

County Durham and Darlington Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Thursday 3rd May 2018**

Classification of products:

- G** **Green drug** - Can be initiated and prescribed in all care settings **G-** Second line / alternative green drug
- G+** **Green+ drug** Specialist initiation / recommendation. Can be recommended by a specialist for initiation in primary care; or be initiated by a specialist and transferred to primary care once the patient stabilised. In some cases there may be a further restriction for use outlined - these will be defined in each case.
- A** **Amber drug** - These are specialist drugs which must be initiated by the specialist, but with the potential to transfer to primary care within written and agreed shared care protocols and according to the agreed process for transfer of care
- R** **Red drug** - Drugs that should remain under the total responsibility of the specialist. Usually considered as “hospital only” drugs
- X** **Not Approved** - Drugs that have been considered by the APC or other approved body and are not approved for prescribing within County Durham & Darlington.
- ⊘** **Not Reviewed** - Drugs that haven't been reviewed by the APC yet. This usually means that no application has been received or that an application is in progress. These drugs are not normally considered appropriate for prescribing in County Durham & Darlington.
- **Unclassed Drug** - Drugs that do not fall into one of the above categories

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
1) Requests deferred from previous meetings				
None				
2) New Requests				
Brivaracetam 10mg, 25mg, 50mg, 75mg and 10mg film-coated tablets. 10 mg/ml oral solution (Briviact®)	✓ G+			Brivaracetam has been requested for use as adjunctive therapy in patients with focal-onset seizures. Not currently indicated in generalised epilepsy syndromes. Decision: The request for brivatacetam was approved as 3 rd line treatment option.
Glycopyrronium bromide 2mg/5ml oral solution for drooling in paediatrics (Sinalar®)	✓ G+			Glycopyrronium bromide 2mg/5ml has been requested for the treatment of severe sialorrhoea in children and adolescents with chronic neurological disorders. Only licensed glycopyrronium oral solution in children and tablets are not licensed in children. More cost-effective than using unlicensed tablets. Decision:
Ceftazidime / Avibactam 2g/0.5g injection (Zavicefta®)	✓ R			For use on consultant microbiologist advice within secondary only in multi-resistant infections with limited treatment options. Decision: Deferred until has CDDFT CSTC approval.

DECISION SUMMARY

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Ceftobiprole 500mg Injection	✓ R			For use on consultant microbiologist advice within secondary only in multi-resistant infections with limited treatment options. Decision:
3) New formulations & extensions to use				
Humalog Insulin Kwikpen Junior	✓ G alt			New pen device available 0.5 unit doses instead of 1 unit doses Decision:
5) Products considered by NICE				
TA504: Pirfenidone for treating idiopathic pulmonary fibrosis	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA505: Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA506: Lesinurad for treating chronic hyperuricaemia in people with gout		✓		The formulary will reflect the TAG – CCG is the responsible commissioner – NICE did not recommend use.
TA507: Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA508: Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee	✓ R			The formulary will reflect the TAG
TA509: Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer	✓ R			The formulary will reflect the TAG – CCG is the responsible commissioner.

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TA510: Daratumumab monotherapy for treating relapsed and refractory multiple myeloma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA511: Brodalumab for treating moderate to severe plaque psoriasis	✓ R			The formulary will reflect the TAG – CCG is the responsible commissioner.
TA512: Tivozanib for treating advanced renal cell carcinoma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA513: Obinutuzumab for untreated advanced follicular lymphoma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA514: Regorafenib for previously treated advanced hepatocellular carcinoma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA515: Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen		✓		The formulary will reflect the TAG – NHS England is the responsible commissioner – NICE did not recommend use.
TA516: Cabozantinib for treating medullary thyroid	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
6) Northern (NHS) Treatment Advisory Group (N-TAG)				
Daily vs on-demand PDE-5 inhibitors for management of erectile dysfunction following treatment for prostate cancer				There was no evidence to recommend the use of daily dosing over on-demand dosing of PDE5 inhibitors, and there was no evidence that tadalafil was superior to sildenafil. On this basis NTAG recommends on-demand dosing using the PDE5 inhibitor with the lowest acquisition cost, currently this is generic sildenafil.
7) Appeals against earlier decisions by the APC				
None				
8) Miscellaneous decisions by the APC				
Sucralfate tablets and oral solution				Discontinued and not in CKS guidelines for ulcers Decision: Delete from formulary

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Insulins – annotate strength for high dose insulins	✓ G			Decision: Agreed to annotate strength for those high strength insulins listed in the formulary.
Trimbow® and Treglegy® triple combination inhalers	✓ G			Decision: Approved for use in patients with COPD who stable on three separate constituents as per the CD&D APC COPD guideline.
Methyphenidate modified release				Decision: Agreed to annotate formulary with all brands of methylphenidate MR include in the shared care guideline.
Enoxaparin Becat				New biosimilar of enoxaparin. Decision: Agreed to add to formulary

The following guidelines were presented to and approved at the May 2018 meeting of the APC:

- CD&D APC Type 2 Diabetes Guidelines – updated
- CD&D Drug Monitoring Guideline – updated
- CD&D APC COPD Guidelines – updated to mirror GOLD guidelines.

The following Green+ drug information leaflets were presented to and approved at the May 2018 meeting of the APC:

- Nil

The following shared care guidelines were presented to and approved at the May 2018 meeting of the APC:

- Azathioprine – updated version – minor changes to monitoring thresholds to mirror other DMARD SCGs.
- 6-Mercaptopurine – updated version – minor changes to monitoring thresholds to mirror other DMARD SCGs.