

Somerset Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 4, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 13th January 2016**

Present:	Dr Geoff Sharp	GP Delegate (Central Mendip Federation), Chair	GS
	Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset CCG	SG
	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS FT	JB
	Catherine Henley	Medicines Manager, NHS Somerset CCG	CH
	Dr Sally Knights	Chair, Drug & Therapeutics Committee, Yeovil District Hospital	SK
	Liz Harewood	Deputy Chief Pharmacist, Somerset Partnership NHS Foundation Trust	LH
	Jon Standing	Chief Pharmacist, Yeovil District Hospital	JS
	Gaynor Woodland	Prescribing Support Technician, NHS Somerset CCG	GW
 Apologies:	Rosemary Brook	Consultant Psychiatrist Somerset Partnership	RB
	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT	CB
	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Ann Lee	Clinical Director, St Margaret's Hospice	AL
	Dr Steve Edgar	GP, Somerset Local Medical Committee representative	SE
	Matt Harvey	Development and Liaison Officer, Somerset LPC	MH
	Gordon Jackson	Patient Representative	GJ
	Steve Du Bois	Chief Pharmacist- Head of Medicines Management, Somerset Partnership NHS Foundation Trust	SD
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP

1	WELCOME
	GS welcomed everyone.
2	APOLOGIES
	Apologies were provided as detailed above.
3	DECLARATIONS of INTEREST
	GS asked for declarations of interest. CH updated her declaration of interest and this was noted.
4	MINUTES OF THE MEETING HELD ON 11th November 2015
4.1	The Minutes of the meeting were agreed as an accurate record.
4.3	GS ran through the action points from the last meeting. Most actions were complete or raised on the agenda.
5	MATTERS ARISING (not otherwise on the agenda)
5.1	TST Biosimilars Policy –
	JB currently working on final document – to share when complete. Planning to launch in February and discuss pathway at March meeting. Action: JB
5.2	NG5: Medicines optimisation
	CH reported that still little response received. It was felt that the document is onerous to complete, and this may be the reason for lack of response. JB stated that the document identified areas for improvement of which he is already aware, and it would be more useful to discuss these gaps. It was agreed that organisations will feedback any gaps in provision for consideration at March meeting Action: CH
5.3	LMWH Bridging guidance
	CH stated that no response received as yet. CH to send details to JB and JS for discussion and feedback from their respective Trusts. Action: CH
5.4	OAB Pathway
	No comments made by the YDH urologists as the pathway follows NICE guidance. Therefore the pathway was agreed.
5.5	Anti TNF pathway and biosimilar etanercept
	Discussed alongside 5.1. The following points were raised: <ul style="list-style-type: none"> Increased workload caused by reviewing prescribing and changing

	<p>medication</p> <ul style="list-style-type: none"> • Although biosimilars are approved for Rheumatoid Arthritis (RA), they may not be appropriate in other conditions e.g. Psoriatic arthritis • Patient choice could be compromised • Other drugs may reduce in price to compete and these should then be considered. For example, the cost of golimumab is currently being reviewed. This has a once monthly dose making it convenient for patients and a delivery service is provided.
5.6	Eylea® ‘treat and extend’ approach at YDH
	<p>This approach to prescribing is not in line with NICE and needs to be discussed at the relevant D&T committees before being considered at SPF. It was noted that TST also use this approach so the same process should be followed. To be discussed at March meeting with an update on the approval process</p> <p style="text-align: right;">Action: JS & JB</p>
5.7	Obs and Gynae Botox® prescribing
	<p>JB has reviewed the use of Botox at TST to ensure no use in anal fissures and will continue to monitor.</p>
5.8	BNSSG Toujeo® formulary decision
	<p>For information only. LH raised safety concerns that this could create problems in secondary care where nurses may rarely draw up insulin from the cartridge/ device into a syringe meaning that there is a risk that the patient may get an overdose. CH suggested raising awareness in the Medicines Management newsletter including advice from MHRA.</p> <p style="text-align: right;">Action: CH</p>
5.9	YDH growth hormone spend
	<p>No current spend increase identified.</p>
6	OTHER ISSUES
6.1	Vitamin B12 advice on investigation management
	<p>SG suggested sharing the RUH guidance with haematology departments for feedback before sharing across Somerset. GS queried whether the ranges used by the RUH are the same as used in Somerset, as the two areas use different systems. SK, JB and JS agreed to take this to their respective trusts.</p> <p style="text-align: right;">Action: SK, JB and JS</p>
7	Formulary Applications
7.1	Carbocisteine 750mg/10ml sugar-free oral solution in sachets <i>Intrapharm laboratories</i> (£3.85 per pack of 15 sachets)
	<ul style="list-style-type: none"> • This formulation is only licensed for five days use • Liquid formulation already on formulary <p>It was felt that this product offered no increased benefit over the products already included in the formulary and for that reason this application was NOT APPROVED.</p>

7.2	<p>Ondansetron 4mg tablets & 8mg tablets traffic light status. 4mg tablets x 10 £1.37, 8mg tablets x 10 £2.78</p>
	<p>It was noted that 4mg generic tablets have been approved as amber at a previous meeting. The price for 8mg generic tablets has now been reduced so it is proposed to approve the 8mg strength also as amber.</p> <p>Concerns were previously raised by CB about prescribing for patients undergoing chemotherapy, and the danger of constipation (a common side effect of ondansetron) especially with some types of cancer. It was agreed that prescribing for these patients should be under the supervision of their oncologist, and should remain red.</p> <p>It was agreed that both strengths of ondansetron should be given AMBER TL status, excluding prescribing for patients undergoing treatment for cancer which remains RED.</p> <p style="text-align: right;">Action: Steve Moore</p>
7.3	<p>Stexerol-D3 25,000iu (£17.00/12 tablets) & 1,000iu (£2.95/28 tablets) Prostraken</p>
	<p>Stexerol D3 is available in 1,000iu which is currently not included in the formulary, although the 1,000iu strength is requested by secondary care. For this reason, it is proposed that Stexerol-D3 is added to the formulary. This was agreed by the committee.</p> <p style="text-align: right;">Action: Steve Moore</p>
7.4	<p>Midodrine traffic light status</p>
	<p>A licensed product is now available for prescribing, so it is proposed that midodrine TLS is changed from Red to Amber. The main points were:</p> <ul style="list-style-type: none"> • Only a small number of patients affected • Once stabilised, minimal monitoring is needed. <p>It was agreed that midodrine should be initiated in secondary care until the patient is stabilised. Confirmation is needed on the exact monitoring requirements, so further information to be collated. To discuss at March meeting.</p> <p style="text-align: right;">Action: CH</p>
7.5	<p>Circadin (melatonin) 2mg MR tablets (£10.77/21 tablets) Flynn Pharma Ltd traffic light status for Parkinsons disease, insomnia and hemicrania continua</p>
	<p>Recommendation from T&S D&T is that melatonin (as Circadin MR tabs) is approved as Green for Parkinson's disease related insomnia. Melatonin is already included in the formulary for as monotherapy for the short-term treatment of primary insomnia characterised by poor quality of sleep in patients who are aged 55 or over.</p> <ul style="list-style-type: none"> • The recommended dose is 2 mg once daily, 1-2 hours before bedtime and after food. This dosage may be continued for up to thirteen weeks. • The GP would use clinical freedom in discussion with patients if they wished to extend treatment beyond the licensed maximum duration of 13 weeks and/or exceed 2mg. <p>It is recommended that melatonin should be approved as Amber for hemicrania</p>

	<p>continua on a consultant, 'named patient' basis <u>only</u> after all other treatments have failed/ are contraindicated.</p> <p>Recommendations accepted, approved as GREEN for Parkinson's disease related sleep disorders, and AMBER for hemicrania continua</p> <p style="text-align: right;">Action: Steve Moore</p>
7.6	<p>Xultophy 100iu insulin degludec + 3.6mg liraglutide per ml 3ml prefilled pen (£159.22 pack of 5 pens) Novo Nordisk Limited</p> <p>Xultophy™ is indicated for the treatment of adults with type 2 diabetes mellitus to improve glycaemic control in combination with oral glucose-lowering medicinal products when these alone or combined with a GLP-1 receptor agonist or basal insulin do not provide adequate glycaemic control.</p> <ul style="list-style-type: none"> • overall less expensive than prescribing the individual components separately (reduced cost of injections), • can be used for patients not responding to current treatments (Hba1c and weight) • more acceptable to some patients (once a day injection). • Agreed by PAMM 13/1/16 <p>It is proposed for amber TLS (3 months). It should be possible to see a benefit in 3 months by reviewing baseline Hba1c compared with HbA1c at 3 months. It was agreed that the specialists will need to prescribe until the patient is stable for 3 months and they will then be able to ask the GP to continue prescribing.</p> <p>It was agreed that secondary care should audit these patients and bring data back in 1 year.</p> <p>AMBER TLS approved</p> <p style="text-align: right;">Action: Steve Moore</p>
7.7	<p>Invicorp (25mcg aviptadil + 2mg phentolamine) solution for injection. 5 x 0.35ml amps £47.50 Evolan</p> <ul style="list-style-type: none"> • Cost comparable to Caverject • May provide another option if Caverject supply issues recur • Increased patient choice <p>GREEN TLS approved</p> <p style="text-align: right;">Action: Steve Moore</p>
7.8	<p>Foodlink Complete powder (£0.61/57g sachet) Foodlink Complete with fibre powder (£0.67/63g sachet) Nualtra</p> <ul style="list-style-type: none"> • Cost effective alternative to other nutritional supplements <p>Approved as GREEN TLS</p> <p style="text-align: right;">Action: Steve Moore</p> <p>The Medicines Management Team will review first line choices in the light of sip feed price changes that are currently happening.</p>
7.9	<p>Ivermectin Cream (Soolantra®) 10mg/g Galderma UK</p> <ul style="list-style-type: none"> • Licensed for the treatment of the inflammatory lesions of rosacea

	<ul style="list-style-type: none"> • Price =£18.29/ 30g • NICE guidance due in January. • It is a parasitocidal and more costly than topical metronidazole but it may stop a cohort of patients progressing to oral antibiotics. <p>In November 2015 PAMM and SPF agreed to approve as a GREEN TLS status product subject to further guidance from the dermatologists on the place of ivermectin cream in therapy for rosacea.</p> <p>The following guidance had since been received from T&S:</p> <ul style="list-style-type: none"> • Treatment is for up to 4 months, if no improvement after 3 months it should be stopped. • This topical treatment will reduce the use of long-term oral antibiotic use which has the risk of antibiotic resistance and which is generally poorly tolerated. • It should be used after other more established therapies have failed (e.g. metronidazole gel and azelaic acid) have failed. <p>Approved. GREEN TLS. TLS to be updated with this info from the dermatologists. Action: Steve Moore</p>
7.10	Medicines Evidence Commentary: Bisphosphonates in breast cancer patients
	<p>The committee reviewed the evidence provided on the use of bisphosphonates in patients with early breast cancer. The findings indicate that bisphosphonate use for between 2 and 5 years reduced recurrence and mortality in postmenopausal but not premenopausal women. NICE guidance is expected to recommend bisphosphonates for this cohort of patients</p> <p>The main outcome data is around use of IV zoledronate and daily ibandronic acid with similar outcomes. The formulary application is for zoledronic acid which, although the drug is inexpensive, would require I.V administration which is costly.</p> <p>The committee also discussed the use of daily ibandronic acid (current price £9.58 for 28 tabs).</p> <p>Both bisphosphonates were APPROVED for use for this indication. Zoledronic acid will remain RED for hospital use only. Ibandronic acid 50mg GREEN TLS Action: Steve Moore</p>
7.11	Clopixol Acuphase <i>Lundbeck Ltd</i>
	<p>Clopixol Acuphase is licensed for the initial treatment of acute psychoses including mania and exacerbation of chronic psychoses, particularly where duration of effect of 2-3 days is desirable.</p> <p>Somerset Partnership has requested that this formulation be classed as RED, as there should be no reason to use in primary care, and this was agreed. RED TLS Action: Steve Moore</p>
7.12	Praxbind 2.5 g/50 ml solution for injection/infusion <i>Boehringer Ingelhem Ltd</i>
	Praxbind is a specific reversal agent for dabigatran and is indicated in adult patients

	<p>treated with Pradaxa (dabigatran etexilate) when rapid reversal of its anticoagulant effects is required:</p> <ul style="list-style-type: none"> • For emergency surgery/urgent procedures • In life-threatening or uncontrolled bleeding. <p>Although a definite price for Praxbind has yet to be confirmed, we believe it to be in the region of £2,400 per dose. Further information is needed on whether Praxbind will be included on the PBR excluded list. JB and JS agreed to investigate purchase costs. Confirmation from WGH and RUH is needed on keeping this available for use.</p> <p style="text-align: right;">Action: JS and JB to explore purchase costs Action: Helen Spry and Catherine Henley to contact RUH and WGH</p>
7.13	Vortioxetine – now recommended by NICE for treating major depressive episodes (see 9.6 below) Lundbeck Ltd. £27.72/28 tabs
	<p>Vortioxetine (Brintellix) is recommended as a possible treatment for adults having a first or recurrent major depressive episode, if the current episode has not responded to 2 antidepressants.</p> <p>GREEN TLS Action: Steve Moore</p>
7.14	Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears - now recommended by NICE (see 9.8 below) Santen UK Ltd. £72/month
	<p>Ciclosporin (Ikervis) is recommended as a possible treatment for people with severe dry eye disease that has not improved despite treatment with artificial tears.</p> <p>GREEN TLS Action: Steve Moore</p> <p>Helen Spry to update the dry eye pathway.</p> <p style="text-align: right;">Action: Helen Spry</p>
7.15	Sacubitril & Valsartan (Entresto) for treatment of symptomatic chronic heart failure with reduced ejection fracture Novartis. Acquisition cost excluding VAT:
	<ul style="list-style-type: none"> • 50 mg, 28 pack: £45.78 • 100 mg, 28 pack: £45.78 • 200 mg, 56 pack: £91.56 • 100 mg, 56 pack: £91.56
	<p>NICE guidance is due to be published in May 2016</p> <ul style="list-style-type: none"> • early indicators suggest that the appraisal will be positive. • Expensive, but not prohibitive when considered the benefits • Only suitable for a small number of patients <p>It was agreed to classify as TLS amber ahead of NICE guidance being released. Currently only appropriate to be initiated, titrated and monitored by HF specialists, also to ensure relevant guidelines and pathways are in place.</p> <p>AMBER TLS Action: Steve Moore</p>
7.16	Ulipristal acetate 5mg tablets (Esmya) for intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. 28 X 5mg tabs £114.13 Gedeon Richter (UK) Ltd.
	It was felt that the committee needed feedback from local gynaecology specialists

	as to whether they would support this use of Esmya. To discuss at next meeting Action: CH to contact gynaecology departments
7.17	Glucorx Safety lancets x £5.50/100
	Cost effective lancet with additional safety benefits, reducing the risk of needle stick injuries and cross contamination. GREEN TLS Action: Steve Moore
7.18	Octreotide injections for use in palliative care - traffic light status to be discussed. Novartis GREEN TLS Action: Steve Moore
	NICE guideline NG31: Care of dying adults in the last days of life recommend octreotide for people in the last days of life with obstructive bowel disorders who have nausea or vomiting, whose symptoms have not improved after 24 hours using hyoscine butylbromide. Given that, it is likely that this may need to be initiated quickly in palliative patients, it was agreed that the TL status should be changed to green. GREEN TLS Action: Steve Moore
8	D&TC DECISIONS
8.1	Somerset Partnership D&T meeting
	The minutes and action points from the meeting held 5 th November were reviewed. LH also raised that there is currently no agreed pathway for adult ADHD. They are expecting an application for guanfacine hydrochloride, a new drug for children and adolescents in whom stimulants are not suitable, not tolerated or have been shown to be ineffective.
8.2	YDH DTC – next meeting 19/1/16
	No new points to discuss
8.3	TST D&T
	The minutes and action points from the meeting held 11/11/15 were reviewed. The points raised include: <ul style="list-style-type: none"> • melatonin use, as per the formulary application (7.5) • It was noted that Pegfilgrastim is actually not funded by NHS England so its use is likely to be phased out. • Treclin gel will need to go to PAMM for agreement to use in Primary Care
8.4	BNSSG JFG
	Meetings held 13/10/15 and 24/11/15. The minutes of the meeting held 13/10 were available as was a summary of the decisions made at the Nov meeting. These were reviewed by the committee. The inclusion of high strength insulin (Toujeo) was noted.
8.5	Taunton & Somerset Antimicrobial Prescribing Group (TSAPG)
	The minutes and action points from the meeting held 13/11/15 were reviewed. The points raised include:

	<ul style="list-style-type: none"> The Chief Medical Officer, recently issued guidance on the treatment of gonorrhoea in response to some cases of multi-drug resistance. This guidance differs to Public Health England guidance. SG has highlighted this at a national level and further clarification awaited.
8.6	RUH Bath D&TC
	Tabled for next meeting
	Part 2 – Items for information or noting
9	NICE Guidance
	A summary of the NICE guidance published since the last SPF was provided to the Forum for information. Relevant items had been placed on the agenda.
9.1	NHS Sheffield CCG framework of NICE guidance
	Noted
	NICE Technology Appraisals
9.2	TA363 Ledipasvir–sofosbuvir for treating chronic hepatitis C
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. For funding by NHSE. Action: Steve Moore
9.3	TA364 Daclatasvir for treating chronic hepatitis C
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated Action: Steve Moore
9.4	TA365 Ombitasvir–paritaprevir–ritonavir with or without dasabuvir for treating chronic hepatitis C
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated Action: Steve Moore
9.5	TA366 Pembrolizumab for advanced melanoma not previously treated with ipilimumab
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS to be updated Action: Steve Moore
9.6	TA367 Vortioxetine for treating major depressive episodes
	Positive appraisal noted. TLS to be updated. Action: Steve Moore
9.7	TA368 Apremilast for treating moderate to severe plaque psoriasis
	Negative appraisal noted. TLS to be updated. Action: Steve Moore
9.8	TA369 Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears
	Positive appraisal noted. TLS to be updated. Action: Steve Moore
9.9	TA370 Bortezomib for previously untreated mantle cell lymphoma
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. For

	funding by NHSE. SK noted that current practice was already very similar to this guidance. Action: Steve Moore
9.10	TA371 Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane
	Negative appraisal noted. TLS to be updated. Action: Steve Moore
9.11	TA372 Apremilast for treating active psoriatic arthritis
	Negative appraisal noted. TLS to be updated. Action: Steve Moore
9.12	TA373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. For funding by NHSE. TLS to be updated Action: Steve Moore
9.13	TA374 Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy
	Positive appraisal noted. Specialist commissioning, not commissioned by CCG. For funding by NHSE. TLS to be updated Action: Steve Moore
10	NICE Clinical Guidance
10.1	NG22 Older people with social care needs and multiple long-term conditions
10.2	NG23 Menopause: diagnosis and management
	This guidance was reviewed and updated recommendations noted. The only testing now suggested for diagnosing menopause is a FSH test only: <ul style="list-style-type: none"> • in women aged 40 to 45 years with menopausal symptoms, including a change in their menstrual cycle • in women aged under 40 years in whom menopause is suspected
10.3	NG 24 Blood transfusion
	Trusts asked to review the guidance and implement recommendations
10.4	NG27 Transition between inpatient hospital settings and community or care home settings for adults with social care needs
	Noted. This guidance flags potential issues in communication and reconciliation. Trusts to review and implement.
10.5	NG28 Type 2 diabetes in adults: management
	It was noted this guidance is similar to current practice in Type 2 diabetes. The current algorithm in the formulary needs updating and sharing with interface nurses, secondary care and diabetes groups. Action: Steve Moore
10.6	NG29 Intravenous fluid therapy in children and young people in hospital
	Trusts asked to review the guidance and implement recommendations

10.7	NG31 Care of dying adults in the last days of life
	Noted. Octreotide discussed and TLS to be updated in line with guidance
10.8	NG32 Older people: independence and mental wellbeing
	This is currently being reviewed by LH for SomPar. Main points to be shared at next meeting. Action:LH
11	NHS ENGLAND SPECIALIST COMMISSIONING
	The committee reviewed the Specialised Commissioning Drugs Briefing: Nov 2015. Point to note: <ul style="list-style-type: none"> • 1533: NICE Technology Appraisal 339: Omalizumab for previously treated chronic spontaneous urticarial. This will be for CCG commissioning, need to be aware for horizon scanning.
12	PBR excluded drug monitoring
12.1	Trust Data
	Month 8 data was reviewed for both Trusts. The following was noted: <p><u>TST</u></p> <ul style="list-style-type: none"> • Decrease in some drug spend, offsetting some areas of growth <p><u>YDH</u></p> <ul style="list-style-type: none"> • Figures just released • JS states current variance of +£232,000 • Dermatology the main area of growth
13	HORIZON SCANNING
	The following horizon scanning documents were made available to SPF members in advance of the meeting. Relevant items from these documents had already been added to the agenda: <ul style="list-style-type: none"> • RDC Monthly Horizon Scanning document Nov and Dec 15 • UKMI Prescribing Outlook and New Drugs Online • A list of forthcoming NICE ESNM • NICE forward planner <p>As discussed under item 6.3 subgroups will be formed to horizon scan for new drugs and report back to SPF and Finance. Aim to complete the process by January.</p> <p>Discussions are underway regarding budget setting for next year. Feedback from these discussions will be given at the next meeting</p> <p>A discussion also needs to be held with PHE about electronic cigarettes, which are likely to be available on prescription in the near future.</p>
15	DRUG SAFETY
15.1 & 2	MHRA Drug Safety Update Nov and Dec 2015

	The information was noted regarding the requirements for adequate contraception to be used by both men and women taking mycophenolate
15.3	NHSE Patient Safety Alert – The importance of checking vital signs during and after restrictive interventions/manual restraint
	Alert noted. Trusts were asked to review and implement the recommendations.
15.4	NHSE Patient safety alert – Risk of using different airway humidification devices simultaneously
	Alert noted. Trusts were asked to review and implement the recommendations.
16	BNF Changes
	Noted.
17	ANY OTHER BUSINESS
17.1	Medicines Optimisation Dashboard – updated Nov 15
	<p>JS informed the committee that the date from YDH has now been submitted, so should appear on the dashboard for the next quarter.</p> <p>SK raised concerns about the monitoring of medicines such as denosumab, which are administered in Primary Care in Somerset. SG agreed to look at denosumab prescribing and monitoring as concerns have also been raised by the RUH.</p> <p style="text-align: right;">Action: SG</p>
17.2	Rifaximin
	<p>JS stated that YDH would like to see Rifaximin changed from a red status drug to amber. TST are not in agreement with this proposal.</p> <p>JS to discuss with colleagues to gain a consensus of opinion before bringing to this committee for discussion.</p> <p>SG explained that he feels it is unlikely Rifaximin would be approved as an amber drug, as secondary care would still need to monitor patients closely. There would therefore be little benefit to patients in reduced number of visits to hospital.</p>
	DATE OF NEXT MEETING
	9 March 2016 at Wynford House (Meeting Room 2) , Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm

SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 13 JAN 2016

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
1	Declarations of interest (1)	Members were asked to notify the Prescribing Forum secretary of any standing declarations of interest, which could be held on record.	All (on going)	Ongoing
2	TST Biosimilars Policy –	JB to share policy at next SPF (if published)	JB 9 Mar 16	
3	NG5: Medicines optimisation	JB, JS and LH to feedback any areas for improvement identified	CH, JB, JS & LH 9 Mar 16	
4	LMWH Bridging guidance	JS & JB to discuss with their respective trusts and feedback	JB & JS 9 Mar 16	
5	Eylea® ‘treat and extend’ approach at YDH	To discuss at relevant D & T committees before consideration at this forum.	JB & JS	
6	BNSSG Toujeo® formulary decision	To raise awareness of safety concerns in Medicines Management newsletter	CH 9th Mar 16	
7	Vitamin B12 pathway	To share the RUH guidance for comments with the respective trusts. To check that the ranges are relevant for use in Somerset	SK, JS & JB 9th Mar 16	
8	Medicines Optimisation Dashboard	To look at data regarding monitoring of denusomab in Primary Care	SG 9th Mar 16	

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	
9	Formulary / Traffic Light Changes	<ul style="list-style-type: none"> • Ondansetron 8mg: Approved the use in Primary Care as GREEN, except for patients undergoing treatment for cancer, when it will remain RED • Stexerol-D3 25,000iu & 1,000iu 25,000iu = £17.00/12 tablets, 1,000iu = £2.95/28 tablets Add to formulary along with other vitamin D preparations GREEN • Midodrine: Approved as AMBER with the inclusion of the All Wales Medicines Strategy Group Appraisal recommendations: Midodrine (Bramox[®]) is recommended for the treatment of severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate. • Circadin (Melatonin) 2mg MR tablets: Approved as GREEN for use in patients with Parkinson's related sleep disorders. Approved as AMBER for hemicranias continua. • Xultophy 100iu insulin degludec + 3.6mg liraglutide per ml 3ml prefilled pen: Approved change to AMBER for patients who have successfully been treated by secondary care for three months and are stabilised • Invicorp soln for injection: Approved as GREEN for increased patient choice. • Foodlink Complete powder & Foodlink Complete with fibre powder: Approved as GREEN as a cost effective option. 	Steve Moore 9 th Mar 16	

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	<p>Formulary / Traffic Light Changes</p>	<ul style="list-style-type: none"> • Ulipristal acetate 5mg tablets (Esmya) for intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. • GlucoRx Safety Lancets: Cost effective lancet with additional safety benefits, reducing the risk of needle stick injuries and cross contamination. GREEN TLS • Octreotide injections change to GREEN following 24 hours treatment with hyoscine as per NICE NG31. • TA363 Ledipasvir–sofosbuvir for treating chronic hepatitis C Positive appraisal noted. Specialist commissioning, not commissioned by CCG. For funding by NHSE. TLS RED • TA364 Daclatasvir for treating chronic hepatitis C Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS RED • TA365 Ombitasvir–paritaprevir–ritonavir with or without dasabuvir for treating chronic hepatitis C Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS RED 	<p>CH to get feedback from gynaecology departments</p> <p>Steve Moore 9th Mar 2016</p>	

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	Formulary / Traffic Light Changes	<ul style="list-style-type: none"> <li data-bbox="587 284 1034 584"> <p>• TA366 Pembrolizumab for advanced melanoma not previously treated with ipilimumab Positive appraisal noted. Specialist commissioning, not commissioned by CCG. TLS RED</p> <li data-bbox="587 636 986 819"> <p>• TA367 Vortioxetine for treating major depressive episodes Positive appraisal noted. TLS GREEN</p> <li data-bbox="587 871 1038 1055"> <p>• TA368 Apremilast for treating moderate to severe plaque psoriasis. Negative appraisal noted. TLS RED</p> <li data-bbox="587 1106 1027 1328"> <p>• TA369 Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears Positive appraisal noted. TLS GREEN</p> <li data-bbox="587 1379 1023 1677"> <p>• TA370 Bortezomib for previously untreated mantle cell lymphoma. Positive appraisal noted. Specialist Commissioning, not commissioned by CCG. For funding by NHSE. TLS RED</p> <li data-bbox="587 1729 1035 2063"> <p>• TA371 Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane. Negative appraisal noted. TLS RED</p> 	Steve Moore 9 th Mar 2016	

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
	Formulary / Traffic Light Changes	<ul style="list-style-type: none"> <li data-bbox="587 360 1038 510">• TA372 Apremilast for treating active psoriatic arthritis. Negative appraisal noted. TLS RED <li data-bbox="587 555 1023 898">• TA373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis Positive appraisal noted. Specialist commissioning, not commissioned by CCG. For funding by NHSE. TLS RED <li data-bbox="587 943 1023 1323">• TA374 Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy Positive appraisal noted. Specialist commissioning, not commissioned by CCG. For funding by NHSE. TLS RED 	Steve Moore 9 th Mar 2016	