NHS Portsmouth CCG
South Eastern Hampshire CCG
Fareham and Gosport CCG
Portsmouth Hospitals NHS Trust
Southern Health NHS Foundation Trust
Solent NHS Trust

Area Prescribing Committee Meeting, 12.45 for 1.00pm on Friday 12th April 2019
Room 6, Education Centre, E level, Queen Alexandra Hospital

DRAFT NOTES

2.19.1	**Attendance** Alastair Bateman (Chair), Simon Cooper, Deborah Crockford, Jon Durand, Jennifer Etherington, Phil Foster, Luke Groves, Kieran Hand, Vanessa Lawrence, Matthew Puliyel, Mike Stewart, Kevin Vernon, Jo Williams (Secretary), Ope Owoso. **Apologies for absence** Jason Peett,	
2.19.1.1	**Declarations of Interest** Kieran Hand: Chief investigator for MicroGuide research study sponsored by an unrestricted grant form pharmaceutical company Merk Sharp & Dohme Ltd.	
2.19.2	**DRAFT Notes of last meeting** Accepted as an accurate record. **Updated action log:** APC action log April 2019.docx	
2.19.3	**Matters arising** Additions to formulary following FMG March 2019: 1. Leflunomide for treatment of BK viremia and nephropathy in renal transplant recipients has been added to the area prescribing formulary as RED. 2. Uromune, is an immunomodulating vaccine therapy. It is an unlicensed drug available on a named patient basis for the treatment of recurrent urinary tract infections. Uromune has been added to the area prescribing formulary as RED for restricted use by two consultants. Usage will be reviewed in 12 months. **3.** Medihoney barrier cream, extension of use to Adult patients for severe moisture damage. Use is restricted to tissue viability team and is RED on the formulary.	
2.19.4	**Formulary Management – applications for approval**	
2.19.4.1	**Depot anti-psychotic injections** Vanessa Lawrence discussed the disparity between the DPC and APC formularies regarding the prescribing of typical anti-psychotic depot injections. From reviewing GP systems it is clear that there is already practice within primary care where patients are receiving depot injections within their GP surgery. The products listed as Amber initiated by the Southampton area formulary are: Flupentixol decanoate, Fluphenazine decanoate (being discontinued),	

	Haloperidol decanoate, Pipotiazine palmitate, and Zuclopenthixol decanoate. Only patients who are stable on therapy will be considered for transfer of care within the GP service. **APC decision:** Committee members support having a constituent approach across the system. Flupentixol deconate, Fluphenazine deconate (being discontinued), Haloperidol deconate, Pipotiazine palmitate, and Zuclopenthixol deconate will have their formulary entries amended to Amber initiated.	
2.19.4.2	**Optive Fusion** Presented by Keith Yip. Optive fusion is a treatment for dry eyes. It contains sodium hyaluronate 0.1% as an additional component when compared to current formulation product of Optive, which the company states is a natural component of tears that provides hydration. This application is requesting the removal of Optive and to replace with Optive fusion. Both products are listed as costing the same in the drug tariff. **APC decision:** Committee members support the addition of Optive fusion and the removal of Optive. Optive fusion will be added to the area prescribing formulary as Green. Keith also is in the process of reviewing the ophthalmology section of the formulary in addition to reviewing the dry eye formulary. The NHS England low value medication recommendations will be included as part of the updated guideline. Committee members have also discussed whether optometrists have been informed of the recommendations of self care for those patients with mild disease. AB to contact the Local Optical Committee to ensure that the NHS England guidance has been communicated locally.	AB
2.19.4.3	**Fiasp audit report** Submitted by Iain Cranston who was not available to present. Fiasp is a new formulation of insulin aspart with a faster onset of action allowing meal time administration. An evaluation of the product was approved by APC in June 2017 when it was entered on to the area prescribing formulary as RED.. The results of the evaluation of use were shared. Eleven patients were included within the audit but there were only seven patients where complete data was available for review. The results seemed to show a reduced risk of hypoglycaemic events with Fiasp compared to the patient's previous practice with fast acting insulin. The evaluation stated that patients are likely to require specialist input when switching patients and therefore the request was for Fiasp to be included within the area prescribing formulary as Amber initiated. **APC decision** The committee have questions regarding the low patient numbers included within the evaluation, the incomplete data set and whether the time above the upper limit of the range was increased following the change to Fiasp.	

	The committee request answers to these questions. When received the responses will be circulate and a decision can be made on whether Fiasp should be included as an Amber initiated product within the formulary.	JW
2.19.5	**Drug therapy and shared care guidance for approval**	
2.19.5.1	**Portsmouth CCG Chronic Pain good practice guidance (for noting)** Submitted by Katie Hovenden and presented by Simon Cooper. This is a good practice guide that is a short and easy to read guide for clinicians working within general practice. Although written by PCCG the committee feel that this is a useful resource for all prescribers. The message within the guide is consistent with guidance produced by the pain specialist pharmacist working in Southampton CCG. These guides will be added to the FMG agenda to ensure that the PHT pain team can comment and allow consistent practice across the area.	JW
2.19.6	**Items for note/consultation**	
2.19.6.1	**NICE developments: February and March 2019** **NICE Guidance February 2019** **TA 560: Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer (terminated appraisal)** NICE is unable to make a recommendation about the use in the NHS of bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer because no evidence submission was received from Roche. **TA 561: Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia** Venetoclax with rituximab is recommended, within its marketing authorisation, as an option for treating chronic lymphocytic leukaemia in adults who have had at least 1 previous therapy. It is recommended only if the company provides it according to the commercial arrangement. **Resource impact:** This technology is commissioned by NHS England. **Action required:** The formulary entry for venetoclax will be amended with a link to NICE TA 561. **TA 562: Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma** Encorafenib with binimetinib is recommended, within its marketing authorisation, as an option for treating unresectable or metastatic BRAF V600 mutation-positive melanoma in adults. It is recommended only if the company provides encorafenib and binimetinib according to the commercial arrangements. **Resource impact:** This technology is commissioned by NHS England. **Action required:** Encorafenib and binimetinib will be added to the area prescribing formulary as RED with a link to the NICE TA 562.	

TA 563: Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer

Abemaciclib with an aromatase inhibitor is recommended, within its marketing authorisation, as an option for treating locally advanced or metastatic, hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer as first endocrine-based therapy in adults. Abemaciclib is recommended only if the company provides it according to the commercial arrangement.

Resource impact: This technology is commissioned by NHS England.
Action required: Abemaciclib will be added to the area prescribing formulary as RED with a link to the NICE TA 563.

TA 564: Dabrafenib with trametinib for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer (terminated appraisal)

NICE is unable to make a recommendation about the use in the NHS of dabrafenib with trametinib for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer because no evidence submission was received from Novartis. We will review this decision if the company decides to make a submission.

NG 120: Cough (acute): antimicrobial prescribing

This guideline sets out an antimicrobial prescribing strategy for acute cough associated with an upper respiratory tract infection or acute bronchitis in adults, young people and children. It aims to limit antibiotic use and reduce antibiotic resistance.

CG 62: Antenatal care for uncomplicated pregnancies

This guideline covers the care that healthy women and their babies should be offered during pregnancy. It aims to ensure that pregnant women are offered regular check-ups, information and support.

NICE Guidance March 2019

TA 565: Benralizumab for treating severe eosinophilic asthma

Benralizumab, as an add-on therapy, is recommended as an option for treating severe eosinophilic asthma that is inadequately controlled in adults despite maintenance therapy with high-dose inhaled corticosteroids and long-acting beta-agonists, only if:

- the person has agreed to and followed the optimised standard treatment plan and
- the blood eosinophil count has been recorded as 300 cells per microlitre or more and the person has had 4 or more exacerbations needing systemic corticosteroids in the previous 12 months, or has had continuous oral corticosteroids of at least the equivalent of prednisolone 5 mg per day over the previous 6 months (that is, the person is eligible for mepolizumab) or
- the blood eosinophil count has been recorded as 400 cells per microlitre or more with 3 or more exacerbations needing systemic corticosteroids in the past 12 months (that is, the person is eligible for reslizumab).

Benralizumab is recommended only if the company provides it according to the commercial arrangement.

Resource impact:
This technology is commissioned by NHS England.

Action required: Benralizumab will be added to the area prescribing formulary as RED for use in line with NICE TA 565.

TA 566: Cochlear implants for children and adults with severe to profound deafness

This technology appraisal examined the currently available devices for cochlear implantation. No evidence was available to the committee to allow recommendations to be made for devices manufactured by Neurelec.

Unilateral cochlear implantation is recommended as an option for people with severe to profound deafness who do not receive adequate benefit from acoustic hearing aids,

If different cochlear implant systems are considered to be equally appropriate, the least costly should be used. Assessment of cost should take into account acquisition costs, long-term reliability and the support package offered.

Simultaneous bilateral cochlear implantation is recommended as an option for the following groups of people with severe to profound deafness who do not receive adequate benefit from acoustic hearing aids:

- children
- adults who are blind or who have other disabilities that increase their reliance on auditory stimuli as a primary sensory mechanism for spatial awareness.

Acquisition of cochlear implant systems for bilateral implantation should be at the lowest cost and include currently available discounts on list prices equivalent to 40% or more for the second implant.

Sequential bilateral cochlear implantation is not recommended as an option for people with severe to profound deafness.

Resource impact: This technology is commissioned by NHS England

TA 567: Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies

Tisagenlecleucel therapy is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic therapies, only if the conditions in the managed access agreement are followed.

Resource impact: This technology is available via the Cancer Drugs Fund.

Action required: The formulary entry for Tisagenlecleucel will be amended with a link to NICE TA 567.

TA 569: Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer

Pertuzumab, with intravenous trastuzumab and chemotherapy, is recommended for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early stage breast cancer in adults, only if:

- they have lymph node-positive disease
- the company provides it according to the commercial arrangement.

Resource impact: This technology is commissioned by NHS England

Action required: The formulary entry for Pertuzumab will be amended

with a link to NICE TA 569.

TA 571: Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib
Brigatinib is recommended, within its marketing authorisation, for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults who have already had crizotinib. It is recommended only if the company provides it according to the commercial arrangement.
Resource impact: This technology is commissioned by NHS England.
Action required: Brigatinib will be added to the area prescribing formulary as RED with a link to NICE TA 571.

TA 572: Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes
Ertugliflozin as monotherapy is recommended as an option for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if:
- a dipeptidyl peptidase 4 (DPP-4) inhibitor would otherwise be prescribed and
- a sulfonylurea or pioglitazone is not appropriate.

Ertugliflozin in a dual-therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if:
- a sulfonylurea is contraindicated or not tolerated or
- the person is at significant risk of hypoglycaemia or its consequences.

If patients and their clinicians consider ertugliflozin to be one of a range of suitable treatments including canagliflozin, dapagliflozin and empagliflozin, the least expensive should be chosen.
Resource impact: Ertugliflozin is commissioned by CCGs. NICE do not anticipate this technology to have a significant impact on resources as it is priced comparatively to similar treatments.
Action required: Ertugliflozin will be added to the area prescribing formulary as Green with a link to NICE TA 572.

NG 121: Intrapartum care for women with existing medical conditions or obstetric complications and their babies
This guideline covers care during labour and birth for women who need extra support because they have a medical condition or complications in their current or previous pregnancy. The guideline also covers women who have had no antenatal care. It aims to improve experiences and outcomes for women and their babies.

NG 122: Lung cancer: diagnosis and management
This guideline covers diagnosing and managing non-small-cell and small-cell lung cancer. It aims to improve outcomes for patients by ensuring that the most effective tests and treatments are used, and that people have access to suitable palliative care and follow-up.

CG 103: Delirium: prevention, diagnosis and management
This guideline covers diagnosing and treating delirium in people aged 18 and over in hospital and in long-term residential care or a nursing home. It also covers identifying people at risk of developing delirium in these settings and preventing onset. It aims to improve diagnosis of delirium and reduce hospital stays and complications.

2.19.6.2	**EAMS** Nil received	
2.19.6.3	**Solent medicines management update** Jennifer Etherington provided a brief update. Luke Groves has been appointed as the new Chief Pharmacist for Solent starting in June. Jen will be going on maternity leave shortly. Interviews were held today for an interim deputy chief. Solent and Southern Health are jointly working on primary care guidance on antipsychotic monitoring.	
2.19.6.4	**Southern Health medicines management update** Vanessa Lawrence informed the committee that a new Chief Pharmacist has been appointed for Southern Health who will be staring in July. Work is continuing on the lithium shared care guideline.	
2.19.6.5	**DPC update (February 2017)** The summary of the February DPC meeting held in February was noted by the committee.	
2.19.6.6	**MEC update** Not received	
2.19.6.7	**Wound Formulary update (for noting)** At the DPC meeting on 12th February the following dressing switch was agreed: **Vliwasorb Pro switch to Kliniderm Superabsorbent**. In evaluations Kliniderm superabsorbent performed as well as Vliwasorb Pro and is approximately 30% more cost effective.	
2.19.6.8	**Hampshire Medicines Safety Group** Not received	
2.19.6.9	**Drug Safety Update and Patient Safety Alerts** The February and March drug safety updates were noted by the committee with discussions around the recommendations for restricting the prescribing of fluoroquinolones. APC are recommending antibiotic prescribing practice follow NICE guidance.	
2.19.6.9	**Regional Medicines Optimisation Committees** The RMOC update was noted by the committee. The RMOC position statement on heparinised saline for central venous catheter lock in adults will be added to the FMG agenda for consideration within the hospital setting.	JW
2.19.6.10	**NHSE Specialised Commissioning (for noting)** **NHS England** will commission cobicistat for the treatment of HIV in adults in accordance with the criteria outlined in the commissioning document. Cobicistat will be added to the area prescribing formulary as Red for use in accordance with the NHS England clinical commissioning policy NHS England F03/P/b	
2.19.6.11	**Priorities committee** Nil received	
2.19.6.12	**Safer prescribing in Prisons** Simon Cooper shared the safer prescribing in prisons document for noting. Concerns were raised around information sharing for individuals	

	healthcare needs both going in to the prison service and on leaving. SC will share the contact information for the link in Winchester Prison.	 SC
2.19.6.13	**APC committee representation – to review positions** The committee discussed the membership listed within the terms of reference for the area prescribing committee and that some positions remain vacant, are not necessary or that the posts so not exist. An updated list will be circulated with the next APC agenda and vacant posts will be recruited to.	 JW
2.19.7	**Any other business:** **Mexilitine** Jon Durand: Mexilitine is now available as a licensed product for use in patients for symptomatic treatment of myotonia in adult patients with non-dystrophic myotonic disorders. The product is significantly more expensive than the products that are imported for use. Mexiletine is listed on the area prescribing formulary as RED. There is use in primary care that is expected to be for cardiology indications. CCGs should review the use of mexilitine in primary care and consider the potential cost implications of prescribing. It is noted that the licensed product is available as 167mg capsule which is different to the doses that are currently being prescribed within primary care. **Standardised unlicensed liquid medication strengths for use in children (for information)** Nicky Moya submitted the recommended standardised doses when prescribing unlicensed liquids for paediatric patients produced by the Neonatal and Paediatric Pharmacist Group NPPG and the Royal College of Paediatrics and Child Health (RCPCH). It was noted that the recommendations do not reflect the products listed in the current drug tariff. JW to contact the NPPG to highlight this. **Access to PDFs embedded in agenda** It was noted that some committee members are not able to access PDF documents that are embedded within the agenda. There was discussion about the use of IT for a sharing platform for the agenda and associated documents. SC to review use of commonly used sharing products that may be suitable. **Dronedarone** Following the publication of the second NHS England consultation of drugs which included dronedarone the secondary care team have been receiving push back from GPs who are refusing to prescribe. Dronedarone continues to be included within the area prescribing formulary as amber initiated. There are some patients who are having to travel to the hospital on a monthly basis in order to get a supply on medication. It was noted that the consultation has now closed and that the final NHS England guidance is awaited.	 JW SC

	Shared care Shared care continues as a theme and the chief registrar has now started the project. Luke has confirmed the capacity within homecare to provide new patients with lanreotide and octreotide for approved indications.	
2.19.8	**Dates of future meetings:** Friday 21st June Friday 16th August Friday 18th October Friday 13th December	