


**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 16<sup>th</sup> October 2020  
Via MS Teams  
Draft Notes**

5.20.1	<p><b>Attendance</b> Alastair Bateman (Chair), Jo Williams (secretary), Mike Stewart, Nick Moore, Vanessa Lawrence, Phil Foster, Karen Atkinson, Simon Cooper, Jon Durand, Kieran Hand, Helen McHale, Debby Crockford, Luke Groves</p> <p><b>Apologies for absence</b> Kevin Vernon, Charlie Mitchell, Jason Peett</p>	
5.20.1.1	<p><b>Declarations of Interest</b> None to declare. JW to re-circulate form to members who need to submit annual declaration.</p>	
5.20.2	<p><b>DRAFT Notes of last meeting</b> Accepted as an accurate record.</p> <p><b>Action log</b></p>  <p>APC action log October 2020.docx</p>	
5.20.3	<p><b>Matters arising</b> None</p> <p><b>Chairs approvals:</b></p> <ul style="list-style-type: none"> <li>Care homes re-use of medicine scheme document was supported by the committee.</li> </ul>	
5.20.4	<p><b>Formulary Management – applications for approval</b></p>	
5.20.4.1	<p><b>Oral semaglutide</b> Submitted by Phil Newland-Jones &amp; Iain Cranston The committee received a joint application from PHU and UHS for the addition of oral semaglutide to the formulary. It was acknowledged that no NICE TA is expected for this preparation, however the SMC has supported its inclusion on to Scottish formularies. The application request that oral semaglutide is available as a second line option for those patients where subcutaneous would be considered but where it is unsuitable. There are bioavailability concerns and the requirement to follow counselling advice. There does not appear to be advice available on switching between subcutaneous and oral preparations.</p> <p><b>APC decision</b> The committee accept oral semaglutide for restricted use as per the application request as a second line option where a patient would be considered for semaglutide but where subcutaneous use is not advisable. JW to discuss formulary status with Iain Cranston and to bring back to the committee for discussion.</p>	JW

<b>5.20.5</b>	<b>Drug therapy and shared care guidance for approval</b>	
5.20.5.1	<p><b>PHU Shared Care Guidance for Denosumab (XGEVA)</b> Submitted by Beverly Miell This is an update of the current Xgeva shares care guideline with minor updates including addition of dose of Adcal D3 and patient responsibilities.</p> <p>APC members noted that the new template had not been used for the update so it was requested that the 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.</p> <p><b>APC decision</b> The committee support the approval of the guideline following the requested changes being made.</p>	
<b>5.20.6</b>	<b>Items for note/consultation</b>	
5.20.6.1	<p><b>NICE Guidance</b> <b><u>NICE developments:</u></b> <b>NICE updates August 2020</b></p> <p><b>TA 641:</b> <a href="#">Brentuximab vedotin in combination for untreated systemic anaplastic large cell lymphoma</a> Brentuximab vedotin with cyclophosphamide, doxorubicin and prednisone (CHP) is recommended, within its marketing authorisation, as an option for untreated systemic anaplastic large cell lymphoma in adults. It is only recommended if the company provides brentuximab vedotin according to the commercial arrangement. <b>Resource impact:</b> This technology is commissioned by NHSE. No significant resource impact is expected. <b>Action required:</b> The formulary entry for Brentuximab vedotin will be updated with a link to NICE TA641.</p> <p><b>TA 642:</b> <a href="#">Gilteritinib for treating relapsed or refractory acute myeloid leukaemia</a> Gilteritinib monotherapy is recommended as an option for treating relapsed or refractory FLT3-mutation-positive acute myeloid leukaemia (AML) in adults only if the company provides gilteritinib according to the commercial arrangement. Gilteritinib should not be given as maintenance therapy after a haematopoietic stem cell transplant. <b>Resource impact:</b> This technology is commissioned by NHS England, a local resource impact planner has been developed as the price of the technology is commercial in confidence. <b>Action required:</b> Gilteritinib will be added to the formulary as a Red agent for use as per NICE criteria.</p> <p><b>TA 643:</b> <a href="#">Entrectinib for treating ROS1-positive advanced non-small-cell lung cancer</a> Entrectinib is recommended, within its marketing authorisation, as an option for treating ROS1-positive advanced non-small-cell lung cancer (NSCLC) in adults who have not had ROS1 inhibitors. It is recommended only if the company provides entrectinib according to the commercial arrangement. <b>Resource impact:</b> This technology is commissioned by NHSE. No significant resource impact is expected. <b>Action required:</b> Entrectinib will be added to the formulary as a Red agent for use as per NICE criteria.</p>	

**TA 644:** [Entrectinib for treating NTRK fusion-positive solid tumours](#)

Entrectinib is recommended for use within the Cancer Drugs Fund as an option for treating neurotrophic tyrosine receptor kinase (NTRK) fusion-positive solid tumours in adults and children 12 years and older if:

- the disease is locally advanced or metastatic or surgery could cause severe health problems and
- they have not had an NTRK inhibitor before and
- they have no satisfactory treatment options.

It is recommended only if the conditions in the managed access agreement for entrectinib are followed.

**Resource impact:** This technology is commissioned by NHS England, from the Cancer Drugs Fund.

**Action required:** Entrectinib will be added to the formulary as a Red agent for use as per NICE criteria.

**NG180:** [Perioperative care in adults](#)

This guideline covers care for adults (aged 18 and over) having elective or emergency surgery, including dental surgery. It covers all phases of perioperative care, from the time people are booked for surgery until they are discharged afterward. The guideline includes recommendations on preparing for surgery, keeping people safe during surgery and pain relief during recovery.

**NG 181:** [Rehabilitation for adults with complex psychosis](#)

This guideline covers mental health rehabilitation for adults with complex psychosis. It aims to ensure people can have rehabilitation when they need it and promotes a positive approach to long-term recovery. It includes recommendations on organising rehabilitation services, assessment and care planning, delivering programmes and interventions, and meeting people's physical healthcare needs.

**NG 178:** [COVID 19 rapid guideline: renal transplantation](#)

Updated guidance: in **August 2020**, NICE added recommendations for regional networks on responding to changes in local prevalence of COVID-19. NICE aligned recommendations for donors and recipients with their COVID-19 guideline on arranging planned care in hospitals and diagnostic services.

**NG 174:** [COVID-19 rapid guideline: children and young people who are immunocompromised](#)

Updated guidance: in **August 2020**, NICE updated the recommendation on safeguarding to remove a link to government guidance that has been withdrawn.

**NG 172:** [COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response](#)

Updated guidance: in **August 2020**, NICE updated recommendations on modifications to care in line with their COVID-19 rapid guideline on arranging planned care in hospitals and diagnostic services.

**NG 160:** [COVID-19 rapid guideline: dialysis service delivery](#)

Updated guidance: in **August 2020** NICE changed the recommendation on how long people need to stay in the cohort of patients known to have COVID-19.

**NG 125:** [Surgical site infections: prevention and treatment](#)

Updated guidance: in August 2020, NICE added links to the NICE guideline on perioperative care in adults for additional recommendations on intravenous fluids, cardiac monitoring and blood glucose control in adults.

**CG 134:** [Anaphylaxis: assessment and referral after emergency treatment](#)

Updated guidance: in **August 2020** NICE added advice on prescribing adrenaline injectors before discharge after emergency treatment.

**NICE updates September 2020**

**TA 645:** [Avelumab with axitinib for untreated advanced renal cell carcinoma](#)

Avelumab with axitinib is recommended for use within the Cancer Drugs Fund as an option for untreated advanced renal cell carcinoma in adults. It is recommended only if the conditions in the managed access agreement for avelumab with axitinib are followed.

**Resource impact:** This is a Cancer Drugs Fund Technology.

**Action required:** The formulary entries for avelumab and axitinib will be updated with a link to NICE TA 645.

**TA 649:** [Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma](#)

Polatuzumab vedotin with rituximab and bendamustine is recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults who cannot have a haematopoietic stem cell transplant. It is recommended only if the company provides polatuzumab vedotin according to the commercial arrangement.

**Resource impact:** This technology is commissioned by NHS England. A local resource impact calculator is provided as the price is commercial in confidence.

**Action required:** Polatuzumab will be added to the area prescribing formulary with a link to NICE TA 649. The formulary entries for rituximab and bendamustine will be updated to include a link to NICE TA 649.

**TA 650:** [Pembrolizumab with axitinib for untreated advanced renal cell carcinoma](#)

Pembrolizumab with axitinib is not recommended, within its marketing authorisation, for untreated advanced renal cell carcinoma in adults.

**TA 651:** [Naldemedine for treating opioid-induced constipation](#)

Naldemedine is recommended, within its marketing authorisation, as an option for treating opioid-induced constipation in adults who have had laxative treatment.

**Resource impact:** This technology is generally commissioned by clinical commissioning groups. NHS England commissions services for patients with constipation only when referral to a specialist centre is required. Services for opioid-induced constipation are provided in both primary and secondary care. No significant resource impact is anticipated.

**Action required:** Naldemedine will be added to the area prescribing formulary with a link to NICE TA 651. JW to link with PHU Gastroenterology to discuss place in therapy and appropriate formulary status.

JW

	<p><b>Brief product information:</b> Naldemedine is a peripherally acting opioid receptor antagonist. Therefore it decreases the constipating effects of opioids without altering their central analgesic effects. The recommended dose is 200 micrograms once a day. BNF list price for Naldemedine 200microgram tablets is £41.72 for 28 tablets.</p> <p><b>NG 182:</b> <a href="#">Insect bites and stings: antimicrobial prescribing</a> This guideline sets out an antimicrobial prescribing strategy for insect and spider bites and stings in adults, young people and children aged 72 hours and over, including those that occurred while travelling outside the UK. It aims to limit antibiotic use and reduce antibiotic resistance.</p> <p><b>NG 12:</b> <a href="#">Suspected cancer: recognition and referral</a> 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 <b>September 2020</b>, NICE clarified when to offer faecal testing for colorectal cancer to adults without rectal bleeding.</p> <p><b>NG 159:</b> <a href="#">COVID-19 rapid guideline: critical care in adults</a> 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 <b>September 2020</b>, NICE added guidance on treatment with corticosteroids for people with severe or critical COVID-19, in line with their prescribing briefing on dexamethasone and hydrocortisone.</p> <p><b>NG 160:</b> <a href="#">COVID-19 rapid guideline: dialysis service delivery</a> The purpose of this guideline is to maximise the safety of patients on dialysis, while protecting staff from infection. It will also enable dialysis services to make the best use of NHS resources and match the capacity of dialysis services to patient needs if these become limited because of the COVID-19 pandemic. In <b>September 2020</b>, NICE clarified their guidance for organisations on planned procedures and emergency pathways for creating dialysis access sites for patients with advanced or end-stage kidney disease.</p>	
5.20.6.2	<p><b>EAMS</b> Nil received</p>	
5.20.6.3	<p><b>Portsmouth Hospitals FMG update</b> The draft notes of the meeting were noted by the committee. <b>For noting:</b></p> <ul style="list-style-type: none"> <li>• Olatuton LAR has become the CMU contract product for Octreotide. This will be added to the formulary as a Red agent.</li> <li>• Tenectaplastase has been accepted as an option for recanalization before planned thrombectomy in patients who would otherwise be ineligible for treatment due to staffing shortages preventing the transfer of patients whilst receiving an alteplase infusion. This indication is unlicensed.</li> <li>• Tapentadol liquid has been accepted as an option for the treatment of moderate to severe pain in paediatric patients requiring a liquid preparation. Tapentadol will replace tramadol liquid, which is currently on the formulary for this indication (tramadol liquid is unlicensed).</li> </ul>	

5.20.6.4	<p><b>Solent medicines management update</b> Update provided by Luke Groves.</p> <ul style="list-style-type: none"> <li>• EPMA system has been approved and agreed.</li> <li>• Solent have been working with Southampton area PCNs to recruit in to joint posts</li> <li>• Solent will be producing their own rapid tranquilization guidelines (previously planned to co-badge with SHFT). However it was noted that the formulation of aripiprazole included in the guidance is not currently listed on the area prescribing formulary. Request to add as a RED agent for use in SHFT and Solent – this was supported by committee members.</li> </ul>	
5.20.6.5	<p><b>Southern Health medicines management update</b> Verbal update provided by Vanessa Lawrence.</p> <ul style="list-style-type: none"> <li>• Priadel switch work is currently on hold whilst negotiations are on going with the company and NHSE regarding continuing access to the market. No new patients are being initiated on Priadel during this time.</li> </ul>	
5.20.6.6	<p><b>DPC update</b> The summary of the DPC meeting was not received.</p> <p><b>Melatonin shared care guideline</b> The committee discussed the DPC approved shared care for Melatonin. Although it was felt to be a step forward for the management of melatonin use in primary care there were some questions raised regarding the inclusion of the Colonis brand of melatonin and around the GP/specialists responsibilities. JW to link with DPC to raise these questions with the author.</p>	JW
5.20.6.7	<p><b>Wound Formulary update</b> It was noted that there is a request for potassium permanganate to be changed from Green to Amber on formularies (as per HMSG). The committee were keen to discuss the merits of potassium permanganate and questioned why changing the formulary status of the agent would help to improve the safety of prescribing. JW will link with the HMSG to discuss the rationale for making such a change. JW also has chased a response to the previous request to remove the products listed within the steroid management of wounds guidance that are not on the formulary. JW to update the group with the outcome.</p>	JW JW
5.20.6.8	<p><b>Hampshire Medicines Safety Group</b> Verbal update was provided by HMSG members.</p>	
5.20.6.9	<p><b>Drug Safety Update and Patient Safety Alerts</b> The August and September Drug Safety Updates were noted by the committee.</p>	
5.20.6.10	<p><b>Regional Medicines Optimisation Committees</b> No new guidance published</p>	
5.20.6.11	<p><b>NHSE Specialised Commissioning</b> Nil received</p>	
5.20.6.12	<p><b>Priorities committee</b> Nil received</p>	
5.20.6.13	<p><b>Coroner's report – Epipen</b> The report was discussed by the committee and actions considered. Suggestion included to review prescribing support messaging and ensure that there is a clear message that two pens are required for all patients, and that brands are not interchangeable. CCG processes and the governance of messages including how decisions are made for switching between different brands are made</p>	

	<p>was an area for concern within the report. PF was asked to review the governance around these processes.</p>	<p>PF</p>
<p><b>5.20.7</b></p>	<p><b>Any other business:</b>  APC secretary cover.  Helen McHale was welcomed to the group who will be providing cover for the professional secretarial duties for the APC during JW leave.</p> <p><b>Antipsychotic reducing advice – submitted by Phil Foster</b>  PF presented a new document that has been produced by the Fareham and Gosport and South Eastern Hampshire Medicines Optimisation Care homes Team to support the reduction and discontinuation of antipsychotics being used for behavioural problems in care home residents. The document has been produced with and has the support of the SHFT OPMH consultants.  The APC committee were supportive of the document. SHFT will take it through their internal processes for approval as the plan is that any patient being discharged from the OPMH service will have this information sent to their GP.  Solent were also keen to have a similar document; they may look to co-badge this document although one consultant has suggested that their preference is to reduce risperidone 0.5mg in two steps.</p> <p><b>Continence Formulary update</b>  PF provided an update to the group around the work that he has been leading on including the establishment of a short life working group to produce a HIOW continence formulary. The use of industry sponsored nurses within provider Trusts continues to be a concern for the cost effective use of products and also the directing of prescriptions.</p> <p><b>NPSA Emergency steroid card</b>  The alert was discussed and it was noted as a topic within the HMSG. AB and NM will review the availability of information within prescribing systems and consider whether additional prescribing support messaging is needed.  DC to provide comments for community pharmacy.  Action is ongoing within PHU.</p> <p><b>Solent HF team request for sacubitril valsartan support to prescribe – presented by Luke Groves.</b>  The Solent Heart failure team are continuing to have challenges with the prescribing of sacubitril valsartan (shared care product). Currently there is just one non-medical prescriber within their team and they are therefore asking for support from GPs to prescribe the medication whilst it is being up-titrated.  A revised document has been produced. Requested changes for the document to get APC support:  Remove remark that prescribing responsibility has not been handed back to GP (as whoever signs the prescription does have prescribing responsibility)  Ensure that this is for the up-titration of doses only and not initiating the product.</p> <p><b>Changes at PHU</b>  KH informed the committee that he will be taking on a new national Antimicrobial Stewardship role and will therefore be leaving PHU, this will be his last APC meeting. The committee congratulated him and wished him well in his future role.</p>	

5.20.8	<b>Dates of future meetings:</b>			
	<b>2020</b>	<b>2021</b>	<b>2022</b>	
	18 <sup>th</sup> December	19 <sup>th</sup> February	18 <sup>th</sup> February	
		23 <sup>rd</sup> April		
		18 <sup>th</sup> June		
		20 <sup>th</sup> August		
		15 <sup>th</sup> October		
		17 <sup>th</sup> December		