North of Tyne Area Prescribing Committee

Minutes of a meeting of the Area Prescribing Committee held on Tuesday 10th September 2013 at Northumbria House, Cobalt Business Park, North Tyneside

Present

Arpita Bhattachayra (AB)	Consultant Community Paediatrician	NHCT
David Campbell (DCa) (Chair)	Chief Pharmacist/Clinical Director for Medicines Management	NHCT
Sarah Chandler (SC)	Formulary Pharmacist	NHCT
Helen Coundon	GP and Prescribing Lead	NHS North Tyneside CCG
Tim Donaldson (TD)	Trust Chief Pharmacist/Associate Director of Medicines Management	NTWT
Janet Kelly	Chief Matron for Community Services	NHCT
Matthew Lowery (ML)	Formulary and Audit Pharmacist	NUTH
Monica Mason	Pharmacist (on behalf of Sue Dickinson)	RDTC
Peter McEvedy (PMcE)	GP and Prescribing Lead	NHS Northumberland CCG
John Ross (JR)	Patient Representative	
Wendy Ross	GP and APC Representative	NHS Newcastle North & East CCG
Helen Seymour	Senior Medicines Optimisation Pharmacist	NECS
Susan Turner (STu) (Professional Secretary)	Medicines Optimisation Pharmacist	NECS
Neil Watson (NW)	Clinical Director of Pharmacy and Medicines Management	NUTH
Steve Williamson (SW)	Consultant Pharmacist in Cancer Services	NHCT/NHSE
Hilary Wynne (HW)	Consultant Physician/Chair of NUTH D&T panel	NUTH

Apologies

Anne-Marie Bailey	Senior Medicines Optimisation Pharmacist	NECS
Ian Campbell (IC)	Assistant Director of Pharmacy	NUTH
Sue Dickinson	Director of Pharmacy	RDTC
Alexander Dyker	Consultant Physician	NUTH
Sue Gordon (SG)	Consultant in Public Health	NHS England
Matt Grove	Consultant Rheumatologist	NHCT
Tamsin Oswald (TO)	Consultant Microbiologist	NHCT
Simon Thomas	Consultant Clinical Pharmacologist	NUTH
Nicola Weaver	GP and Prescribing Lead	NHS Newcastle West 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
NTWT	Northumberland Tyne and Wear NHS Foundation Trust
NUTH	Newcastle upon Tyne Hospitals NHS Foundation Trust
RDTC	Regional Drugs and Therapeutics Centre

2013/70 Declarations of interest
No relevant declarations made.

2013/71 Appeals

Tapentadol.
Dr Paul Wilkinson attended the meeting to present the grounds of his appeal. The committee refused the application for tapentadol in July due to the lack of strong evidence of additional benefit over currently available therapies.

Dr Wilkinson outlined the following:

- A recently published meta-analysis by Andrew Moore and the Oxford evidence based group[1] indicates that when the data is appropriately analysed, tapentadol is the single strong opioid with proven efficacy across groups of patients for chronic non-malignant pain.
- Patients attending specialist pain clinics have usually seen several practitioners, and tried various treatment options before reaching that point.
- Approx. 50% of patients attending specialist pain clinics suffer from clinical depression.
- Tapentadol is a novel, centrally acting analgesic with two mechanisms of action: mu-opioid receptor agonism and norepinephrine reuptake inhibition. Noradrenaline reuptake inhibition is thought to be particularly relevant in neuropathic pain states.
- μ-opioid receptor antagonists, including morphine and oxycodone, are associated with a number of side effects, in particular constipation. These side effects reduce the physicians' willingness to prescribe opioids for pain and may result in patients stopping their medication.
- The pain specialists recommend that there should be referral into the specialist services before any decision is taken to initiate long term therapy with opioids and if this recommendation is followed initiation of tapentadol should be kept within the specialist services.
- Other areas of the UK have already accepted tapentadol onto their formularies.

The committee suggested that rather than endorse the efficacy of tapentadol, the additional paper merely challenged the efficacy of some of the other opioids in chronic pain. This was acknowledged and Dr Wilkinson emphasised that care should always be exercised when using opioids but reiterated the statement that the tapentadol trials do demonstrate efficacy with the benefit of reduced side effects.
There was a suggestion that oxycodone could be removed from the formulary but the range of current formulations of tapentadol does not make this a viable option. Concern was expressed over the potential for widespread prescribing. Dr Wilkinson reiterated that he is specifically asking for it for specialist initiation in adults with severe pain who have been screened for a neuropathic element to their pain and are uncontrolled or experiencing GI side effects on existing therapy. Although he acknowledges the concern about wider uptake of this medication, that is not the indication for which the application was made, or his intended use. When asked what his criteria would be for use of this over first line opioids he clarified that it would be a reasonable alternative where some opioid benefit had

[1] Challenges in design and interpretation of chronic pain trials R.A. Moore et al. British Journal of Anaesthesia 111(1):38-45 (2013)

been demonstrated but side effects were limiting dose escalation or continued use.
It was suggested by the committee that it may prove a more cost effective alternative than some currently used second line agents, such as transdermal formulations.

Decision: Approved
Tapentadol was approved for specialist initiation in adults with severe pain who have been screened for a neuropathic element to their pain and are uncontrolled or experiencing GI side effects on existing therapy.

The committee asked ML and the MGUG group to work with the applicant to ensure some of the primary care concerns are addressed. A blue information document should be produced and clinic letters should be adjusted to highlight that this is a secondary care initiated drug only.

2013/72 Minutes and decision summary from the meeting held on Tuesday 9th July 2013.
These were accepted as a true record.

2013/73 Matters arising.
2013/68. Trazodone document – The chairman wished to pass on thanks to colleagues at NTW for their help in producing the document giving some advice to prescribers during the Trazodone shortages. The prompt production of this and the comprehensive content were both appreciated. The Global nature of manufacturing and marketing of pharmaceuticals is contributing to some of the recent supply problems. The committee acknowledged that members need to work together to support prescribers when such situations arise.
2013/34. The APC summary information table of NOACs has been updated by the RDTC as requested. The chair of the MGUG group will be asked to circulate this to members for comment and following any responses, the final version will be sent to the APC chair for approval outwith the meeting.

2013/74 Report from the Formulary Sub-committee
Formulary version 4.5 is now available on the APC website.

Minutes and recommendations from the meeting held on 20th August 2013.
The above minutes and recommendations were received by the committee.
The summary of decisions made by the committee on new product requests is listed in **Appendix 1**.
The following specific points were highlighted for further consideration:

Lisdexamfetamine
Lisdexamfetamine has been requested for use as part of a comprehensive treatment programme for attention deficit/hyperactivity disorder (ADHD) in children aged 6 years of age and over when response to previous methylphenidate treatment is considered clinically inadequate.
Following the previous deferral the committee has now agreed that Lisdexamfetamine should be approved as an amber drug (shared care) for third line use after an inadequate response to methylphenidate has been demonstrated. It should be initiated and reviewed by a specialist and only prescribed by GPs after at least 6 months of stable symptom control is achieved.
A shared care guideline will now need to be developed and should be in place before the transfer of patients to general practice. Mr Lowery will work with the

applicant and through the MGUG group to develop that guideline.

The Advisory Council on the Misuse of Drugs' (ACMD) consideration of the appropriate control measures under the Misuse of Drugs Act and Regulations for this new medicine was noted.

Decision: Approved
Lisdexamfetamine is approved as an amber drug(shared care) for third line use after an inadequate response to methylphenidate has been demonstrated. It will be initiated and reviewed by a specialist and only prescribed by GPs after at least 6 months of stable symptom control is achieved.

Linaclotide
Linaclotide has been requested for the symptomatic treatment of moderate-to-severe irritable bowel syndrome with constipation (IBS-C).
A decision relating to its place in therapy was deferred until further confirmation of the criteria used (a) to select patients for a therapeutic trial and (b) to define a beneficial response was received. This has now been received and approval given.
Mr Lowery will work with the applicant and the MGUG group to develop a blue information leaflet which will clarify for primary care the criteria for referral and for use of this product.

Decision: Approved
The request for linaclotide was approved on the basis that following initiation by the secondary care specialist, prescribing will remain with secondary care until they have confirmed that the patient has responded adequately to an initial 4 week trial. Prescribing can then be transferred to primary care.

BioGaia® probiotic drops
The FSC had recommended that Infloran be replaced with BioGaia however feedback had been received from the applicant that they would wish both to be available with BioGaia initially being used only when there were supply issues with Infloran. This was on the grounds that the evidence for Infloran is currently stronger. The specialists would conduct a review to determine whether they should switch completely to one product.

Decision: Approved

Phosphodiesterase-5 inhibitors
The committee endorsed the FSC recommendations relating to these medicines. **Decision:**
Sildenafil is the first line agent with tadalafil as a second line option for patients in whom sildenafil failed or where they were intolerant to sildenafil.
Vardenafil should be removed from the formulary.

Azithromycin tablets are cheaper than capsules and were approved earlier in the year through chair's action and added to the formulary. Capsules will remain on the formulary to allow the cheapest preparation at any point in time to be prescribed.
A general statement will be added to the formulary that states that the cheapest formulation of a product should be used where there are no concerns around

bioavailability issues.

Cosopt® Preservative-Free
A decision on Cosopt® PF eye drops has been deferred pending confirmation of a more precise definition of allergy and clarification of the number of patients with a genuine allergy to the preservative containing formulation of Cosopt®. A concern was raised around the use of preservative free preparations in general and it was agreed that ML would liaise with the ophthalmology department with a view to defining precise criteria where these PF preparations should be considered for use.

2013/75 Report from the Medicines Guidelines and Use Group
No report is due.

2013/76 Report from the Anti-microbial Chemotherapy subcommittee.
No report is due.

2013/77 Documents previously circulated by e-mail
None

2013/78 NICE
The following NICE TAGs were noted. The recommendations within them were endorsed by the committee and the North of Tyne Formulary will be updated to reflect these decisions.
NICE Technology Appraisals published in July and August:

- TA292 - Bipolar disorder (children) - aripiprazole NICE recommends aripiprazole as a possible treatment (for up to 12 weeks) for moderate to severe manic episodes in young people aged 13 and older with bipolar I disorder.
- TA293 - Thrombocytopenic purpura – eltrombopag.
  NICE recommends eltrombopag as a possible treatment for some adults with chronic immune (idiopathic) thrombocytopenic purpura
- TA294 - Macular degeneration (wet age-related) - aflibercept (1st line).
  NICE recommends aflibercept injection as a possible treatment for some people with wet age-related macular degeneration
- TA295 - Breast cancer (HER2 negative, oestrogen receptor positive, locally advanced or metastatic) - everolimus (with an aromatase inhibitor) - negative appraisal.

2013/79 Chair's action
None taken

2013/80 Any other business
Metoclopramide.
Following the recent MHRA advice relating to the long term use of metoclopramide, there have been requests for some advice relating to alternatives. The NECS MO team are producing some summary information for GPs and will share this with members for use in their organisations as appropriate.
Medication administration aids.
NUTH have a medicines support tool that helps them assess a patient's ability to administer their medications. Occasionally this highlights the need for a prescribable administration aid such as an Autodrop or inhaler aid. ML asked the committee to endorse the use of such products. Initial supply is from the hospital but replacements as needed will be from primary care.
The committee endorsed this and asked that the assessment tool be shared to

allow other organisations to use it as appropriate.

IPR

Discussion ensued around Intellectual Property Rights in relation to branded products and the potential implications.

2013/82 Date and time of next meeting

Tuesday 12th November 2013 at 12:30pm
Room 3, Northumbria House, Unit 7/8 Silver Fox Way, Cobalt Business Park, North Tyneside.

Signed: ..... **Date:** 17/12/13

(Chair of the APC)

North of Tyne
Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Tuesday 10th September 2013.**

Classification of products:

R = 'RED' drugs for hospital use only
A = 'AMBER' drugs suitable for use under Shared Care arrangements
B = 'BLUE' drugs initiated in secondary care where an information sheet for GPs is recommended

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
1) Requests deferred from previous meetings				
Botulinum toxin A (Botox®) – bladder dysfunction in paediatrics	✓ R			Botulinum toxin A (Botox®) is currently included in the Formulary (for adult patients) for the treatment of overactive bladders in patients who have failed to respond to conservative treatment. It has been requested for this indication in paediatric patients. The request had previously been deferred subject to the provision of a treatment algorithm. This has now been submitted and current MHRA guidance noted. **Decision: Approved.** The request for botulinum toxin A (Botox®) for use in paediatric patients with severe bladder over-activity and neuropathic bladder, who have not responded to other treatments, was approved. Its use should be in line with MHRA guidance.
Lisdexamfetamine (Elvanse®) 30mg, 50mg and 70mg capsules	✓ A			Lisdexamfetamine dimesylate has been requested for the treatment of ADHD in children 6 years of age and over when response to previous methylphenidate treatment is considered clinically inadequate. It is given once daily and has been claimed to have a lower abuse potential compared to standard dexamfetamine. The request had been previously deferred subject to confirmation of the criteria used (a) to select patients for a therapeutic trial and (b) to define a beneficial response. The group reviewed the further information provided by the applicant and now felt able to approve the request. **Decision: Approved.** Lisdexamfetamine was approved as an amber drug for third line use after inadequate response to methylphenidate. It should be initiated and reviewed by a specialist and only prescribed by GPs after at least 6 months of stable symptom control is achieved. A shared care guideline will now need to be developed and should be in place before the transfer of patients to general practice.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Linaclotide (Constella®) 290 microgram capsules	✓ B			Linaclotide has been requested for the symptomatic treatment of moderate-to-severe irritable bowel syndrome with constipation (IBS-C). There have been no head to head trials with the other treatments routinely used in IBS-C but it was recognised that there may be a small number of patients with particularly severe features that might benefit from treatment with linaclotide. The request had been previously deferred subject to confirmation of the criteria used (a) to select patients for a therapeutic trial and (b) to define a beneficial response. Further information has been provided by the applicant and the committee approved the request. **Decision: Approved.** The request for linaclotide was approved on the basis that, following initiation by a secondary care specialist, prescribing will remain with secondary care until they have confirmed that the patient has responded adequately to an initial 4 week trial. Prescribing can then be transferred to primary care. A blue information sheet, providing additional information for primary care will be produced.
2) New Requests				
Nepafenac (Nevanac®) 1mg/1ml eye drops			✓	Nepafenac has been requested to reduce the risk of post-operative macular oedema associated with cataract surgery in diabetic patients. Ketorolac eye drops are on the formulary and are indicated for the prophylaxis and reduction of inflammation and associated symptoms following ocular surgery. It was noted that ketorolac eye drops are significantly cheaper than nepafenac eye drops. **Decision: Deferred.** The request for nepafenac was deferred pending confirmation of why ketorolac eye drops could not be used for this indication.
BioGaia® probiotic drops	✓ R			BioGaia® probiotic drops have been requested for prophylaxis against necrotising enterocolitis (NEC) in pre-term infants. Infloran® is on the formulary for this indication however there have been on-going supply issues. There is evidence of benefit for probiotics in the prevention of NEC. BioGaia® is available from a British manufacturer and at a lower price than Infloran®. **Decision: Approved.** BioGaia® probiotic drops for the prevention of NEC should be approved and will be added to the formulary in addition to Infloran®. BioGaia will initially be used only when there are supply issues with Infloran on the grounds that the evidence for Infloran is currently stronger.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Lixisenatide (Lyxumia®) 10 microgram and 20 microgram injection	✓ B			Lixisenatide is a GLP-1 receptor agonist that has been requested for the treatment of adults with type 2 diabetes mellitus to achieve glycaemic control in combination with oral glucose-lowering medicinal products and/or basal insulin. There is support for this application from specialists across both acute trusts (NUTH & NHFT). This treatment is cheaper than the existing formulary alternatives and has once daily dosing in contrast to the exenatide which is given twice daily. **Decision: Approved.** Lixisenatide was approved as a treatment option alongside the other formulary GLP-1 receptor agonists. Existing patients stabilised on a GLP-1 receptor agonist do not need to be switched over.
Fluticasone 50 microgram / Azelastine 137 microgram (Dymista®) nasal spray		✓		Dymista® nasal spray has been requested to relieve symptoms of moderate to severe seasonal and perennial allergic rhinitis. Whilst this combination spray does provide additional symptom control compared to monotherapy with either an antihistamine or steroid, there are much cheaper options to achieve the same end point for patients. **Decision: Refused:** The request for Dymista® was rejected on the grounds that more cost effective options are available for this cohort of patients.
3) New formulations & extensions to use				
Azithromycin tablets	✓			**Decision: Approved**. Azithromycin tablets are currently cheaper than capsules. Capsules will remain on the formulary to allow the cheapest preparation at any point in time to be prescribed. A general statement will be added to the formulary that states that the cheapest formulation of a product should be used where there are no concerns around bioavailability issues.
Cosopt® (Dorzolamide 2% and Timolol 0.5%) Preservative-Free eye drops			✓	Cosopt® Preservative-Free (PF) eye drops have been requested for use in patients where allergy develops to preservative-containing drops and who are either intolerant to or non-responsive or partially responsive to other glaucoma drops. **Decision: Deferred:** The request for Cosopt® PF eye drops has been deferred pending confirmation of a more precise definition of allergy and clarification of patient numbers who have a genuine allergy to the preservative containing formulation of Cosopt®.
Amphotericin 100mg/1ml suspension (unlicensed)	✓ R[u]			Amphotericin 100mg/1ml suspension has been requested for long term specialist immunology use in patients with chronic mucocutaneous candidiasis. Amphotericin 100mg/ml suspension was discontinued in October 2006. The applicant has indicated that nystatin has a higher rate of resistance and is not as beneficial as amphotericin for symptom control. **Decision: Approved**. Amphotericin 100mg/1ml suspension was approved for use in patients with chronic mucocutaneous candidiasis.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Colecalciferol 1000iu and 3000iu buccal spray (unlicensed)	✓ R[u]			Colecalciferol 1000iu and 3000iu buccal spray has been requested to treat vitamin D deficiency in adults and children with demonstrated vitamin D deficiency despite treatment with high dose oral and IM preparations. The group had some concerns that the only evidence for the bioavailability for this preparation via the buccal route was from in vitro studies. **Decision: Approved:** The request for colecalciferol buccal spray was approved for paediatric parenteral nutrition patients, those with short bowel syndrome and in adults with metabolic bone disease who have vitamin D deficiency despite previous treatment. It has been requested that patients who do receive this formulation are monitored before and after treatment to determine effectiveness.
4) Products considered by NESCG and decisions endorsed by APC				
None				
5) Products considered by NICE				
TA292 - Bipolar disorder (children) - aripiprazole	✓			NICE recommends aripiprazole as a possible treatment (for up to 12 weeks) for moderate to severe manic episodes in young people aged 13 and older with bipolar I disorder. The formulary will reflect the NICE TAG.
TA293 - Thrombocytopenic purpura – eltrombopag.	✓			NICE recommends eltrombopag as a possible treatment for some adults with chronic immune (idiopathic) thrombocytopenic purpura . The formulary will reflect the NICE TAG.
TA294 - Macular degeneration (wet age-related) - aflibercept (1st line).	✓			NICE recommends aflibercept injection as a possible treatment for some people with wet age-related macular degeneration. The formulary will reflect the NICE TAG.
TA295 - Breast cancer (HER2 negative, oestrogen receptor positive, locally advanced or metastatic) - everolimus (with an aromatase inhibitor) - negative appraisal.		✓		Negative appraisal - The formulary will reflect the NICE TAG.
6) Appeals against earlier decisions by the APC				

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Tapentadol (Palexia®) - 50mg, 100mg, 150mg, 200mg and 250mg MR tablets, 50mg and 75mg IR tablets	✓ B			Tapentadol has been requested for adults with severe pain who have been screened for a neuropathic element to their pain and are uncontrolled or experiencing GI side effects on existing therapy. At the July meeting the committee noted the available evidence of clinical efficacy and adverse effects, but was not convinced that there was a place for tapentadol within the Formulary due to the lack of strong evidence of additional benefit over currently available therapies in this group of patients. Additional information, including a recently published meta-analysis by Andrew Moore and the Oxford evidence based group, was presented to the committee and the original decision overturned. **Decision: Approved***:* Tapentadol was approved for specialist initiation in adults with severe pain who have been screened for a neuropathic element to their pain and are uncontrolled or experiencing GI side effects on existing therapy.
7) Miscellaneous decisions by the APC				
Phosphodiesterase-5 inhibitors	See notes			Sildenafil is now positioned as the sole first line agent with tadalafil as a second line option for patients in whom sildenafil failed or where they were intolerant to sildenafil. Vardenafil will be removed from the formulary.