NHS Portsmouth CCG
South Eastern Hampshire CCG
Fareham and Gosport CCG
Portsmouth Hospitals NHS Trust
Southern Health NHS Foundation Trust
Solent NHS Trust

Area Prescribing Committee Meeting, Friday 21st June 2019,
Room E1375 (MDT), E level, Queen Alexandra Hospital

Notes

3.19.1	**Attendance** Alastair Bateman (Chair), Simon Cooper, Jon Durand, Phil Foster, Luke Groves, Kieran Hand, Vanessa Lawrence, Opeoluwa Owoso (note taker), Jason Peett, Mike Stewart, Karen Atkinson **Apologies for absence** Joanne Williams, Kevin Vernon, Debby Crockford	
3.19.1.1	**Declarations of Interest** Ope Owoso, Simon Cooper and Vanessa Laurence attended Clinical Pharmacy Congress sponsored by pharmaceutical companies	
3.19.2	**DRAFT Notes of last meeting** Spelling mistake – flupentixol deconate should be flupentixol decanoate otherwise accepted as an accurate record. **Action log** APC action log June 2019.docx	
3.19.3	**Matters arising** Fiasp – email circulated to members from Iain Cranston answering questions raised from last APC meeting. Only comment received from NH (DPC) stating already Amber for their area. Change of formulary status to Amber Initiated. SMOF Lipid has been added to the Area Prescribing Formulary as RED for use in neonatal parenteral nutrition.	
3.19.4	**Formulary Management – applications for approval**	
3.19.4.1	**Dapsone – change of formulary status from Red to Amber shared care including shared care guideline** Submitted by Alexa Shipman and presented by Hywel Cooper Dapsone is a sulphonamide based antibacterial agent that has an anti-inflammatory action and is used as a long term disease control agent for dermatitis herpetiformis. This is an autoimmune antibody related blistering cutaneous disease partly driven by gluten consumption, and often related to coeliac disease. Dapsone is already included on the formulary for this indication but it is proposed that the formulary status is changed to amber shared care (from red) so that patients, once stabilised on therapy can receive medication supplies via their GP. In addition to the business case, the shared care guideline was submitted for ratification.	

	APC decision The committee approved the change in formulary status of dapsone for this indication to amber shared care. The committee has asked for the following amendments to be made to the shared care guideline: 1) under section 7 – 3-4 monthly monitoring to change to 3monthly 2) under section 7 – change 'once patient has been on the drug several years…' after specialist advice drug monitoring may be reduced to 6 monthly' Following making the requested changes. The guideline should be sent for chairs approval.	AS/HC
3.19.4.2	**Betesil medicated plaster** Presented by Hywel Copper. Betamethasone valerate 2.25mg medicated plaster (Betesil). It was proposed to the committee for consideration for addition to the Portsmouth and South East Hampshire Formulary for the treatment of keloid scars and inflammatory skin disorders which do not respond to treatment with less potent corticosteroids, such as eczema, lichenification, lichen planus, granuloma annulare, palmoplantar pustulosis and mycosis fungoides. It is cheaper and more potent than the current formulary product (Fludroxycortide tape) but not licensed for patients under 18years of age. **APC decision** Betamethasone valerate 2.25mg medicated plaster has been approved for addition to the formulary as Green. The submission requires the declaration of interest form to be completed.	HC
3.19.4.3	**Zostavax for pre-biologic therapy** Submitted by Simon Norman and Steven Young Min. Simon Norman presented the British Society for Rheumatology recommendations on the use of shingles vaccination (Zostavax) for patients over 50 years who are due to start biologic therapy. The committee discussed the challenges around having the vaccination in primary care. The guidance recommends that the vaccine is administered preferably >14 days before starting biologic therapy. **APC decision** Committee felt that Zostavax should be administered to patients in clinic to avoid delays to initiation of the biologic. The funding of this will need to be confirmed/agreed by commissioners.	JW/SN
3.19.5	**Drug therapy and shared care guidance for approval**	
3.19.5.1	**Cholinesterase inhibitor guideline** Submitted by Jennifer Etherington Guideline presented by Dr Balaj Wuntakal (Solent psychiatric consultant). The guideline replaces the current shared care guideline for individual Cholinesterase inhibitor. Guideline has been approved by Solent and Southern health committee **APC decision** Guideline approved and formulary status to change from amber shared care to amber initiated	
3.19.5.2	**Formulary submissions** Submitted by Jo Williams A new process of reviewing formulary submissions was discussed. This will include an independent review of the evidence for all new drug entries that do not have a NICE TA or similar review (e.g. SMC). This process has already been approved by FMG.	

	APC decision The committee to add a 6th step to process of evaluating a new entry: 'complete conflict of interest'. If this is not completed committee has agreed that request will be delayed until the next APC meeting. Amendments to be approved by Chair.	JW
3.19.5.3	**Hormone replacement therapy guideline** Presented by Nicola Hill. This guidance is supported by FMG (FMG approval pending decision from APC). JW has checked the drug tables against formulary. **APC decision** Following confirmation of availability of products this guidance is approved for use.	 Hormone Replacement Therapy
3.19.5.4	**Shared Care – DMARD and communications** The latest version of the DMARD shared care guideline was presented by Simon Norman. Additional documents have been produced by the hospital and CCG team to support the roll out of the new process. The consent letter has been updated so that more than one drug can be included. MS and CCGs to communicate new shared care template, process and form, to secondary care and primary care respectively using the letter template. JW to ensure all shared care is on PHT website **APC decision** There needs to be a coordinated approach to the new process of sharing care. The communication documents will help support this but we will also need appreciation from all parties that this may take some time to get up and running in a smooth way. The DMARD guideline has been approved, along with the amended version of the shared care agreement form. MS and AB/SC to communicate new process throughout the area within PHT and primary care.	MS/AB/SC
3.19.5.5	**Pre-printed Dermatology out-patient forms** Hywel Copper discussed Pre-printed Dermatology out-patient forms with committee. The purpose is to have standard regime on a pre-printed outpatient form in order to improve legibility **APC Decision** Outpatient Pre-printed forms approved for use in dermatology	
3.19.6	**Items for note/consultation**	
3.19.6.1	**NICE Guidance** **NICE developments: April and May 2019** **NICE Guidance April 2019** **TA 573: Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma** Daratumumab plus bortezomib plus dexamethasone is recommended for use within the Cancer Drugs Fund as an option for treating relapsed multiple myeloma in people who have had 1 previous treatment. It is recommended only if the conditions in the managed access agreement for daratumumab plus bortezomib plus dexamethasone are followed. **Resource impact:** commissioned by the cancer drugs fund **Action required:** Formulary entries will be amended with link to NICE TA 573.	

TA 574: Certolizumab pegol for treating moderate to severe plaque psoriasis

Certolizumab pegol is recommended as an option for treating plaque psoriasis in adults, only if:

- the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and
- the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and
- the lowest maintenance dosage of certolizumab pegol is used (200 mg every 2 weeks) after the loading dosage and
- the company provides the drug according to the commercial arrangement.

Stop certolizumab pegol at 16 weeks if the psoriasis has not responded adequately. An adequate response is defined as:

- a 75% reduction in the PASI score (PASI 75) from when treatment started or
- a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started.

If patients and their clinicians consider certolizumab pegol to be one of a range of suitable treatments, the least expensive should be chosen (taking into account administration costs, dosage, price per dose and commercial arrangements).

Resource impact: This technology is commissioned by CCGs. No significant resource impact is anticipated as this is a further treatment option and is available at a similar price to other available treatments.

Action required: The formulary entry for certolizumab pegol will be amended with a link to NICE TA 574.

TA 575: Tildrakizumab for treating moderate to severe plaque psoriasis

Tildrakizumab is recommended as an option for treating plaque psoriasis in adults, only if:

- the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and
- the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and
- the company provides the drug according to the commercial arrangement.

Consider stopping tildrakizumab between 12 weeks and 28 weeks if there has not been at least a 50% reduction in the PASI score from when treatment started.

Stop tildrakizumab at 28 weeks if the psoriasis has not responded adequately. An adequate response is defined as:

- a 75% reduction in the PASI score (PASI 75) from when treatment started or
- a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started.

If patients and their clinicians consider tildrakizumab to be one of a range of suitable treatments, the least expensive should be chosen (taking into account administration costs, dosage, price per dose and commercial arrangements).

Resource impact: This technology is commissioned by CCGs. No significant resource impact is anticipated as this is a further treatment

	option and is available at a similar price to other available treatments. **Action required:** Tildrakizumab will be added to the area prescribing formulary as RED. For hospital prescribing only in line with recommendations in NICE TA 575. **NG 123: Urinary incontinence and pelvic organ prolapse in women: management** This guideline covers assessing and managing urinary incontinence and pelvic organ prolapse in women aged 18 and over. It also covers complications associated with mesh surgery for these conditions. In July 2018, the Government announced a period of 'high vigilance restriction' on the use of a group of procedures, including vaginally inserted mesh and tape to treat stress urinary incontinence and pelvic organ prolapse, in England. This followed a recommendation by Baroness Cumberlege, who is chairing an independent review of surgical mesh procedures and has heard from women and families affected by them. **Resource impact:** There is uncertainty around the number of women who use absorbent containment products for long term management of urinary incontinence and who attend an annual review. Because of this NICE estimate the resource impact of this guidance to cost up to £1.4 million for the whole of England. **NG 124: Specialist neonatal respiratory care for babies born preterm** This guideline covers specific aspects of respiratory support (for example, oxygen supplementation, assisted ventilation, treatment of some respiratory disorders, and aspects of monitoring) for preterm babies in hospital. **Resource impact:** Specialist neonatal respiratory care services are commissioned by NHS England. There is no significant resource impact anticipated for implementing this guidance. **NG 125: Surgical site infections: prevention and treatment** This guideline covers preventing and treating surgical site infections in adults, young people and children who are having a surgical procedure involving a cut through the skin. It focuses on methods used before, during and after surgery to minimise the risk of infection. **Resource impact:** Surgical services are commissioned by NHS England and CCGs. No significant resource impact is anticipated following implementing this guidance. **NG 126: Ectopic pregnancy and miscarriage: diagnosis and initial management** This guideline covers diagnosing and managing ectopic pregnancy and miscarriage in women with complications, such as pain and bleeding, in early pregnancy (that is, up to 13 completed weeks of pregnancy). It aims to improve how early pregnancy loss is diagnosed, and the support women are given, to limit the psychological impact of their loss. **Resource impact:** Services for ectopic pregnancy and miscarriage are commissioned by clinical commissioning groups. No significant resource impact is anticipated following implementing this guidance. **CG 132: Caesarean section** This guideline covers when to offer caesarean section, procedural aspects of the operation and care after caesarean section. It aims to improve the consistency and quality of care for women who are considering a caesarean section or have had a caesarean section in the	

	past and are now pregnant again. **NICE Guidance May 2019** **TA578 Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation** Durvalumab monotherapy is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express PD-L1 on at least 1% of tumour cells and whose disease has not progressed after platinum-based chemoradiation only if: • they have had concurrent platinum-based chemoradiation • the conditions in the managed access agreement are followed. Resource impact: This technology is recommended for use within the cancer drugs fund Action required: Durvalumab will be added to the area prescribing formulary with a link to NICE TA 578 as a RED hospital only medication. **TA 579 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy** Abemaciclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in people who have had endocrine therapy only if: • exemestane plus everolimus would be the most appropriate alternative and • the conditions in the managed access agreement for abemaciclib with fulvestrant are followed. Resource impact: These technologies are recommended for use within the Cancer Drugs Fund. Action required: The formulary entry for Abemaciclib will be amended to include link to NICE TA 579. Fulvestrant will be added to the formulary as a RED medication for use in line with NICE TA 579. **TA 580 Enzalutamide for hormone-relapsed non-metastatic prostate cancer** Enzalutamide is not recommended, within its marketing authorisation, for treating high-risk hormone-relapsed non-metastatic prostate cancer in adults. **TA 581 Nivolumab with ipilimumab for untreated advanced renal cell carcinoma** Nivolumab with ipilimumab is recommended for use within the Cancer Drugs Fund as an option for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria. It is recommended only if the conditions in the managed access agreement for nivolumab with ipilimumab are followed. Resource impact: This technology is recommended for use within the Cancer Drugs Fund. Action required: The formulary entries for both agents will be updated to include links to NICE TA581.	

	NG 127 Suspected neurological conditions: recognition and referral This guideline covers the initial assessment of symptoms and signs that might indicate a neurological condition. It helps non-specialist healthcare professionals to identify people who should be offered referral for specialist investigation. Resource impact: These services are commissioned by NHS England and CCGs. No significant resource impact is anticipated. **NG 128 Stroke and transient ischaemic attack in over 16s: diagnosis and initial management** This guideline covers interventions in the acute stage of a stroke or transient ischaemic attack (TIA). It offers the best clinical advice on the diagnosis and acute management of stroke and TIA in the 48 hours after onset of symptoms. Resource impact: These services are commissioned by clinical commissioning groups, except when specialist interventions such as thrombectomy are needed. Specialist neurosurgical interventions such as thrombectomy are commissioned by NHS England. NICE suggest assessing the impact to resources locally. **NG 129 Crohn's disease: management** This guideline covers the management of Crohn's disease in children, young people and adults. It aims to reduce people's symptoms and maintain or improve their quality of life. Resource impact: Crohn's disease services are commissioned by clinical commissioning groups. No significant resource impact is expected. **NG 130 Ulcerative colitis: management** This guideline covers the management of ulcerative colitis in children, young people and adults. It aims to help professionals to provide consistent high-quality care and it highlights the importance of advice and support for people with ulcerative colitis. Resource impact: These services are commissioned by clinical commissioning groups. No significant resource impact is anticipated. **NG 131 Prostate cancer: diagnosis and management** This guideline covers the diagnosis and management of prostate cancer in secondary care, including information on the best way to diagnose and identify different stages of the disease, and how to manage adverse effects of treatment. It also includes recommendations on follow-up in primary care for people diagnosed with prostate cancer. Resource impact: Prostate cancer services are commissioned by clinical commissioning groups, except for radiotherapy, chemotherapy and specialist interventions such as specialist surgery, which fall under specialised commissioning and are commissioned by NHS England. NICE suggest assessing the impact to resources locally.	

	NG 132 Hyperparathyroidism (primary): diagnosis, assessment and initial management This guideline covers diagnosing, assessing and managing primary hyperparathyroidism. It aims to improve recognition and treatment of this condition, reducing long-term complications and improving quality of life. Resource impact: These services are commissioned by clinical commissioning groups. No significant impact is anticipated.	
3.19.6.2	**EAMS** Nil received	
3.19.6.3	**Solent medicines management update** Welcome Luke Grooves as Solent Chief Pharmacist. Updates on two deputy chief pharmacists: Laura Havercan acting up as deputy chief pharmacist to cover Jennifer Etherington whilst on maternity leave. David MacCain (current deputy chief pharmacist) leaving organisation next week. New pharmacy department opening in St Mary Hospital on Monday 1st July	
3.19.6.4	**Southern Health medicines management update** Raj Sherjill new Chief Pharmacist starting 15th July JW to add Raj to distribution list for APC meeting VL will resume her role as Deputy Chief Pharmacist Team will undergo service restructure as each division will have a clinical and medical director	
3.19.6.5	**DPC update** Lixisenatide removed for DPC formularies **APC decision** APC agreed to remove lixisenatide from formulary as semaglutide now on formulary JW to inform endocrinology	JW
3.19.6.6	**MEC update** See DPC summary	
3.19.6.7	**Wound Formulary update** The new Wound formulary has been produced. Once ratified by DPC it will be uploaded to the CCG websites.	JW
3.19.6.8	**Hampshire Medicines Safety Group** Minutes not received, an update was provided by OO/PF. Some of the letters from rheumatology clinic has Methotrexate dosing error and the clinic is in the process of correcting these errors A drug related incident occurred where by a child was admitted to PHT because he collapse at home with blood glucose level of 0.6mmol/l as a result of different brand of hydrocortisone liquid (unlicensed product) supplied by community pharmacy. Consequently PHT will specify in the letters which brand should be prescribed and supplied to patient. PHT are in the process of reviewing paediatric patients on unlicensed hydrocortisone with the plan of switching to the licensed product.	
3.19.6.9	**Drug Safety Update and Patient Safety Alerts** The drug safety updated for April and May 2019 were noted by the committee.	

3.19.6.9	**Regional Medicines Optimisation Committees** The following documents were noted by the committee: The RMOC issue 4 2019 newsletter, issue 5 2019 newsletter and the document: principles guiding the decision making about the route of supply of medicines to outpatients.	
3.19.10	**NHSE Specialised Commissioning** Nil received	
3.19.6.11	**Priorities committee** Nil received	
3.19.6.12	**APC membership** Following on from discussion at last APC, posts that no longer exist have been removed. JW circulated to SC/JP/AB. Discussion: 1) PHT clinical pharmacy manager – not required 2) Nurse representative - in discussion 3) General practitioner Portsmouth CCG – Nick Moore appointed from August 4) Chief Pharmacist Southern Health – Raj Shergill not in post till July 5) General Practitioner Fareham and Gosport CCG – vacant (currently covered by Alistair Bateman) 6) Lay member – vacant 7) Vice-Chair - vacant Vacant positions to be recruited to	KH/JP/SC/AB
3.19.6.13	**Lifescan exit UK mainland business** This was noted by the committee	
3.19.6.14	**Accu-Check FlexLink discontinued** This was noted by the committee	
3.19.6.15	**CQC report – Medicines in health and adult social care** This was noted by the committee	
3.19.6.16	**Good practice guidance opioid prescribing documents** These documents were noted by the committee. They are available for Portsmouth primary care teams via the PIP website and can be amended for local implementation by South East Hants and Fareham and Gosport CCGs.	
3.19.7	**Any other business:** Community syringe driver chart was updated by Steve Plenderlieth. The committee will ask Steve to address the following comments: 1) Add strength to morphine 2) Needs to add PHT logo (and PHT approval) 3) To include pharmacy check box on the anticipatory medicines chart 4) To include guidance for started doses in opioid naïve patient 5) Guidance on what to do with patches when starting syringe driver – to take off or leave on 6) Both charts need to include in the title 'for use in end of life/palliative care' **APC decision** To be approved by Southern. Request for Vanessa Lawrence to take comments raised for discussion at Southern Health medicines management meeting. When approved by Southern to come back to APC.	VL

3.19.8	**Dates of future meetings:** 16th August 2019 18th October 2019 13th December 2019	