinicians and commissioners in relation to the clinical pathway and service capacity for children and young people diagnosed with depression before the APC can progress further with this. Remove from action log. • 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 Formulary Subcommittee is satisfied the team are robustly monitoring their outcomes and therefore it was appropriate to leave Follitropin delta (Rekovelle®) on formulary and close this action. • 2021/39 Nasal Naloxone (Nyxoid®) The CNTW medicines optimisation committee have received an updated report on use and have no concerns. The addiction team are keen to keep using it and it was agreed that this product will remain on formulary. Action closed.

2023/06	**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 17/11/22:** 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: **Morphine Sulfate oral dispersible tablets (Actimorph®)** North Cumbria clinicians had requested addition of this product as an alternative for patients who have difficulty manipulating small doses of morphine sulfate solution. The application was supported by palliative care clinicians who see this as an alternative to Severedol. Whilst it was recognised that this product may have a role for patients who are ambulatory, and need break through pain relief, it was felt that this was a small cohort of people, it is more expensive than morphine sulfate solution and concerns were raised regarding the risk of diversion. The formulary subcommittee recommended that Morphine Sulfate oral dispersible tablets (Actimorph®) should not be added to the formulary. Since that recommendation additional communications have been received. The committee agreed that these additional points should be considered by the APC pain management sub-group and that the FSC and APC chairs can take out of committee action based on their recommendations. Decision: Deferred. Following the resignation of Nicola Allan from the committee Jane Welsh indicated that she has taken on the role of chairing the dressings formulary sub-group.
2023/07	Report from the Medicines Guidelines and Use Group • Draft minutes from meeting held on 5/12/22 were received and noted • Guidance/documents approved: ○ Update to gluten free guidance to correct a formatting error which changed units from 8 to 6 for women aged 19-74. Approved via chairs action. ○ COPD management ○ Dementia medicines ○ Abnormal LFTs ○ Tocilizumab ○ Vigabatrin ○ Bariatric guidelines ○ Erythropoietin ○ Third Party ordering ○ Ophthalmology- rebadged. Agreement reached that the lubricants section will be linked to the NoT formulary in the guideline to keep the document more current. ○ Testosterone - Reference ranges to be added by ML. Otherwise approved. ○ TRAMP - update ○ Dronedarone RMOC SCG

	○ Asthma in children: Full version and summary version ○ Angina ○ Constipation ○ Menopause – update ○ ENT referral guidelines • Guidance to retire: ○ Removal of APC guidelines for prescribing in primary care: Non-valvular atrial fibrillation and replacement with Atrial Fibrillation - AHSN NENC (ahsn-nenc.org.uk) ○ Acne guidelines • Guidance to extend: ○ Dexamphetamine in sleep disorders- extend by 12 months to allow for the RMOC process ○ Adult ADHD - extend by 12 months to allow for the RMOC process ○ Melatonin shared care guidance for sleep wake disorders – minor update
2023/08	**Report from opiate/pain management sub-group** Minutes and updated data were received. Progress continues and the group is proving fruitful in terms of informing wider discussions and the regional group. As well as slowing initiation of opioids it is recognised that much work could be done after the issue of an acute prescription before this is repeated and use becomes chronic. Some work plans are looking to ensure an additional review is in place with patients before the 3-month stage as this is felt to be a potential cross-over point into chronic use. The regional group will consider commissioning implications. As yet it is unclear what level of place-based delegation will occur.
2023/09	**NENC ICS** The ICB Medicines committee minutes were not available at the time of the meeting but, from previous correspondence, APC members were informed that the current desire is for the introduction of a single ICB formulary from April 2023, and that NTAG will be asked to accept formulary applications on behalf of the APCs from January 2023. Whilst this is felt to be an ambitious target date, the APC recognises the potential benefits of operating one formulary across the ICS. It was concluded that, once those arrangements were in place, our APC will no longer need to exist but until that point is reached it is likely that we will need to continue to function for some time yet. It was noted, however, that individuals cannot continue for too long to support two or more committees which look to do the same things, as well as supporting formulary rationalisation work. Moving forwards, our thoughts are to establish a new committee structure for the North with an aim of looking more at how medicines are used in practice i.e. driving compliance with good practice & focus on improvement. This new committee would likely replace the 3 (APC, FSC and MGUG) currently in existence. ICS medicines colleagues should be involved in the development of this new committee and it would be useful to know whether a local level of medicines optimisation architecture is included in the, yet to be approved, ICB medicines committee terms of reference. It was agreed in the interim that DC would pull together a meeting of members of FSC, APC and MGUG to discuss the development and role of any such new group. It is currently unclear what the ICB's plans are for the management of clinical guidelines and the clinical network`s role in this. Guideline development currently forms part of the function of local APCs/subgroups and is inextricably linked to formulary management but there is an assumption that the ICB will

	also wish to manage this centrally at the earliest opportunity given that the variation between guidelines across NENC is likely to be associated with inequity of access and duplication of work. Despite this assumption, transactional business is easier to conduct on a larger footprint than transformational business and we need to retain local relationships in order to be fully effective.
2023/10	**Northern (NHS) Treatment Advisory Group (N-TAG)** The following updates, and draft recommendations, from the NTAG meeting of 15/11/22 were received and noted. Approvals will be reflected in the formulary once confirmed by the ICB executive. • Draft minutes from meeting of 15/11/2022 • NTAG CGM position statement • NTAG Decision Summary - sodium oxybate for narcolepsy - updated Nov 2022 • NTAG Decision Summary - vaginal devices for female urinary stress incontinence - updated Nov 2022 • NTAG Decision Summary - transanal irrigation systems - updated Nov 2022
2023/11	**NHS England** The following NHS England communications were noted and will be reflected in the formulary: • Specialised Services circulars: o SSC2431: NICE TA Consultation Document: nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma o SSC2432: TA518 Tocilizumab for Giant Cell Arteritis - Update to relevant prior approval form o SSC2433: Provider letter - NHS England Clinical Commissioning Policy - Rituximab in the management of Thrombotic Thrombocytopenic Purpura TTP o SSC2434: NHS England Clinical Commissioning Policy: Ziconotide (intrathecal delivery) for chronic cancer pain o SSC2436: Clinical Commissioning Policy 2009 Multi-grip Hands for Upper Limb Amputations or Congenital Limb Loss o SSC2437: NHS England Clinical Commissioning Policy: Canakinumab for patients with Still's disease refractory to anakinra and tocilizumab (adults & children >2 years) o SSC2440: Clinical Commissioning Policy: Rituximab for Idiopathic Membranous Nephropathy in Adults o SSC2441: NHS England Clinical Commissioning Policy: Fostemsavir for multi-drug resistant HIV-1 infection (Adults) o SSC2443: Clinical Commissioning Policy: Treatment of iron overload for transfused and non-transfused patients with chronic inherited anaemias (all ages) [URN2109] o SSC2444: clinical commissioning policy relating to the use of dabrafenib and trametinib for the treatment of BRAF-mutated anaplastic thyroid cancer (ATC). o SSC2445: NHS England Clinical Commissioning Policy: Nebulised liposomal amikacin for the treatment of non-tuberculous mycobacterial pulmonary disease caused by Mycobacterium Avium Complex (MAC) that is refractory to current treatment options (adults and post pubescent children). o SSC2448: NICE TA 809: Imlifidase for desensitisation treatment

	before kidney transplant in people with chronic kidney disease ○ SSC2453: NICE TA FAD: pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer ○ SSC2454: NICE TA FAD: cabozantinib for previously treated advanced hepatocellular carcinoma ○ SSC2455: NICE TA Draft Guidance: trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments ○ SSC2457: NICE TA FAD: mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy ○ SSC2458: NICE TA FAD: nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma ○ SSC2459: National Orbis Drug Access Arrangements – darolutamide for the treatment of adult men with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with docetaxel ○ SSC2460: NHS England Clinical Commissioning Policy: Glucarpidase for the urgent treatment of methotrexate-induced renal dysfunction – Update • Clinical commissioning policies ○ Baricitinib for patients hospitalised due to COVID-19 (Adults and Children aged 2 years and over) ○ Interleukin-6 inhibitors (tocilizumab or sarilumab) for adult patients hospitalised due to COVID-19 ○ Remdesivir for patients hospitalised due to COVID-19 ○ Treatment of Hospital-Onset COVID-19 in Adults and Children ○ Treatments for Highest Risk Non-Hospitalised Patients (Adults and Children) with COVID-19
2023/12	**Chair's action** • Update to gluten free guidance to correct a formatting error which changed units from 8 to 6 for women aged 19-74.
2023/13	**Any other business** None
	Date and time of next meeting(s) Tuesday 18th April 2023 via 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 10th January 2023.**

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 a specialist (hospital or GP with an extended role) but where the provision of additional information, or an information leaflet, may be appropriate to facilitate continuing treatment by GPs.
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
Morphine Sulfate oral dispersible tablets (Actimorph®)			✓	Actimorph® has been requested as an alternative for patients who have difficulty manipulating small doses of morphine sulfate solution. Also supported by palliative care who see this as an alternative to Sevredol®. More expensive than morphine sulfate solution. This may have a role for the small number of patients who are ambulatory but need break through pain relief. Concerns were raised regarding the risk of diversion. Since that initial recommendation additional communications have been received. The committee agreed that these additional points should be considered by the APC pain management sub-group and that the FSC and APC chairs can take out of committee action based on their recommendations.
Fobumix Easyhaler® (Budesonide/ formoterol)	✓ G			Fobumix Easyhaler® has been requested to facilitate the implementation of a programme which aims to • reduce short acting beta agonist use by implementing a Maintenance and Reliever Therapy (MART) approach in asthma care, • to improve asthma outcomes and • to reduce the carbon footprint. ICS and SABA Easyhalers are already on formulary **Decision: Approved**

3) New formulations & extensions to use

Product	Approved	Refused	Deferred	Notes
None				

4) NHS England communications noted and endorsed by APC	
• Specialised Services circulars: ○ SSC2431: NICE TA Consultation Document: nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma ○ SSC2432: TA518 Tocilizumab for Giant Cell Arteritis - Update to relevant prior approval form ○ SSC2433: Provider letter - NHS England Clinical Commissioning Policy - Rituximab in the management of Thrombotic Thrombocytopenic Purpura TTP ○ SSC2434: NHS England Clinical Commissioning Policy: Ziconotide (intrathecal delivery) for chronic cancer pain ○ SSC2436: Clinical Commissioning Policy 2009 Multi-grip Hands for Upper Limb Amputations or Congenital Limb Loss ○ SSC2437: NHS England Clinical Commissioning Policy: Canakinumab for patients with Still's disease refractory to anakinra and tocilizumab (adults & children >2 years) ○ SSC2440: Clinical Commissioning Policy: Rituximab for Idiopathic Membranous Nephropathy in Adults ○ SSC2441: NHS England Clinical Commissioning Policy: Fostemsavir for multi-drug resistant HIV-1 infection (Adults) ○ SSC2443: Clinical Commissioning Policy: Treatment of iron overload for transfused and non-transfused patients with chronic inherited anaemias (all ages) [URN2109] ○ SSC2444: clinical commissioning policy relating to the use of dabrafenib and trametinib for the treatment of BRAF-mutated anaplastic thyroid cancer (ATC). ○ SSC2445: NHS England Clinical Commissioning Policy: Nebulised liposomal amikacin for the treatment of non-tuberculous mycobacterial pulmonary disease caused by Mycobacterium Avium Complex (MAC) that is refractory to current treatment options (adults and post pubescent children). ○ SSC2448: NICE TA 809: Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease ○ SSC2453: NICE TA FAD: pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer ○ SSC2454: NICE TA FAD: cabozantinib for previously treated advanced hepatocellular carcinoma ○ SSC2455: NICE TA Draft Guidance: trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments ○ SSC2457: NICE TA FAD: mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy ○ SSC2458: NICE TA FAD: nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma ○ SSC2459: National Orbis Drug Access Arrangements – darolutamide for the treatment of adult men with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with docetaxel ○ SSC2460: NHS England Clinical Commissioning Policy: Glucarpidase for the urgent treatment of methotrexate-induced renal dysfunction – Update	The formulary will reflect the SSC position

- Clinical commissioning policies
  - Baricitinib for patients hospitalised due to COVID-19 (Adults and Children aged 2 years and over)
  - Interleukin-6 inhibitors (tocilizumab or sarilumab) for adult patients hospitalised due to COVID-19
  - Remdesivir for patients hospitalised due to COVID-19
  - Treatment of Hospital-Onset COVID-19 in Adults and Children
  - Treatments for Highest Risk Non-Hospitalised Patients (Adults and Children) with COVID-19

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

• NTAG CGM position statement • NTAG Decision Summary - sodium oxybate for narcolepsy - updated Nov 2022 • NTAG Decision Summary - vaginal devices for female urinary stress incontinence - updated Nov 2022 • NTAG Decision Summary - transanal irrigation systems - updated Nov 2022	The formulary will reflect the N–TAG position

6) Appeals against earlier decisions by the APC

Product	Approved	Refused	Deferred	Notes
None				

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

- Guidance/documents approved:
  - Update to gluten free guidance to correct a formatting error which changed units from 8 to 6 for women aged 19-74. Approved via chairs action.
  - COPD management
  - Dementia medicines
  - Abnormal LFTs
  - Tocilizumab
  - Vigabatrin
  - Bariatric guidelines
  - Erythropoietin
  - Third Party ordering
  - Ophthalmology- rebadged. Agreement reached that the lubricants section will be linked to the NoT formulary in the guideline to keep the document more current.
  - Testosterone - Reference ranges to be added by ML. Otherwise approved.
  - TRAMP2
  - Dronedarone RMOC SCG
  - Asthma in children: Full version and summary version
  - Angina
  - Constipation
  - Menopause – update
  - ENT referral guidelines
- Guidance to retire:
  - Removal of APC guidelines for prescribing in primary care: Non-valvular atrial fibrillation and replacement with Atrial Fibrillation - AHSN NENC (ahsn-nenc.org.uk)
  - Acne guidelines
- Guidance to extend:
  - Dexamphetamine in sleep disorders- extend by 12 months to allow for the RMOC process
  - ADHD - extend by 12 months to allow for the RMOC process
  - Methylphenidate for narcolepsy- extend by 12 months to allow for the RMOC process

8) Miscellaneous decisions by the APC

Pivmecillinam and Fosfomycin	Both products are currently Green plus on the formulary. To facilitate GP prescribing in line with NICE UTI guidance it was agreed that the RAG status should be changed to green.
Bempedoic acid	listed on formulary as a Green Plus treatment but in accordance with the NEELI guidance it should be Green.

Formulary Application Request Form	The form will be updated to add an additional question around whether the manufacturer has published a carbon reduction plan.
Opthalmology products review	ML and specialists at NUTH have reviewed the formulary choices for ocular lubricants. The new product list was accepted by the committee and the formulary will be updated accordingly.
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 Formulary Subcommittee is satisfied the team are robustly monitoring their outcomes and therefore it was appropriate to leave Follitropin delta (Rekovelle®) on formulary
Nasal Naloxone (Nyxoid®)	This product will remain on formulary