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, 1.00pm on Friday 23rd April 2021
Via teams

Draft Minutes

6.17.1	**Attendance** Alastair Bateman (Chair), Helen McHale (secretary), Mike Stewart, Vanessa Lawrence, Phil Foster, Simon Cooper, Jon Durand, Debby Crockford, Luke Groves, Tin Orchel, Bex Heaton, Jason Peett, Sarah Nolan, Kevin Vernon, Hywell Cooper (presenting information), Colin Harper (presented a document), Adel Sheikh (presented a document). **Apologies for absence** Claire Sieber, Nick Moore, Clare Hoy, Sandra Jury	
6.17.1.1	**Declarations of Interest** None to declare	
6.17.2	**DRAFT Notes of last meeting** It was highlighted that a discussion had taken place at the meeting in February regarding the formulary status of oral semaglutide. While oral semaglutide has been given green status on the Southampton joint formulary it is still not recommended as a first line agent and is subject to restrictions and so was being recommended in a similar way to the amber recommended classification on the Portsmouth Area Formulary. The notes have been amended **Action log** APC action log April 2021.docx	1. APC February 2021 minutes corre
6.17.3	**Matters arising** **SLT Thickener requesting process** Feedback from Luke Groves Work is ongoing with creating the task on Systm1 and chairs approval will be given when the guideline and tasks are completed	
6.17.4	**Formulary Management – applications for approval**	
6.17.4.1	**DPC notes August 2018 – golimumab for refractory crohn's disease** An IFR application for golimumab use in a patient with severe crohn's disease refractory to other approved medication had been submitted for review, which highlighted that DPC had already approved golimumab for this indication in other local hospitals. The DPC minutes were reviewed to consider adding golimumab to the Portsmouth area formulary for this indication. **APC decision** Golimumab will be added to the Portsmouth formulary as a red drug for patients with Crohn's disease who have lost response to other NICE approved anti-TNF therapies for Crohn's disease.	

	This is an off-label indication and prescribing will be restricted to gastroenterology specialists only.	
6.17.4.2	**Business Case: Trixeo Aerosphere** Presented by Adel Sheikh The committee received an application for the addition of trixeo aerosphere to the formulary from the respiratory department at PHU. The application requested that trixeo aerosphere is available for individuals with moderate-to-severe COPD for whom a pMDI is considered to be clinically appropriate and who experience a severe exacerbation (requiring hospitalisation) or two moderate exacerbations within a year whilst receiving ICS/LABA or LAMA/LABA. The aerosphere formulation of this product ensures a better drug distribution and better lung deposition compared with trimbow. It will also be useful if a patient can not use a dry powder inhaler product. **APC decision** The committee accepted the drug with a green prescribing status.	
6.17.4.3	**Business Case: Bevespi Aerosphere** Presented by Adel Sheikh The committee received an application for the addition of bevespi aerosphere to the formulary from the respiratory department at PHU. The application requested that bevespi aerosphere is available for maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease. Use would be in line with current NICE guidelines for patients receiving their first maintenance treatment with a LABA/LAMA and in patients who require a step up in therapy. This is another aerosphere formulation with the same advantages of the trixeo. **APC decision** The committee accepted the drug with a green prescribing status.	
6.17.4.4	**Discussion regarding changing formulary status of some topical creams** The committee received a request from the dermatology department to change the formulary status of aldara for superficial BCCs and actinic keratosis; protopic and elidel from Amber recommended to green in line with primary care dermatology guidelines. Aldara will remain Amber recommended for genital and perianal warts – GUM use. **APC decision** The committee approved the decision to change the formulary status of aldara for superficial BCCs and actinic keratosis, protopic and elidel to green.	
1.19.5	**Drug therapy and shared care guidance for approval**	
1.19.5.1	**Melatonin Shared Care guideline** The guideline has been discussed with the authors who highlighted that they felt colonis needed to remain in the guideline as it was a licensed product and should be used in preference to an unlicensed product if possible, but did recognise that its use would be limited due to the age	

	related dose limitations with PEG which are included in the guideline. The recommendations for 6 monthly primary care review were to remain in the guideline in line with the summary of product characteristics of the drug. **APC decision** The committee noted that this guideline has been approved by DPC and so it will be published on the Portsmouth shared care guideline sites for use. However the committee still have some concerns regarding colonis liquid being listed in the guideline and GP responsibilities.	
1.19.5.2	**Management of high INRs in primary care** Investigations in to local out of hours service providers are underway to determine if the guideline can be updated in line with the providers protocols on vitamin K supply and administration for high INRs or whether a service needs to be commissioned.	
1.19.5.3	**Steroid use in Chronic wound guidance** This guideline has been resubmitted unchanged by the authors. **APC decision** It is recommended that the line stating that trimovate should not be used is made more prominent	
1.19.5.4	**Blood Glucose Meters, Testing Strips, Lancets and Needles in Adults Living With Diabetes** Submitted by Anita Bhardwaj The area blood glucose meters guideline has been reviewed, updated and approved by DPC. **APC decision** The committee accepted the guideline for publication provided the guideline was updated with the latest approval date in 2021.	
1.19.5.5	**Orthostatic hypotension Treatment** The PHUT Orthostatic hypotension guideline has recently been reviewed and approved by the Formulary and Medicines Committee. The guideline has been amended to include pyridostigmine as an option for orthostatic hypotension. The committee received the guideline for noting and information as a copy of the guideline is held on PIP and patients will also be discharged on midodrine or pyridostigmine. **APC decision** The committee felt the line which discussed the review of slow sodium tablets with a view to stopping it should be made bold to highlight the importance of considering this. Simon Cooper highlighted that EPACT could pick up causes of hypotension and a link for EPACT should be included in the guideline. Chairs approval for publication can be obtained once these changes have been made.	
1.19.5.6	**Vitamin K for newborn guidance** This guideline has been recently reviewed and approved by the Formulary and Medicines Committee. The guideline recommends that babies who have received oral vitamin K should and who are not exclusively formula fed will need a 3rd dose of vitamin K supplied by the GP.	

	APC decision The committee felt that it was likely that the 3rd dose of vitamin k may be missed if the GPs are to prescribe this, as GP's do not routinely see babies until they are 8 weeks old. The committee felt that the dose should be prescribed and supplied on discharge by PHUT. The PHUT pharmacy team will determine what the risks are if the baby receives 2 doses of vitamin K too close together or if it is administered to a formula fed baby to determine if it is safe to supply 2 doses on discharge. Any changes will be taken back to formulary and medicines committee for approval and APC for noting.	
1.19.5.7	**RMOC Shared Care Guidance templates** The committee reviewed the shared care guideline templates recently produced by the RMOC. It was noted that the templates have some differences compared with the Portsmouth APC approved template documents and that arrangements for the future combined area prescribing committee and future document templates have not been finalised yet. **APC decision** It has been decided to continue to use the Portsmouth APC prescribing templates until the new committee is finalised. It has been suggested that the new Medical Directors work with the APC and DPC chairs to agree future shared care agreement templates.	
1.19.5.8	**Sativex Shared Care Guideline** A shared care guideline for the use of sativex for spasticity due to multiple sclerosis has been developed and approved by the DPC. **APC decision** The committee noted that this shared care guideline has already been approved by DPC and that this drug would be initiated by a tertiary centre and so this will facilitate shared care across the area. However it has been noted that APC had some concerns about what the GP review would actually entail and the frequency of this review. The guideline will be published on the Portsmouth Area Shared Care guidelines pages. The formulary status of sativex will be changed from red to amber with shared care.	
1.19.5.9	**CMO Inhaled Budesonide for COVID 19 patients** The committee noted that the CMO provided guidance that inhaled budesonide may be beneficial in speeding up recovery from COVID 19. The guidance states that inhaled budesonide is not currently being recommended as standard of care but can be considered off label when all of the following criteria are met: • Patients with onset of symptoms of COVID-19 within the past 14 days, and symptoms are on going. • COVID-19 confirmed by PCR test within the past 14 days • 65 years and over OR 50-64 years with a comorbidity consistent with a long term health condition from the flu list. **APC decision** The committee felt the guidelines for budesonide were clear and useful and they would not endorse the use of budesonide in COVID in any other patient groups than those stated in the guideline. It was reported that these guidelines had already been distributed widely in primary care but it would be useful to have a link to them via the formulary and	

	to highlight that inhaled budesonide in COVID -19 is an unlicensed indication.	
6.17.6	**Items for note/consultation**	
6.17.6.1	**NICE Guidance** **Galcanezumab update NICE TA:** The neurology department at Southampton University Hospitals Trust are reviewing how this and other anti-migraine drugs will be prescribed and feel that this will most likely be provided via home care services. **Naldemidine update NICE TA:** Dr Trebble, Dr Quine and Dr Fowell – are happy for the prescribing status to be Amber Initiated – they predict it may be used in only a small number of patients. **Liraglutide update NICE TA:** Dr Nicolson – prescribing across the local CCGs will be potentially problematic and lead to inequalities in prescribing due to differences in service provision of physicians in the 2 clinics run in Portsmouth CCG and Fareham and Gosport and South East Hampshire. Criteria for access to the clinics will also cause problems with regards access to liraglutide and many patients who might qualify for liraglutide won't qualify for the clinic. Local discussions are in progress regarding the provision of weight management services which may facilitate the prescribing of liraglutide in the area. **February 2021** **TA 185** Trabectedin for the treatment of advanced soft tissue sarcoma Trabectedin is recommended as a treatment option for people with advanced soft tissue sarcoma if: • treatment with anthracyclines and ifosfamide has failed or • they are intolerant of or have contraindications for treatment with anthracyclines and ifosfamide. Trabectedin is only recommended if the company provides it according to the commercial arrangement. **In February 2021** NICE updated sections 1 and 2 of the guidance. This reflects changes to the commercial arrangement and the company holding the marketing and distribution rights to trabectedin in the UK. **Action required:** No changes required to the formulary status **TA 671** Mepolizumab for treating severe eosinophilic asthma Mepolizumab, as an add-on therapy, is recommended as an option for treating severe refractory eosinophilic asthma, only if: • it is used for adults who have 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 at least 4 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 or	

	• the blood eosinophil count has been recorded as 400 cells per microlitre or more and the person has had at least 3 exacerbations needing systemic corticosteroids in the previous 12 months (so they are also eligible for either benralizumab or reslizumab). Mepolizumab is recommended only if the company provides it according to the commercial arrangement. If mepolizumab, benralizumab or reslizumab are equally suitable, start treatment with the least expensive option (taking into account drug and administration costs). At 12 months: • stop mepolizumab if the asthma has not responded adequately or • continue mepolizumab if the asthma has responded adequately and assess response each year. An adequate response is defined as: • a clinically meaningful reduction in the number of severe exacerbations needing systemic corticosteroids or • a clinically significant reduction in continuous oral corticosteroid use while maintaining or improving asthma control. **Resource impact:** No significant resource impact is anticipated. This technology is commissioned by NHS England. Providers are NHS hospital trusts. **Action required:** The formulary entry for mepolizumab will be updated with a link to TA 671 **TA 672** Brolucizumab for treating wet age-related macular degeneration Brolucizumab is recommended as an option for treating wet age-related macular degeneration in adults, only if, in the eye to be treated: • the best-corrected visual acuity is between 6/12 and 6/96 • there is no permanent structural damage to the central fovea • the lesion size is less than or equal to 12 disc areas in greatest linear dimension and • there is recent presumed disease progression (for example, blood vessel growth, as shown by fluorescein angiography, or recent visual acuity changes). It is recommended only if the company provides brolucizumab according to the commercial arrangement. If patients and their clinicians consider brolucizumab to be one of a range of suitable treatments, including aflibercept and ranibizumab, choose the least expensive (taking into account administration costs and commercial arrangements). Only continue brolucizumab in people who maintain an adequate response to therapy. Criteria for stopping should include persistent deterioration in visual acuity and identification of anatomical changes in the retina that indicate inadequate response to therapy.	

	Resource impact: This report is supported by a local resource impact template because the list price of brolucizumab has a discount that is commercial in confidence. This technology is commissioned by clinical commissioning groups (CCGs). Providers are NHS hospital trusts. **Action required:** Brolucizumab will be added to the formulary as a red drug with a link to TA 672 **TA 673** Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy Niraparib is recommended for use within the Cancer Drugs Fund as an option for maintenance treatment for advanced (FIGO stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer after response to first-line platinum-based chemotherapy in adults. It is recommended only if the conditions in the managed access agreement for niraparib are followed. **Resource impact:** The resource impact of niraparib will be covered by the Cancer Drugs Fund budget. The guidance will be reviewed by the date the managed access agreement expires or when the results of the managed access agreement data collection are available (anticipated March 2025), whichever is sooner. The aim of the review is to decide whether or not the drug can be recommended for routine use. This technology is commissioned by NHS England. Providers are NHS hospital trusts. **Action required:** The formulary entry for niraparib will be updated with a link to TA 673 **TA 674** Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (terminated appraisal) NICE is unable to make a recommendation on pembrolizumab (Keytruda) for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable in adults. This is because Merck Sharp & Dohme did not provide a complete evidence submission. This advice updates and replaces NICE technology appraisal guidance 522 on pembrolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable, which was available through the Cancer Drugs Fund. People already taking it will be able to continue until they and their doctor decide when best to stop. **Resource impact:** Not applicable **Action required:** the formulary entry for pembrolizumab will be updated with a link to TA 674 **TA 675** Vernakalant for the rapid conversion of recent onset atrial fibrillation to sinus rhythm (terminated appraisal) NICE is unable to make a recommendation on vernakalant (Brinavess) for the rapid conversion of recent onset atrial fibrillation to sinus rhythm in adults. This is because Correvio Ltd did not provide an evidence submission. We will review this decision if the company decides to make a submission. **Action required:** vernakalant will not be added to the formulary **TA 676** Filgotinib for treating moderate to severe rheumatoid arthritis	

	Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs), only if: • disease is moderate or severe (a disease activity score [DAS28] of 3.2 or more) and • the company provides filgotinib according to the commercial arrangement. Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, only if: • disease is severe (a DAS28 of more than 5.1) and • they cannot have rituximab and • the company provides filgotinib according to the commercial arrangement. Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to rituximab and at least 1 biological DMARD, only if: • disease is severe (a DAS28 of more than 5.1) and • the company provides filgotinib according to the commercial arrangement. Filgotinib can be used as monotherapy when methotrexate is contraindicated or if people cannot tolerate it, when the criteria in sections 1.1, 1.2 or 1.3 are met. Choose the most appropriate treatment after discussing the advantages and disadvantages of the treatments available with the person having treatment. If more than 1 treatment is suitable, start treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose). This may vary from person to person because of differences in how the drugs are taken and treatment schedules. Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. If this initial response is not maintained at 6 months, stop treatment. **Resource impact:** A resource impact template has been developed because the list price of filgotinib has a discount that is commercial in confidence. This technology is commissioned by clinical commissioning groups (CCGs). Providers are NHS hospital trusts. **Action required:** Filgotinib will be added to the formulary as a red drug with a link to TA 676. Usage of filgotinib is to be discussed by the Rheumatology team. **TA 677** Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma	

	Treatment with autologous anti-CD19-transduced CD3+ cells is recommended for use within the Cancer Drugs Fund as an option for relapsed or refractory mantle cell lymphoma in adults who have previously had a Bruton's tyrosine kinase (BTK) inhibitor. It is only recommended if the conditions in the managed access agreement for autologous anti-CD19-transduced CD3+ cells treatment are followed. **Resource impact:** The resource impact of KTE-X19 will be covered by the Cancer Drugs Fund budget. More evidence on KTE-X19 is being collected until the final results of the ZUMA-2 study are available. After this, NICE will decide whether or not to recommend it for routine use in the NHS and update the guidance. It will be available through the Cancer Drugs Fund until then. This technology is commissioned by NHS England. Providers are NHS hospital trusts. **Action required:** To be discussed with oncology. **TA 678** Omalizumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal) NICE is unable to make a recommendation on omalizumab (Xolair) for treating chronic rhinosinusitis with nasal polyps in adults because Novartis Pharmaceuticals did not provide an evidence submission. We will review this decision if the company decides to make a submission. **Resource impact:** NA **Action required:** NA **TA 679** Dapagliflozin for treating chronic heart failure with reduced ejection fraction Dapagliflozin is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with: • angiotensin-converting enzyme (ACE) inhibitors or angiotensin-2 receptor blockers (ARBs), with beta blockers, and, if tolerated, mineralocorticoid receptor antagonists (MRAs), or • sacubitril valsartan, with beta blockers, and, if tolerated, MRAs. Start treatment of symptomatic heart failure with reduced ejection fraction with dapagliflozin on the advice of a heart failure specialist. Monitoring should be done by the most appropriate healthcare professional. **Resource impact:** Based on assumptions used for England, it is expected this will cost around £10,000 per 100,000 population. This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts and primary care. **Action required:** Dapagliflozin will be added to the formulary as an Amber recommended drug with a link to TA 679 **HST 14** Metreleptin for treating lipodystrophy Metreleptin is recommended, within its marketing authorisation, as an option for treating the complications of leptin deficiency in lipodystrophy for people who are 2 years and over and have generalised lipodystrophy.	

	Metreleptin is recommended as an option for treating the complications of leptin deficiency in lipodystrophy for people who are 12 years and over, have partial lipodystrophy, and do not have adequate metabolic control despite having standard treatments. It is only recommended if they have an HbA1c level above 7.5%, or fasting triglycerides above 5.0 mmol/litre, or both. **Resource impact:** This is commissioned by NHS England – Patients are seen by specialist lipodystrophy services **Action required:** Add to the formulary as a red drug **MTG 55** Leukomed Sorbact for preventing surgical site infection Evidence supports the case for adopting Leukomed Sorbact for closed surgical wounds after caesarean section and vascular surgery. Leukomed Sorbact should be considered as an option for people with wounds that are expected to have low to moderate exudate after caesarean section and vascular surgery. It should be used as part of usual measures to help reduce the risk of surgical site infection. More evidence is needed on the use of Leukomed Sorbact on wounds after other types of surgery. **Resource impact:** This report is supported by a resource impact template which may be used to calculate the resource impact of implementing the guidance by amending the variables. Maternity services and vascular surgery are commissioned by clinical commissioning groups. Providers are NHS hospital trusts. **Action required**: The dressing would be added to the formulary as a Red status after discussion with the tissue viability service. **NG 159** COVID-19 rapid guideline: critical care in adults The purpose of this guideline is to maximise the safety of patients who need critical care during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources **In February 2021 NICE** added advice to follow NHS England's interim clinical commissioning policies on tocilizumab and sarilumab for treating critically ill patients with COVID-19 pneumonia. **NG 161** COVID-19 rapid guideline: delivery of systemic anticancer treatments The purpose of this guideline is to maximise the safety of patients with cancer and make the best use of NHS resources during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to match the capacity for cancer treatment to patient needs if services become limited because of the COVID-19 pandemic. **In February 2021 NICE** reviewed the evidence on the effects of systemic anticancer treatment on risk of severe illness or death in patients with cancer and COVID-19 and made new recommendations. **NG 162** COVID-19 rapid guideline: delivery of radiotherapy The purpose of this guideline is to maximise the safety of patients who need radiotherapy and make the best use of NHS resources, while	

	protecting staff from infection. It will also enable services to match the capacity for radiotherapy to patient needs if services become limited because of the COVID-19 pandemic. **In February 2021 NICE** added 3 recommendations for research following a review of the evidence on the effects of systemic anticancer treatment or radiotherapy on the risk of severe illness or death in patients with cancer and COVID-19. **NG 164** COVID-19 rapid guideline: haematopoietic stem cell transplantation The purpose of this guideline is to maximise the safety of patients who need haemopoietic stem cell transplantation and make the best use of NHS resources, while protecting staff from infection. In February 2021 NICE amended the recommendations on when to defer donations and HSCT for donors and recipients pre-transplant, in line with updated BSBMTCT guidance. They also updated the guidance for staff who are self-isolating, and added a recommendation on vaccination. **NG 189** Safeguarding adults in care homes This guideline covers keeping adults in care homes safe from abuse and neglect. It includes potential indicators of abuse and neglect by individuals or organisations, and covers the safeguarding process from when a concern is first identified through to section 42 safeguarding enquiries. There are recommendations on policy, training, and care home culture, to improve care home staff awareness of safeguarding and ensure people can report concerns when needed. **March 2021** **TA 680** Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma Lenalidomide is recommended as maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma in adults, only if: • the dosage schedule is 10 mg per day on days 1 to 21 of a 28-day cycle and • the company provides lenalidomide according to the commercial arrangement. **Resource impact:** This report is supported by a local resource impact template because the list price of lenalidomide has a discount that is commercial in confidence. The discounted price of lenalidomide can be put into the template and other variables may be amended. This technology is commissioned by NHS England. **Action required:** The formulary entry will be updated with a link to NICE TA 680. **TA 681** Baricitinib for treating moderate to severe atopic dermatitis Baricitinib is recommended as an option for treating moderate to severe atopic dermatitis in adults, only if:	

- the disease has not responded to at least 1 systemic immunosuppressant, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are not suitable, and
- the company provides it according to the commercial arrangement.

Assess response from 8 weeks and stop baricitinib if there has not been an adequate response at 16 weeks, defined as a reduction of at least:

- 50% in the Eczema Area and Severity Index score (EASI 50) from when treatment started and
- 4 points in the Dermatology Life Quality Index (DLQI) from when treatment started.

When using the EASI, take into account skin colour and how this could affect the EASI score, and make appropriate clinical adjustments.

When using the DLQI, take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI, and make any appropriate adjustments.

Resource impact: This report is supported by a local resource impact template because the list price of baricitinib has a discount that is commercial-in-confidence. The discounted price of baricitinib can be put into the template and other variables may be amended. This technology is commissioned by clinical commissioning groups.

Action required: The formulary entry for baricitinib will be updated with a link to NICE TA 681

TA 682 Erenumab for preventing migraine

Erenumab is recommended as an option for preventing migraine in adults, only if:

- they have 4 or more migraine days a month
- at least 3 preventive drug treatments have failed
- the 140mg dose of erenumab is used and
- the company provides it according to the commercial arrangement.

Stop erenumab after 12 weeks of treatment if:

- in episodic migraine (less than 15 headache days a month) the frequency does not reduce by at least 50%
- in chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine) the frequency does not reduce by at least 30%.

Resource impact: No significant resource impact is anticipated This is because the technology is a further treatment option and the overall

	cost of treatment will be similar. Erenumab is commissioned by clinical commissioning groups. **Action required:** Erenumab will be added to the formulary as a red drug with a link to NICE TA 682. The place of erenumab alongside other antimigraine treatment drugs is being considered by the migraine clinics at Southampton University Hospitals Trust. **TA 683** Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer Pembrolizumab with pemetrexed and platinum chemotherapy is recommended as an option for untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR)-positive or anaplastic lymphoma kinase (ALK)-positive mutations. This is only if: • it is stopped at 2 years of uninterrupted treatment, or earlier if the disease progresses and • the company provides pembrolizumab according to the commercial arrangement. **Resource impact:** This report is supported by a local resource impact template because the list price of pembrolizumab has a discount that is commercial in confidence. The discounted price of pembrolizumab can be put into the template and other variables may be amended. This technology is commissioned by NHS England. **Action required:** The formulary entries for pembrolizumab and pemetrexed will be updated with a link to NICE TA 683. **TA 684** Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease Nivolumab is recommended, within its marketing authorisation, as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease. It is recommended only if the company provides nivolumab according to the commercial arrangement. **Resource impact:** This report is supported by a local resource impact template because the list price of nivolumab has a discount that is commercial in confidence. The discounted price of nivolumab can be put into the template and other variables may be amended. This technology is commissioned by NHS England. **Action required:** The formulary entry for nivolumab will be updated with a link to NICE TA 684. **TA 685** Anakinra for treating Still's disease Anakinra is recommended as an option for treating Still's disease with moderate to high disease activity, or continued disease activity after non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids. It is only recommended for: • adult-onset Still's disease that has responded inadequately to 2 or more conventional disease-modifying antirheumatic drugs (DMARDs)	

	• systemic juvenile idiopathic arthritis in people 8 months and older with a body weight of 10 kg or more that has not responded to at least 1 conventional DMARD **Resource impact**: No significant resource impact is anticipated. This technology is commissioned by NHS England. **Action required:** The formulary entry for anakinra will be updated with a link to NICE TA 685. **TA 686** Blinatumomab for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia (terminated appraisal) NICE is unable to make a recommendation on blinatumomab (Blincyto) for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia in adults because Amgen UK did not provide an evidence submission. NICE will review this decision if the company decides to make a submission. **TA 687** Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy Ribociclib plus fulvestrant is recommended as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in adults who have had previous endocrine therapy only if: • exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor, and • the company provides ribociclib according to the commercial arrangement. **Resource impact:** No significant resource impact is anticipated. This technology is commissioned by NHS England. **Action required**: The formulary entries for ribociclib and fulvestrant will be updated with a link to NICE TA 687 **TA 688** Selective internal radiation therapies for treating hepatocellular carcinoma The selective internal radiation therapy (SIRT) SIR-Spheres is recommended as an option for treating unresectable advanced hepatocellular carcinoma (HCC) in adults, only if: • used for people with Child–Pugh grade A liver impairment when conventional transarterial therapies are inappropriate, and • the company provides SIR-Spheres according to the commercial arrangement. The SIRT TheraSphere is recommended as an option for treating unresectable advanced HCC in adults, only if:	

- used for people with Child–Pugh grade A liver impairment when conventional transarterial therapies are inappropriate, and
- the company provides TheraSphere according to the commercial arrangement.

The SIRT QuiremSpheres is not recommended for treating unresectable advanced HCC in adults.

Resource impact: This report is supported by a local resource impact template because the list price of TheraSphere and SIR-Spheres have discounts that are commercial in confidence. The discounted prices of TheraSphere and SIR-Spheres can be put into the template and other variables may be amended. The technologies are commissioned by NHS England.

Action required: not applicable, the treatment will be administered by specialist centres, the TA has been noted by APC.

NG 80 Asthma: diagnosis, monitoring and chronic asthma management
This guideline covers diagnosing, monitoring and managing asthma in adults, young people and children. It aims to improve the accuracy of diagnosis, help people to control their asthma and reduce the risk of asthma attacks. It does not cover managing severe asthma or acute asthma attacks.
In March 2021, NICE highlighted the importance of including advice in the personalised action plan on minimising indoor air pollution and reducing exposure to outdoor air pollution.

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.

March 2021: NICE has issued a clarification on recommendations for the use of unlicensed cannabis-based medicinal products for severe treatment-resistant epilepsy. This clarification has the same status as the guideline and should be read alongside it.

NICE has published technology appraisal guidance on cannabidiol with clobazam for treating seizures associated with Lennox-Gastaut syndrome and Dravet syndrome.

NG 167 COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders
The purpose of this guideline is to maximise the safety of children and adults with rheumatological autoimmune, inflammatory and metabolic bone disorders during the COVID-19 pandemic, while protecting staff from infection. It also enables services to make the best use of NHS resources.

	In March 2021, NICE integrated content from the NHS England specialty guide on rheumatology during the coronavirus pandemic into this guideline. This includes information on making treatment decisions based on the person's condition and their medicines, advice on shielding and self-isolation, and recommendations on organising services based on COVID-19 prevalence. **NG 190** Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing This guideline sets out an antimicrobial prescribing strategy for secondary bacterial infection of eczema and covers infection of other common skin conditions. It aims to optimise antibiotic use and reduce antibiotic resistance. The recommendations are for adults, young people and children aged 72 hours and over. They do not cover diagnosis. This guideline updates and replaces some recommendations on managing infections in the NICE guideline on atopic eczema in under 12s: diagnosis and management. **NG 192** Caesarean birth This guideline covers when to offer caesarean birth, discussion of caesarean birth, procedural aspects of the operation, and care after caesarean birth. It aims to improve the consistency and quality of care for women who are thinking about having a caesarean birth or have had a previous caesarean birth and are pregnant again. **In March 2021:** NICE reviewed the evidence and made new recommendations on the benefits and risks of caesarean birth compared with vaginal birth, methods to reduce infectious morbidity, methods for uterine closure, methods to prevent and treat hypothermia and shivering, monitoring after caesarean birth and pain relief. These recommendations are marked. NICE also made some changes without an evidence review: • updated some wording to bring the language and style up to date, without changing the meaning. • updated some recommendations to bring them in line with current terminology and practice. • combined, clarified or reworded some recommendations to make them clearer and to improve ease of reading.	
6.17.6.2	**EAMS** **Avalglucosidase alfa in the treatment of Pompe disease** EAMS indication: Treatment of late-onset Pompe disease (LOPD) in patients with symptoms and who have received alglucosidase alfa (Myozyme) for at least 2 years. Treatment of infantile-onset Pompe disease (IOPD) in patients at least 1 year old who have symptoms and have received alglucosidase alfa (Myozyme) for at least 6 months. The committee noted the EAMS.	
6.17.6.3	**Portsmouth Hospitals FMG update:**	

	Alteplase and dornase for treatment of empyema or complicated parapneumonic effusions – approved to be prescribed by registrars or consultants only (red status). **Bevacizumab Intravitreal Injection retinopathy of prematurity-** approved **Free of Charge Scheme Application: Ranibizumab for Threshold Retinopathy of Prematurity -** approved **Lanreotide for Severe symptomatic polycystic liver disease in patients with autosomal dominant polycystic kidney disease (ADPKD) (unlicensed).-** approved for non-formulary request The committee noted these decisions	
6.17.6.4	**Solent update** Verbal update by Luke Groves Services are now back to normal and the vaccine program is ongoing. The Medicines at Home team currently have staffing challenges but Solent are currently recruiting in to this team. A new Controlled Drugs technician has started who will help standardise practice and deal with incidents that occur. Ian McCafferty has started in the post of Clinical Director for Mental Health.	
6.17.6.5	**Southern Health update** Verbal update by Vanessa Lawrence Dr Steve Tompkins has started as the new Chief Medical Officer.	
6.17.6.6	**DPC update** The minutes from DPC were noted. All the medication approved at DPC in February are already on the Portsmouth Area Formulary so no further changes will be made.	
6.17.6.7	**MEC update** It was noted that MEC gave a favourable review of enerzair, atectura and Trimbow (license extension for asthma) and that this will be submitted to DPC. MEC highlighted that chloramphenicol eye drops should not be used in children under 2 years old because of the Boron content but chloramphenicol eye ointment could be used. This information has already been sent out.	
6.17.6.8	**Wound Formulary update** Nil received	
6.17.6.9	**Hampshire Medicines Safety Group** Not available Debby Crockford fed back that that the introduction of steroid cards had been discussed at the meeting and that searches were available to identify patients on steroids via Prescqipp and ARDENs. However there would still be problems with patients accessing the cards if they were not seen by their GPs face to face. Debby highlighted that patients should not be sent to their local pharmacies to obtain these cards. The local CCGs should liaise with Debby with regards plans for implementation.	
6.17.6.10	**Drug Safety Update and Patient Safety Alerts** The Drug safety update was noted.	
6.17.6.11	**Regional Medicines Optimisation Committees** The minutes from the RMOC were noted	
6.17.6.12	**NHSE Specialised Commissioning**	

	It was highlighted that the use of defibrotide in severe veno-occlusive disease following stem cell transplant would be deemed affordable from April 2021. Stem cell transplantation is currently carried out by specialist centres and any patients with adverse effects arising due to the transplant would be transferred back to the specialist centre for management. PHUT currently do not carry out stem cell transplants. Defibrotide is commissioned by NHS England.	
6.17.6.13	**Priorities committee** Nil presented	
6.17.7	**Any other business:** The Hampshire Medicines Evaluation Request Form was presented and noted to be available should a medicines evaluation be needed in the future when the combined local prescribing committees have been developed. Simon Cooper : RMOC will be splitting in to 2 sections and RMOC South East will be the designated committee for the Portsmouth, Fareham and Gosport and South East Hampshire Area. Debby Crockford: LPC will be supporting and working with PCN leads to identify suitable and willing community pharmacists, one from each PCN in Hampshire and the Isle of Wight, who will then liaise with a GP practice in their PCN which is interested and keen to get started with the GP Community Pharmacy Consultation Service. The community pharmacist, along with guidance from the LPC, will be able to help the GP practice get up and running, thereby freeing GP appointment slots for those most in need of a GP consultation. Tin Orchel: Presquipp and ARDENs have updated their steroid card searches that can be used to identify patients who may require a new steroid card. Jon Durand: There is currently a lot of generic prescribing of enoxaparin, however it should be prescribed by brand name for safety reasons as it is a biosimilar and the devices for each preparation are different. It has been highlighted that the Portsmouth area formulary currently has clexane and inhixa on it with the recommendation to continue the brand that a patient has been started on. Inhixa is currently the preferred product in the Portsmouth and Hampshire area however it is recognised that patients may be prescribed different brands if they attend a hospital out of the area. It has been decided to amend the formulary to mirror the SUHT formulary entry for enoxaparin and remove particular brand names in the title but state the following: • Enoxaparin should be prescribed using the brand name, • that patients should remain on the brand they are already on • that the current preferred brand is inhixa. A local prescribing bulletin highlighting this information has been sent out to the practices and will be linked to the formulary entry The local prescribing systems also need to be checked to try to minimise generic prescribing. Helen McHale: Some drugs on the formulary have a particular brand stated which is not always the most cost effective or readily available version of the drug. It has been decided to remove the brand names of metformin mr and sodium hyaluronate eyedrops to facilitate cost	

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<tr><td></td><td>effective prescribing of currently available products in both primary and secondary care.
It has also been highlighted that the prescribing status of prograf and mycophenolate sodium may be limiting the uptake of shared care for patients on these drugs. It was agreed to change:
prograf capsules from “Red for renal indications” to “RED for Renal transplant patients” and “amber shared care for non-transplant indications”
and mycophenolate sodium to have the additional status of amber shared care for non-transplant indications when a shared care agreement has been written. The branded name for mycophenolate sodium will be removed as the brand stated on the formulary is no longer being used.</td><td></td></tr>
<tr><td>6.17.8</td><td>Dates of future meetings:<table><tr><th>2021</th><th>2022</th></tr><tr><td>18th June</td><td>18th February</td></tr><tr><td>20th August</td><td></td></tr><tr><td>15th October</td><td></td></tr><tr><td>17th December</td><td></td></tr></table></td><td></td></tr>
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