EPSOM AND ST Helier UNIVERSITY HOSPITALS NHS TRUST

NEW DRUG AND INTERFACE GROUP

MINUTES OF THE MEETING HELD ON WEDNESDAY 12th December, 2018 12.30 – 2.00pm
In the Board Room, Ferguson House, St Helier Hospital

Present:
Dr V De Silva (Chair) **VDS**
Sarah Taylor (Chief Pharmacist, Sutton CCG) **ST**
Liz Clark (Lead Commissioning Pharmacist, Surrey Downs CCG) **LC**
Anne Davies (Chief Pharmacist) **AD**
Anne Lowson (Secretary) **AL**
Dr R Scott (Joint Medicines Management Lead, GP Sutton CCG) **RSc**
Dr J Bendig (Consultant Microbiologist) **JB**
Dr M Gardner (Consultant Anaesthetist) **MG**
In attendance:
Dr A Alston (Consultant Paediatrician) **AA**
Dr M Phanesh (Consultant Renal) **MP** Representing JW
Kuljit Gata-Aura (Medicines Management Technician) **KGA**
Dr V Varney (Consultant Respiratory) **VV**
Natalie Curley (Senior Prescribing Advisor – Kingston CCG) **NC**
Louise Mahoney (Tissue Viability Nurse Consultant) **LM**
Shireen Rahhal (SWL Acute Provider Collaborative Pharmacy Joint Formulary Lead) **SR**
Georgina Randall (Senior Pharmacy Technician Surrey CCG) **GR**

No	Item	Responsible for Action
1.	**Apologies for Absence** Dr J Wang (Consultant Medical and Renal) **JW** Dr Ruth Shephard (Consultant Paediatrician)**RS**	
2.	**Declarations of Interest** Nil for this meeting from the committee or Dr V Varney.	
3.	**Minutes of the Meeting held on 7th February 2018** The minutes of the meeting held on 10th October 2018 were agreed.	
4.	**Matters Arising** **Venous Thromboembolism Prophylaxis Guidelines** This guideline has been revised and discussed at the EOC clinical governance committee. This version will be circulated by VDS and comments requested. To be discussed at MMCBGM in January and then the revised version will be circulated at the next NDAIG.	**VDS**
5.	**New Drug Requests**	
	a) Trelegy Ellipta®Inhaler -COPD The case for adding Trelegy Ellipta® 92mcg/55mcg/22mcg dry powder inhaler for maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) was presented by Dr Varney. It is the second fixed dose combination of an inhaled corticosteroid (ICS), a long acting antimuscarnic (LAMA) and long acting beta-agonist (LABA) but the first available in a dry powder inhaler device. It is licensed for once a day usage in moderate to severe COPD not adequately treated by ICS and LABA combination. This is the same licensing as for Trimbow® inhaler the first triple combination inhaler. When this was approved at NDAIG it was agreed that a simple statement on the Trust formulary to warn clinicians that step up from LAMA/LABA was off label would be sufficient. Evidence from RCT's shows that Trelegy® statistically and clinically improved lung	

	function compared to dual therapy with Relvar Ellipta®. The GOLD Guideline recommends triple therapy in GOLD group D as a step up from LAMA/LABA or ICS/LABA combination. Group D COPD patients are those that have: ➢ ≥ 2 exacerbations per year or ➢ ≥ 1 hospitalisation for exacerbation and CAT score of ≥ 10 or ➢ Modified Dyspnoea Scale (mMRC) grade ≥ 2-5 NICE have recently published their recommendation on triple therapy for people with COPD with asthmatic features suggesting steroid responsiveness who remain breathless or have exacerbations despite taking LABA and ICS. This will be reviewed again in 2019. Dr Varney supported this statement and felt that some patients certainly have a history of asthma as well as COPD. She also advised that real world data in asthma patients suggested that the fluticasone salt used in Trelegy® may not have such a high risk of development of pneumonia. Patient usage was estimated at approx. 30 patients per site per year and review would need to be carried out after perhaps a year to allow rate of exacerbation to be assessed. Cost wise it is cheaper than using separate inhalers. **Decision** To add Trelegy Ellipta®92mcg/55mcg/22mcg dry powder device to the formulary for moderate to severe COPD. It could be used to simplify triple therapy or step up from dual bronchodilation therapy. This is off label currently, but is supported by GOLD Class D COPD guidance for exacerbation frequency. Patients must be able to use the device.	
6.	**Six Month New Drug Reviews**	
	No reviews for this meeting.	
7.	**NICE/MHRA Guidance**	
	MHRA Guidance **I. October 2018** The cardiologists have been advised of the increase in all-cause mortality, thromboembolic and bleeding events in patients in a clinical trial when using rivaroxaban (Xarelto®) after trans catheter aortic valve replacement (TAVR). The cardiologists have advised that they do not use rivaroxaban for the indication. They will be considering the role of anticoagulation with DOAC's in patients with AF who happen to have a TAVR or biological prosthetic valve. The interaction between the HIV medicine ritonavir and levothyroxine leading to reduced thyroxine levels will be discussed with David Ogden (HIV Pharmacist) and it will be circulated to clinicians. Reports of posterior reversible encephalopathy syndrome (PRES) in patients receiving ponatinib (Iclusig®) for certain leukaemias will be shared with the haematologists. It has not been used in the Trust. The issues around life threating and fatal opioid toxicity from accidental exposure particularly in children from transdermal fentanyl patches have been shared with pharmacists. The advice has also been included in the recent bulletin on the use of transdermal patches. It will also now be circulated to the pain team care of the elderly clinicians and the palliative care team. It was also raised that patient counselling should be encouraged by all healthcare professionals including nurses, doctors and pharmacists (hospital and community). Consideration will be given to including in a Medicines Matters Bulletin on controlled drugs. Audit of usage to identify key prescribers may be useful to target the recommendations. This will be explored further at MMCBGM.	**KGA/AL** **KGA/AL** **KGA/AL**

	II. November 2018 Two observational studies have linked hydrochlorothiazide containing medicines particularly in long term use with an increased risk on non-melanoma skin cancer. It was not felt that much was initiated in hospital, but usage will be reviewed and cardiologists informed. In patients at risk of aortic aneurysm and dissection fluoroquinolones should only be used after careful benefit/risk assessment as systemic or inhaled fluoroquinolones might contribute to aortic aneurysm and dissection particularly in patients with pre-existing risk factors. This will be circulated to the microbiologists and cardiologists for dissemination. There have been reports of persistent pulmonary hypertension of the newborn (PPHN) following in-utero exposure in a clinical trial on intrauterine growth restriction. The STRIDER trial has been discontinued.	**KGA/AL**
	Updates	
	None for this meeting	
	Technology Appraisals for Discussion	
	a) Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura- TA293 This TA is updated guidance for use of eltrombopag for chronic immune (idiopathic) thrombocytopenia (ITP). It is recommends treatment as an option if • Condition refractory to standard active treatments and rescue therapies or • Severe disease and a high risk of bleeding that needs frequent courses of rescue therapies • to include patients who have not had splenectomy, and children. Eltrombopag is currently excluded under Pbr and SWL and Surrey CCG's have treatment pathways for managing ITP. SWL will review its place in the pathway although changes likely to be minimal. Surrey PCN has reviewed their guidance and no changes are needed. **b) Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura – TA221** TA221 is updated guidance for the use of romiplostim for the treatment of ITP. It recommends treatment as an option if: • Condition refractory to standard active treatments and rescue therapies or • Severe disease and a high risk of bleeding that needs frequent courses of rescue therapies • to include patients who have not had splenectomy, and children. **c) Gemtuzumab ozogamicin for untreated acute myeloid leukaemia- TA545** Gemtuzumab ozogamicin will be added to the Trust formulary for untreated acute myeloid leukaemia. Trust patients are currently being treated at the Royal Marsden Hospital, but will require access to it in the future. **d) Tofacitinib for moderately to severely active ulcerative colitis- TA547** Tofacitinib for moderately to severe active ulcerative colitis (UC) will be added to the formulary. It is excluded under PBR and the CCG will be reviewing their treatment pathways for UC.	**AL** **AL/KGA** **AL/KGA**
	Technology Appraisals Terminated	
	e) Decitabine for untreated acute myeloid leukaemia (terminated appraisal)- TA548 The appraisal for decitabine for untreated acute myeloid leukaemia has been terminated.	

	f) Denosumab for preventing skeletal-related events in multiple myeloma- TA549 The appraisal for preventing skeletal related events in multiple myeloma has been terminated.	
	Technology Appraisals for Information	
	g) Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive melanoma- TA544 The Trust does not initiate treatment for melanoma but dabrafenib with trametinib will be added to the formulary for patients already on treatment.	**AL/KGA**
	Technology Appraisals Not Recommended	
	h) Padeliporfin for untreated localised prostate cancer- TA546 Padeliporfin is not recommended for untreated unilateral low risk prostate cancer in adults. For information only.	
	Clinical Guidelines for Discussion	
	i) Urinary tract infection in under 16s: diagnosis and management- CG54 JB to discuss with Dr Goodlad the place in therapy of trimethoprim in this patient cohort. Current resistance rates in the local population are currently 30%.	**JB**
	j) Urinary tract infection (lower): antimicrobial prescribing- NG109 This guideline makes recommendations on choices of antibiotics for urinary tract infections in non-pregnant women aged 16 and over, children under 16 years of age, pregnant women aged 12 and over and men aged 16 and over. (See methenamine discussion also). These guidelines will be discussed at the antibiotic steering group and the decision fed back if changes to antibiotic guidelines required.	**JB/Donna Francis**
	k) Prostatitis (acute): antimicrobial prescribing- NG110 This guideline makes recommendations on the choice of antibiotics in prostatitis (acute). These will be discussed at the antibiotic steering group and the decision fed back if changes to antibiotic guidelines required.	**JB/Donna Francis**
	l) Pyelonephritis (acute): antimicrobial prescribing- NG111 This guideline makes recommendations on the choice of antibiotics in pyelonephritis for non-pregnant women and men aged 16 and over, pregnant women aged 12 and over and in children under 16 years. These will be discussed at the antibiotic steering group and the decision fed back if changes to antibiotic guidelines required.	**JB/Donna Francis**
	m) Urinary tract infection (recurrent): antimicrobial prescribing- NG112 This guideline makes recommendations on the choice of antibiotics in recurrent UTI's in people aged 16 years. Discussion supported the use of nitrofurantoin first line due to current resistance rates with trimethoprim. These guidelines will be discussed at the antibiotic steering group and the decision fed back if changes to antibiotic guidelines required.	**JB/Donna Francis**
	n) Urinary tract infection (catheter-associated): antimicrobial prescribing- NG113 This guideline makes recommendations on the choice of antibiotics in catheter-associated UTI's in non-pregnant women and men aged 16 years and over, pregnant women aged 12 and over and children. These guidelines will be discussed at the antibiotic steering group and the decision fed back if changes to antibiotic guidelines required.	**JB/Donna Francis**
	o) Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing- NG114 This guideline makes recommendations in the antibiotic choice for treating an acute exacerbation of COPD in adults. These guidelines will be discussed at the antibiotic	**JB/Donna Francis**

	steering group and the decision fed back if changes to antibiotic guidelines required. **p) Chronic obstructive pulmonary disease in over 16s: diagnosis and management- NG115** This COPD diagnosis and management flowchart reflects the current recommendations around the use of inhaled therapies and includes the use of LAMA and LABA and ICS inhalers, place of antibiotic prophylaxis usually azithromycin 250mg three times a week and romiflumilast. The section on self-management with short courses of oral corticosteroids and antibiotics has been revised. **q) Heavy menstrual bleeding: assessment and management (updated)- NG88** This guideline has been updated to include reference to ulipristal (Esmya®) for the treatment of uterine fibroids and the restrictions recently advised by the MHRA/EMA/ There is more information on shared decision making and monitoring for side effects.	**JB/Donna Francis**
	Clinical Guidelines for Information	
	r) Post-traumatic stress disorder- NG116 For information as no medication related issues.	
	Quality Standard Updated	
	s) None for this meeting.	
	Quality Standard for Discussion (medicine related issues only)	
	t) None for this meeting.	
	Quality Standard for Information	
	u) None for this meeting.	
	Highly Specialised Technologies Guidance	
	v) None for this meeting.	
	Highly Specialised Technologies for Discussion	
	w) Burosumab for treating X-linked hypophosphataemia in children and young people- HST8 Burosumab is recommended for treating X linked hypophosphataemia in children with evidence of bone disease. These children are managed in specialist centres and not treated at ESTH.	
	Health Technology Assessment	
	None for this meeting.	
	For Discussion	
	None for this meeting.	
8.	**Patient Safety Alerts**	
	a) Resources to support safer modification of food and drink Sutton and Merton CCG speech and language therapists are linking with secondary care and a document will be prepared and then discussed at NDAIG at a future meeting. AD to ensure that Central Surrey Health dieticians/speech and language therapists are also linking with the Trust. AD will discuss with Jill Thorpe. **b) Resources to support safer bowel care for patients at risk of autonomic dysreflexia** This PSA was discussed at CQAC this month. Daphne Colpman consultant nurse in urology has devised an action plan which will be reviewed at MMBGM.	**AD/Jill Thorpe** **KGA**
9.	**Operational Issues**	
	a) Regional Medicines Optimisation Committees **I. Homely Remedies for use in Care Homes by Adults- Position Statement(for information)** A position statement has now been published. It recommends that care homes should ensure residents have access to homely remedies for the management of minor conditions and access to these should be enabled through a policy, which forms part of an overall medicines policy for the care home. A homely remedy template policy has also been written including details on choice of medicine,	**AD**

	administration, storage and disposal of homely remedies. The CCG's are actioning this positon statement. **II. Guidance- Prescribing of liothyronine** Comments have been received and reviewed by the RMOC on the draft liothyronine guidance. The guidance is now a summary table with actions for GP's and NHS consultants. <u>Hypothyroidism in patients on liothyronine and levothyroxine combination therapy</u> Patients should be reviewed to initiate switching to levothyroxine monotherapy where clinically appropriate by a consultant, NHS consultant or a GP with their support. Patients currently obtaining supplies privately should not be offered NHS prescriptions unless they meet the criteria. <u>Hypothyroidism and prescribing of levothyroxine and liothyronine combination therapy in new patients</u> In very rare situations where patients experience continuing symptoms with levothyroxine (that have material impact upon normal day to day function) and other potential causes investigated and eliminated, a 3 month trial with additional liothyronine may be appropriate. It should be initiated and reviewed by the NHS consultant. <u>Oncology thyroid and parathyroid disease liothyronine monotherapy</u> Prescribing should only be addressed by specialists in secondary/tertiary care. <u>Resistant depression liothyronine monotherapy or combination therapy</u> Patients currently receiving liothyronine for a psychiatric indication should be reviewed by a consultant NHS psychiatrist who should consider switching to an alternative treatment or levothyroxine monotherapy where appropriate. If ongoing liothyronine treatment is needed it should be overseen by the consultant NHS psychiatrist. <u>Use of unlicensed thyroid extracts eg Armour thyroid ERFA Thyroid plus compounded thyroid hormones iodine containing preparations etc</u> The prescribing of unlicensed liothyronine and thyroid extract products is not supported. The Trust endocrinologists are aware of the RMOC work and the final guidance will be circulated to them. Sutton CCG carried out an audit on initiation of liothyronine and established most patients were initiated on treatment privately. IV liothyronine is on the consultation list for exclusion under PBR next year. **III. RMOC South Update- November 2018** An RMOC survey of APC's has been undertaken of shared care medicines and issues causing difficulty across the interface in the south region. Most difficulty was identified with ADHD, DMARD's, denosumab, immunosuppressants, gender reassignment, hormone replacement, melatonin and unlicensed/off label medicines. The main issue was around communication. STP IT funding has been announced. The north RMOC will be the lead on the shared care programme. Medicines Supply Routes guidance have been developed by the Medicines Optimisation Clinical Reference Group (MOCRG) to give clarity on the supply routes of medicines. RMOC has fedback to MOCRG and updated guidance will be circulated.	**AL**

	Botulinum Toxin (BTX) has been allocated to the south RMOC by the Medicines Optimisation Prioritisation Panel as it is widely used for a range of medical indications, some of which are unlicensed/have limited evidence. RMOC will start scoping the area including a review of current pathways and formulary positions. The National 'Do Once' System has arisen from the Carter 2 recommendation. A Specialist Pharmacy Service (SPS) scoping exercise for antimicrobial therapy found 18 Trusts has 199 PGD's showing the extent of duplication of effort and variation in quality relating to PGD's. This could be reduced to 33 PGD's with a national process. SPS will start with PGD's in year one and medicines policies in year two. RMOC have endorsed this programme and would have oversite of it. The south RMOC will be overseeing the Best Value Biologicals work programme. Antidepressant de-prescribing had been discussed at the May RMOC and a number of areas had been identified. However the issues were broader than pharmacological and so the chair would write to the national leads in the mental health programme to take forward. With regards to antimicrobial stewardship a 5 and 20 year strategy is being updated and will be out for consultation. New CQUINS and Quality Premium Incentive Scheme are being published.	
	b) NHSE guidance on OTC and self-care prescribing AD is now in receipt of the communication materials for NHSE and SWL posters which are being circulated. These may need to be customised for use in secondary care to provide a consistent message. These will be discussed at MMCBGM.	**ST/AD**
	c) Freestyle Libre® This is the implementation plan for FreeStyle Libre® in adult patient for the Trust and is circulated for information. The paediatricians are working on a similar document for paediatric patients.	**ALL**
	d) Referral to Allergy Clinic Adults and Children over 16 years of age- for information This document was amended following comments at the last meeting. Final version for information which will be sent back to the authors and for replacement on the GP information section on the Trust intranet and sent out in the start the week bulletin.	**AL/KGA**
	e) South West London Joint Formulary This SWL project forms part of the STP signed up to by the Trust and the programme director is from Croydon NHS Trust. It aims to promote cost effective prescribing and up to date information. There will be a chapter by chapter review, with a sense check and validation. Discussions will be held with clinical representatives of all 4 Trusts, and the final document for each ratified by the local MMC. It is estimated each chapter will take 5 months to complete and it will be a rolling programme with 3 weeks between each chapter. It is estimated that the completion date will be Spring 2020. It is envisaged going forward that drug evaluations will be done when 2 clinicians from separate Trusts have requested the addition to the formulary and one Trust will carry out the review.	**Shireen Rahhal**
	f) South West London Wound Care Formulary The aim of this project is to support the most clinically appropriate and cost effective wound care for all patients in SWL and is part of the STP programme. It was started in primary care where most of the prescribing of dressings occur by nurse prescribers, secondary care TVN's or GPs have been involved in the project. Issues that were raised included • Dressings in secondary care may be procured through pharmacy and procurement	**AD**

	• The process for obtaining dressings for assessment currently differs from that detailed in the MM policy i.e the use of samples • The importance of ensuring consistency of product review • The final version of the formulary is not available yet, procurement arrangements may impact on the cost of dressings in secondary care, resulting in an increase in expenditure • Some dressings are more likely to be used in primary or secondary care dependent on the wound type Post meeting- Anne Brierley programme lead requested the following information from the Trust: • Has the wound care formulary been through the governance processes in the Trust and approved • Has the financial impact of the new wound care formulary been modelled with finance and procurement colleagues and its impact understood • If there is a cost pressure to the Trust has any discussion with the CCG on mitigation taken place AD will respond to this request and update at the next meeting.	
	g) Adalimumab Biosimilar **I. National Distribution Strategy** The commissioning intentions for switching to biosimilar adalimumab have been published and products allocated to each area. SWL have been allocated a more expensive biosimilar than the original branded product which has been reduced in price. The SWL CCG's will make savings however the gain share for the acute Trusts included in their SIP's will not be realised. At present the Trust patients will remain on the branded product. Update at the next meeting. **II. Adalimumab Patient Letters** Patient letters for information.	**AD**
	h) Avastin- Wet AMD No update since the last meeting. Concern has also been expressed about sourcing an appropriate product. Update at the next meeting.	**AD**
	i) Reducing Waste of Medicine- Homecare Patients on medication supplied by homecare companies may have had failed deliveries/over order or stock pile. A patient information leaflet is being prepared. Treatment should be started with a one month supply initially, as the patient may not tolerate the drug. Update at the next meeting.	**AD**
	j) Minocycline for Acne Prescribers in primary care have been advised by PrescQIPP in a draft document they should not initiate minocycline in any new patient for treatment of acne. De-prescribing should be supported where appropriate. NICE advice that it is not recommended for use in acne as it is associated with an increased risk of adverse effects e.g drug induced lupus, skin pigmentation and hepatitis. PrescQIPP advise no evidence to support the use of one tetracycline over another for the treatment of acne. The Trust dermatologists have advised that minocycline is used very rarely for the treatment of acne, but do find switching tetracyclines helpful in certain acne patients. They also request that minocycline remain on the formulary for other conditions eg. CARPS and rosacea. The CCG's requested that dermatologists are asked to feed into this draft consultation as soon as possible.	**KGA** **KGA**
	k) New Drug Evaluation Template Updated This draft template for new drug evaluations has been updated to reflect the recent RMOC advice on what to consider when adding a new insulin product to the formulary. This will be reviewed by the SWL joint formulary group when they devise their joint new drug evaluation form.	**Shireen Rahhal**

10.	Feedback from CCGs and Trust Committees	
	a) Trust/GGC Antimicrobial Review Meeting **I. Methenamine tablets- UTI** The request to add methenamine hippurate to the Trust formulary for recurrent urinary tract infections (UTI's) in non-pregnant women was made at the Trust MMCBGM in May 2018 following a request from Dr T Nitkunan (consultant urologist) and supported by Dr J Bendig. The request should have been taken to Octobers NDAIG but due to an oversight this was not done. At the time the decision was made methenamine hippurate was included in the PHE antibiotic guidance for primary care (November 2017). However NICE have recently published guidelines (October 2018) on recurrent UTI's and methenamine hippurate is not included. The guidelines are based on evidence that it is less effective than antibiotic prophylaxis with nitrofurantoin, so the committee were not able to make a recommendation on its use. They were also aware that it is a medicine considered less suitable for prescribing in the BNF (August 2018). Dr Bendig advised that the microbiologists are trying to minimise prophylaxis for recurrent UTI's as reviews of treatment do not routinely happen (NICE advised 6 monthly). The 2018 BNF advised it should not generally used because it requires an acidic urine for its antimicrobial activity and is ineffective for upper UTI's. It may however have a role in prophylaxis and treatment of chronic or recurrent uncomplicated lower UTI's. It is considered less suitable for prescribing. JB also highlighted that both of NICE's second line agents are penicillins so there are limited options for penicillin allergic patients. SR was asked to establish the formulary status of methenamine in other SWL Trusts, Surrey Downs would be asked to request the view of the PCN on the option of having methenamine on the formulary. 3rd line for treating recurrent UTI's (2 in 6 months) or >3 in a year in non-pregnant women. Initiation would be by consultant urologist or microbiologist and this patient cohort would be suitable for continuation in primary care. Shireen Rahhal to establish the formulary status of methenamine in other SWL Trusts. Update at the next meeting. **II. CQUIN Reports Q2** CQUIN reports Q2 for information.	**LC/AL** **Shireen Rahhal**
	b) Sutton & Merton CCGs **I. Minutes-September 2018** Minutes for information. **II. Gastroenterology Guidelines** These guidelines for the management of Dyspepsia/GORD, Peptic Ulcer disease, Gallstones, Crohn's disease/Ulcerative Colitis, Irritable Bowel Syndrome, management of patients with abnormal LFT's, Constipation guidelines and rectal Bleeding have been developed by Trust gastroenterologists in conjunction with the GP's and are written for GP colleagues. Comments raised at previous meetings have been discussed. Final versions for information. The Trust neurologists have worked with GP's to devise the Headache Pathway for patients 18 years and over. They are written for GP colleagues. Comments raise at previous meeting have been discussed. Final version for information. **III. Gestational Diabetes Leaflet** Dr Balane has worked with the CCG on a patient leaflet to ensure that those patients who have previously had gestational diabetes (GD) ensure they obtain the correct preconception care given their elevated chance of developing type 2 diabetes after previously diagnosed GD. Leaflet agreed.	**ST**

	c) SWL Medicines Optimisation Group **I. Quick Reference PNS Supplement Guidance for Dietitian Reference** No document available for this meeting. ST to send for next meeting. **II. SWL Drug Pathway- Rheumatoid Arthritis and Psoriatic Arthritis** These SWL Medicines Optimisation Group drug pathways are based on NICE guidance with local adaptions and have been supported by the Trust rheumatologists. The pathways will be reviewed by July 2019.	**ST**
	d) SWL Cardiovascular Group for Discussion This guidance for the management of hypertriglyceridemia has been revised and supported by the Trust lipidologists. Revised version to be placed on the Trust intranet.	**KGA**
	e) Respiratory Working Group No update for this meeting.	
	f) Shared Care Prescribing Guidelines **I. Somatropin (Omnitrope® or Genotropin® for Growth Failure in Children** This document has been revised to update contact details, give clarification of antibodies to somatropin and clarification of 1st and 2nd choice products. The Trust paediatricians support this document. Final version to be shared at the next meeting.	
	g) Surrey Prescribing Clinical Network **I. Minutes-October 2018** Minutes for information. **II. Minutes-November 2018** Minutes for information. **III. Surrey Policy Statements** **a. Finasteride for Androgenetic Alopecia (male pattern hair loss)** Finasteride is not prescribed on the NHS for the treatment of male pattern baldness. The Trust supports this policy statement. **b. Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema (DMO) after an inadequate response to prior therapy (NICE TA 301)** This policy statement has been reviewed but no changes made from the previous recommendation in 2014. The Trust has this available for prescribing in line with NICE TA 301. **c. Ocriplasmin for the treatment of vitreomacular traction (NICE TA 297)** This policy statement has been reviewed following the recommendation in 2013. The Trust has this available for prescribing in line with NICE TA297. The trust does not have tiotropium on formulary for use in the management of asthma at present. However the Trust is aware of the NICE guidance NG80. **d. Ranibizumab for the treatment of myopic CNV (NICE TA 298)** The policy statement has been reviewed following the recommendation made in 2014. The Trust has this available for prescribing in line with NICE TA298. **e. Souvenaid® (Dietary Supplement) for Alzheimer's Disease** The PCN does not recommend the routine use of Souvenaid® as a dietary supplement in patients with Alzheimer's Disease. It has been reviewed following the recommendation made in 2014. The Trust does not have Souvenaid® on the formulary, but will consider this policy statement if a request is received.	

	f. Cannabis-based products for medicinal use (medicinal cannabis), *excluding Sativex® The Trust supports this policy statement. All cannabis based products for medicinal use (CBPM) excluding Sativex® are considered hospital only. Clinicians must be listed on the Specialist Register of the GMC to allow prescribing and currently the Trust has no specialist registered. Only certain patient groups are considered appropriate for CBPM when other treatments are not suitable. These are children with rare, severe forms of epilepsy and adults with vomiting and nausea caused by chemotherapy. The faculty of Pain Medicine of the Royal College of Anaesthetists have produced a position statement. They would like to be involved in the establishment of guidance and data collection on its use in the management of pain going forward. **g. Sativex® for spasticity** This PCN policy statement had been revised. NICE have issued a "do not do" recommendations that advises Sativex® is not a cost effective treatment for spasticity. The Trust does not have Sativex® on the formulary. **h. Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs (TA537)** The PCN recommends Ixekizumab for the treatment of psoriatic arthritis after inadequate response to DMARD's in line with NICE TA537. Applications are made to the CCG using tick box proformas available on the blueteq system. The Trust has this available on the formulary. **i. Nortriptyline for the treatment of neuropathic pain (review of previous recommendation)** The PCN have reviewed this policy statement and agree it should remain black on the traffic light system. The Trust does not have nortriptyline on the formulary for neuropathic pain. **j. Tizanidine for the treatment of spasticity** This is a new policy statement as although widely used in clinical practice the PCN have not considered a classification for this drug. It will be considered blue on the traffic light system and prescribing should be retained by the specialist until the patient has been stabilised on the optimal dose which must be a minimum of 4 months. The clinicians will be informed of this decision.	**AL/KGA**
	f) Shared Care Prescribing Guidelines **I. Atomoxetine-Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Childhood 6-17years.** These shared care prescribing guidelines are for information only as they are for use by practices participating in the Locally Commissioned Service. **II. Dexamfetamine- Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Childhood 6-17years** These shared care prescribing guidelines are for information only as they are for use by practices participating in the Locally Commissioned Service. **III. Guanfacine- treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents 6-17 years old for whom stimulants are not suitable, not tolerated or have been shown to be ineffective.** These shared care prescribing guidelines are for information only as they are for use by practices participating in the Locally Commissioned Service.	**KGA** **KGA**

	IV. Lisdexamfetamine- Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Childhood 6-17years These shared care prescribing guidelines are for information only as they are for use by practices participating in the Locally Commissioned Service. **V. Melatonin - Circadin® (off label use)- For the Treatment of Persistent Sleep Disorders in Children 6-17 years old with Attention Deficit Hyperactivity Disorder (ADHD)** These shared care prescribing guidelines are for information only as they are for use by practices participating in the Locally Commissioned Service. **VI. Methylphenidate- Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Childhood 6-17years.** These shared care prescribing guidelines are for information only as they are for use by practices participating in the Locally Commissioned Service. **VII. Zero Cost Medicines Prior To NICE or Prescribing Clinical Network Review** This statement was recognised and supported. It will be discussed at the MMCBGM as part of the development of a Trust statement.	
11.	**Any Other Business**	
12.	**Date of Next Meeting:**	
	Wednesday 13th February 2018, 12:30-14:00. Boardroom,5th Floor Ferguson House, St Helier Hospital	