EPSOM AND ST Helier UNIVERSITY HOSPITALS NHS TRUST

NEW DRUG AND INTERFACE GROUP

MINUTES OF THE MEETING HELD ON WEDNESDAY 9th October 2019, 12.30 – 2.00pm
Carew Room, St Helier Hospital

Present:
Anne Davies (Chief Pharmacist) **AD**
Liz Clark (Lead Commissioning Pharmacist, Surrey Downs CCG) **LC**
Sarah Taylor (Chief Pharmacist, Sutton CCG) **ST**
Dr R Scott (Joint Medicines Management Lead, GP Sutton CCG) **RSc**

It is noted that this meeting was not quorate.

In attendance:
Kuljit Gata-Aura (Medicines Management Technician) **KGA**
Jill Stevens (Deputy Chief Pharmacist) **JKMS**
Dr Michele Hendricks (Consultant Anaesthetist) **MH**
Miss Andrena McElvanney (Consultant Ophthalmologist) **AM**

No	Item	Responsible for Action
1.	**Apologies for Absence** Dr V De Silva (Chair) **VDS** Sarah Langfield (Interim Assistant Chief Nurse) **SL** Dr A Pitsiaeli (GP, Surrey Downs CCG) **AP**	
2.	**Declarations of Interest** Nil for this meeting.	
3.	**Minutes of the Meeting held on 12th June 2019** The minutes from 12th June were agreed.	
4.	**Matters Arising** Nil for this meeting.	
5.	**New Drug Requests**	
a)	**Diclofenac injection (Akis®) as post-operative analgesia** The case of Akis® (diclofenac) injection for addition to the formulary for post-operative pain relief and surgical management of patients was presented by Dr Michele Hendricks, lead clinician for anaesthetics. The Trust had a visit from the Getting It Right First Time (GIRFT) NHS Improvement team in June 2019. They identified that the Trust was under-performing for a number of patients being sent home the same day after having day surgery, and also patients suffering with post-operative pain and nausea. The numbers of patients staying overnight was higher than the national average. Akis® is a non-steroidal agent marked with analgesic/anti-inflammatory properties it has a quicker onset of action (3 minutes versus 30 minutes) compared to parecoxib and Voltarol® injection which are on the Trust formulary. Three studies carried out using Dyloject®, which is a predecessor to Akis®, showed it provided statistically superior pain relief compared with Voltarol®. Voltarol® injection must be buffered with sodium bicarbonate before administration which adds to the cost and the inconvenience compared to Akis® which can be administered without duration. However in anaesthetic practice it is often just mixed with Hartmans solution	

	although this is off licence. Dr Hendricks stated that due to the rapid onset of pain relief gained by using Akis® injection it would reduce the need for opiates and subsequent requirements for anti-emetics. This may also have the potential to reduce the number of patients having to stay overnight. **Decision** More information is needed before diclofenac can be considered for addition to the formulary. The committee would need to know what pain relief guidelines were used in other day surgery units, or if they adopt different practices. A comparison of cost against opioids and anti-emetics is required. If the second preparation of diclofenac is held as stock, there is a risk of error and a review of current stockholdings would be needed. The committee also wished to confirm if Akis® injection is licensed for intramuscular use. Once the additional information has been produced, application to be brought back to a future meeting for further discussion.	**Sonia Moore**
b)	**Thealoz Duo® eye drops for severe dry eye disease** Miss McElvanney presented the case for the addition of Thealoz Duo® eye drops to be added to the formulary. Thealoz Duo® contains hyaluronic acid and trehalose. It is the first eye drop to contain trehalose as an active ingredient. It provides corneal protection and helps prevent cell death in the eye. It would provide a treatment option for severe dry eye disease, before treatment with topical steroids and ciclosporin. Trial data showed Thealoz Duo® increased tear film thickness in patients and had better patient satisfaction than eye drops containing only hyaluronic acid. Miss McElvanney felt that it would help prevent the use of topical steroids and it is less viscous than Clinitas® and Hylo®-Forte, which would be more beneficial to patients. **Decision** To add Thealoz Duo® eye drops to the Trust formulary for severe eye disease. Vismed® will be removed from the formulary. To update the dry eye protocol.	**KGA**
c)	**Semaglutide for type 2 diabetes – implementation plan** Semaglutide was presented by Dr Nithiyananthan to the committee for addition to the formulary in June 2019. The decision was taken to add semaglutide to the formulary for its licensed indications in line with NICE guidelines. However, this product does have a more complex dose titration process than existing products and there was concern that this might not be adhered to unless carefully supervised by secondary care. It was recommended that an implementation plan should be developed by the diabetes team and submitted to the committee for consideration before the product is made available. Since the committees decision Surrey APC considered an evidence review for the use of semaglutide with another GLP-1 receptor agonist. Surrey APC concluded that semaglutide would be black status on the traffic light system and is not recommended for prescribing in Surrey. Given the status the committee decided that semaglutide would not be added to the formulary, as it will not be possible for patients initiated on semaglutide to be passed to primary care for continuation. A review of the endocrine chapter by the SWL Joint Formulary will take place in December 2019. Dr Nithiyananthan to be informed.	
6.	**Six Month New Drug Reviews**	
	No reviews for this meeting.	
7.	**NICE/MHRA Guidance**	
	a) June 2019 DOACs are not recommended in patients with antiphospholipid syndrome because of an increased risk of recurrent thrombotic events with rivaroxaban versus	

	warfarin. Haematologists have been made aware of this. Serious and life-threatening diabetic ketoacidosis has been reported in association with combination treatment with insulin and a GLP-1 receptor agonist for type 2 diabetes mellitus. Endocrinologists have been informed. Olaratumab has had its EU marketing authorisation withdrawn. Women and girls of childbearing potential taking oral retinoids to treat dermatological conditions must be supported by a Pregnancy Prevention Programme (PPP). Revised and simplified pregnancy prevention materials have been produced. The dermatologists have been informed. **b) July 2019** Treatment with febuxostat must be avoided in patients with pre-existing major cardiovascular disease. Rare but serious cases of drug-induced liver injury, including acute liver failure and hepatitis have been reported in patients treated with toclizumab. Rivaroxaban 15mg and 20mg tablets should be taken with food, and healthcare professionals have been reminded to inform patients of this. These warnings are already stated on the dispensing labels. ePMA has been updated to include a warning alert. **c) August 2019** Hepatitis B virus status must be established before initiating daratumumab, and in patients with unknown hepatitis B virus serology who are already being treated with daratumumab. Haematologists have been informed. **d) September 2019** There has been further information on the known increased risk of breast cancer with HRT. Prescribers of HRT should inform women of the new information about breast cancer risk at their next routine appointment. Fingolimod is associated with an increased risk of major congenital malformations including cardiac, renal and musculoskeletal defects when used in pregnancy. The Trust does not treat patients; patients are treated at St George's Hospital. There have been rare cases of pigmentary maculopathy reported in patients treated with Elmiron®, particularly after long-term use at high doses. **III. Fluoroquinolone patient guidance – MHRA** This MHRA patient information leaflet aims to inform about the side effects of fluoroquinolone antibiotics on tendons, muscles, joints and nerves.	
	Technology Appraisals for Discussion	
	a) Dapagliflozin with insulin for treating type 1 diabetes – TA597 Dapagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults. Dapagliflozin is already on the formulary. **b) Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line**	**KGA**

	platinum-based chemotherapy – TA598 Olaparib will be added to the Trust formulary for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer if needed. Treatment will not be initiated by the Trust. **c) Sodium zirconium cyclosilicate for treating hyperkalaemia – TA599** Sodium zirconium cyclosilicate will be added to the Trust formulary for treating hyperkalaemia. Relevant clinicians have been informed. **d) Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer – TA600** Pembrolizumab with carboplatin will be added to the Trust formulary for untreated metastatic squamous non-small cell lung cancer if needed. Treatment will not be initiated by the Trust.	**KGA** **KGA**
	Technology Appraisals Terminated	
	e) Bezlotoxumab for preventing recurrent Clostridium difficile infection (terminated appraisal) – TA601 This appraisal has been terminated because no evidence summary was received from the manufacturer. **f) Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal) – TA602** This appraisal has been terminated because no evidence summary was received from the manufacturer. **g) Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma (terminated appraisal) – TA603** This appraisal has been terminated because no evidence summary was received from the manufacturer.	
	Technology Appraisals for Information	
	h) Benralizumab for treating severe eosinophilic asthma (updated) – TA565 Benralizumab will be added to the Trust formulary if needed to treat severe eosinophilic asthma. Treatment is not be initiated by the Trust.	**KGA**
	Technology Appraisals Not Recommended	
	None for this meeting.	
	Technology Appraisals Already Approved – For Information	
	i) Technology Appraisals Approved at July 2019 MMCBG As the August NDAIG meeting was cancelled the following NICE TA's were agreed at MMCBG.	

Technology Appraisals	
TA583	Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes
TA585	Ocrelizumab for treating primary progressive multiple sclerosis
TA586	Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib
TA587	Lenalidomide plus dexamethasone for previously untreated multiple myeloma
TA171	Lenalidomide for the treatment of multiple myeloma in people who have received at least 2 prior therapies (updated)
TA322	Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality (updated)

j) Technology Appraisals Approved at September 2019 MMCBG

As the August NDAIG meeting was cancelled the following NICE TA's were agreed at MMCBG.

Technology Appraisals	
TA588	Nusinersen for treating spinal muscular atrophy
TA589	Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity
TA590	Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis
TA591	Letermovir for preventing cytomegalovirus disease after a stem cell transplant
TA592	Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma (not initiated by the Trust)
TA593	Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer
TA594	Brentuximab vedotin for untreated advanced Hodgkin lymphoma (terminated appraisal)
TA595	Dacomitinib for untreated EGFR mutation-positive non-small-cell lung cancer
TA596	Risankizumab for treating moderate to severe plaque psoriasis

Clinical Guidelines for Discussion

k) Pneumonia (community-acquired): antimicrobial prescribing – NG138

This guidance makes recommendations regarding antibiotics in pneumonia (community-acquired) and therefore will be added to the next Antibiotic Steering Group for discussion.

l) Pneumonia (hospital-acquired): antimicrobial prescribing – NG139

This guidance makes recommendations regarding antibiotics in pneumonia (hospital-acquired) and therefore will be added to the next Antibiotic Steering Group for discussion.

m) Abortion care – NG140

These guidelines will be circulated to the obstetricians. Drugs included in the guidance are anti-D which is on the formulary.

n) Cellulitis and erysipelas: antimicrobial prescribing – NG141

This guidance makes recommendations regarding antibiotics in cellulitis and erysipelas. This will be added to the next Antibiotic Steering Group Agenda.

Clinical Guidelines Updated for Information

o) Generalised anxiety disorder and panic disorder in adults: management (updated) – CG113

This guideline has been updated with a footnote added to reflect the change of schedule of pregabalin.

p) Neuropathic pain in adults: pharmacological management in non-specialist setting (updated) – CG173

This guideline has been updated with a footnote added to reflect the change of schedule of pregabalin and gabapentin.

q) Head injury: assessment and early management (updated) – CG176

For information as no drugs are included.

	r) Multiple sclerosis in adults: management (updated) – CG186 This guideline has been updated with a footnote added to reflect the change of schedule of gabapentin. **s) Pneumonia in adults: diagnosis and management (updated) – CG191** This guidance makes recommendations regarding antibiotics in pneumonia) and therefore will be added to the next Antibiotic Steering Group for discussion. **t) Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (updated) – NG89** This guidance has been amended to clarify when anti-embolism stockings can be used for VTE prophylaxis for people with spinal injury. Will be sent to clinicians in SWELOC. **u) Type 2 diabetes in adults: management (updated) – NG28** These guidelines have been updated and for information only. **v) Tuberculosis (updated) – NG33** These guidelines have been updated with a footnote added to reflect new restrictions and precautions for the use of fluoroquinolone antibiotics. **w) Hypertension in adults: diagnosis and management (updated) – NG136** These guidelines have been updated and there are new recommendations on diagnosis, monitoring and drug treatment for hypertension. Drugs listed are on the formulary. **x) Motor neurone disease: assessment and management (updated) – NG42** This guideline has been updated with a footnote added to reflect the change of schedule of gabapentin. **y) Attention deficit hyperactivity disorder: diagnosis and management (updated) – NG87** This guidance is for information only. **z) Chronic obstructive pulmonary disease in over 16s: diagnosis and management (updated) – NG115** This guidance has been updated, there is no change in the Trust guidance and has been circulated to the respiratory clinicians. **aa) Alcohol interventions in secondary and further education (updated) – NG135** For information no drugs included.	
	Clinical Guidelines for Information	
	None for this meeting.	
	Quality Standard Updated	
	None for this meeting.	
	Quality Standard for Discussion (medicine related issues only)	
	None for this meeting.	
	Quality Standard for Information	
	None for this meeting.	
	Highly Specialised Technologies Guidance	
	None for this meeting.	
	Highly Specialised Technologies for Discussion	
	bb) Patisiran for treating hereditary transthyretin amyloidosis – HST10 Patisiran is recommended as a treatment option for treating hereditary	

	transthyretin amyloidosis in adults with stage 1 and stage 2 polyneuropathy. The national amyloidosis centre in London is the only specialised service in the UK and treatment would be started there.	
	Health Technology Assessment	
	Nothing for this meeting.	
	For Discussion	
	Nothing for this meeting.	
8.	**Patient Safety Alerts**	
	None for this meeting.	
9.	**Operational Issues**	
a)	**NHSE guidance on OTC and self-care prescribing (Communication materials)** A&E has information screens which could be used to include information on medicines that can be bought over the counter.	
b)	**South West London Joint Formulary** **I. SWL Formulary Harmonisation Project update** **a) Proposal to local committees** This document gives a summary of the SWL collaborative formulary harmonisation project. It gives the timeline of chapter reviews and proposed changes to governance. The terms of reference are being finalised and the committee were advised to send any comments to Shireen Rahhal or AD. Any new drug applications will still be reviewed locally, but will be shared with the other three Trusts. As each chapter is finalised it will be brought back to the committee for final ratification. **b) Chapter 1 - Gastroenterology** The Gastroenterology chapter was reviewed and discussed in August 2019 at St Helier Hospital. **c) Chapter 4 – Central Nervous System** This chapter was reviewed in September and the formulary differences were discussed and proposed changes identified. **d) Chapter 13 – Skin** This chapter was also discussed in September and has been the most challenging due to special items of creams and ointments.	
c)	**Rapid Tranquilisation – Management of Acute Disturbance in Adults, Children and Older Adults** These guidelines have been updated by Dr Bolton, Consultant Liaison Psychiatrist and are for information. They have been agreed at the Medicines Management Committee Business Group and will replace the current rapid tranquilisation guidance.	**KGA**
d)	**Guidelines for GPs** **I. Gout** **II. Polymyalgia Rheumatica (PMR)** These guidelines have been written by Dr Fazal Sheikh, Consultant Rheumatologist, and were felt to provide useful information for GPs. A few changes have been made following recommendations from Surrey APC. These will be sent to ST so they can be taken to the Sutton and Merton meeting. The committee have agreed these guidelines; date and author to be added.	**KGA**
e)	**Zolendronic Acid injection – Primary care follow up** Primary care requested information on how patients are managed by orthogeriatricians. Dr Nivi Singh has since linked with the GPs who are now aware of the guidance.	
f)	**Sildenafil for prostatectomy** Sildenafil was added to the formulary for prostatectomy in June 2018. It was not clear whether it was to be hospital only. The Surrey PAD states the PCN supports the	

	use of sildenafil for penile rehabilitation and it is considered amber on the traffic light system. From a SWL perspective sildenafil should be considered hospital only as tadalafil once a day is hospital only, this would provide consistency. There were also concerns over how it would fit in with the SWL formulary review. It will be discussed at the next SWL MOG meeting and the committee will await that decision.	
g)	**Levetricetam generic versus brand** Dr Garcia has been requesting to prescribe Keppra® liquid instead of generic levetricetam liquid. Dr Garcia has stated patients who have been on generic levetricetam have been having difficulty obtaining the same brand of levetricetam in community pharmacies; prescribing Keppra® would ensure brand continuity. Keppra® is not the most cost-effective brand of levetricetam, and there is work in progress in primary care to switch patients to other, more cost-effective brands. The MHRA have advised that for drugs in category 3 (including levetricetam), therapeutic equivalence between branded and generic products (and between different generics) can be assumed, but other factors are important when considering whether switching is appropriate. Dr Garcia has concerns that, if a patient switches brands, there is a risk that their epilepsy will destabilise, and would therefore like reassurance that community pharmacies will supply the same brand each time for patients. A meeting to discuss the issues will be schedule with Dr De Silva, Dr Kundu, Dr Garcia and Anne Davies.	**AD/VDS**
h)	**Antifungal Guidelines** These guidelines have been revised and agreed by the haematologists and microbiologists. For information.	
i)	**Items which should not routinely be prescribed in primary care: guidance for CCGs** NHS England has updated the guidance on items which should not be routinely prescribed in primary care, which includes silk garments. Dermatologists have been made aware.	
10.	**Feedback from CCGs and Trust Committees**	
a)	**SWL Sutton & Merton CCGs** **I. Minutes – May 2019** Minutes for information. **II. Treatment pathway for adult patients with immune (idiopathic) thrombocytopenic purpura (ITP)** This drug pathway is supported by the Trust. However, we need to find out the place in therapy of rituximab with IVIG in line with NHS England guidance, which is commissioned by St George's Hospital. **III. SWL Commissioning Principles for PbR Excluded Drugs / Devices 2019-2020** The Trust agrees to these commissioning documents and they are for information. **IV. SWL Inflammatory Bowel Disease (IBD) Network – Summary of Recommendations** The Trust supports this pathway. **V. Commissioning Insulin Pumps and Continuous Glucose Monitoring – Report and Recommendations** The Trust supports the recommendations of the commissioning of insulin pumps and continuous glucose monitoring. **VI. Position Statement on Minocycline for the management of acne vulgaris** This position statement recommends it does not support the routine prescribing of minocycline in acne vulgaris in line with NHS England national guidance on medicines which should no longer be routinely prescribed. The Trust dermatologists	

	are aware of this position statement and are in agreement. **VII. Position statement on the prescribing of silk and antimicrobial garments on GP FP10 prescription** The Trust supports this position statement on the prescribing of silk and antimicrobial garments. Dermatologists have been informed.	
b)	**SWL Medicines Optimisation Group** **I. Quick Reference PNS Supplement Guidance for Dietitian Reference** No update for this meeting.	
c)	**SWL Cardiovascular Group for Discussion** Nothing for this meeting	
d)	**SWL Medicines Optimisation Clinical Network** Nothing for this meeting.	
e)	**Respiratory Working Group** Nothing for this meeting.	
f)	**Shared Care Prescribing Guidelines** **I. Colesevelam for the management of Bile acid malabsorption in non-cancer indications for adults** This shared care guidance has been updated with minor changes as it had expired. The Trust is in agreement. **II. Rifaximin for the treatment of Chronic Hepatic Encephalopathy** This shared care guidance has been updated as the gastroenterologists thought it would be useful to have a shared care agreement for rifaximin together with our neighbouring hospitals. Contact details have been added for the Trust, and the Trust is in agreement.	
g)	**Surrey Area Prescribing Committee** **I. Minutes – June 2019** Minutes for information. **II. Minutes – July 2019** Minutes for information.	
h)	**APC Recommendation for Approval** **I. June 2019 Surrey Policy Statements** **a) Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes** The Trust supports the policy statement and the endocrinologists have been informed. **b) Minocycline for non-acne related dermatological indications** The Trust supports this policy statement and dermatologists have been informed. **c) Unlicensed liothyronine and thyroid extracts products** The Trust supports this policy statement and the endocrinologists are aware. **d) Liothyronine (T3) for the treatment of myxoedema coma** The Trust supports this policy statement and endocrinologists are aware. **e) Liothyronine (T3) in the management of hypothyroid states occurring in the treatment of thyrotoxicosis** The Trust supports this policy statement and endocrinologists are aware.	

f) Liothyronine (T3) for treatment resistant depression in adults

The Trust supports this policy statement and endocrinologists are aware.

g) Liothyronine sodium (combination)- hypothyroidism in adults with an inadequate response to levothyroxine

The Trust supports this policy statement and endocrinologists are aware.

h) Liothyronine sodium (monotherapy) - hypothyroidism in adults with an inadequate response to levothyroxine

The Trust supports this policy statement and endocrinologists are aware**.**

i) Strontium ranelate Aristo for the treatment of severe osteoporosis

The Trust supports this policy statement, however the Trust do not have strontium ranelate Aristo on the formulary.

j) Real time Continuous Glucose Monitoring for use in adult patients with type 1 diabetes

The Trust supports the adult patients with type 1 diabetes agreement document.

k) Real time Continuous Glucose Monitoring for use in children and young people patients with type 1 diabetes

The Trust supports the children and young people patients with type 1 diabetes agreement document.

l) Real time Continuous Glucose Monitoring for use in pregnant patients with type 1 diabetes

The Trust supports pregnant patients with type 1 diabetes agreement document.

m) Tapentadol SR Palexia® SR) for the management of severe persistent non-malignant pain in adults

The Trust supports this policy statement for tapentadol SR for the management of severe persistent non-malignant pain in adults.

n) Tildrakizumab for treating moderate to severe plaque psoriasis in adults (NICE TA 575)

The Trust supports this policy statement, which in line with NICE TA575.

o) Certolizmab pegol for treating moderate to severe plaque psoriasis in adults (NICE TA574)

The Trust supports this policy statement, which is in line with NICE TA574

p) Oral anticoagulants for stroke prevention in atrial fibrillation (update)

The Trust support this policy statement

q) Liothyronine monotherapy in oncology- thyroid and parathyroid disease

The Trust does not initiate liothyronine in oncology patients, but this statement will be considered if required.

r) Glyceryl Trinitrate (GTN) 0.4% ointment for the treatment of anal fissures

The Trust supports this policy statement and glyceryl trinitrate is on the hospital formulary.

s) Diltiazem 2% ointment/cream (unlicensed product) for the treatment of anal fissures

The Trust supports this policy statement and diltiazem is on the hospital formulary.

t) Glyceryl Trinitrate (GTN) 0.2% & 2% ointment (unlicensed products) for the treatment of anal fissures

The Trust supports this policy statement and do not keep unlicensed glyceryl trinitrate ointment.

i. Flash Glucose Monitoring

The Trust supports these documents which are now completed.

ii. Review of NICE Dementia guidelines (NG97)

The Trust supports this 2 treatment pathway for dementia treatment.

iii. Osteoporosis Guidelines

The Trust supports this treatment pathway and guidance on osteoporosis.

iv. Psoriasis treatment pathway (secondary care)

The Trust supports this treatment pathway for psoriasis.

v. DOACs selection tool (updated)

The Trust supports the DOAC selection tool. The Trust Anticoagulation in Adult Patients Guidelines will be updated to reflect new advice from the MHRA.

vi. Continuous Glucose Monitoring

The Trust supports recommendations for the CCGs on continuous glucose monitoring.

vii. Diltiazem Patient Information Leaflet

The Trust supports the diltiazem patient information leaflet.

II. July 2019 Surrey Policy Statements

a) Skin camouflages

The Trust supports this policy statement. Dermatologists are aware.

b) Celecoxib for the treatment of pain and inflammation

The Trust supports this policy statement.

c) Etoricoxib for the treatment of pain and inflammation

The Trust supports this statement but etoricoxib is not on the hospital formulary and requests will managed via one off drug request.

d) Duavive (conjugated oestrogens & bazedoxifene) for the treatment of oestrogen deficiency symptoms in postmenopausal women

The Trust supports this policy statement; however Duavive is not on the hospital formulary.

e) Latanoprost/timolol preservative free eye drops for the reduction of intraocular pressure in patients

The Trust supports this policy statement.

i. Lithium information sheet

The Trust acknowledges this information sheet on lithium.

ii. Wound Care Formulary

The Trust supports the wound care formulary.

iii. MART Action Plans

The Trust supports the MART action plan for the CCGs.

iv. Emollients GP summary guidance

The Trust supports the emollient guidance and dermatologists are aware.

v. PAD Governance process documents

The Trust supports the PAD governance process documents for the CCGs.

vi. Persistent Non-Malignant Pain Guidelines (updated July 2019)

The Trust supports the persistent non-malignant pain guidelines which have been updated.

III. August 2019 Surrey Policy Statements

a) Liothyronine sodium (combination)- hypothyroidism in adults with an inadequate response to levothyroxine

The Trust supports this policy statement, endocrinologists are aware.

b) Liothyronine monotherapy in oncology- thyroid and parathyroid disease

The Trust does not initiate liothyronine in oncology patients, but this statement will be considered if required.

c) Diltiazem 2% ointment/cream (unlicensed product) for the treatment of anal fissures

The Trust supports this policy statement.

d) Risperidone for the treatment of moderate to severe Alzheimer's dementia

The Trust supports this policy statement.

e) Adalimumab for all CCG-commissioned indications where there is a licensing authorisation in the UK

The Trust supports the APCs recommendations the use of biosimilar adalimumab in all new patients for all CCG-commissioned indications where there is a licensing authorisation in the UK.

f) Etanercept for all CCG-commissioned indications where there is a licensing authorisation in the UK

The Trust supports the APCs recommendations for the use of etanercept where there is a licensing authorisation in the UK.

g) Infliximab for all CCG-commissioned indications where there is a licensing authorisation in the UK

The Trust supports the APCs recommendations for the use of infliximab where there is a licensing authorisation in the UK.

h) Rituximab for all commissioned indications where there is a licensing authorisation in the UK

The Trust supports the APCs recommendations for the use of rituximab for all commissioned indications where there is a licensing authorisation in the UK.

i) Trelegy inhaler (fluticasone, vilanterol & umeclidinium) for the treatment of Chronic Obstructive Pulmonary Disease (COPD)

The Trust supports this policy statement for Trelegy inhaler for the treatment of COPD.

j) Trimbow inhaler (beclomethasone, formoterol & glycopyrronium) for the treatment of Chronic Obstructive Pulmonary Disease (COPD)

The Trust supports this policy statement for Trimbow inhaler for the treatment of COPD.

k) Aliskiren

The Trust supports this policy statement on not recommending the use of aliskiren.

l) Bath and shower preparation for dry and pruritic skin conditions

The Trust supports this policy statement and dermatologists are aware.

m) Dronedarone

The Trust supports this policy statement for dronedarone which recommends that dronedarone must only be initiated for the maintenance of sinus rhythm after successful cardioversion in adult clinically stable patients with paroxysmal or persistent atrial fibrillation (AF) in exceptional circumstances when there is a clinical need for dronedarone to be prescribed.

n) Minocycline for Acne

The Trust supports this policy statement and dermatologists have been informed.

o) Needles for Pre-filled and Reusable Insulin Pens >£5 per 100 needles (excluding safety needles)

The Trust supports this policy statement.

p) Silk garments

The Trust supports this policy statement for not recommending silk garments to be prescribed. The dermatologists have been informed.

q) Mexilitene (Namuscula®) for the management of drug resistant ventricular arrhythmia (off-label)

The Trust supports this position statement for the management of drug resistant ventricular arrhythmia (off-label). Cardiologists are aware.

r) Pitolisant (Wakix®) for the management of narcolepsy with or without cataplexy

The Trust supports this policy statement but pitolisant is not on the hospital formulary.

s) Morphine sulfate modified release

The Trust supports this policy statement.

i. BPSD guidance and associated resources

The Trust acknowledges this resource pack for GPs and carers.

	ii. Persistent non-malignant pain guidance – updated August 2019 The Trust supports this guidance which has been updated in relation to use of COX II inhibitors. **iii. NSAID safety aide memoir** The Trust acknowledges this safety aide memoir which is linked to the persistent non-malignant pain guidance. **iv. British Society of Dermatology – Specials list updated 2018** The Trust supports the British Society of Dermatology specials list. **v. Anti-epileptic drugs in women of child bearing potential** The Trust supports this guidance. **vi. Calculation of creatinine clearance in relation to DOACs** The Trust acknowledges this document. **IV. September Surrey Policy Statements** **a) Biosimilar Insulin** The Trust supports this policy statement. **b) Oro-dispersible risperidone** The Trust supports this policy statement. **c) Adrenaline auto-injectors** The Trust supports this policy statement where it has reviewed and continues to support the prescribing of Jext®, EpiPen® or Emerade® as treatment options for patients requiring an adrenaline auto injector. **d) Risankizumab for the treating moderate to severe plaque psoriasis (NICE TA596)** The Trust supports this policy statement, which in line with NICE TA596 **e) 2019 Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes (NICE TA583)** The Trust supports this policy statement, which in line with NICE TA583 **i. Patient information resources – NHS England do not prescribe – June 2019** The Trust supports this guidance from NHS England on items that should not be routinely be prescribed in primary care. **ii. AMBER shared care communication sheet** The Trust acknowledges this communication sheet. **iii. High cost immunomodulator Psoriasis treatment pathway** The Trust supports this psoriasis treatment pathway. **iv. DOAC counselling checklist and Patient information leaflet** The Trust acknowledges the DOAC counselling checklist and patient information leaflet.	
i)	**Shared Care Prescribing Guidelines** **I. Liothyronine** This shared care guideline sets out the patient pathway for liothyronine. The Trust supports this shared care guidance, however the enclosure brought to the meeting was not the current one. The current version will be brought to the next meeting.	**KGA**

11.	**Any Other Business**	
	RSc asked for clarification on end of life care medications which patients are given at discharge. Some medications are not available and GPs have to change prescriptions. Discussion to be arranged with palliative care team to clarify.	**AD**
12.	**Date of Next Meeting:**	
	Wednesday 11th December 2019, 12:30-14:00. Boardroom, Ground Floor, Headley Wing, Epsom Hospital	