County Durham & Tees Valley Area Prescribing Committee

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Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Thursday 12th September 2019**

Classification of products:

G **Green drug** - Can be initiated and prescribed in all care settings - Second line / alternative green drug

A **Amber Specialist initiation / recommendation drug**. 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.

ASC **Amber Shared Care 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

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				
Magnesium sulphate 10% solution in a pre-filled syringe (5g magnesium sulphate (20mmol) in 50ml solution, in a 60ml syringe)	✓ R			Requested by STFHT for be used as a hospital only drug for management of pre-eclampsia and eclampsia in pregnancy. Noted unlicensed. There are other injection formulations of magnesium sulphate already included in local formularies for this indication but these require dilution of the injection vial/ampoules to prepare the infusion, and there are currently supply issues with these creating risks around which strengths are used. These magnesium sulphate pre-filled syringes are ready to use with no further dilution hence will save time and reduce errors in an emergency situation. **Decision:** approved.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Fresubin thickened level 2	✓ G			Requested by STHFT. Fresubin® thickened is a high protein, high energy textured modified Stage 2 (custard consistency) oral nutritional supplement. There are currently no other supplement products available that are suitable for patients who require level 2 fluids. Currently having to use products that are of a thicker consistency (level 3) or products that are not specifically designed as a dysphagia product (ie not amylase resistant) therefore its consistency cannot be guaranteed. **Decision:** approved
3) New formulations & extensions to use				
None				
5) Products considered by NICE				
TA588: Nusinersen for treating spinal muscular atrophy	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA589: Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA596: Risankizumab for treating moderate to severe plaque psoriasis	✓ R			The formulary will reflect the TAG – CCG is the responsible commissioner.
7) Appeals against earlier decisions by the APC				
None				
8) Products considered by NTAG				
None				
8) Miscellaneous decisions by the APC				
Chapter 6 to 10,12,14,15 & 16 of formulary	✓			Recommendations for changes to Chapter 6 to 10,12,14,15&16 to harmonise existing formularies into one APC formulary were approved.

DECISION SUMMARY

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Chapter 18 of formulary	✓			New formulary chapter approved based on existing STHFT Chapter 17 (Non-BNF) and Chapter 20 (unlicensed Medicines / Significant off-label use). It will contain products that do not fit neatly into any of the existing formulary chapters.
Oestrogen 0.06% gel (Oestrogel®)	✓ G			Addition to HRT section of the formulary in Chapter 6 approved.
Progesteron 100mg & 200mg caps (Utrogestan®)	✓ G			Addition to HRT section of the formulary in Chapter 6 approved.
Estradot® (Oestrogen twice weekly) patches	✓ G			Addition to HRT section of the formulary in Chapter 6 approved.
Sodium Aurothiomalate (Myocrisin®) Injection –	✓			Removed from formulary as recently been discontinued by the manufacturer and no licensed direct alternative is available. It was agreed to stand down the existing shared care for Sodium Aurothiomalete. Existing patients should be switched to an alternative DMARD following advice/review from rheumatology.
Melatonin 3 mg film coated tablets (Colonis Pharma) **Melatonin 1 mg/mL oral solution (Colonis Pharma) –**	✓ ✗			Melatonin – newly licensed products To be added to formulary as NOT APPROVED not cost effective use of NHS resources. No change to Melatonin use in children as per current shared care guideline from TEWV. Melatonin First line (licensed product): Melatonin MR 2mg tablets (Circadin®) Circadin® can be crushed if unable to swallow tablets, swallowing difficulties or immediate release action is required (off-label). Second line only if crushing tablets inappropriate: Melatonin 5mg/5ml alcohol free oral solution (200ml) (unlicensed product). The new licensed oral liquid is unsuitable for use in children due to excipients e.g. propylene glycol Melatonin 1 mg and 5 mg prolonged release tablets (Slenyto®) – to seek formulary application from TEWV for licensed use in children with autism
Nebulised Gentamicin for non-CF bronchiectasis -	✓ R			Asked by South Tees CCG to clarify the formulary status. It was noted that it is already RED for this indication within County Durham & Darlington. Particular alcohol free brands need to be used and GP/Community Pharmacy may not always be aware of this. Also IV use is RED due to monitoring and potential toxicity issues.
Potassium Iodide 60mg capsules	✓ R			Approved for neutrophilic dermatoses (Sweet syndrome and pyoderma gangrenosum) and panniculitis (including erythema nodosum and nodular vasculitis in addition to 300mg capsules already on formulary for this Indication. To be used by Dermatology only.

The following guidelines were presented to and approved at the September 2019 meeting of the APC:

- TEWV Discharge on Psychotropic Medication Algorithm
- TEWV Bipolar Medication Pathway for Adults

The following Green+ drug information leaflets were presented to and approved at the September 2019 meeting of the APC:

- Nil

The following shared care guidelines were presented to and approved at the September 2019 meeting of the APC:

- Tees Cinacalcet for Primary hyperparathyroidism
- TEWV Dexamfetamine

Other documents presented to and approved at the September 2019 meeting of the APC:

- County Durham and Tees Valley APC Declarations of Interest Policy
- County Durham and Tees Valley Formulary & Guidelines Subgroup Terms of Reference
- TEWV Clozapine Annual Review Checklist
- County Durham and Tees Valley APC Guidelines on defining RAG Medicine Status
- County Durham and Darlington Catheter and Continence Care Formulary - updated Sept
- 2019.
- County Durham and Tees Valley APC Guidance on Seven Day Prescriptions and Monitored Dosage Systems