NHS
Somerset
Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 14th September 2016**

Present:	Dr Geoff Sharp	GP Delegate (Central Mendip Commissioning Locality), GS Chair	
	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS FT	CB
	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS FT	JB
	Steve Du Bois	Chief Pharmacist- Head of Medicines Management, Somerset Partnership NHS Foundation Trust	SD
	Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset CCG	SG
	Catherine Henley	Medicines Manager, NHS Somerset CCG	CH
	Gordon Jackson	Patient Representative	GJ
	Michael Lennox	Chief Officer, Somerset LPC	ML
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP
	Jon Standing	Chief Pharmacist, Yeovil District Hospital	JS
In attendance:	Dr Paritosh Shah	Consultant Opthalmologist- Yeovil District Hospital	PS
	Dr Anita Goff	Consultant Geriatrician Taunton & Somerset NHS FT	AG
Apologies:	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Ann Lee	Clinical Director, St Margaret's Hospice	AL
	Dr Robert Munro	GP, Somerset Local Medical Committee representative	RM
	Gaynor Woodland	Prescribing Support Technician, NHS Somerset CCG	GW
	Gaynor Woodland	Prescribing Support Technician, NHS Somerset CCG	GW

1	**WELCOME**
	GS welcomed everyone.
2	**APOLOGIES**
	Apologies were provided as detailed above.
3	**DECLARATIONS of INTEREST**
	GS asked for declarations of interests. ML declared that he had been invited to join the National Association of Primary Care Pharmacists as a Council Member. CH to update DOIs. **Action CH** No other changes were noted.
4	**MINUTES OF THE MEETING HELD ON 14 July 2016**
4.1	The Minutes of the meeting were agreed as an accurate record.
4.2	GS ran through the action points from the last meeting. The actions were all complete or on the agenda. The following items were specifically noted: • CH to put RuH B12 guidance into a Somerset template and notify RuH. Add to Navigator App and ask Steve Moore to put an article into the newsletter. **Action CH** • CH to ensure that an article on the SIGN polypharmacy app goes into the next newsletter. • CH to send JS the links to the SIGN polypharmacy App. **Action CH**
5	**MATTERS ARISING** (not otherwise on the agenda)
5.1	**YDH Biosimilars Policy** –
	JS reported that there has been no further progress. At the moment, they don't have the capacity to write a policy and that they have been putting more energy into implementation. The intention is there to write a policy but this has to be done amongst a number of competing priorities. SG stated that YDH policy would be helpful so that there aren't the same questions and hurdles every time a new biosimilar is launched. GS asked for an update in a couple of months. **Action JS** SG commented that the RuH is lagging behind with the implementation of biosimilars and that this needs to be raised. SG to speak to JP. **Action SG**
5.2	**LMWH Bridging Guidance**
	CH informed the group that Dr Mark Dayer had made the amendments requested by PAMM. Dr Dayer has been asked to review in the light of new BSH guideline but he would like us to approve the current version first. Simon Davies has commented that the new guidance will make fairly small difference to practice. They will review in

	due course. Dr Khan at YDH had requested a number of minor changes. CH to follow up with Dr Dayer. **Action CH** There still needs to be agreement with YDH over the role of POAC around INR monitoring and supply of LMWH to patients requiring bridging therapy. JS to clarify the POAC position at YDH. **Action JS** SG and GS explained that LMC are in agreement with the current draft policy and that the monitoring and prescribing work for patients requiring bridging therapy is secondary care work that they won't accept.
5.3	**NG5: Medicines optimisation and NICE QS120 Medicines optimisation**
	Feedback from Trusts had been that self- assessment against NG 5 was potentially too big, so SPF had asked them to provide self-assess around the Medicines Optimisation Quality Standards set out by NICE. This was considered reasonable a way identify gaps in provision across Somerset, in order to generate a discussion on how SPF might work together as a committee to look at how they could address any issues. There was a group discussion around the difficulties in obtaining objective assurances around the quality statements, especially around informed consent. There are robust consent processes where specialist drugs are involved and there is a lot of activity around achieving informed consent. However, this is less likely to happen for more common, low cost drugs prescribed in hospital. This may equally apply to primary care. There was a discussion highlighting that it would be impossible to consent for every drug on every occasion. JB said that obtaining informed consent is part of the training for junior doctors. SG acknowledged that there are big differences in primary care around the quality and timeliness of post discharge medicines reconciliation. This is an area where primary care in Somerset could improve. SG asked Trusts to provide a self-assessment against the five quality statements. **Action JS, JB, SD**
5.4	**Feedback on Trust CQC Medicines Management recommendations**
	JS presented the YDH response to the medicines aspects of their CQC inspection report. He said that were disappointed by the final published report, as it contained a number of factual inaccuracies in the final published version. YDH believe that their report does not reflect the service that is being offered. SG thanked JS for sharing the YDH actions related to medicines list and asked JB and SD to share their medicines management action lists in response to their CQC inspection reports at the next meeting. **Action JB & SD**

5.5	**Eylea® 'treat and extend' approach**
	Previously the SPF interpretation of the 'treat and extend' proposal, which opthalmologists had begun to adopt for the treatment of wet macular degeneration, was that in year two and onwards of treatment, Aflibercept would be administered in a prophylactic manner irrespective of clinical need; the period between monitoring would then be extended by an additional 2 weeks after each administration. In July-16 the SPF had concluded that this approach was inconsistent with the NICE TAG for aflibercept, which states that, in year 2, administration should only occur when; • There are signs that the condition has been getting worse Or; • there is evidence of recent presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or recent visual acuity changes) Opthalmologists had been asked to return to treating patients, strictly in line with NICE. Dr Paritosh Shah (consultant ophthalmologist from YDH) attended the meeting to present data and information on the Treat and Extend approach. He explained that: • the treat and extend approach at YDH in year 2 had been to review at 8 weeks, and if OK treat with aflibercept and review in 10 weeks. Then, if OK, treat and review in 12 weeks. • this approach, reduces the uncertainty around patients making appointments because there is no way of predicting when deterioration may happen. • patients are sometimes unaware that their vision has deteriorated, putting sight at risk. • a lot of extra appointments are needed for a 'treat and monitor' approach, pushing costs into other parts of the system • returning to a 'treat and monitor' approach had already had a negative impact on YDH ophthalmology capacity in just 6 weeks. The group agreed that the evidence presented by Dr Shah supports the 'treat and extend' approach. It was agreed that SG and GS would take a short document to leadership group stating that for a small increase in drug costs, costs could be reduced elsewhere in the health system. Kathy Palfrey will need to be contacted to get a slot at the next leadership meeting. **Action: GS &SG**

5.6	**BAP guidance of management of physical health aspects of psychosis**
	SD explained that: • BAP recommend the off-label use of metformin for patients with psychosis who are in pre-diabetic state, to help prevent weight gain. and unlicensed use of antipsychotics. • BAP also suggest dual use of antipsychotics e.g. aripiprazole (known to help reduce prolactin levels) may also be beneficial to help reduce the metabolic side effects of other antipsychotics. SG had made clear at the earlier PAMM meeting that the current antipsychotic shared care guideline in Somerset is in line with NICE guidance. The CCG would want an evidence based application from SomPar before there is any change in current practice.
6	**OTHER ISSUES**
6.1	**NHS England: Stopping overmedication of people with learning disabilities (update)**
	CH reported that she had met with Eelke Zoestbergen (Joint Lead Commissioner – Learning Disabilities) to discuss how we can work together more closely to try to improve the review and health monitoring of patients with LD. 'Out of area placements' present particular difficulties because these patients are often under the care of the GP, with no specialist input. CH will be working with SomPar to get advice and develop a plan to reduce overmedication with antipsychotics.
6.2	**Regional Medicines Optimisation Committees (RMOCs)**
	SG explained that: • a consultation has recently been published. • the proposal is to establish 4 x RMOCs is to assume responsibility for coordinating the evaluation, and publishing recommendations to guide local adoption, of all new medicines and major new indications which are not scheduled for review by NICE TA programme. • The RMOC role will be advisory. • the closing date for feedback is 19th Sept 2016 and the CCG will be responding. It was noted that secondary care clinicians are not currently proposed to be 'core members', which is odd. It was agreed that PAMM and SPF will continue as normal until we see what is published.
6.3	**Medicines Optimisation Dashboard: August update**
	There was a discussion around the appropriateness of some the measures within the dashboard. JB said that he had informed the people who write the dashboard on a number of occasions. It has not been very useful. JB said that the NHS 'Model Hospital' portal is provides more useful data.

6.4	**Blood glucose testing- proposal to move to strips costing less than £10 per 50 strips**
	SG briefly explained the plans to switch to more cost effective blood glucose testing strips in primary care due to the large potential cost savings involved. JB explained that TST have a managed service from pathology which came with a specific set of blood and urine testing devices. SG said that he would ask Trusts not to recommend/ supply meters that use the expensive strips. SG will work with Trusts as part of the implementation plan.
7	**Formulary Applications**
7.1	**Insulin Degludec (Tresiba ®) *Novo Nordisk A/S***
	TST have submitted an application for inclusion on the Somerset formulary for: Patients who: • are experiencing persistent hyperglycaemia requiring acute treatment where other treatment options are not providing adequate control; • are experiencing recurrent hypoglycaemia, particularly nocturnal, including those potentially considering continuous subcutaneous insulin infusion (CSII) therapy; • would medically benefit from the flexibility in dose timing on occasion, such as those with irregular lifestyles or those requiring third-party assistance to administer their insulin. Some audit data prepared by Dr Joanne Watson, showing the benefits of insulin degludec was viewed. The price was reduced by 35% on 1st July and is similar in price to glargine. The group agreed to add insulin degludec to the formulary alongside other insulins as an **Green** drug. Formulary and traffic lights (TLS) to be updated. **Action: Steve Moore**
7.2	**Safinamide 50mg and 100mg (Xadago®) tablets**
	Dr Anita Goff (Consultant Geriatrician, TST) attended the meeting to discuss the proposed use of safinamide. She explained that: • This drug would give some additional patient choice to some complex Parkinson's disease (PD). • There is some evidence from trials that safinamide can increase 'on time' and decrease 'off time', improved quality of life, reduce motor fluctuations, and dyskinesias. • It might replace rasagiline and possibly amantadine for a small group of patients. • There will be a small number of patients in whom it will be possible to stop rasagiline as a result of safinamide use. • It would be used as a '3rd line treatment' and beyond after other strategies have been tried. • It may buy some time before needing to start more advanced therapies in this

	group of patients such as apomorphine, which is very expensive. • If not helpful, safinamide would be stopped • Safinamide may help keep this very vulnerable group of patients out of hospital, which could be financially significant. • The intention would be to use it in patients who are already on rasagiline to replace it. • A lot of patients don't do well on amantadine and entacapone due to the side effect profile. • It has already been prescribed to 1 or 2 patients so far. They would envisage that they might like to try 20-50 patients to begin with and there will be some more each year, but they don't have a precise estimate. SG explained the shortage of funding at the present time and that the relative lack of evidence for this drug over other less-expensive medication, makes it difficult to justify the increased costs. Dr Goff asked who to apply to in order to have individual patient cases considered. SG explained that they would need to apply to IFR panel but would need to demonstrate exceptionality. GS expressed regret that we can't afford to fund this treatment right now and that the SPF would like to see new evidence as it emerges. It would be nice if we had evidence that this drug did defer apomorphine treatment.
7.3	**Enstilar 50 micrograms/g + 0.5 mg/g cutaneous foam £39.68 for 60g *(Leo Pharma)*. Equivalent to Dovobet.**
	• This had been added to T & S formulary July 2016 • SPF agreed to add this product to the formulary as another option for patients. Formulary and TLS to be updated. **Action: Steve Moore**
7.4	**Glycopyrronium Bromide 1 mg/5 ml Oral Solution**
	• This product is indicated for use in adults as an add-on therapy in the treatment of peptic ulcer but was proposed to add to the formulary for 'off-label' use instead of unlicensed 'special' liquids for the treatment of excessive drooling. • Agreed to add to traffic lights as a **Green** drug as there is no specifically licensed liquid for this indication. Formulary and TLS to be updated. **Action: Steve Moore**
7.5	**Cholurso 250mg film coated tablets**
	• This is a branded generic Ursodeoxycholic acid 250mg capsules that is 30% cheaper than generic and other brands. • Agreed to add to traffic lights as a **Green** drug as there is no specifically licensed liquid for this indication. Formulary and TLS to be updated. **Action: Steve Moore**
7.6	**Monuril 3g sachet (Fosfomycin) granules for oral solution**
	• Used in ESBL UTI on microbiology advice only • It costs £4.86/sachet (vs £75.45 AMco generic) • Agreed to add to traffic lights as an **Amber** drug

	• TLS to be updated. **Action: Steve Moore** • Antibiotic guidance to be updated. **Action: Ana Alves**
7.7	**Ecogen branded specials**
	• This company is offering a discount in line with Drug Tariff prices for unlicensed specials. • It was agreed to highlight availability to practices concerned, not added to formulary but reviewed with other specials monthly – add to specials guidance. N.B. on subsequent inspection of the specials guide and as we have a policy of only recommending licensed alternatives the specials guidance was not updated • Ecogen have also brought out branded generics for Aspirin 75mg tablets (Danamep) and paracetamol 500mg caplets (Paravict) offering a 30% saving. However, there was some concern at PAMM, that mass switching would result in stock issues. Therefore agreed to add to formulary but no switch. **Action: Steve Moore**
7.8	**Liraglutide (Victoza) 6 mg/ml solution for injection in pre-filled pen**
	Now licensed for monotherapy in type 2 diabetes when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance or contraindications. Noted
7.9	**Neon Verifine Pen Needles £4.50 for 100 needles**
	• 'Cost effective' pen needle. Agreed to add to formulary. • Formulary to be updated. **Action: Steve Moore**
7.10	**Tricare Pen Needles £5.36 for 100 needles**
	• Another 'Cost effective' pen needle. Agreed to add to formulary. • Formulary to be updated. **Action: Steve Moore**
7.11	**Nutricomp Drink Plus £1.12 per drink chocolate/ strawberry/ banana/ vanilla**
	• Another 'Cost effective' sip feed. Agreed to add to formulary. • Formulary to be updated. **Action: Steve Moore**
8	**D&TC DECISIONS**
8.1	**Somerset Partnership D&T meeting**
	SD updated the group that guanfacine had been added as an option for the treatments of ADHD where everything else has been tried/ is inappropriate.
8.2	**YDH D&TC – last meeting July 16.**
	• Minutes not received • JS to provide an update at the next meeting
8.3	**TST D&T – last meeting July 16.** Minutes received
	JB noted that liothyronine is now by IFR approval
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8.4	**Taunton & Somerset Antimicrobial Prescribing Group (TSAPG).**
	No Minutes received.
8.5	**RUH Bath DPG: minutes received from the December, April and May meetings**
	Nothing of particular note
8.6	**BNSSG D&TC- May 16**
	Nothing of particular note.
8.7	**LPC report**
	ML gave highlighted the Five Year Forward View for community pharmacy.
8.8	**Weston D&TC**
	No minutes received.
	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	**TA387 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated**
	• Positive appraisal noted -Specialist commissioning, not commissioned by CCG. • **Red** TLS status • TLS to be updated. **Action: Steve Moore**
9.3	**TA398 Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation**
	• Negative appraisal noted – • **Black** TLS status • TLS to be updated. **Action: Steve Moore**
9.4	**TA399 Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts**
	• Negative appraisal noted – • **Black** TLS status • TLS to be updated. **Action: Steve Moore**

9.5	**TA400 Nivolumab in combination with ipilimumab for treating advanced melanoma**
	• Positive appraisal noted -Specialist commissioning, not commissioned by CCG. • **Red** TLS status • TLS to be updated. **Action: Steve Moore**
9.6	**TA259 Abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen (update)**
	• Positive appraisal noted -Specialist commissioning, not commissioned by CCG. • **Red** TLS status • TLS to be updated. **Action: Steve Moore**
9.7	**TA401 Bosutinib for previously treated chronic myeloid leukaemia – for noting**
	• Positive appraisal noted -Specialist commissioning, not commissioned by CCG. • **Red** TLS status • TLS to be updated. **Action: Steve Moore**
9.8	**TA402 Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin**
	• Positive appraisal noted -Specialist commissioning, not commissioned by CCG. • **Red** TLS status • TLS to be updated. **Action: Steve Moore**
9.9	**TA403 Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer**
	• Negative appraisal noted – • **Black** TLS status • TLS to be updated. **Action: Steve Moore**
9.10	**TA404 Degarelix for treating advanced hormone-dependent prostate cancer**
	• Positive appraisal noted -Specialist commissioning, not commissioned by CCG. • Degarelix is recommended as an option for treating advanced hormone-dependent prostate cancer in people with spinal metastases. Only if the commissioner can achieve at least the same discounted drug cost as that available to the NHS in June 2016. • It is a selective gonadotrophin-releasing hormone antagonist and is administered monthly. • SG explained that this will be CCG funded and we will need to look into pricing in primary vs secondary care before deciding whether this drug has amber traffic light status (currently red) **Action: SG** • This will need to go to Trust DTC meetings for them to approve before putting on formulary. • There is an enhanced service for GPs administering injectable GnRH analogues. This will need to be extended to cover degarelix, if it is made 'amber'. GS to approach the joint committee. **Action: GS**

10	**NICE Clinical Guidance**
10.1	**NG49: Non-alcoholic fatty liver disease (NAFLD): assessment and management**
	Noted
10.2	**NG50: Cirrhosis in over 16s: assessment and management**
	Noted
10.3	**NG51: Sepsis: recognition, diagnosis and early management**
	Noted
10.4	**NG52: Non-Hodgkin's lymphoma: diagnosis and management**
	Noted
10.5	**CG181: Cardiovascular disease: risk assessment and reduction, including lipid modification (update)**
	Noted
10.6	**CG71: Familial hypercholesterolaemia: identification and management (update)**
	Noted
10.7	**CG64: Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures (update)**
	Noted
10.8	**CG140: Palliative care for adults: strong opioids for pain relief (update)**
	Noted
10.9	**CG44: Heavy menstrual bleeding: assessment and management (update)**
	Guidance updated in August 2016, NICE updated their guidance to allow consideration of ulipristal acetate 5 mg (up to 4 courses) for women with heavy menstrual bleeding and fibroids of 3 cm or more in diameter, and a haemoglobin level above 102 g per litre. This treatment for heavy menstrual bleeding has already been approved in Somerset. Formulary link to NICE guidance to be updated. **Action: Steve Moore**
10.10	**CG126 Stable angina: management (update)**
	Noted
10.11	**CG141 Acute upper gastrointestinal bleeding in over 16s: management (update)**

	Noted
10.12	**CG142 Autism spectrum disorder in adults: diagnosis and management (update)**
	Noted
10.13	**CG156 Fertility problems: assessment and treatment (update)**
	Noted
11	**NHS ENGLAND SPECIALIST COMMISSIONING**
	Cancer Drugs Fund update- noted for information
12	**PBR excluded drug monitoring**
12.1	**T & S Trust Data- Month 4**
	SG noted that: • Most of the overspend is coming from Eylea®- commissioners need to be aware of the drug cost implications of 'treat and extend'. • There is a need to ensure that biosimilars are implemented in a timely way.
12.2	**YDH Trust data- Month 5**
	SG noted that: • There is a big overspend in ophthalmology. • There is a slight projected total overspend.
13	**HORIZON SCANNING**
	• SG noted that ticagrelor is likely to be granted a license for 3 year use. • SG asked Trusts to bring back suggestions
14	**DRUG SAFETY**
14.1 & 2	**MHRA Drug Safety Update July and August 2016**
	• Trusts were asked to review the safety of those drugs highlighted.
	NHSE Patient Safety Alert
14.3	**Restricted use of open systems for injectable medication**
14.4	**Resources to support the care of patients with acute kidney injury**
14.5	**Nasogastric tube misplacement: continuing risk of death and severe harm**
14.6	**Resources to support safer care of the deteriorating patient (adults and children)**
	• Trusts were asked to review and action the above safety alerts, as appropriate.
15	**BNF Changes**
	Noted

16	**ANY OTHER BUSINESS**
	• SG highlighted that there have been problems with the BNF app – some clinical content may be out of date. Users are advised to delete and reinstall the app. • SG said that the SWISH service and A&E are trying to sort out what should happen in the event of a patient presenting with a needle stick injury and that GPs should not be prescribing HIV medication. • GS pointed out that COG have asked PAMM to support around 'self-care' and to support stopping all prescribing gluten free foods.
	DATE OF NEXT MEETING
	9 November 2016 at Wynford House (Meeting Room 1), Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm

SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 14th Sept 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	**Declarations of interest (2)**	Update DOI for Michael Lennox	**CH 9th Nov 16**	**Complete**
3	**Vitamin B12 advice on investigation management**	Put RuH B12 guidance into a Somerset template. Add to Navigator App and ask Steve Moore to put an article into the newsletter	**CH 9th Nov 16**	**In progress**
4	**SIGN polypharmacy app**	Send links to SIGN polypharmacy app to JS. Ensure that an article on the SIGN polypharmacy app goes into the next newsletter.	**CH 9th Nov 16**	**In progress**
5	**Biosimilars policy**	JS to update the group on YDH progress with their policy at next SPF	**JS 9th Nov 16**	
6	**RuH biosimilars implementation**	Follow up progress with Jean Perry	**SG 9th Nov 16**	
7	**LMWH Bridging Guidance**	Pass on proposed amendments from Dr Khan to TST	**CH 9th Nov 16**	
8	**LMWH Bridging Guidance**	Clarify the role of POAC in bridging therapy at YDH	**JS 9th Nov 16**	
9	**NICE Medicines Optimisation QS120**	Trusts to bring back self-assessment against 5 quality statements.	**CH 9th Nov 16**	
10	**CQC inspection reports**	TST and SomPar to share action lists in response to their CQC inspection reports at the next meeting.	**JB & SD 9th Nov 16**	
11	**Eylea 'treat and extend'**	Present to leadership team on the benefits of this approach.	**SG &GS 9th Nov 16**	
12	**Monuril 3g sachet (Fosfomycin) granules for oral solution**	Add to infection management guidance, as appropriate.	**Ana Alves 9th Nov 16**	
13	**Degarelix**	Approach Joint committee about enhanced service and check primary care drug costing.	**GS &SG 9th Nov 16**	**Complete**

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	Status
14	**Formulary / Traffic Light Changes**	• **Insulin Degludec (Tresiba ®)** Add as **GREEN** • **Safinamide for BLACK**- not recommended • **Enstilar 50 micrograms/g + 0.5 mg/g cutaneous foam** Add as **GREEN** • **Glycopyrronium Bromide 1 mg/5 ml Oral Solution** Add as **GREEN** • **Cholurso 250mg film coated tablets.** Add as **GREEN** • **Monuril 3g sachet (Fosfomycin) granules for oral solution** Add as **AMBER** • **Ecogen Aspirin 75mg tablets (Danamep) and paracetamol 500mg caplets (Paravict).** Add as **GREEN** • **Neon Verifine Pen Needles £4.50 for 100 needles.** Add as **GREEN** • **Tricare Pen Needles £5.36 for 100 needles.** Add as **GREEN** • **Nutricomp Drink Plus £1.12 per drink chocolate/ strawberry/ banana/ vanilla.** Add as **GREEN**	**Steve Moore 9th Nov 16**	

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	Formulary / Traffic Light Changes	• **TA387 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated.** Specialist commissioning, not commissioned by CCG. **TLS RED** • **TA398 Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation.** Negative appraisal noted TLS **Black** • **TA399 Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts** Negative appraisal noted TLS **Black** • **TA400 Nivolumab in combination with ipilimumab for treating advanced melanoma** Specialist commissioning, not commissioned by CCG. **TLS RED** **TA259 Abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen (update)** Specialist commissioning, not commissioned by CCG. **TLS RED** • **TA401 Bosutinib for previously treated chronic myeloid leukaemia** Specialist commissioning, not commissioned by CCG. **TLS RED**	**Steve Moore 9th Nov 16**	

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	Formulary / Traffic Light Changes	• **TA402 Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin** Specialist commissioning, not commissioned by CCG. **TLS RED** • **TA403 Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer** Negative appraisal noted TLS **Black**	**Steve Moore 9th Nov 16**	