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 June 18th 2021
Virtual meeting via Teams

Notes

3.21.1	**Attendance** Alastair Bateman (Chair), Helen McHale (secretary), Mike Stewart, Phil Foster, Simon Cooper, Jon Durand, Debby Crockford, Luke Groves, Tin Orchel, Jason Peett, Sarah Nolan, Nick Moore, Karen Atkinson, Colin Harper (presented a document), Jay Amin (presented a document) Pragna Thakrar (presented a document), Karen Dick (presented a document) **Apologies for absence:** Jonathan Durand, Vanessa Lawrence, John Knighton, Bex Heaton	
3.21.1.1	**Declarations of Interest** None to declare	
3.21.2	**DRAFT Notes of last meeting** It was highlighted that Jason Peetts name had been duplicated, this has been amended. Otherwise the notes were accepted as correct. **Action log** The action log has been transferred in to an excel document to make it easy to separate the completed from the current actions.  APC action log June 2021.docx  APC action log June 2021.xlsx	 2. APC corrected final minutes April
3.21.3	**Matters arising** **SLT Thickener requesting process** Report by Luke Groves Work is ongoing with regards loading information on to Systm 1 and other prescribing systems used locally. **Management of high INRs in primary care** Work is ongoing with regards the out of hours provision of vitamin K for this guideline. **Orthostatic hypotension treatment** The changes requested by APC in April have been made and the guideline was noted by the committee for publication. **Vitamin K for newborn guidance** The issues regarding the provision of the 3rd dose of vitamin K raised by APC in April have been resolved and PHUT will be providing this dose. The guideline was noted by the committee for publication.	

	Chairs action since previous meeting **COPD guideline** Submitted by Adel Sheikh The guideline was noted for publication.	
3.21.4	**Formulary Management – applications for approval**	
3.21.4.1	**Request for the addition of zyclara to the formulary** Requested by Hywell Cooper The committee received a request to add zyclara to the formulary for actinic keratosis. **APC decision** The committee accepted the drug with a green prescribing status.	
3.21.4.2	**Silver Nitrate stick 75% addition to formulary** **Silver Nitrate 40% and 95% change of formulary status** Presented by Karen Dick. The committee received a request to add silver nitrate sticks 75% to the formulary as a green drug and to change the prescribing status of the 40% and 95% pencils to green. The 75% sticks are needed as a last resort for cauterisation of paediatric gastrostomy granulomas. These patients are managed jointly by the paediatric surgical nurse specialists in Southampton and by the Portsmouth community nursing team. The nursing team have a pathway to follow when recommending the sticks and in Southampton they would ask the patients GP to prescribe them when needed. Currently patients who live in Portsmouth need to travel to Southampton Hospital to obtain a prescription for the 75% sticks as they are not on the Portsmouth formulary and the other strengths have red prescribing status in Porstmouth. **APC decision** The committee approved the request to add the silver nitrate 75% sticks to the formulary as a green drug and to change the prescribing status of the 40% and 95% pencils to green. As the products are classified P (pharmacy) medications it was felt that it may be more efficient for the community nurses to keep a supply of the sticks that they could give to the patients when needed rather than asking the patients GP to prescribe them. The possibility of facilitating a supply to Solent and Southern nurses will be discussed with Arjun.	
3.21.4.3	**Choral hydrate liquid formulary status change request from green to amber initiated/red** Requested by Paediatrics department It has been highlighted that Chloral hydrate currently has green prescribing status on the Portsmouth Formulary where as it is red on the Southampton formulary and most other formularys in the UK for safety reasons. This drug is only used for a very small number of patients in Portsmouth, Fareham and Gosport and South East Hampshire areas currently (3-4 in total). However it is sometimes recommended by Solent teams and changing the prescribing status to red would cause problems in obtaining it for the parents of these patients who currently have it prescribed by their GP. **APC decision** The committee agreed that the prescribing status of chloral hydrate should not be green and have decided that it should be changed to amber initiated. This will ensure availability is not disrupted for patient's already taking it.	
3.21.4.4	**Epimax oatmeal Cream**	

	Requested by Sarah Pitts The committee received a request to add Epimax oatmeal cream to the formulary. Epimax oatmeal is similar to aveeno (boarderline substance only prescribable for Endogenous and exogenous eczema, xeroderma, ichthyosis and senile pruritus associated with dry skin, dermatitis) and zeroveen but is a more cost efficient product**:** Epimax oatmeal cream: 100g = £1.99 500g = £2.99 Zeroveen : 100g £2.74 500g £5.89 **APC decision** The committee supported the addition of Epimax oatmeal to the formulary with green prescribing status.	
3.21.4.5	**Duraphat tooth paste** Requested by Sarah Pitts A request has been made for the addition of the restricted symbol on the duraphat entry to highlight it should only be prescribed if patients are receiving head and neck radiotherapy. **APC decision** The committee agreed with this request and asked that this message and a reminder to refer to the NHS self care guidance was added to Optimise Rx	
3.21.5	**Drug therapy and shared care guidance for approval**	
3.21.5.1	**Steroid Use in Chronic Wound guidance** Submitted by Sue Lawton. The changes requested by APC regarding highlighting that trimovate use is not supported by the guideline were made and additional information regarding when to supply a new steroid card has been included in the guideline. **APC decision** The committee approved the guideline for publication.	
3.21.5.2	**Denosumab Guideline** Submitted by Pragna Thakrar A guideline on the administration and monitoring of denosumab for Portsmouth CCG was received by the committee for noting. **APC decision** The committee felt that the monitoring sections needed to be clarified. Once reformated the guideline will be approved by Portsmouth CCG.	
3.21.5.3	**Cholinesterase inhibitor/memantine guideline** Presented by Jay Amin Guidance on the prescription and monitoring of donepezil, rivastigmine, galantamine and memantine has been produced by Solent and Southern. There was some discussion about whether this guidance needed to be reformated as shared care guidance as memantine currently has amber shared care status. However it was decided that the prescribing status of memantine could be changed to amber initiated in line with the cholinesterase inhibitors and the document could remain as prescribing guidance. It was highlighted that the patients use of monitored dosage systems would not preclude secondary care initiation but	

	that in this case secondary care would need to liaise closely with with the patients community pharmacy to ensure the new medication was included in the monitored dosage system. There was also a request to change the timing of hand over of prescribing responsibilities to primary care to after dosage escalation and stabilisation was complete rather than 1 month after initiation. **APC decision** The committee accepted the guideline for publication provided the following changes have been made and approved by the APC chair: • Change the prescribing status of memantine to Amber intiated • Note that secondary care prescribers may initiate these drugs in patients who have their medication in monitored dosage systems but will need to liaise closely with the patients usual pharmacy to ensure there are no delays including them in the system. • Change the recommendation that prescribing responsibilities will be handed over to primary care once the patient is stabilised on the drug rather than 1 month after initiation.	
3.21.5.4	**Vitamin D in paediatrics** Submitted by Nazeer Padma. The committee received a guideline for noting, on the management of vitamin D deficiency in paediatrics that has had approval from the Portsmouth Formulary and Medicines Committee. **APC decision** The committee noted the guideline for publication.	
3.21.6	**Items for note/consultation**	
3.21.6.1	**NICE April 2021** **TA 517: Avelumab for treating metastatic Merkel cell carcinoma** Avelumab is recommended as an option for treating metastatic Merkel cell carcinoma in adults who have had 1 or more lines of chemotherapy for metastatic disease. It is recommended only if the company provides avelumab according to the commercial arrangement. This recommendation has been updated and replaced by avelumab for untreated metastatic Merkel cell carcinoma (NICE technology appraisal 691). **Resource impact**: No significant resource impact is anticipated. This technology is commissioned by NHS England. Providers are NHS hospital trusts. **Action required:** None required. **TA 689: Acalabrutinib for treating chronic lymphocytic leukaemia** Acalabrutinib as monotherapy 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 company provides the drug according to the commercial arrangement. Acalabrutinib as monotherapy is recommended, within its marketing authorisation, as an option for previously treated CLL in adults. It is recommended only if the company provides the drug according to the commercial arrangement. **Resource impact**: This report is supported by a local resource impact template because the list price of acalabrutinib has a discount that is commercial in confidence. This technology is commissioned by NHS England & Improvement. Providers are NHS hospital trusts. **Action required:** Acalabrutinib will be added to the formulary as a red drug with a link to TA 689. **TA 690: Teduglutide for treating short bowel syndrome (terminated appraisal)** NICE is unable to make a recommendation on teduglutide (Revestive) for short bowel syndrome in people 1 year and over because Takeda withdrew its evidence submission. Another company has confirmed that it wishes to make a new submission for the appraisal. **Resource impact:** not applicable **Action required:** not applicable. **TA 691: Avelumab for untreated metastatic Merkel cell carcinoma** Avelumab is recommended as an option for treating metastatic Merkel cell carcinoma in adults who have not had chemotherapy for metastatic disease. It is recommended only if the company provides avelumab according to the commercial arrangement. **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 will be updated with a link to TA 691 **TA 692: Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy** Pembrolizumab is not recommended, within its marketing authorisation, for treating locally advanced or metastatic urothelial carcinoma in adults who have had platinum-containing chemotherapy. This recommendation is not intended to affect treatment with pembrolizumab that was started in the Cancer Drugs Fund before this guidance was published. For those people, pembrolizumab will be funded by the company until they and their NHS clinician consider it appropriate to stop. **Resource impact:** Not applicable	

Action required: The formulary entry for pembrolizumab will be updated with a link to NICE TA 692.

TA 693: Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer

Olaparib plus bevacizumab is recommended for use within the Cancer Drugs Fund as an option for maintenance treatment of advanced (International Federation of Gynecology and Obstetrics [FIGO] stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults when:

- there has been a complete or partial response after first-line platinum-based chemotherapy plus bevacizumab, and
  - the cancer is associated with homologous recombination deficiency (HRD).
  - It is recommended only if the conditions in the managed access agreement for olaparib are followed.

Resource impact: The resource impact of olaparib plus bevacizumab will be covered by the Cancer Drugs Fund budget in line with a managed access scheme.

Action required: The formulary entries for olaparib and bevacizmab with be updated with a link to NICE TA 693

TA 694: Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia

Bempedoic acid with ezetimibe is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if:

- statins are contraindicated or not tolerated,
- ezetimibe alone does not control low-density lipoprotein cholesterol well enough, and
- the company provides bempedoic acid and bempedoic acid with ezetimibe according to the commercial arrangement.

  Bempedoic acid with ezetimibe can be used as separate tablets or a fixed-dose combination.

Resource impact: No significant resource impact is anticipated. This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts and GPs.
Action required: Bempedoic acid will be added to the formulary as an Amber recommended drug to be used in line with NICE TA 694. A link to NICE TA 694 will be included on the formulary entry. Usage will be investigated in 6 months time to ensure it is being prescribed in line with NICE TA 694.

	TA 695: Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma Carfilzomib plus lenalidomide and dexamethasone is recommended as an option for treating multiple myeloma in adults, only if: • they have had only 1 previous therapy, which included bortezomib, and • the company provides carfilzomib according to the commercial arrangement. **Resource impact:** This report is supported by a local resource impact template because the list price of carfilzomib and lenalidomide have discounts that are commercial in confidence. This technology is commissioned by NHS England. Providers are NHS hospital trusts. **Action required:** The formulary entries for carfilzomib and lenalidomide will be updated with a link to NICE TA 695 **NG 169: COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response** The purpose of this guideline is to maximise the safety of children and adults who have dermatological conditions treated with drugs affecting the immune response during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources. On **9 April 2021**, NICE updated recommendations on treatment considerations for patients not known to have COVID-19 to take into account COVID-19 vaccination status. **NG 172: COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response** The purpose of this guideline is to maximise the safety of children and adults who have gastrointestinal or liver conditions treated with drugs affecting the immune response during the COVID 19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources. On **9 April 2021**, NICE updated recommendations on treatment considerations for patients not known to have COVID-19 to take into account COVID-19 vaccination status. **NG 191: COVID-19 rapid guideline: managing COVID-19** This guideline covers the management of COVID-19 for children, young people and adults in all care settings. It brings together existing recommendations on managing COVID-19 so that healthcare staff and those planning and delivering services can find and use them more easily. The guideline includes new recommendations on therapeutics, and NICE will update the guideline further as new evidence emerges. **On 8 April 2021**, NICE added recommendations for using corticosteroids, tocilizumab and sarilumab to treat COVID-19 (including the evidence and rationale for making the recommendations). The guideline updates and replaces NICE's COVID-19 rapid guidelines NG159 critical care in adults, NG163 managing symptoms (including at the end of life) in the community, NG165 managing suspected or	

	confirmed pneumonia in adults in the community, NG171 acute myocardial injury, NG173 antibiotics for pneumonia in adults in hospital, NG175 acute kidney injury in hospital, and NG186 reducing the risk of venous thromboembolism in over 16s with COVID-19. It also updates and replaces COVID-19 rapid evidence summaries ES27 remdesivir, **NG 193: Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain** This guideline covers assessing all chronic pain (chronic primary pain, chronic secondary pain, or both) and managing chronic primary pain in people aged 16 years and over. Chronic primary pain is pain with no clear underlying cause, or pain (or its impact) that is out of proportion to any observable injury or disease. This guideline should be used alongside NICE guidelines for other chronic pain conditions, including the NICE guidelines on headaches, low back pain and sciatica, rheumatoid arthritis, osteoarthritis, spondyloarthritis, endometriosis, neuropathic pain and irritable bowel syndrome. **NG 194: Postnatal care** This guideline covers the routine postnatal care that women and their babies should receive in the first 8 weeks after the birth. It includes the organisation and delivery of postnatal care, identifying and managing common and serious health problems in women and their babies, how to help parents form strong relationships with their babies, and baby feeding. The recommendations on emotional attachment and baby feeding also cover the antenatal period. This guideline updates and replaces NICE guideline CG37 (published July 2006). **NG 195: Neonatal infection: antibiotics for prevention and treatment** This guideline covers preventing bacterial infection in healthy babies of up to and including 28 days corrected gestational age, treating pregnant women whose unborn baby is at risk of infection, and caring for babies of up to and including 28 days corrected gestational age with a suspected or confirmed bacterial infection. It aims to reduce delays in recognising and treating infection and prevent unnecessary use of antibiotics. The guideline does not cover viral infections. **April 2021:** NICE reviewed the evidence and made new recommendations on the risk factors for infection and clinical indicators of possible infection and on intrapartum antibiotics of neonatal infection. These recommendations are marked **[2021]**. NICE also made some changes without an evidence review:	

- what to do if a woman has been identified as having a group B streptococcal infection in relation to future pregnancies
- when to perform a lumbar puncture for babies who are receiving antibiotics who did not have a lumbar puncture on presentation
- early- and late-onset meningitis.

NG 196: Atrial fibrillation: diagnosis and management
This guideline covers diagnosing and managing atrial fibrillation in adults. It includes guidance on providing the best care and treatment for people with atrial fibrillation, including assessing and managing risks of stroke and bleeding.
April 2021: NICE reviewed the evidence and made new recommendations on diagnosis and assessment, assessment of stroke and bleeding risks, preventing stroke, rate and rhythm control, preventing recurrence, and preventing and managing postoperative atrial fibrillation.

NICE May 2021
TA 696 Tafamidis for treating transthyretin amyloidosis with cardiomyopathy
Tafamidis is not recommended, within its marketing authorisation, for treating wild-type or hereditary transthyretin amyloidosis with cardiomyopathy (ATTR-CM) in adults.
Action required: none required.

TA 697 Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban
Andexanet alfa is recommended as an option for reversing anticoagulation from apixaban or rivaroxaban in adults with life-threatening or uncontrolled bleeding, only if:

- the bleed is in the gastrointestinal tract, and
- the company provides andexanet alfa according to the commercial arrangement.

Resource impact: This report is supported by a local resource impact template because the list price of andexanet alfa has a discount that is commercial in confidence. The discounted price of andexanet alfa can be put into the template and other variables may be amended. This technology is commissioned by integrated care systems (ICSs)/ clinical commissioning groups (CCGs). Providers are NHS hospital trusts.
Action required: Andexanet alfa will be added to the formulary as a red drug with a link to NICE TA 696.

TA 698 Ravulizumab for treating paroxysmal nocturnal haemoglobinuria
Ravulizumab is recommended, within its marketing authorisation, as an option for treating paroxysmal nocturnal haemoglobinuria in adults:

- with haemolysis with clinical symptoms suggesting high disease activity, **or**
- whose disease is clinically stable after having eculizumab for at least 6 months, **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 ravulizumab has a discount that is commercial in confidence. This technology is commissioned NHS England. Providers are tertiary providers. **Action required:** Ravulizumab will be added to the formulary as a restricted drug with a link to NICE TA 698. **TA 699** **Ofatumumab for treating relapsing multiple sclerosis** Ofatumumab is recommended as an option for treating relapsing–remitting multiple sclerosis in adults with active disease defined by clinical or imaging features. This is only if the company provides ofatumumab according to the commercial arrangement. **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 ofatumumab will be amended with the brand name Kesimpta and a link to NICE TA 699. **TA 700** **Selinexor with low-dose dexamethasone for treating refractory multiple myeloma (terminated appraisal)** NICE is unable to make a recommendation about the use in the NHS of selinexor with low-dose dexamethasone for treating refractory multiple myeloma. This is because Karyopharm Therapeutics has confirmed that it does not intend to make an evidence submission for the appraisal and will not be launching the technology in the UK. **TA 701** **Crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older (terminated appraisal)** NICE is unable to make a recommendation on crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older because Pfizer withdrew its evidence submission. NICE will review this decision if the company decides to make a submission. **TA 702** **Ibrutinib with obinutuzumab for untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma (terminated appraisal)** NICE is unable to make a recommendation on ibrutinib (Imbruvica) with obinutuzumab for untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma in adults because Janssen did not provide an evidence submission. NICE will review this decision if the company decides to make a submission. **TA 703** **Ibrutinib with rituximab for untreated chronic lymphocytic leukaemia (terminated appraisal)** NICE is unable to make a recommendation on ibrutinib (Imbruvica) with rituximab for untreated chronic lymphocytic leukaemia because Janssen did not provide an evidence submission. NICE will review this decision if the company decides to make a submission. **TA 704** **Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies**	

	Trastuzumab deruxtecan is recommended for use within the Cancer Drugs Fund as an option for treating HER2-positive unresectable or metastatic breast cancer in adults after 2 or more anti-HER2 therapies. It is recommended only if the conditions in the managed access agreement are followed. **Resource impact:** No resource impact is anticipated. The resource impact of trastuzumab deruxtecan will be covered by the Cancer Drugs Fund budget. More evidence on trastuzumab deruxtecan is being collected until the final results of the DESTINY-Breast01 and DESTINY-Breast02 trials are available. Once enough evidence is available, the process for exiting the Cancer Drugs Fund will begin and the review of the NICE guidance will start. **Action required:** The formulary entry for Trastuzumab deruxtecan will be added to the formulary as a red drug with a link to NICE TA 704. **NG 88 Heavy menstrual bleeding: assessment and management** This guideline covers assessing and managing heavy menstrual bleeding (menorrhagia). It aims to help healthcare professionals investigate the cause of heavy periods that are affecting a woman's quality of life and to offer the right treatments, taking into account the woman's priorities and preferences. May 2021: NICE reinstated and amended recommendations 1.5.11 and 1.5.12 in line with updated MHRA safety advice on the risk of serious liver injury with ulipristal acetate (Esmya). **CG 137 Epilepsies: diagnosis and management** The guideline covers diagnosing, treating and managing epilepsy and seizures in children, young people and adults in primary and secondary care. It offers best practice advice on managing epilepsy to improve health outcomes so that people with epilepsy can fully participate in daily life. **MHRA advice on antiepileptic drugs in pregnancy:** In May 2021, we reviewed and amended recommendations on carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, pregabalin, topiramate and zonisamide in line with the MHRA updated safety advice on antiepileptic drugs in pregnancy. **MHRA advice on valproate:** We have amended recommendations in line with the MHRA guidance on valproate use by women and girls. Valproate must not be used in women and girls of childbearing potential (including young girls who are likely to need treatment into their childbearing years), unless other options are unsuitable and the pregnancy prevention programme is in place. The MHRA has published temporary advice on the valproate pregnancy prevention programme during the COVID-19 pandemic. **CG 150 Headaches in over 12s: diagnosis and management** This guideline covers advice on the diagnosis and management of tension-type headache, migraine (including migraine with aura and menstrual-related migraine), cluster headache and medication overuse headache in young people (aged 12 years and older) and adults. It aims to improve the recognition and management of headaches, with more targeted treatment to improve the quality of life for people with headaches, and to reduce unnecessary investigations.	

	MHRA advice on antiepileptic drugs in pregnancy: In May 2021, we amended our recommendation on topiramate for migraine prophylaxis to include discussion of the potential benefits and risks, and the importance of effective contraception for women and girls of childbearing potential when taking topiramate.	
3.21.6.2	**Future meetings – live or virtual** It was discussed whether to continue with virtual APC meetings or resume live meetings. It was felt there had been better attendance with the virtual meetings than with live meetings and they allowed more efficient use of peoples time. **APC decision** The decision was made to continue to have virtual meetings.	
3.21.6.3	**EAMS** **Cipaglucosidase alfa with miglustat in the Treatment of late onset Pompe disease** https://www.gov.uk/government/publications/cipaglucosidase-alfa-with-miglustat-in-the-treatment-of-late-onset-pompe-disease The EAMS was noted by the committee for information.	
3.21.6.4	**Portsmouth Hospitals FMG update** **Lidocaine patch duration clarified:** The Portsmouth Area Formulary states they can be used for 2 weeks where as the rib fracture guideline states 4 weeks. It was agreed that the duration would be increased to 4 weeks for rib fractures in line with the guideline. Lidocaine patches have red prescribing status for rib fractures. The APC committee noted the decision.	
3.21.6.5	**Solent update** Verbal update by Luke Groves Nil to update.	
3.21.6.6	**Southern Health update** Nil to update.	
3.21.6.7	**DPC update (April 2021)** DPC supports Enerzair Breezhaler for asthma patients with suggested AMBER rating on formularies. Atectura Breezhaler is also supported with suggested GREEN rating. Trimbow pMDI is also supported for use in asthma with suggested AMBER rating on formularies (can remain as GREEN for COPD). **APC decision** The DPC decision on the above inhalers were noted. The prefered prescribing status will be discussed with the respiratory team and fed back to the APC chairman.	
3.21.6.8	**MEC update** The minutes from MEC were noted	
3.21.6.9	**Wound Formulary update**	

	The minutes from the Wound Committee were noted.	
3.21.6.10	**Hampshire Medicines Safety Group** The minutes from the Hampshire Medicines Safety Group from March 2021 were noted. A verbal update of relevant points from the meeting in May 2021 was provided: • Searches on emollient use in patients on oxygen and who are smokers were discussed. • Highlighted that patients may have more than one nominated pharmacy which may lead to things being dispensed twice if a prescription is sent to both pharmacy's. NHSE have written to women of child bearing age on Valprate to prompt them to ask for a review in to their Drug Treatment.	
3.21.6.11	**Drug Safety Update and Patient Safety Alerts** The drug safey updates were noted	
3.21.6.12	**Regional Medicines Optimisation Committees** To note the draft shared care protocols for dexamfetamine, lisdexamfetamine and methylphenidate in adult services: https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance-draft-shared-care-protocols-consultation-2/ Helen McHale will collate comments on these shared care guidelines from an APC perspective and send back to RMOC. Comments need to be received by the 9th of July. The comments will be minuted at the next APC meeting.	
3.21.6.13	**NHSE Specialised Commissioning** Nil since July 2020	
3.21.6.14	**Priorities committee** Nil received	
3.21.7	**Any other business:** **Debby Crockford:** It is not possible to always open PDFs sent out with the agenda so if these could be sent separately this would be helpful. **Helen McHale: Melatonin formulary entry** Currently the melatonin liquid – colonis is listed as non-formulary however this is listed in the shared care guideline as an option depending on the age of the child provided the dose given doesn't exceed the maximum allowable dose of PEG. The proposed plan would be to change this to Amber shared care as per shared care guideline with a note to say this is not for children younger than 5 years old and only for children over 5 years old if the PEG dose provided is not greater than 500mg/kg. For the tablet and capsule formulary entry a note will be added to state "see shared care guideline for the brands depending on the individual patient and indication. The secondary care prescriber should specify the brand on agreeing shared care. Options include circadin, slenyto and syncrodin.	
3.21.8	**Dates of future meetings:** **2021** | **2022** 18th June | 18th February	

	20th August	15th April		
	15th October	17th June		
	17th December	19th August		