County Durham and Darlington Area Prescribing Committee

Thursday 3rd November 2016
11.30am – 2.30pm
Board Room, Appleton House

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Peter Forster, GP Prescribing Lead, DDES CCG (from item 3d)
Dr Martin Jones, GP Prescribing Lead, DDES CCG
Claire Jones, Public Health Pharmacist, Durham County Council
Gavin Mankin, RDTC Representative (Professional Secretary)
Dan Newsome, Medicines Optimisation Pharmacist, NECS
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Chris Williams, Chief Pharmacist, TEWV FT
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Rob Pitt, LPC representative
Brewis Henderson, Patient Representative
Chris Cunnington-Shore, Patient Representative
Mike Leonard , Directorate Pharmacist, TEWVFT
Sarah McGeorge, Non-Medical Prescriber, TEWVFT
Dr Shafie Kamaruddin, Consultant, CD&D FT

In attendance

Dianne Woodall, Public Health Portfolio Lead – Tobacco Control, Durham County Council - for item 3l.

The meeting was quorate.

The chair welcomed Dr Kamaruddin to his first APC meeting and a round of introductions was made.

Part 1 (11.30)

1a Apologies for absence:
Graeme Kirkpatrick, Joan Sutherland, Melanie Robinson

1b Declarations of Interest
No declarations of interest relating to the agenda were raised.

Declarations of interest:
The Chair reminded subgroup members of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of the APC.
Declarations declared by members of the APC are listed in the APC's Register of Interests. The Register is available either via the professional secretary or on the APC website at http://medicines.necsu.nhs.uk/committees/durham-darlington-committees/

Declarations of interest from sub committees:
None declared

Declarations of interest from today's meeting:
No declarations of interest relating to the agenda were raised.

1c Minutes of the previous APC meeting held 8th September 2016
The minutes were accepted as a true and accurate record.

1d Matters Arising/Action Log

Actions from September 2016 meeting not on the agenda or action log

Action Log
Do Not Prescribe List
Final version has now been published on website and formulary updated.
CSTC was ok with the content of the document.
No update on work with Sunderland CCG re use of tadalafil once a day was available.

Patient Decision Aids
Final version of resource now published on website. ITEM NOW CLOSED.

Formulary Chapter 14 – updated
Formulary has been updated with new chapter. ITEM NOW CLOSED.

Regional Medicines Optimisation Committee Consultation
APC comments were submitted by the deadline. A copy of the final APC response to the consultation was also circulated to all APC members for information. NHS England is currently reviewing all the comments it received and will shortly begin seeking then appointing members. It is hoped the committees will be operating from April 2017. ITEM NOW CLOSED

Drug Monitoring Guideline – updated
Final updated version of document now published on website and NECS will ensure document has version control. ITEM NOW CLOSED.

Glucose Monitoring Guideline
Diabetes CAG are currently seeking the views of patients and prescribers on the updated guideline, and local blood glucose meter choices. The updated guideline will come to January 2017 APC for approval.

Ciclosporin Eye Drops – Green+ Drug Information Leaflet
Final version of document now published on website. ITEM NOW CLOSED.

Food Supplement Contracting Issues
On today's agenda for discussion. Dieticians have updated the pathway. ITEM NOW CLOSED.

NOAC Choice in County Durham & Darlington
On today's agenda for discussion.

Historic Actions
Subcutaneous methotrexate
Commissioners are beginning to move forward with this issue and is to be discussed at next contracting meeting with CDDFT.

Letrozole and DEXA scans
Final MDT approved guideline on today's agenda for information. ITEM NOW CLOSED.

CDDFT Representatives to APC
GK to continue to review CDDFT consultant membership vacancies on APC with Medical Directors Office and chair of CSTC.

Use of patient decision aids to discuss anticoagulant choice
On today's agenda for discussion.

Osteoporosis Guideline
North of Tyne guideline now in development but no further information available at this stage. NECS will then use this as basis for developing a CD&D guideline.

Guanfacine
Shared care guideline is still in development and noted that Guanfacine plus lisdexamfetamine should be classified as RED until such time that a shared care guideline is available.

Nutilis Clear Thickener
Work to produce a guide for GPs to support switch to Nutilis Clear as thickening agent of choice is in progress and currently awaiting a response from the SALT team.
Concerns were expressed at last APC about reports that Nursing Homes were being advised to use a different dose to that which was recommended in the formulary application to APC and formed the basis for the approval of the switch to Nutilis Clear. NECS have contacted SALT team to confirm what is happening but no response as yet.

Ciclosporin Eye Drops
Six month prescribing data within CD&D will be presented at January 2017 APC.

TEWV Transfer of Prescribing Guideline
Document was finally approved at Sept 2016 TEWV D&T and will now be added to APC website.
TEWV GP advisor has been invited to attend January 2017 APC to discuss communication in general with GPs across the interface; this will take the format of a question and answer session.

Analgesia Formulary Choices
No update available but CDDFT have request that task & finish group looking at this needs some Terms of Reference.

Stopping Over-Medication in People with Learning Disabilities
Data on potential number of patients is being verified before a Task and Finish group meets to take this issue forward.

Part 2 – Mental Health (12.00)

2a TEWV Drug & Therapeutics Committee Feedback – September 2016
CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.
The following issues were highlighted to the group:

- Paliperidone 3 monthly injection – been approved as an AMBER drug but will remain RED until a shared care guideline is in place.
- Bupropion and Digoxin interaction
- Nystatin dose change – TEWV will be remaining with 1ml QDS as per the Sandoz brand.

2b ADHD Treatment Algorithm
The ADHD Treatment Algorithm prepared by TEWV was presented to and approved by the APC subject to the following change:

- CYPS to be changed to Children and Young Peoples Service.

The APC noted that all the drugs included algorithm were as per their current formulary status and that the algorithm does not yet apply to adults.

ACTION:

- **CW to arrange for final approved version to be added to CD&D pages of NECS website.**

2c TEWV Safe Transfer of Prescribing Document – Final Version

The final approved version of the TEWV Safe Transfer of Prescribing Document was circulated to the group for information and is now also available on the TEWV Pharmacy website.

ACTION:

- **CW to arrange for final approved version to be added to CD&D pages of NECS website.**

2d Transfer of Prescribing Issue Raised by Derwentside GP Federation

Following an incident in Derwentside GP Federation the group discussed the transfer of prescribing by TEWV outside of the Safe Transfer of Prescribing Document e.g. drugs prescribed outside of product license and/or national guidelines. The TEWV Safe Transfer of Prescribing Document acts a guide to cover most circumstances but does not replace Consultant to GP discussions with regard to individual patients for prescribing outside of the document. Prescribing in these circumstances is an individual GP decision and some GPs will decline to do as it is not within in their competence and/or they have not been provided with enough information to support such prescribing. The APC will support those GPs not willing to prescribe in these circumstances.

ACTION:

- **CW to promote Safe Transfer of Prescribing Document to clinicians within TEWVFT.**

Part 3 – General (12.30)

3a Appeals against previous APC decisions

None received.

3b Update from Formulary Subgroup for November 2016 APC

This was presented to the group and the following actions were taken by the APC:

<u>Formulary Updates since September 2016 APC for approval including RAG changes</u>

Approved with suggested changes to RAG recommendation as follows:

NICE Topic Decision	Date Issued	Formulary status	Action taken following October 2016 FSG meeting
TA401 Bosutinib for previously treated chronic myeloid leukaemia Bosutinib is recommended as an option, within its marketing authorisation, for chronic, accelerated and blast phase Philadelphia chromosome positive chronic myeloid leukaemia in adults, when: • they have previously had 1 or more tyrosine kinase inhibitor and • imatinib, nilotinib and dasatinib are not appropriate and • the company provides bosutinib with the discount agreed in the patient access scheme (as revised in 2016).	24.8.2016	Listed as RED in chapter 8.1.5	Suggest no action required except to add link to formulary.

TA402 Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin Pemetrexed is recommended as an option for the maintenance treatment of locally advanced or metastatic non-squamous non-small-cell lung cancer in adults when: • their disease has not progressed immediately after 4 cycles of pemetrexed and cisplatin induction therapy • their Eastern Cooperative Oncology Group (ECOG) performance status is 0 or 1 at the start of maintenance treatment and • the company provides the drug according to the terms of the commercial access agreement as agreed with NHS England.	24.8.2016	Not listed in Chapter 8	Suggest add to formulary as RED drug and include link.
TA403 Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer Ramucirumab, in combination with docetaxel, is not recommended within its marketing authorisation for treating locally advanced or metastatic non-small-cell lung cancer in adults whose disease has progressed after platinum-based chemotherapy.	24.8.2016	Listed as RED in chapter 8.1.5	Suggest add link to say not approved for this indication.
TA404 Degarelix for treating advanced hormone-dependent prostate cancer 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.	24.8.2016	Listed as GREEN+ in chapter 8.3.4.2	Suggest no action required except to add link. Note: CCGs need to sign up to rebate schemes
TA405 Trifluridine–tipiracil for previously treated metastatic colorectal cancer Trifluridine–tipiracil is recommended, within its marketing authorisation, as an option for treating metastatic colorectal cancer, that is: • in adults who have had previous treatment with available therapies including fluoropyrimidine-, oxaliplatin- or irinotecan-based chemotherapies, anti-vascular endothelial growth factor (VEGF) agents and anti-epidermal growth factor receptor (EGFR) agents, or when these therapies are not suitable, and • only when the company provides trifluridine–tipiracil with the discount agreed in the patient access scheme.	24.8.2016	Not listed in Chapter 8	Suggest add to formulary as RED drug and include link.
TA406 Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer Crizotinib is recommended, within its marketing authorisation, as an option for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults. The drug is recommended only if the company provides it with the discount agreed in the	28.9.2016	Listed as RED in chapter 8.1.5	Suggest no action required except to add link.

patient access scheme.			
TA407 Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors Secukinumab is recommended, within its marketing authorisation, as an option for treating active ankylosing spondylitis in adults whose disease has responded inadequately to conventional therapy (non-steroidal anti-inflammatory drugs or TNF‑alpha inhibitors). The drug is recommended only if the company provides it with the discount agreed in the patient access scheme. Assess the response to secukinumab after 16 weeks of treatment and only continue if there is clear evidence of response, defined as: • a reduction in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score to 50% of the pre-treatment value or by 2 or more units and • a reduction in the spinal pain visual analogue scale (VAS) by 2 cm or more. When using BASDAI and spinal pain VAS scores, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the questionnaires, and make any adjustments they consider appropriate.	28.9.2016	Not listed in Chapter 10	Suggest add to formulary as RED drug in chapter 10.1.3 and include link.
TA408 Pegaspargase for treating acute lymphoblastic leukaemia Pegaspargase, as part of antineoplastic combination therapy, is recommended as an option for treating acute lymphoblastic leukaemia in children, young people and adults only when they have untreated newly diagnosed disease.	28.9.2016	Not listed in Chapter 8	Suggest add to formulary as RED drug and include link.
TA409 Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion Aflibercept is recommended as an option within its marketing authorisation for treating visual impairment in adults caused by macular oedema after branch retinal vein occlusion, only if the company provides aflibercept with the discount agreed in the patient access scheme.	28.9.2016	Listed as RED in chapter 11.8.2.3	Suggest no action required except to add link.
TA410 Talimogene laherparepvec for treating unresectable metastatic melanoma Talimogene laherparepvec is recommended, in adults, as an option for treating unresectable, regionally or distantly metastatic (Stage IIIB, IIIC or IVM1a) melanoma that has not spread to bone, brain, lung or other internal organs, only if: • treatment with systemically administered immunotherapies is not suitable and	28.9.2016	Not listed in Chapter 8	Suggest add to formulary as RED drug and include link.

• the company provides talimogene laherparepvec with the discount agreed in the patient access scheme			
TA411 Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer Necitumumab, in combination with gemcitabine and cisplatin, is not recommended within its marketing authorisation for adults with locally advanced or metastatic epidermal growth factor receptor (EGFR)-expressing squamous non-small-cell lung cancer that has not been treated with chemotherapy.	28.9.2016	Not listed in Chapter 8	Suggest add to formulary as a NOT APPROVED drug and include link.
TA412 Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases Radium‑223 dichloride is recommended as an option for treating hormone-relapsed prostate cancer, symptomatic bone metastases and no known visceral metastases in adults, only if: • they have already had docetaxel or • docetaxel is contraindicated or is not suitable for them. The drug is only recommended if the company provides radium‑223 dichloride with the discount agreed in the patient access scheme.	28.9.2016	Not listed in Chapter 8	Suggest add to formulary as RED drug and include link.
CG44 Heavy menstrual bleeding: assessment and management **Change:** Offer ulipristal acetate 5 mg (up to 4 courses)[5] to women with heavy menstrual bleeding and fibroids of 3 cm or more in diameter, and a haemoglobin level of 102 g per litre or below. [new 2016] Consider ulipristal acetate 5 mg (up to 4 courses)[5] for women with heavy menstrual bleeding and fibroids of 3 cm or more in diameter, and a haemoglobin level above 102 g per litre	24.8.2016	Listed as GREEN+ in chapter 6.4.1.2	Suggest no action required except to add link. ?need formulary application for new indication??
NG53 Transition between inpatient mental health settings and community or care home settings	24.8.2016	n/a	Suggest no action required with regard to the formulary as contains no specific drug recommendations.
NG54 Mental health problems in people with learning disabilities: prevention, assessment and management	28.9.2016	n/a	Suggest no action required with regard to the formulary as contains no specific drug recommendations.
NG55 Harmful sexual behaviour among children and young people	28.9.2016	n/a	Suggest no action required with regard to the formulary as contains no specific drug recommendations.
NG56 Multimorbidity: clinical assessment and management	28.9.2016	n/a	Suggest no action required with regard to the formulary as contains no

			specific drug recommendations.
MHRA Drug safety advice	**Date Issued**	**Formulary status**	**Action taken following October 2016 FSG meeting**
Riociguat (Adempas): not for use in patients with pulmonary hypertension associated with idiopathic interstitial pneumonias Patients with pulmonary hypertension associated with idiopathic interstitial pneumonias should not be treated with riociguat in light of interim results from a recently terminated study.	Aug 2016	Not listed in formulary	Suggest no action required
Idelalisib (Zydelig▼): updated indications and advice on minimising the risk of infection Updated advice for healthcare professionals is available, after conclusion of a review of the safety of idelalisib, including the risk of infection.	Sep 2016	Listed in Chapter 8 as RED	Suggest no action required except to add link to formulary
Posaconazole (Noxafil): tablets and oral suspension are not directly interchangeable Switching from posaconazole oral solution to tablets has resulted in cases of dose-related toxicity, whereas switching from tablets to oral solution has resulted in underdosing and lack of efficacy.	Sep 2016	Not listed in formulary	Suggest no action required
Levonorgestrel-containing emergency hormonal contraception: advice on interactions with hepatic enzyme inducers and contraceptive efficacy Medicines or herbal remedies that induce CYP3A4 enzymes reduce blood levels of levonorgestrel, which may reduce emergency contraceptive efficacy	Sep 2016	Listed in Chapter 7.3.5	Suggest no action required except to add link to formulary
Letters sent to healthcare professionals in July 2016 A summary of letters sent to healthcare professionals in July 2016 to inform of safety for: • riociguat (Adempas): not for use in patients with pulmonary hypertension associated with idiopathic interstitial pneumonias. See also article in July 2016 issue of Drug Safety Update • posaconazole (Noxafil): tablets and oral suspension are not interchangeable •	Aug 2016	Not listed in formulary	Suggest no action required for Riociguat or posaconazole.
Letters sent to healthcare professionals in August 2016 A summary of letters sent to healthcare professionals in August 2016 to inform of safety for: • Safety of Idelalisib	Sep 2016		Suggest no action required
NTAG recommendation	**Date Issued**	**Formulary status**	**Action taken following October 2016 FSG meeting**
Ferric Maltol (Feracrru®,Sheild TX,UK) for the treatment of iron deficiency anaemia (IDA) in adults with inflammatory bowel disease (IBD). The Northern (NHS) Treatment Advisory Group recommends the use of oral Ferric Maltol as an alternative option in patients with mild to moderate IDA with IBD who have tried at least two oral ferrous salts and have a reported intolerance to oral ferrous salts due to adverse effects after an adequate trial. Initiation and prescribing of Ferric Maltol should be carried out by an IBD specialist.	Sep 2016	Not listed in chapter 9.1.1.1	Suggest add to formulary as RED drug initially and include link.

FreeStyle Libre Flash (Abbott) Glucose Monitoring System. The Northern (NHS) Treatment Advisory Group recommends the use of FreeStyle Libre Flash Glucose Monitoring System as an option for continuous glucose monitoring (CGM) only and for patients who fulfil the NICE criteria for CGM and as per the North East and Cumbria CGM guidelines. However to note it does not include an alarm to indicate when hypoglycaemia or hyperglycaemia occurs.	Sep 2016		Suggest no action required as medical device and glucose meters not listed in formulary.
Eluxadoline (Truberizi®, Allergan) for the treatment of diarrhoea dominant irritable bowel syndrome (IBS-D). The Northern (NHS) Treatment Advisory Group does not recommend the use of eluxadoline for the treatment of diarrhoea dominant IBS.	Sep 2016	Not listed in chapter 1.	Suggest add to formulary as a NOT APPROVED drug and include link.

Requested formulary amendments	**Reasoning**	**BNF Chapter**	**Action taken following October 2016 FSG meeting**
Alliance Calcium Syrup	Add to formulary as replacement for Calcium Sandoz syrup which is no longer available.	9.5.1	Suggest add to formulary as a GREEN drug.
Forceval capsules	Add re-feeding syndrome as an additional indication.	9.6.7	Suggest extend use to cover re-feeding syndrome
Request for removal of a drug from the formulary	**Reasoning**	**BNF Chapter**	**Action taken following October 2016 FSG meeting**
Calcium Sandoz syrup	Discontinued	9.5.1	Suggest delete from formulary.

ACTION:

- **GM to update the online formulary with the approved changes.**
- **DN/KH to confirm CD&D CCGs have signed up to NICE approved rebate scheme for degarelix.**

3c **New Drug Applications**

Enstilar® Foam Spray

A new drug application for Calcipotriol monohydrate and betamethasone dipropionate cutaneous foam spray (Enstilar® cutaneous foam spray) for the topical treatment of psoriasis vulgaris on the body in adults was presented to and approved by the group.

It was agreed that should be classed as a GREEN+ drug.

ACTION:

- **GM to update the online formulary with the approved change.**

Ivermectin Cream

A new drug application for Ivermectin 1% cream is indicated for the topical treatment of inflammatory lesions of rosacea (papulopustular) in adult patients was presented to and approved by the group.

It was agreed that should be classed as a GREEN drug for use after more established therapies such as metronidazole gel and azelaic acid have failed.

ACTION:

- **GM to update the online formulary with the approved change.**

3d NOAC (DOAC) Choice in County Durham & Darlington

The APC has been asked to review the local formulary choice of oral anticoagulants within County Durham and Darlington as concern has been expressed about increasing spend on these agents and the perception that more expensive agents (e.g. apixiban) are being used more frequently.

The local guidelines chose rivaroxaban as first-line NOAC based on cost alone as there was not enough clinical difference between the (then) three drugs otherwise though the decision regarding which treatment is to be used should be made after an informed discussion between the clinician and the patient about the risks and benefits of each of the treatments compared with each other and against no treatment at all.
Apixiban use may be increasing because it does not need to be taken with food (unlike rivaroxaban) and it has limited renal clearance, hence may be preferred in the elderly and those with impaired renal function.
There is no real clinical evidence currently that one DOAC is better than another, though there is some evidence from Denmark that the risks of death, any bleeding, or major bleeding were significantly lower for apixaban and dabigatran compared with warfarin.
Locally Rivaroxaban is the mostly commonly prescribed but use of apixiban is increasing in North Durham and DDES CCGs.

After discussion the APC agreed that the decision regarding which treatment is to be used should be made after an informed discussion between the clinician and the patient about the risks and benefits of each of the treatments compared with each other and against no treatment at all as per the relevant NICE TAs for each drug. But that locally if there were no other patient factors to consider then the preferred DOACs were Rivaroxaban and Apixiban. It was also noted that warfarin remains a treatment option.

A local patient decision aid on the Treatment Options to Reduce Stoke Risk in Atrial Fibrillation oral anticoagulants that has been developed by CDDFT was also presented to and approved by the group.

It was agreed that a local patient decision aid was needed on the specific choice of DOAC agent to support patients in making an informed treatment choice.

ACTION:

- **BW to develop a patient decision aid comparing the different NOACs to enable informed patient choice.**

3e Vitamin D Supplement Choice in County Durham & Darlington

The Formulary Subgroup was asked to review of vitamin D supplement choice in County Durham & Darlington Formulary because a number of new products are available which may offer some cost advantages.
Following the review the FSG recommends no change to the current formulary choice of vitamin D supplements in County Durham & Darlington. This is because GPs are familiar with using the Fultium D3 brand and it comes in the widest range of strengths. It is also the most widely prescribed brand of vitamin D in County Durham & Darlington.

3f County Durham & Darlington APC Grey List

A draft of a Grey List was presented the group.

The Grey List is a locally-agreed list of medicines which are not recommended for routine prescribing but may be suitable for a defined patient population (i.e. these are items prescribable under limited circumstances). Medicines are included on the basis of safety, efficacy and cost-effectiveness. The list is intended to support good prescribing and help prescribers make balanced decisions. The list applies across County Durham and Darlington. Inclusion of drugs on the Grey List should encourage prescribers to think very carefully before

prescribing or recommending the medicine.

Grey List drugs will appear in the formulary as the appropriate RAG colour followed by an explanation of the circumstances in which they should be prescribed plus a link to the Grey List.

Decisions for inclusion of medicines on the list have been made on the basis of safety, efficacy and cost-effectiveness of the product.

This list applies to new initiations only and existing historical prescribing should be reviewed on an individual patient basis if clinically appropriate.

It was agreed to approve the list with the following change and to review it on an annual basis:

- Remove Escitalopram from the list

ACTION:

- **GM to arrange for final version of the Grey List to be added to CD&D pages of NECS website, and to update the formulary website accordingly.**

3g Shared Care Guidelines for Approval

None received this month.

3h NTAG Update

A verbal update on the NTAG recommendations following their September 2016 meeting was given.

- Ferric Maltol (Feracrru®,Sheild TX,UK) – NTAG recommends the use of oral Ferric Maltol as an alternative option in patients with mild to moderate IDA with IBD who have tried at least two oral ferrous salts and have a reported intolerance to oral ferrous salts due to adverse effects after an adequate trial. Initiation and prescribing of Ferric Maltol should be carried out by an IBD specialist.
- FreeStyle Libre Flash (Abbott) Glucose Monitoring System – NTAG recommends the use of FreeStyle Libre Flash Glucose Monitoring System as an option for continuous glucose monitoring (CGM) only and for patients who fulfil the NICE criteria for CGM and as per the North East and Cumbria CGM guidelines. However to note it does not include an alarm to indicate when hypoglycaemia or hyperglycaemia occurs.
- Eluxadoline (Truberizi®, Allergan) – NTAG does not recommend the use of eluxadoline for the treatment of diarrhoea dominant IBS.

The formulary website will be updated accordingly with the recommendations for Ferric Maltol and Eluxadoline. The RAG status of Ferric Maltol will be RED initially and Eluxadoline will be given a “not approved” RAG status.

ACTION:

- **GM to update the online formulary with the approved changes.**

3i CDDFT Update September 2016

An update on the recent CTSC was presented to the group.

ACTION:

- BW to share CDDFT nausea & vomiting in pregnancy guideline with primary care.

3j Transanal Irrigation – Prescribing Data

Local prescribing data on the prescribing of transanal irrigation was presented to the group to inform discussion on the best route of supply and who is the most appropriate clinician to prescribe these products. It may be more appropriate for the secondary care team to prescribe and supply these products as they are most familiar with them. It is also unknown as to what is

the most cost-effective route for prescribing these products, which can be supplied via homecare.

The Northern (NHS) Treatment Advisory Group recommends the use of transanal irrigation as an option for treatment when all other treatment options have failed or proved ineffective and if initiated and monitored by a specialist.

The question of how best transanal irrigation is prescribed or purchased for the local healthcare economy therefore still requires some further work.

ACTION:

- **SK to check with gastroenterologists on their view on what is the best route of supply and who is the most appropriate clinician to prescribe these products.**

3k NHSE Specialised Commissioning Drugs Briefing – Autumn 2016
Circulated to the group for information.

3l Changes to the NRT Voucher Scheme from 1st April 2017.
A paper detailing the forthcoming changes to the formulary choices for the NRT voucher scheme within County Durham was presented to the group.
The APC approved the changes to the choice of nicotine replacement therapy available on the formulary from the 1st April 2017 and noted that these changes currently only apply to County Durham not Darlington.
The local authority will monitor quit rates to see if the changes have a negative impact and CCGs will monitor to see if there is any increase in GP prescribing of varenicline or bupropion as a result of the changes.

ACTION:

- **GM/CJ to update the formulary accordingly from 1st April 2017 for County Durham.**
- **DN to confirm what the position is in Darlington CCG.**

Part 4 – Physical Health (13.30)

4a Nutritional Supplements Pathway – updated
The updated care pathway for the prescribing of nutritional supplements for adults in County Durham & Darlington was presented to and approved by the group.

ACTION:

- **DN to arrange for the updated nutritional supplements for adults to be added to the CD&D pages of NECS website.**

4b Diabetes Guideline – updated
An updated version of the County Durham & Darlington Diabetes Prescribing Guideline was presented to and approved by the group.

ACTION:

- **GM to arrange for the updated diabetes guideline to be added to the CD&D pages of NECS website.**

4c Letrozole and DEXA Scans Guidance
The final version of the local pathway containing advice about the ordering of DEXA scans and who is responsible for this in relation to the prescribing of letrozole was circulated to the group for information.

The APC noted that Letrozole is now used on some patients > 5 years at which point they are

not on follow-up with secondary care, so these patient will need to be managed by primary care after this point.

4d Algorithm for the Management of Chronic Constipation

An Algorithm for the Management of Chronic Constipation that has been developed by CDDFT and approved by CSTC was presented to the group.
The APC noted that all the drugs within in were include as per their current formulary recommendations.
The APC approved the algorithm with an amendment to stop all additional laxatives before using newer agents.

ACTION:

- **BW to amend pathway to include stopping all additional laxatives before using newer agents**
- **GM to arrange for the updated Algorithm for the Management of Chronic Constipation to be added to the CD&D pages of NECS website.**

4e Choice of PCSK9 Inhibitor

An update to the regional FATS7 cholesterol lowering guidelines has been approved by NTAG which specifies when a PCSK9 Inhibitor can be prescribed.
The group noted that the updated pathway includes the use of rosuvastatin and this is already included within the CD&D Formulary as a GREEN ALTERNATIVE drug.
Both the currently available PCSK9 inhibitors have NICE approval and are already included in the CD&D Formulary as RED drugs. They are both only available via homecare.
The APC agreed that if there were no other patient factors to be considered then PCSK9 inhibitor with the lowest acquisition costs will generally be preferred.

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes August 2016
For information.

5b Formulary Amendments Post-October 2016 FSG Meeting
For information.

5c TEWV D&T Minutes July 2016
For information.

5d CD&D FT Clinical Standards and Therapeutics Committee August 2016 Minutes
Not yet available.

5e CD&D D&T CAG August 2016 Minutes
Not yet available.

5f High Cost Drugs Group Minutes July 2016
Not yet available.

5g NTAG Minutes April 2016
For information.

5h RDTC Horizon scanning – September & October 2016
For information.

5i MHRA Drug Safety Update – September & October 2016
For information.

5j NICE NG5 Medicines Optimisation Subgroup Minutes
Not yet available.

5k AHSN Medicines Optimisation Steering Group Minutes
Not yet available.

5l NTAG Annual Report April 2016
For information.

Chairman's Action
Nil

Any Other Business

Retigabine (Trobalt®) product withdrawal
In September 2016, an important communication was sent to professionals who specialise in the treatment of epilepsy to inform them of the withdrawal of retigabine (Trobalt®) from the market in June 2017. This product is being discontinued because of limited and declining use.
The letter outlines advice for healthcare providers to begin seeking alternative treatment for affected patients, and to withdraw treatment with a gradual dose reduction over at least 3 weeks. No new patients should start retigabine treatment.
Retigabine (Trobalt®) is indicated as adjunctive treatment of drug-resistant partial onset seizures with or without secondary generalization in patients aged 18 years or older with epilepsy, where other appropriate combinations with other medicinal products have proved inadequate or have not been tolerated.
Practices are advised to search for patients who are currently receiving prescriptions for retigabine and plan their alternative treatment, consulting with secondary care clinicians as appropriate.

Magnesium Supplements
Concerns were expressed regarding the increasing use of magnesium supplements within primary care. Local prescribing data appears to suggest this may be a North Durham issue. The need for a guideline for primary care was discussed. It was agreed to highlight in the bulletin to primary care that the use of Magnesium supplements should be short-term, and no need for routine testing of magnesium with using a PPI.

ACTION:
- **KH to highlight in the bulletin to primary care that the use of Magnesium supplements should be short-term, and no need for routine testing of magnesium with using a PPI.**

Date and time of next meeting:
Thursday 5th January 2017 11.30am – 2.30pm
Board Room, North Durham CCG, Rivergreen, Aykley Heads, Durham