

South Tyneside and Sunderland Area Prescribing Committee Recommendation Summary

Summary of recommendations made regarding new product requests considered at a meeting of the Committee on **Wednesday 5th June 2019**

Classification of products:

R = 'RED' drugs for hospital use only

A = 'AMBER' drugs suitable for use under Shared Care arrangements

G+ = 'GREEN PLUS' – Drugs normally recommended or initiated by hospital specialist, but can be safely maintained in primary care with very little or no monitoring required. Any information is often appropriate to support safe prescribing

G = 'GREEN' – Drugs where initiation by GPs is appropriate

U Unlicensed medicine

NICE Approved by NICE as a technology appraisal

Product	Recommendation			Comments/notes
	Approved	Refused	Deferred	
1) Requests deferred from previous meetings				
None				
2) New Requests				
Hydrocortisone granules (Alkindi)	✓ G+			The group APPROVED the application, subject to the production of a green plus information leaflet. The leaflet is needed mostly to highlight to GPs that secondary care will carry out monitoring.
3) New formulations / extensions to use or RAG status				
Mexiletine	✓ R			The group agreed that the RAG status of mexiletine – when used for all indications must be RED . It was previously G+ for ventricular arrhythmia but also used for treating neuropathic pain (unlicensed) and dystrophic myotonia. The group agreed that the newly licensed product for dystrophic myotonia (NaMuscla®) should be added to the formulary but it must be made clear that mexiletine is for specialist use only.
4) Products considered by NICE				
TA567 : Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies				The formulary will reflect the NICE position
TA568 : Abatacept for treating psoriatic arthritis after DMARDs				The formulary will reflect the NICE position

Product	Recommendation			Comments/notes
	Approved	Refused	Deferred	
TA569 : Pertuzumab for adjuvant treatment of HER2-positive early breast cancer				The formulary will reflect the NICE position
TA570 : Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum based chemotherapy				The formulary will reflect the NICE position
TA571 : Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib				The formulary will reflect the NICE position
TA572 : Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes				The formulary will reflect the NICE position
TA573 : Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma				The formulary will reflect the NICE position
TA574 : Certolizumab pegol for treating moderate to severe plaque psoriasis				The formulary will reflect the NICE position
TA575 : Tildrakizumab for treating moderate to severe plaque psoriasis				The formulary will reflect the NICE position
TA576 : Bosutinib for untreated chronic myeloid leukaemia (terminated appraisal)				The formulary will reflect the NICE position
TA577 : Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma				The formulary will reflect the NICE position
5) Northern (NHS) Treatment Advisory Group (N-TAG)				
Nothing received				
6) Regional Medicines Optimisation Committee (RMOC)				
RMOC newsletter 2019 issue 3				Received for information
Guidance - Prescribing of Liothyronine				<p>Received for information.</p> <ul style="list-style-type: none"> • AB to speak to Dr Peter Carey about the liothyronine recommendations from RMOC • EMc to ensure GPs locally are aware of this guidance and add this drug to the DROP list • EMc to speak to CCG colleagues to enquire if practice pharmacists are able to run searches of existing patients who may need review from endocrinology.
7) Appeals against earlier decisions by the APC				
None				

Product	Recommendation			Comments/notes
	Approved	Refused	Deferred	
8) Guidelines considered				
Opioid prescribing position statement		✓		The group DISAGREED with the strong word of the statement and advised that the position statement should state what the intention of the document is (in terms of the patient group) and also to remove reference to gabapentin and pregabalin.
Opioid patient poster (from Live Well With Pain)		✓		This was put forward as a patient-facing document during discussions pertaining to reducing/ stopping opioids. The group REJECTED the live well with pain document and agreed a new one be produced to show correct dose information.
Home oxygen resources			✓	The committee considered three papers all relating to the update of the home oxygen guideline and the removal of home oxygen protocol from patient's home where the patient is either no longer appropriate or not using it. These resources were DEFERRED . It was felt EM (Elizabeth Mallett) would be best placed to present this to the group who had a number of questions and also input required from South Tyneside and Sunderland community teams, ARAS (acute respiratory assessment service) and paediatrics.
Lithium shared care guideline (from NTW)	✓			The group APPROVED the updated lithium shared care guideline. It had been amended to reflect the views of the committee from April's APC meeting.
Antipsychotic leaflet (from NTW)	✓			The group APPROVED the information leaflet subject to the suggested changes regarding symptoms are included before circulation.
9) Miscellaneous recommendations				
FreeStyle Libre Position Statement from the NENC CCG Joint Committee				This guidance supersedes the NTAG position statement with a few key differences. The group AGREED to adopt the NENC CCG Joint Committee position statement for FreeStyle Libre in South Tyneside and Sunderland.