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, Friday 13th December 2019
Room 9, Education Centre, E level, Queen Alexandra Hospital

Notes

6.19.1	**Attendees** Alastair Bateman, Simon Cooper, Deborah Crockford, Jon Durand, Phil Foster, Luke Groves, Kieran Hand, Vanessa Lawrence, Nick Moore, Jason Peett, Matthew Puliyel, Kevin Vernon, Jo Williams **Apologies for absence** Mike Stewart, Karen Atkinson	
6.19.1.1	**Declarations of Interest** None to declare	
6.19.2	**DRAFT Notes of last meeting** KH attendance to be added to October notes. Otherwise accepted as an accurate record. **Action log**  APC action log December 2019.docx **Completed actions** • The guideline, management of sub-therapeutic IRN in patients with artificial heart valves was taken to FMG. The committee questioned the pathway (for patients to access enoxaparin when issued out of hours by the hospital) and this is being checked.	
6.19.3	**Matters arising** None	
6.19.4	**Formulary Management – applications for approval**	
6.19.4.1	**Formulary Pen Needles Review** Jo Williams presented a review of pen needles listed on the formulary following the publication of the NHS England document Items which should not routinely be prescribed in primary care: guidance for CCGs. Version 2, June 2019. Recommendation 5.16: needles for pre-filled and reusable pens states: • Advise CCGs that prescribers in primary care should not initiate pen needles that cost more than £5.00 per 100 needles for any diabetes patient. • Advise CCGs to support prescribers in de-prescribing insulin pen needles that cost more than £5.00 per 100 needles and, where appropriate ensure availability of relevant services to facilitate this change. The formulary listing for pen needles has not been revised since this recommendation was published. However, F&G and SE Hants CCGs have produced information on products considered to be preferred options which differ from those listed on the formulary. Portsmouth CCG	

	has not made any recommendations since the guidance was published. Diabetes teams within Solent and PHT have been contacted to discuss preferred products. PHT stated that they do not provide any recommendation as to which needle brand to prescribe. Solent have said that the current formulary recommendations are preferred although patients with needle aversion or adherence issues believed to be caused by injection pain may be recommended to be issued with BD micro-fine or Novofine. Another consideration is the need for safety needles for patients where carer or district nurses are injecting the patient. There was discussion around there is a need to list preferred products on the formulary. APC decision The committee support changes to the formulary as per NHS England recommendations. Products listed as more than £5 per 100 needles will be non-formulary. Products under £5.00 per 100 needles will be added to the formulary, where they are within the preferred prescribing options provided by JD and Solent. No specific recommendations for patients with needle aversion will be added to the formulary instead these will be considered on a case by case basis. Low cost safety needles will be added to the formulary.	
6.19.4.2	**Alimemazine review** Presented by Jo Williams. Alimemazine is a first-generation antihistamine and was previously marketed in the UK under the brand name Vallergan®, which has subsequently been discontinued. Over time the price of generic alimemazine preparations have risen dramatically. There are many alternative antihistamine preparations (sedating and non-sedating) widely available on the UK market and there is no clinical evidence to suggest alimemazine is superior to other UK marketed antihistamine preparations. Alimemazine is significantly more expensive than other antihistamine preparations. Alimemazine is licensed for the management of urticarial and pruritus as well as for use as a pre-medication as a sedative before anaesthesia in children between 2 and 7 years. Alimemazine may also be used off-label for allergic rhinitis and for sedation prior to CT/MRI or other imaging scan in paediatric patients. There is no evidence to suggest that one antihistamine is better than another for urticarial. There are several alternative antihistamines listed on the formulary that are less costly. There is some evidence of benefit for alimemazine as a sedative for paediatric patients requiring imaging. Dermatology and Paediatric departments at PHT were contacted but no comments received. APC decision The formulary status of alimemazine will change from Green to Red, as an option for use in paediatric patients requiring sedation.	
6.19.4.3	**Erectile Dysfunction Pumps** Presented by Jo Williams. Tracey Rowe, Urology nurse specialist also attended for the discussion.	

	Treatment of erectile dysfunction varies depending on the cause and should include lifestyle changes to reduce the risk of cardiovascular disease, prescribing appropriate medication, treating an underlying health condition, such as heart disease or diabetes, psychological treatments such as cognitive behavioural therapy or sex therapy or looking at alternative available medicines if a medicine is causing erectile dysfunction. Medication can be used to successfully manage erectile dysfunction in at least two-thirds of men. Phosphodiesterase-5 inhibitors are the first line recommended pharmacological therapy. Vacuum pump devices can also be considered first line and may be a suitable option in well-informed older patients with co-morbidities and infrequent sexual intercourse requiring non-invasive, non-pharmacological treatment. Most men who discontinue use of vacuum pump devices do so within three months. Vacuum pumps are not routinely initiated in primary care. Devices should be initiated by specialists following patient assessment. Specialists will usually request that the GP prescribes the initial device and ongoing supply. As the national tariff includes initial treatment, the specialist should supply the initial device; pathways for ED services in several other areas demonstrate this as the preferred supply route. Erectile dysfunction pump devices are not currently included in the formulary. This has led to questions being raised to CCG staff as to whether these products should be prescribed by primary care and also which products to provide. SLS restrictions exist for the prescribing for the purpose of treatment of erectile dysfunction. This includes vacuum pump devices. Those patients who do not fulfil the SLS criteria will need to have the pump provided privately. Tracey discussed the benefits of ED pump devices. The main indication for their use is post prostatectomy rehabilitation, with erectile recovery taking around two years. The current system within PHT includes a counselling session provided free of charge by a representative from Mediplus Ltd. The recommended product requested for prescribing is the Osbon ErecAid Esteem. This is currently the most expensive product listed in the drug tariff. The efficacy of vacuum devices is reported to be up to 90%, regardless of erectile dysfunction although satisfaction rates vary considerably. The long term use of devices decreases to 50 to 64% after two years and most men who discontinue use do so after 3 months, leading to potential waste. Pumps are most efficacious if the patient has a positive attitude to the use of the device, having been counselled appropriately and had sufficient demonstration on their use. No evidence could be found to compare products for which is most appropriate to recommend. There was much discussion. APC members were all supportive of the use of vacuum devices but the question remains about which product is the most appropriate to supply in addition to the route of supply.	

	The committee request that this is further reviewed.	JW
6.19.4.4	**BAD specials list** Presented by Jo Williams. At previous APC meetings, it was agreed that medications listed within the British Association of Dermatologists (BAD) specials recommended products list would be included in the area prescribing formulary. A revised BAD specials list was published in 2018; this has been reviewed. As per previous agreement, products listed in the drug tariff are included as amber, products not listed in the drug tariff are listed as red. The following changes to the formulary are recommended: • Propylene glycol 40% w/w in aqueous cream – add as red • Propylene glycol 50% w/w in water – add as red • Beclometasone dipropionate 0.0025% w/w in WSP BP ointment – add as red • Tacrolimus 0.1% w/w in orabase – no longer listed in drug tariff, change formulary status to red • Tacrolimus 0.3% w/w in orabase – no longer listed in drug tariff, change formulary status to red • Reflectant (Dundee) sunscreens (coffee, coral pink, beige) – no longer listed in drug tariff, change formulary status to red • Sucralfate 4% in emulsifying ointment – add as red • Sirolimus 0.1% in WSP – add as red • Sirolimus 0.5% in WSP – add as red Products no longer listed in the BAD specials list will become non-formulary: • Cade oil 12% and salicylic acid 6% w/w in emulsifying ointment • Dithranol in lassar's paste 8% w/w • Coconut oil 25% w/w in emulsifying ointment • Salicylic acid 2% w/w in emulsifying ointment • Zinc and salicylic acid paste (Lassar's paste) half strength • Glycopyrrolate 0.05% w/v in water APC decision The committee support the recommendation.	
6.19.5	**Drug therapy and shared care guidance for approval**	
6.19.5.1	**PGD Varenicline Portsmouth City Council** The committee were asked to provide comments on the Portsmouth City Council patient group directive for the supply of varenicline (Champix), for clients wishing to quit smoking, by accredited Pharmacists from community pharmacies for patients following referral by the Wellbeing service. The committee discussed the PGD. Questions were raised around chronic kidney disease dosing recommendations, although these are as recommended within the summary of product characteristics for Champix, how this is identified by community pharmacy or the wellbeing service was raised as a concern. DC also questioned why the PGD only supports the supply of varenicline for clients referred by the wellbeing service. Community pharmacy are well positioned to provide this without this referral and	

	many already commissioned to provide smoking cessation services. These comments will be fed back to Portsmouth City Council. The PGD will need to be approved via Portsmouth City Council processes.	
6.19.5.2	**NOAC decision making algorithm (DPC)** Catherine McLean, Interface pharmacist for West Hampshire CCG has produced a decision making algorithm for NOACs that has been sent to DPC for approval. It was also noted that there is STP wide work to encourage the first line use of edoxaban. The committee are supportive of this algorithm and are keen to adopt when formally approved by DPC. JW to contact Catherine to confirm that the document is approved and ensure that she is happy that it is used within the APC area.	JW
6.19.5.3	**MS Relapse Protocol SHFT** This is a document received for comments only. It is in draft format and yet to be approved by SHFT. It is felt to be helpful to support GPs in the treatment of MS relapse. The document has been sent to UHS consultants and Solent for comments also.	
6.19.5.4	**Cover Sheet for Submissions to APC** Submitted by Jo Williams. This is a cover sheet for submissions to both FMG (PHT) and APC for guidelines and related documents. This should help committee members to understand whether the document is new or a review, and encourages the submission to be consulted on fully prior to submission for approval by the committee. The cover sheet has already been approved by FMG. APC support the approval of the cover sheet. It was suggested that a joint format could be produced to cover both DPC/APC areas as well as a generic email to be produced for submissions.	
6.19.6	**Items for note/consultation**	
6.19.6.1	**NICE developments: October and November 2019** **NICE Guidance Published October 2019** **TA 604 Idelalisib for treating refractory follicular lymphoma** Idelalisib is not recommended, within its marketing authorisation, for treating follicular lymphoma that has not responded to 2 prior lines of treatment in adults. **TA605 Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea** Xeomin (botulinum neurotoxin type A) is recommended, within its marketing authorisation, as an option for treating chronic sialorrhoea caused by neurological conditions in adults. It is recommended only if the company provides it according to the commercial arrangement. **Resource impact:** This technology is commissioned by CCGs. List price is commercial in confidence. The NICE resource impact template will be used to calculate the likely impact to local CCGs. **Action required:** The formulary entry for Xeomin will be updated to include a link to TA 605.	

TA 606 Lanadelumab for preventing recurrent attacks of hereditary angioedema

Lanadelumab is recommended as an option for preventing recurrent attacks of hereditary angioedema in people aged 12 and older, only if:

- they are eligible for preventive C1-esterase inhibitor (C1-INH) treatment in line with NHS England's commissioning policy, that is, they are having 2 or more clinically significant attacks (as defined in the policy) per week over 8 weeks despite oral preventive therapy, or oral therapy is contraindicated or not tolerated
- the lowest dosing frequency of lanadelumab is used in line with the summary of product characteristics, that is, when the condition is in a stable, attack-free phase (see section 2) and
- the company provides lanadelumab according to the commercial arrangement.

Resource impact: This technology is commissioned by NHS England. No significant resource impact is anticipated.

Action required: Lanadelumab will be added to the area prescribing formulary as a Red drug with a link to NICE TA 606

TA 607 Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease

Rivaroxaban plus aspirin is recommended within its marketing authorisation, as an option for preventing atherothrombotic events in adults with coronary artery disease or symptomatic peripheral artery disease who are at high risk of ischaemic events.

1.2 For people with coronary artery disease, high risk of ischaemic events is defined as:

- aged 65 or over, or
- atherosclerosis in at least 2 vascular territories (such as coronary, cerebrovascular, or peripheral arteries), or
- 2 or more of the following risk factors:
  - current smoking
  - diabetes
  - kidney dysfunction with an estimated glomerular filtration rate (eGFR) of less than 60 ml/min (note that rivaroxaban is contraindicated if the eGFR is less than 15 ml/min)
  - heart failure
  - previous non-lacunar ischaemic stroke.

Resource impact: This technology is commissioned by CCGs. The annual treatment cost of combined aspirin and rivaroxaban treatment are £674.99 per patient compared to £17.99 for aspirin alone. NICE assumptions estimate the uptake of rivaroxaban as 2.9% by year 5. The combined cost to all local CCGs is £313,350. The committee discussed the evidence for the use of rivaroxaban and felt the likely use of rivaroxban in this group of patients will be low as many will be eligible for clopidogrel. There is no evidence to compare rivaroxaban to clopidogrel. There were discussions around the risk/benefit particularly focusing on the evidence of bleeding events during the compass trial.

Action required: The formulary entry for rivaroxaban will be updated to include the link to NICE TA 607.

NG 142 End of life care for adults: service delivery

This guideline covers organising and delivering end of life care services, which provide care and support in the final weeks and months of life (or for some conditions, years), and the planning and preparation for this. It

	aims to ensure that people have access to the care that they want and need in all care settings. It also includes advice on services for carers. **Resource impact:** NICE estimates a total annual cost of providing end of life care services for a population of 500,000 is estimated at £2.3 million. A local resource impact template is available to review this as NICE believes that most areas will have a significant part of these services already in place. Clinical opinion suggests it is likely to be specialist areas that require the greatest increase in investment. For our local CCGs if 80% of services are already in place, the combined resource impact of moving to 100% of services in place would be around £592,000 annually. **NG 19 Diabetic foot problems: prevention and management** This guideline covers preventing and managing foot problems in children, young people and adults with diabetes. It aims to reduce variation in practice, including antibiotic prescribing for diabetic foot infections. In October 2019, we reviewed the evidence for antimicrobial prescribing for diabetic foot infections and updated the recommendations. **NG 1 Gastro-oesophageal reflux disease in children and young people: diagnosis and management** This guideline covers diagnosing and managing gastro-oesophageal reflux disease in children and young people (under 18s). It aims to raise awareness of symptoms that need investigating and treating, and to reassure parents and carers that regurgitation is common in infants under 1 year. In October 2019, we added footnotes on PPI and H2RA licensing for use in children, and amended advice to clarify when metoclopramide, domperidone or erythromycin can be offered. **CG 184 Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management** This guideline covers investigating and managing gastro-oesophageal reflux disease (GORD) and dyspepsia in people aged 18 and over. It aims to improve the treatment of GORD and dyspepsia by making detailed recommendations on *Helicobacter pylori* eradication, and specifying when to consider laparoscopic fundoplication and referral to specialist services. **Fluoroquinolone antibiotics:** In October 2019 we made changes to recommendations on eradicating *H pylori* and updated footnotes in this guideline to reflect new restrictions and precautions for the use of fluoroquinolone antibiotics because of rare reports of disabling and potentially long-lasting or irreversible side effects (see Drug Safety Update for details). **CG 137 Epilepsies: diagnosis and management** The guideline covers diagnosing, treating and managing epilepsy and seizures in children, young people and adults in primary and secondary care. It offers best practice advice on managing epilepsy to improve health outcomes so that people with epilepsy can fully participate in daily life. **MHRA advice on pregabalin and gabapentin:** In October 2019, we updated footnotes in this guideline to reflect a change in the law relating	

	to pregabalin and gabapentin. As of 1 April 2019, because of a risk of abuse and dependence pregabalin and gabapentin are controlled under the Misuse of Drugs Act 1971 as class C substances and scheduled under the Misuse of Drugs Regulations 2001 as schedule 3. **CG 71 Familial hypercholesterolaemia: identification and management** This guideline covers identifying and managing familial hypercholesterolaemia (FH), a specific type of high cholesterol that runs in the family, in children, young people and adults. It aims to help identify people at increased risk of coronary heart disease as a result of having FH. In October 2019, we changed the first recommendation on case finding and diagnosis to be clearer about when to suspect familial hypercholesterolaemia. **NICE guidance published November 2019** **TA 610 Pentosan polysulfate sodium for treating bladder pain syndrome** Pentosan polysulfate sodium is recommended as an option for treating bladder pain syndrome with glomerulations or Hunner's lesions in adults with urinary urgency and frequency, and moderate to severe pain, only if: • their condition has not responded to an adequate trial of standard oral treatments • it is not offered in combination with bladder instillations • any previous treatment with bladder instillations was not stopped because of lack of response • it is used in secondary care and • the company provides pentosan polysulfate sodium according to the commercial arrangement. **Resource impact:** This technology is commissioned by CCGs. No significant resource impact is anticipated. **Action required:** Pentosan polysulfate sodium will be added to the formulary as a RED hospital only drug with a link to NICE TA 610. **TA 611 Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer** Rucaparib is recommended for use within the Cancer Drugs Fund as an option for maintenance treatment of relapsed platinum-sensitive high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to platinum-based chemotherapy in adults, only if the conditions in the managed access agreement for rucaparib are followed. **Resource impact:** The resource impact of this technology will be covered by the cancer drugs fund. **Action required:** Rucaparib will be added to the area prescribing formulary as a RED hospital only drug with a link to NICE TA 611. **TA 612 Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab** Neratinib is recommended as an option for the extended adjuvant treatment of hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-positive early stage breast cancer in adults who completed adjuvant trastuzumab-based therapy less than 1 year ago only if:	

	• trastuzumab is the only HER2-directed adjuvant treatment they have had, and • if they had neoadjuvant chemotherapy-based regimens, they still had residual invasive disease in the breast or axilla following the neoadjuvant treatment, and • the company provides neratinib according to the commercial arrangement. **Resource impact:** This technology is commissioned by NHS England. A local resource impact template has been produced as the price of this treatment is confidential. **Action required:** Neratinib will be added to the area prescribing formulary as RED hospital only for use in line with NICE TA 612. **TA 613 Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy** Fluocinolone acetonide intravitreal implant is **not recommended** as an option for treating chronic diabetic macular oedema that is insufficiently responsive to available therapies in an eye with a natural lens (phakic eye). **NG 143 Fever in under 5s: assessment and initial management** This guideline covers the assessment and early management of fever with no obvious cause in children aged under 5. It aims to improve clinical assessment and help healthcare professionals diagnose serious illness among young children who present with fever in primary and secondary care. **Resource impact:** No resource impact is anticipated **NG 144 Cannabis-based medicinal products** This guideline covers prescribing of cannabis-based medicinal products for people with intractable nausea and vomiting, chronic pain, spasticity and severe treatment-resistant epilepsy. **Resource impact:** These technologies are commissioned by NHS England and CCGs. Several conditions are considered where cannabis-based medicinal products are considered. The guideline supports the use of nabilone for intractable nausea and vomiting and Sativex for spasticity in MS. There is no support for the use of cannabis based medicinal products for chronic pain. A TA is in development for products licensed for severe treatment resistant epilepsy. As this is NICE guidance there is no statutory requirement to fund this treatment. A search of ePACT has identified four patients who are obtaining supplies via primary care (in the last year October 2018 to September 2019). For the implementation of the prescribing of Sativex the NICE template suggests that between 42 and 278 patients are eligible for treatment, costing between £104,247 and £573,361. **Action required:** Prescribers are reminded that Sativex and Nabilone remain as non-formulary items and are not supported for prescribing. The DPC have been asked to lead the review of the use of Sativex and make recommendations on the formulary status. The oncology/haematology team are asked to provide a business case for use of nabilone for consideration by the FMG. **NG 145 Thyroid disease: assessment and management** This guideline covers investigating all suspected thyroid disease and managing primary thyroid disease (related to the thyroid rather than the pituitary gland). It does not cover managing thyroid cancer or thyroid	

	disease in pregnancy. It aims to improve quality of life by making recommendations on diagnosis, treatment, long-term care and support. **Resource impact:** This is believed to be cost saving due to a reduction in use of drugs and a reduction in the number of thyroid function tests in patients with type 2 diabetes. **NG 146 Workplace health: long-term sickness absence and capability to work** This guideline covers how to help people return to work after long-term sickness absence, reduce recurring sickness absence, and help prevent people moving from short-term to long-term sickness absence. **NG 147 Diverticular disease: diagnosis and management** This guideline covers the diagnosis and management of diverticular disease in people aged 18 years and over. It aims to improve diagnosis and care and help people get timely information and advice, including advice about symptoms and when to seek help. **CG 186 Multiple sclerosis in adults: management** This guideline covers diagnosing and managing multiple sclerosis in people aged 18 and over. It aims to improve the quality of life for adults with multiple sclerosis by promoting symptom management, comprehensive reviews and effective relapse treatment. In November 2019, NICE replaced the recommendation on using Sativex (a THC:CBD spray) to treat spasticity in people with multiple sclerosis with a cross-reference to recommendations on THC:CBD spray in the NICE guideline on cannabis-based medicinal products. **CG 164 Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer** This guideline covers care for people with a family history of breast, ovarian or another related (prostate or pancreatic) cancer. It aims to improve the long-term health of these families by describing strategies to reduce the risk of and promote early detection of breast cancer (including genetic testing and mammography). It also includes advice on treatments (tamoxifen, raloxifene) and surgery (mastectomy). In November 2019, NICE updated the recommendation on topics that should be discussed with a person before making a decision on whether to have annual mammographic surveillance and added a link to patient decision aids.	
6.19.6.2	**EAMS** None received	
6.19.6.3	**Portsmouth Hospitals medicines management update** The draft notes from the November FMG meeting were noted by the committee. No business cases were submitted for approval. Kieran Hand provided a verbal update on the challenges being faced by the pharmacy at PHT. There are currently twelve unfilled vacancies within the dispensary, in addition several members of staff are due to go on maternity leave in the coming months putting additional pressure on the service. Recruitment in to these posts is challenging. It has become common for outpatients to have a two hour wait for the supply of medication from the dispensary. Pharmacy is in discussions with how best to support patients to get timely access to medicines. The proposal is to further encourage use of GP referral letters in appropriate situations (non-urgent medications on	

	the formulary as amber recommended or green), to encourage FP10HP prescriptions for urgent treatment but to continue to issue urgent products subject to PAS via the hospital dispensary. There are currently approximately 12,000 outpatient prescriptions dispensed per month. Of these a third are believed to be appropriate to be dispensed externally. Of these 10% are considered to be suitable for GP referral. There was discussion within the committee that this process has previously been agreed, with some departments implementing more than others. Overall, the impact of these additional GP referrals across each practice is likely to be low. There was also support for the procurement of an EPMA solution that would enable outpatient prescribing to be sent electronically to community pharmacy.	
6.19.6.4	**Solent medicines management update** Verbal update Luke Groves There is a Solent trial now started for addicts at risk of overdose using a naloxone nasal spray. The expectation is this will be maintained within the service and no issues should be requested from GPs. Solent are in the process of EPMA procurement. An interim medical director has now been appointed. Solent have been awarded the contract for provision of sexual health services for the Isle of Wight, in addition to being the Strategic Partner for Mental Health.	
6.19.6.5	**Southern Health medicines management update** None for this meeting.	
6.19.6.6	**DPC update** The October 2019 DPC summary was noted by the committee. APC members support the addition of: • Flecainide oral solution 25mg/5mL for cardiac arrhythmias in infants and children unable to swallow tablets. This will be added to the area prescribing formulary as Amber Initiated. • Heparin saline flushes 50 units in 5mL (Hepsal). GPs may be asked to supply for children, for administration by community nurses. Care must be taken when prescribing to ensure that the correct product is selected.	
6.19.6.7	**Wound Formulary update** Minutes from the November meeting were noted	
6.19.6.8	**Hampshire Medicines Safety Group** Verbal update from DC and JD. There was a presentation from Claire Howard on PINCER. CQC are scheduled to attend the next meeting. Other topics included potassium permanganate and colecalciferol. APC members discussed that colecalciferol loading should be prescribed for a defined period and additional maintenance should be OTC as per the recommendations from NHSE. A new vitamin D guideline is in development from PHT.	
6.19.6.9	**Drug Safety Update and Patient Safety Alerts** The October and November drug safety updates were noted by the committee.	
6.19.6.10	**Regional Medicines Optimisation Committees** The RMOC operating model, October 2019 and sodium oxybate advisory statement were noted by the committee.	
6.19.6.11	**NHSE Specialised Commissioning**	

	The NHSE commissioning statement Cystic Fibrosis Modulator Therapies, 190137P was noted by the committee. NHSE will routinely commission the therapies: ivacaftor, lumacaftor/ivacaftor, and tezacaftor/ivacaftor for patients in England as defined by their marketing authorisations. **Action required:** These agents will be added to the area prescribing formulary as Red.	
6.19.6.12	**Priorities committee** None received	
6.19.7	**Any other business:** Two disease pathways were submitted for comments to APC. It was agreed that whilst the pathways include medicines and should be reviewed by medicines management teams for comments, the APC are not able to formally approve. It is suggested that pathways are reviewed by two representatives from medicines management who can offer cross CCG comments prior to being sent to CAG or equivalent committee for sign off. SCAN PF There was a brief discussion and update from SCAN. All local CCGs have signed off the SLA to support the development of the MicroGuide format, governance and maintenance arrangements for SCAN guidelines. Expected that this may be available February/March 2020.	
6.19.8	**Dates of future meetings:** **2020** 21st February: Anaesthetics seminar room E level 24th April: Room 5 Education Centre E level 19th June: Anaesthetics seminar room E level 16th October: Room 1 Education Centre E level 18th December: Room 1 Education Centre E level	