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 26th February 2021
Via MS Teams,
Draft notes

6.20.1	**Attendance** Alastair Bateman (Chair), Helen McHale (secretary), Mike Stewart, Nick Moore, Vanessa Lawrence, Phil Foster, Simon Cooper, Jon Durand, Debby Crockford, Luke Groves, Jennifer Etherington, Jason Peet, Tin Orchel, Nigel Sampson (presented a document) Iain Cranston (presented a document), Geraint Morton (presented a document), Sandra Jury (presented a document), Nazeer Padma (presented a document) **Apologies for absence** Sarah Nolan, Clare Sieber, Bex Heaton	
6.20.1.1	**Declarations of Interest** None to declare	
6.20.2	**DRAFT Notes of last meeting** Accepted as an accurate record **Action log** APC action log February 2021.docx	
6.20.3	**Matters arising** For noting • Xgeva updated Shared care guideline Information on the agreed consent process was added, in addition to changing the primary care suggested calcium/vitamin D3 options to those included on the formulary as requested at the APC meeting in October 2020 Denosumab (XGEVA) for bone m **APC decision** The committee have approved the guideline for publication.	
6.20.4	**Formulary Management – applications for approval**	
6.20.4.1	**Glycopyrronium business case** Submitted by Jennifer Etherington (Solent), Zoe Hemsley (PHU) and Sandra Jury The committee received an application from the Specialist Parkinson's team for the addition of glycopyrronium bromide tablets (1mg and 2mg) and liquid (1mg/5ml) to the formulary. The application requested that oral glycopyrronium is available for the management of saliva in patients with parkinsons disease where their drooling may be putting them at risk of aspiration, once non-pharmaceutical intervention has become ineffective.	

	The drug would be prescribed and monitored for efficacy and adverse effects initially by the Parkinsons specialist nurse prescriber's or consultant geriatrician's and then provided response was satisfactory the prescribing would be handed over to the patients GP. **APC decision** The committee questioned whether the secondary care services had enough nursing staff with the prescribing qualification to prescribe this. If a specialist nurse did not have a prescribing qualification they would request a consultant geriatrician prescribes the drug. The committee requested that this process was fed back to all local area Parkinson's specialist teams The committee accepted the drug for amber initiation.	HM
6.20.4.2	**Glycopyrronium liquid business care** Submitted by Nazeer Padma The committee received an application for the addition of glycopyrronium 320mcg/ml liquid to the formulary, from the paediatric department at PHU. The application requested that glycopyrronium liquid is available for the management of hypersalivation in paediatrics. This is a licensed preparation and will replace the previously used unlicensed glycopyrronium 5mg/5ml liquid, which is not available any more. The drug would be initiated by consultant paediatricians and their team and then prescribing may be handed over to the patients GP. **APC decision** The committee accepted the drug for amber initiation.	HM
6.20.4.3	**Lyumjev business case** Submitted by Iain Cranston The committee received an application for the addition of lyumjev to the formulary from the diabetes department at PHU. The application requested that lyumjev is available for individuals with insulin treated diabetes who: 1 use meal- time insulin in line with DAFNE principles and 2 experience documented and significant post prandial glucose excursions which are caused either as a result of delayed absorption of standard preparations or an inability to pre-bolus because of life style/ occupational considerations. The drug could be started by all prescribers **APC decision** The committee accept the drug for green initiation.	HM
6.20.4.4	**Semaglutide (rybelsus) tablets business case revisit** Submitted by Iain Cranston This application was brought back to APC to discuss its formulary prescribing status and whether this could be changed from Amber recommended to green as it had been given green status on the Southampton Joint Formulary. **APC decision**	

	It was felt that until there is more familiarity with the use of this oral preparation of semaglutide the status should continue to be amber recommended. It was also highlighted that while oral semaglutide has been given green status on the Southampton joing formulary it is still not recommended as a first line agent and is subject to restrictions and so in this case was being recommended in a similar way as the amber recommended classification on the Portsmouth Area Formulary.	HM
6.20.4.5	**Sacubitril/Valsartan – change in prescribing agreement** Submitted by Geraint Morton. The committee received an application to change the formulary status of sacubitril/valsartan from A SC to "Amber recommended" and to remove the requirement to use the shared care forms for the drug. The current agreement is limiting the initiation of the drug in a number of patients who could benefit from it due to pressures in the system from covid. The application proposes that sacubitril/valsartan would be initiated by GPs after recommendation by secondary care. Secondary care would supply dose initiation and titration information via clinic letters or direct messages on system one. Monitoring of the drug would remain the responsibility of the secondary care and the heart failure community nurse team until the patient is discharged from the heart failure service. **APC decision** The committee accept the proposal to change the formulary status from A SC to Amber recommended and to remove the requirement to complete the shared care agreement document.	HM
6.20.4.6	**Dapaglifozin – heart failure** Submitted by Geraint Morton The committee received an application to allow dapagliflozin to be used for heart failure with reduced ejection fraction. Since the application has been submitted NICE TA 679 Dapagliflozin for treatment chronic heart failure with reduced ejection fraction has been published. This recommends that dapagliflozin is an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults as an add on to optimised standard care. The drug should be started on the advice of a heart failure specialist. **APC decision** The committee accept the proposal to add dapagliflozin for heart failure to the formulary entry as an Amber recommended drug with a link to TA 679.	HM
6.20.5	**Drug therapy and shared care guidance for approval**	
6.20.5.1	**Anticipatory Medications Template (for noting)** Submitted by Steve Plenderleith The anticipatory Medications Template has been developed to guide clinicians in starting safe doses of end of life anticipatory medicines. It has already been distributed to all EMIS and SystemONE practices via Southampton and Portsmouth CCG IT departments. **APC decision** The template was approved for use.	
6.20.5.2	**Management of high INRs in primary care** Submitted by Jon Durand This leaflet provides information and guidance for General Practitioners on the indications, treatment regimens and practicalities or supplying vitamin K in the community	

	APC decision The Out Of Hours information does not reflect current practice. Helen McHale to discuss with the anticoagulation clinic at PHU.	HM
6.20.5.3	**FreeStyle libre – update to commissioning statement** Submitted by Iain Cranston The committee received a request to update the eligibility criteria for access to FreeStyle Libre to include those with a learning disability. –Dr Cranston has since highlighted that the criteria guidance for freestyle libre will be reviewed at the SHIP meeting in the future and so the current criteria document on the formulary page from 2018 will remain unchanged until SHIP produces its updated guidance. A leaflet highlighting that the new free style libre 2 meter that is in the process of being sent out to GP's was also submitted for noting. This highlighted that patients using a reader would need a new reader with the freestyle libre 2, where to obtain the new reader from and that new sensors will need to be prescribed for the new meters. **APC decision** Noted	HM
6.20.5.4	**SLT Thickener requesting process** Submitted by Solent SLT team The committee received a guideline proposing changes to the process for requesting fluid thickeners are prescribed by GPs. **APC decision** It was felt that information on dosing should be included in the guideline. It was also felt that the process for communicating the request for the prescription could be streamlined by creating a "task" on System 1 for the request rather than needing to send a letter requesting a prescription and documenting the request in the notes on System 1. Jennifer Etherington to work with the Speech and Language team to build the "task" for requesting the prescription on System 1. The changes to the guideline are to be sent to the APC chairman for final approval and noting.	JE
6.20.5.5	**Melatonin shared Care guideline** Submitted by Samantha Owen The shared care guideline for Melatonin for sleep disorders in children has been submitted for approval by the Basingstoke, Southampton and Winchester District Prescribing Committee. Questions were raised again regarding the inclusion of the Colonis and syncrodin brands of melatonin and around the GP/specialists monitoring responsibilities. **APC decision** Helen McHale to discuss the guideline with the PHU paediatric pharmacy team and CAMHs and the author.	HM
6.20.5.6	**Methylphenidate MR Shared Care Guideline** Submitted by Nigel Sampson A shared care guideline for methylphenidate mr was received by the committee to support the prescribing of this drug in primary care. This guideline has been approved by Solent Governance committee prior to being presented to the APC committee. **APC decision**	

	It was felt that monitoring of blood pressure, pulse and growth should be included as monitoring parameters that CAMHS should be responsible for. The changes are to be presented to the deputy chairman of APC for approval and then sent to CAG to enable the promotion of the guidelines.	NS and NM
6.20.5.7	**Lisdexamfetamine Shared Care Guideline** Submitted by Nigel Sampson A shared care guideline for lisdexamfetamine was received by the committee to support the prescribing of this drug in primary care. This guideline has been approved by Solent Governance committee prior to being presented to the APC committee. **APC decision** It was felt that monitoring of blood pressure, pulse and growth should be included as monitoring parameters that CAMHS should be responsible for. The changes are to be presented to the deputy chairman of APC for approval and then sent to CAG to enable the promotion of the guidelines.	NS and NM
6.20.5.8	**Guanfacine Shared Care Guideline** Submitted by Nigel Sampson A shared care guideline for guanfacine was received by the committee to support the prescribing of this drug in primary care. This guideline has been approved by Solent Governance committee prior to being presented to the APC committee. **APC decision** It was felt that monitoring of blood pressure, pulse and growth should be included as monitoring parameters that CAMHS should be responsible for. The changes are to be presented to the deputy chairman of APC for approval and then sent to CAG to enable the promotion of the guidelines.	NS and NM
6.20.5.9	**Methylphenidate Shared Care Guideline** Submitted by Nigel Sampson A shared care guideline for methylphenidate was received by the committee to support the prescribing of this drug in primary care. This guideline has been approved by Solent Governance committee prior to being presented to the APC committee. **APC decision** It was felt that monitoring of blood pressure, pulse and growth should be included as monitoring parameters that CAMHS should be responsible for. The changes are to be presented to the deputy chairman of APC for approval and then sent to CAG to enable the promotion of the guidelines.	NS and NM
6.20.5.10	**Atomoxetine Shared Care Guideline** Submitted by Nigel Sampson A shared care guideline for atomoxetine was received by the committee to support the prescribing of this drug in primary care. This guideline has been approved by Solent Governance committee prior to being presented to the APC committee. **APC decision** It was felt that monitoring of blood pressure, pulse and growth should be included as monitoring parameters that CAMHS should be responsible for. The changes are to be presented to the deputy chairman of APC for approval and then sent to CAG to enable the promotion of the guidelines.	NS and NM

6.20.6	Items for note/consultation	
6.20.6.1	**NICE developments:** **NICE updates October 2020** **TA 653:** Osimertinib for treating EGFR T790M mutation-positive advanced non-small-cell lung cancer Osimertinib is recommended as an option for treating epidermal growth factor receptor (EGFR) T790M mutation-positive locally advanced or metastatic non-small-cell lung cancer (NSCLC) in adults, only if: • their disease has progressed after first-line treatment with an EGFR tyrosine kinase inhibitor and • the company provides osimertinib according to the commercial arrangement. **Resource impact:** No significant resource impact is expected. This technology is commissioned by NHS England. **Action required:** The Osimertinib formulary entry will be updated with the link to TA653. **TA 654:** Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer Osimertinib is recommended, within its marketing authorisation, as an option for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides osimertinib according to the commercial arrangement. **Resource impact:** A local resource impact template has been produced as the list price of osimertinib has a discount that is commercial in confidence. This technology is commissioned by NHSE. **Action required:** The formulary entry for Osimertinib will be updated with a link to TA653 **TA 655:** Nivolumab for advanced squamous non-small-cell lung cancer after chemotherapy Nivolumab is recommended as an option for treating locally advanced or metastatic squamous non-small-cell lung cancer (NSCLC) in adults after chemotherapy, only if: • it is stopped at 2 years of uninterrupted treatment, or earlier if their disease progresses and • they have not had a PD-1 or PD-L1 inhibitor before. It is recommended only if the company provides nivolumab according to the commercial arrangement. **Resource impact:** No significant resource impact is expected, the number of people eligible for treatment is expected to be small and the treatment is already in use in the Cancer Drugs Fund. **Action required:** The formulary entry for nivolumab will be updated with a link to NICE TA655. **NG 183:** Behaviour change: digital and mobile health interventions This guideline covers interventions that use a digital or mobile platform to help people eat more healthily, become more active, stop smoking, reduce their alcohol intake or practise safer sex. The interventions include those delivered by text message, apps, wearable devices or the internet. The guideline only includes those that are delivered by the technology itself and not by healthcare professionals using technology to deliver interventions.	HM

	NG 100: Rheumatoid arthritis in adults: management In **October 2020**, NICE amended the 'treat to target' recommendations to clarify that multiple disease-modifying anti-rheumatic drugs can be offered one after the other to achieve treatment targets. **NG 163:** COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community In **October 2020**, NICE amended recommendations on taking into account a patient's existing medicines to link to MHRA advice on warfarin and other anticoagulants – monitoring of patients during the COVID-19 pandemic, which includes reports of supratherapeutic anticoagulation with warfarin. **NG 170:** COVID-19 rapid guideline: cystic fibrosis **In October 2020,** NICE withdrew their recommendations on reducing or deprioritising cystic fibrosis registry data entry, limiting transplant services and deferring transition to adult services because these emergency measures are no longer needed. **NG 173:** COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital In **October 2020**, NICE amended the cefuroxime dosage for adults in line with the summaries of product characteristics. **NICE Updates November 2020** **TA 71** Guidance on the use of coronary artery stents In November 2020 NICE updated recommendation 1.1 when NICE's guideline on acute coronary syndromes was published to say : For recommendations on drug-eluting stents for people with unstable angina, non-ST-segment-elevation myocardial infarction (NSTEMI) or ST-segment-elevation myocardial infarction (STEMI), see recommendation 1.1.18 and recommendation 1.2.18 in NICE's guideline on acute coronary syndromes. **[2020]** **TA 152** Drug-eluting stents for the treatment of coronary artery disease **In November 2020 NICE updated** recommendation 1.1 when NICE's guideline on acute coronary syndromes was published: Drug-eluting stents are recommended for use in percutaneous coronary intervention for treating stable angina, within their instructions for use, only if: • the target artery to be treated has less than a 3-mm calibre or the lesion is longer than 15 mm, and • the price difference between drug-eluting stents and bare-metal stents is no more than £300. **[2020]** **TA 656:** Siponimod for treating secondary progressive multiple sclerosis Siponimod is recommended, within its marketing authorisation, as an option for treating secondary progressive multiple sclerosis with	

	evidence of active disease (that is, relapses or imaging features of inflammatory activity) in adults. It is recommended only if the company provides siponimod according to the commercial arrangement. **Resource impact:** A local resource impact template has been produced because the list price of siponimod has a discount that is commercial in confidence. This technology is commissioned by NHS England. **Action required:** Siponimod will be added to the formulary as a red agent for use as per NICE criteria with a link to TA656 **TA 657:** Carfilzomib for previously treated multiple myeloma Carfilzomib with dexamethasone is recommended as an option for treating multiple myeloma in adults, only if: • they have had only 1 previous therapy and • the company provides carfilzomib according to the commercial arrangement. **Resource impact:** A local resource impact template has been produced because the list price of carfilzomib has a discount that is commercial-in-confidence. This technology is commissioned by NHS England. Providers are NHS hospital trusts. **Action required:** The formulary entry for carfilzomib will be updated with a link to TA 657 **TA 658:** Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma Isatuximab, plus pomalidomide and dexamethasone, is recommended for use within the Cancer Drugs Fund as an option for treating relapsed and refractory multiple myeloma in adults who have had lenalidomide and a proteasome inhibitor, and whose disease has progressed on their last treatment, only if: • they have had 3 previous lines of treatment • the conditions in the managed access agreement for isatuximab plus pomalidomide and dexamethasone are followed. **Resource impact:** this is recommended for use in the cancer drugs fund **Action required:** Isatuximab will be added to the formulary as a red agent for use as per NICE criteria with a link to TA 658, the formulary entry for pomalidomide will be updated with a link to TA 658. **TA 659** Galcanezumab for preventing migraine Galcanezumab 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 and	

	• the company provides it according to the commercial arrangement. **Resource impact:** A local resource impact template has been produced because the list price of galcanezumab and other options have discounts that are commercial in confidence. This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts Galcanezumab is excluded from the National Tariff Payment System. Commissioners and providers should agree funding arrangements locally. 3.3 Galcanezumab falls within the programme budgeting category 7A Neurological – Chronic Pain. **Action Required:** Galcanezumab will be added to the area prescribing formulary as a red agent with a link to NICE TA 659. Planned use in practice will be discussed with neurology **TA 660** Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer Darolutamide with androgen deprivation therapy (ADT) is recommended, within its marketing authorisation, as an option for treating hormone-relapsed prostate cancer in adults at high risk of developing metastatic disease. It is recommended only if the company provides darolutamide according to the commercial arrangement. **Resource impact:** This report is supported by a local resource impact template because the list price of darolutamide has a discount that is commercial in confidence. This technology is commissioned by NHS England. **Action required:** Darolutamide will be added to the area prescribing formulary as a red agent for use as per NICE criteria with a link to NICE TA 660 **TA 661** Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma Pembrolizumab is recommended as an option for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a combined positive score (CPS) of 1 or more. This is only if: • pembrolizumab is given as a monotherapy • pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if 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. This technology is commissioned NHS England. **Action Required:** the formulary entry for pembrolizumab will be updated with a link to TA 661.	

	NG 161 COVID-19 rapid guideline: delivery of systemic anticancer treatments **In November 2020 NICE** removed the option to defer treatments that prevent long-term complications, and amended guidance on treatments suitable for home delivery. **NG 184** Human and animal bites: antimicrobial prescribing In November 2020 NICE set out an antimicrobial prescribing strategy for human and animal bites (excluding insect bites) in adults, young people and children aged 72 hours and over. It aims to optimise antibiotic use and reduce antibiotic resistance. NG 185 Acute coronary syndromes This guideline covers the early and longer-term (rehabilitation) management of acute coronary syndromes. These include ST-segment elevation myocardial infarction (STEMI), non-ST-segment elevation myocardial infarction (NSTEMI) and unstable angina. The guideline aims to improve survival and quality of life for people who have a heart attack or unstable angina. NG 186 COVID-19 rapid guideline: reducing the risk of venous thromboembolism in over 16s with COVID-19 This guideline covers pharmacological VTE prophylaxis for patients being treated for COVID-19 pneumonia. It includes patients receiving treatment in hospital or in a community setting such as a 'hospital at home' service or COVID-19 'virtual ward'. The guideline applies to all patients with COVID-19 pneumonia, including those who have other conditions. **December 2020** **TA 663** Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia Venetoclax plus obinutuzumab is recommended as an option for untreated chronic lymphocytic leukaemia (CLL) in adults, only if: • there is a 17p deletion or TP53 mutation, or • there is no 17p deletion or TP53 mutation, and fludarabine plus cyclophosphamide and rituximab (FCR), or bendamustine plus rituximab (BR), is unsuitable, and • the companies provide the drugs according to the commercial arrangements. Venetoclax plus obinutuzumab is recommended for use within the Cancer Drugs Fund as an option for untreated CLL in adults, only if: • there is no 17p deletion or TP53 mutation, and FCR or BR is suitable, and • the conditions in the managed access agreement for venetoclax plus obinutuzumab are followed.	

	Resource impact: This report is supported by a local resource impact template because the list price of venetoclax with obinutuzumab has a discount that is commercial in confidence. This technology is commissioned by NHS England and the Cancer Drugs Fund depending on the above indications.. Providers are NHS hospital trusts **Actions required:** the formulary entry for venetoclax will be amended to include a link to NICE TA 663. The formulary entry for obinutuzumab will be amended to include a link to NICE TA 663 **TA 664** Liraglutide for managing overweight and obesity Liraglutide is recommended as an option for managing overweight and obesity alongside a reduced-calorie diet and increased physical activity in adults, only if: • they have a body mass index (BMI) of at least 35 kg/m^2 (or at least 32.5 kg/m^2 for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population) and • they have non-diabetic hyperglycaemia (defined as a haemoglobin A1c level of 42 mmol/mol to 47 mmol/mol [6.0% to 6.4%] or a fasting plasma glucose level of 5.5 mmol/litre to 6.9 mmol/litre) and • they have a high risk of cardiovascular disease based on risk factors such as hypertension and dyslipidaemia and • it is prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service and • the company provides it according to the commercial arrangement. **Resource impact:** This report is supported by a local resource impact template because the list price of liraglutide has a discount that is commercial in confidence. This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts. **Action required:** A formulary entry will be included to allow liraglutide to be a red agent for managing overweight and obesity as per NICE TA 664 – Prescribing arrangements and use in the Portsmouth area will be investigated **TA 665** Upadacitinib for treating severe rheumatoid arthritis Upadacitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs), only if: • disease is severe (a disease activity score [DAS28] of more than 5.1) and • the company provides upadacitinib according to the commercial arrangement. Upadacitinib, 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 upadacitinib according to the commercial arrangement. Upadacitinib, 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 upadacitinib according to the commercial arrangement. Upadacitinib can be used as monotherapy for people who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria in sections 1.1, 1.2 or 1.3 are met. Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. After an initial response within 6 months, stop treatment if at least a moderate EULAR response is not maintained. **Resource impact:** No significant resource impact is anticipated because the drug is a further treatment option and is available at a similar price to the current treatment options. Upadacitinib is commissioned by clinical commissioning groups. Providers are NHS hospital trusts. **Action required:** Upadacitinib will be added to the formulary as a red agent for use as per NICE TA 665 **TA 666** Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma Atezolizumab plus bevacizumab is recommended as an option for treating advanced or unresectable hepatocellular carcinoma (HCC) in adults who have not had previous systemic treatment, only if: • they have Child-Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and • the company provides it according to the commercial arrangement. **Resource impact:** This report is supported by a local resource impact template because the list price of atezolizumab with bevacizumab has a discount that is commercial in confidence. The discounted price of atezolizumab with bevacizumab 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 atezolizumab will be updated with a link to NICE TA 666. Bevacizumab will be added to the formulary as a red agent for use as per NICE TA 666 only. **TA 667** Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura Caplacizumab with plasma exchange and immunosuppression is recommended, within its marketing authorisation, as an option for treating an acute episode of acquired thrombotic thrombocytopenic purpura (TTP) in adults, and in young people aged 12 years and over who weigh at least 40 kg. Treatment should be started and supervised by physicians experienced in managing thrombotic microangiopathies. It is recommended only if the company provides caplacizumab according to the commercial arrangement. **Resource impact:** This report is supported by a local resource impact template because the list price of caplacizumab has a discount that is commercial-in-confidence. The discounted price of caplacizumab can be put into the template and other variables may be amended. This technology is commissioned by NHS England. Providers are NHS specialist centres. **Action required:** caplacizumab will be added to the formulary as a red agent as per NICE TA 667 **NG 3** Diabetes in pregnancy: management from preconception to the postnatal period This guideline covers managing diabetes and its complications in women who are planning pregnancy or are already pregnant. It aims to improve the diagnosis of gestational diabetes and help women with diabetes to self-manage their blood glucose levels before and during pregnancy. **In December 2020:** NICE have reviewed the evidence and made new recommendations on continuous glucose monitoring (CGM) and intermittently scanned CGM (flash) during pregnancy for women with type 1 diabetes. NICE have also made some changes without an evidence review: • have made minor amendments to recommendation 1.1.3 for clarity • have updated recommendation 1.1.12 to clarify timing of measurement • have added out-of-hours support to recommendation 1.3.20 • have made minor amendments to recommendation 1.3.25 to clarify the actions • have updated recommendations on retinal assessment before pregnancy in line with the diabetic eye screening programme • have removed glibenclamide from the guideline (including from recommendations 1.3.6 and 1.6.4) because it has been discontinued	

	• have added referral to the NHS Diabetes Prevention Programme to recommendation 1.6.11. In some other recommendations, minor changes have been made to the wording to bring the language and style up to date, without changing the meaning. NICE added text at the beginning of the section on insulin treatment and hypoglycaemia to highlight a Medicines and Healthcare products Regulatory Agency safety update reminding patients to rotate insulin injection sites within the same body region to avoid cutaneous amyloidosis. **NG 17** Type 1 diabetes in adults: diagnosis and management This guideline covers care and treatment for adults (aged 18 and over) with type 1 diabetes. In **December 2020**, NICE made minor changes to the recommendations on diabetic retinopathy to align them with the NHS diabetic eye screening programme. **NG 18** Diabetes (type 1 and type 2) in children and young people: diagnosis and management This guideline covers the diagnosis and management of type 1 and type 2 diabetes in children and young people aged under 18. The guideline recommends how to support children and young people and their families and carers to maintain tight control of blood glucose to reduce the long-term risks associated with diabetes. In **December 2020,** NICE reviewed the evidence and updated the recommendations on fluid therapy for children and young people with diabetic ketoacidosis. NICE also amended recommendations 1.2.4, 1.2.117 and 1.3.52 to provide clarity about eye examinations and to bring them in line with the diabetic eye screening programme. **NG 28** Type 2 diabetes in adults: management This guideline covers care and management for adults (aged 18 and over) with type 2 diabetes. It focuses on patient education, dietary advice, managing cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications. In **December 2020,** NICE made minor changes to the recommendations on diabetic retinopathy to align them with the NHS diabetic eye screening programme. **NG 69** Eating disorders: recognition and treatment This guideline covers assessment, treatment, monitoring and inpatient care for children, young people and adults with eating disorders. It aims to improve the care people receive by detailing the most effective	

	treatments for anorexia nervosa binge eating disorder and bulimia nervosa. In December 2020, NICE highlighted the importance of rotating insulin injection sites within the same body region, in line with an MHRA Drug Safety Update on insulins (all types): risk of cutaneous amyloidosis at injection site. **NG 104** Pancreatitis This guideline covers managing acute and chronic pancreatitis in children, young people and adults. It aims to improve quality of life by ensuring that people have the right treatment and follow-up, and get timely information and support after diagnosis. In December 2020, NICE highlighted the importance of rotating insulin injection sites within the same body region, in line with an MHRA Drug Safety Update on insulins (all types): risk of cutaneous amyloidosis at injection site. **NG 187** COVID-19 rapid guideline: vitamin D This guideline covers vitamin D use in the context of COVID-19. It is for adults, young people and children in hospitals and community settings. Vitamin D is important for bone and muscle health. It may also have a role in the body's immune response to respiratory viruses. **NG188** COVID-19 rapid guideline: managing the long-term effects of COVID-19 This guideline covers identifying, assessing and managing the long-term effects of COVID-19, often described as 'long COVID'. It makes recommendations about care in all healthcare settings for adults, children and young people who have new or ongoing symptoms 4 weeks or more after the start of acute COVID-19. It also includes advice on organising services for long COVID. **CG 177** Osteoarthritis: care and management This guideline covers assessing and managing osteoarthritis in adults. It covers both pharmacological and non-pharmacological treatments. It promotes effective treatment options to control joint pain and improve function in people with osteoarthritis. In **December 2020** NICE reviewed their guidance on opioids for non-cancer pain in response to a Public Health England evidence review on dependence on, and withdrawal from, prescribed medicines. To support discussion with patients about opioid prescribing, and safe withdrawal management, NICE are developing guidance on safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal and shared decision making. In the meantime, they have added links in this guideline to other NICE guidelines and other resources that support this aim. **CG 147** Peripheral arterial disease: diagnosis and management This guideline covers diagnosing and managing peripheral arterial disease (PAD) in people aged 18 and over. Rapid changes in diagnostic methods, endovascular treatments and vascular services associated	

	with new specialties in surgery and interventional radiology have resulted in considerable uncertainty and variation in practice. This guideline aims to resolve that uncertainty and variation. In **December 2020,** NICE reviewed their guidance on opioids for non-cancer pain in response to a Public Health England evidence review on dependence on, and withdrawal from, prescribed medicines. To support discussion with patients about opioid prescribing, and safe withdrawal management, they are developing guidance on safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal and shared decision making. In the meantime, they have added links in this guideline to other NICE guidelines and other resources that support this aim'. **January 2021** **TA 688** Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer Encorafenib plus cetuximab is recommended, within its marketing authorisation, as an option for treating BRAF V600E mutation-positive metastatic colorectal cancer in adults who have had previous systemic treatment. It is recommended only if the company provides it according to the commercial arrangements. **Resource impact:** This report is supported by a local resource impact template because the list prices of encorafenib and cetuximab have discounts that are commercial-in-confidence. This technology is commissioned by NHS England. **Action required:** the formulary entry for encorafenib will be updated with TA 688. The formulary entry for cetuximab will be updated with TA 688 **TA 669** Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more therapies Trifluridine–tipiracil is not recommended, within its marketing authorisation, for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma in adults who have had 2 or more systemic treatment regimens. **Resource impact:** Not applicable **Action required:** the formulary status for Trifluridine-tiparicil will be updated with a link to TA 699 **TA 670** Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor Brigatinib is recommended, within its marketing authorisation, as an option for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) that has not been previously treated with an ALK inhibitor in adults. It is recommended only if the company provides brigatinib according to the commercial arrangement. **Resource impact:** No significant resource impact is anticipated **Action required:** The formulary entry for Brigatinib will be updated with a link to TA 670 **NG 12** Suspected cancer: recognition and referral This guideline covers identifying children, young people and adults with symptoms that could be caused by cancer. It outlines appropriate investigations in primary care, and selection of people to refer for a specialist opinion. It aims to help people understand what to expect if they have symptoms that may suggest cancer.	

	In January 2021, NICE amended the recommendation 1.3.4 on when to offer faecal testing for colorectal cancer to include the full list of criteria. Faecal testing should also be offered to people without rectal bleeding aged 50 or over with unexplained abdominal pain or weight loss, or to adults under 60 with changes in bowel habit or iron-deficiency anaemia. The tables of symptoms and findings have been updated to match these changes. **NG 99** Brain tumours (primary) and brain metastases in adults This guideline covers diagnosing, monitoring and managing any type of primary brain tumour or brain metastases in people aged 16 or over. It aims to improve diagnosis and care, including standardising the care people have, how information and support are provided, and palliative care. In **January 2021**, NICE replaced the recommendation on surgical cavity radiosurgery and radiotherapy (1.7.6) with a link to the NHS England commissioning policy on stereotactic radiosurgery and stereotactic radiotherapy to the surgical cavity following resection of cerebral metastases.	
6.20.6.2	**EAMS** **https://www.gov.uk/government/publications/berotralstat-in-the-treatment-of-hereditary-angioedema/berotralstat-treatment-protocol-information-for-healthcare-professionals** **Pemigatinib in the treatment of cholangioarcinoma** **Nivolumab with ipilimumab in the treatment of malignant pleural mesothelioma** **Abrocitinib in the treatment of severe atopic dermatitis** **APC decision** These were noted and are to be taken to the Formulary and Medicines Committee for highlighting to relevant clinicians	HM
6.20.6.3	**Portsmouth Hospitals FMG update** The draft minutes were noted	
6.20.6.4	**Solent medicines management update** Verbal update provided by Luke Groves Harriett launders has recently been employed at Solent as the Specialist Antimicrobial Pharmacist working on Tuesdays she will also be working for Southern on Wednesdays. The Vaccine programme has been rolled out and is going well	
6.20.6.5	**Southern Health medicines management update** Verbal update provided by Vanessa Lawrence Nothing to report	
6.20.6.6	**DPC update** The DPC minutes were noted	
6.20.6.7	**Wound Formulary update**	

	Potassium permanganate – ways to minimise the risk of patients consuming potassium permanganate tablets were discussed which included whether to make the prescribing status amber. It was decided that potassium permanganate is a useful product for doctors to prescribe and so its prescribing status would remain green. Jason Peet highlighted that there have been 149 prescriptions for the drug in the last year with Portsmouth CCG being the highest prescriber. Warnings highlighting that it should only be prescribed in original packs and to remind practitioners to counsel the patient that the tablets are for topical use and not to be swallowed are already in place on the area prescribing systems. **Further Actions:** This safety information will be sent out to pharmacies by Debbie Crockford. **Steroids in Wound Care**: This guidance has been noted by the committee and the question will be raised with the authors as to whether trimovate can be removed from the guideline altogether as the guideline and PHU dermatology department state they do not recommend its use.	DC HM
6.20.6.8	**Hampshire Medicines Safety Group** Nil received	
6.20.6.9	**Drug Safety Update and Patient Safety Alerts – for October, November and December 2020 and January and February 2021** The drug safety alerts were noted, the following points are to be taken to PRESS by Phil Foster • Pregabalin – the drug safety alert February 2021 highlights that respiratory depression has been associated with pregabalin. The alert provides advice on dosage adjustment, monitoring and patient counselling points. • Fluoroquinolones – the drug safety alert December 2020 highlights that heart valve regurgitation has been associated with systemic and inhaled fluoroquinolones and that these should not be used first line. The alert provides information on patient groups that are particularly at risk, and patient counselling points. In addition to being taken to PRESS this alert will be highlighted at SCAN by Phil Foster	PF
6.20.6.10	**Regional Medicines Optimisation Committees** Nil for this area	
6.20.6.11	**NHSE Specialised Commissioning** Nil received	
6.20.6.12	**Priorities committee** Nil received	
6.20.6.13	**HIOW Prescribing Committee Consultation Documents** Alistair Bateman fed back that the merger will be delayed until later in the year and that there is still the opportunity to submit comments for consideration.	
6.20.7	**Any other business:** **LHRH incident** An incident has occurred where a patient did not take bicalutamide prior to being given an LHRH agonist in primary care. A shared care agreement has been requested by the PCN pharmacist. **APC decision**	 Blood Glucose recommendations v4

<table>
<tr><td></td><td>The committee feel that a Quasar report should be completed so that the incident can be investigated formally by PHU to determine the best course of action to minimise the event happening again.

Blood glucose meters formulary – The document has had the following 3 amendments made to it:
When a meter device is upgraded and the meter strips remain the same, the new meter can be considered approved and compliant with formulary choices; however if the upgrade requires a different strip, then the upgraded meter will be considered in the next document revision.
Information on the contour blue meter was included
The customer care contact and the HCP contacts for ordering/training for the Nipro4sure duo meters were updated.
This has been approved by DPC

A question was raised as to whether the reference to “Freestyle Libre” in the document encompassed both the Freestyle libre 1 and Freestyle libre 2. The authors have replied this encompasses both meters as both are in circulation currently.
The document has been approved by APC</td><td></td></tr>
<tr><td>6.20.8</td><td>Dates of future meetings:<table><tr><th>2021</th><th>2022</th></tr><tr><td>19th February</td><td>18th February</td></tr><tr><td>23rd April</td><td></td></tr><tr><td>18th June</td><td></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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