# County Durham and Darlington Area Prescribing Committee

**Thursday 8th September 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
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Graeme Kirkpatrick, Chief Pharmacist, CD&DFT
Chris Williams, Chief Pharmacist, TEWV FT
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Rob Pitt, LPC representative
Melanie Robinson, Non-medical Prescriber, DDES CCG
Brewis Henderson, Patient Representative
Chris Cunnington-Shore, Patient Representative

## In attendance

Nil.

The meeting was not quorate as no secondary care clinician was present All decisions taken will required ratification from members not present prior to actions being agreed

**Part 1 (11.30)**

**1a Apologies for absence:**
Mike Leonard, Ingrid Whitton, Shafie Kamaruddin, Paul Walker

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

The group discussed the new guidance from NHS England around Declarations of Interest and Decision Making Committees. It was noted that all conflicts of interest should be emailed to the chair and professional secretary prior to each meeting once the membership have had sight of the agenda. If a member does have a conflict of interest then they will be expected to leave the room when discussions take place. It was also agreed that the wording used in the example minute template would now be used.
The APC Professional Secretary will also check the ABPI website prior to each meeting to check for any potential conflicts of interest relating to the meeting agenda and highlight these to the chair.

**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 Annual Declaration of Interest Forms**

Members were reminded annual declarations of interest forms were now due and of the need to declare any interest in relation to individual agenda items at the start of each meeting; this includes any hospitality received from the pharma industry.

**ACTION:**

- **Members to complete and return an annual declaration of interest form to the professional secretary by the 30th September 2016.**

**1c Minutes of the previous APC meeting held 7th July 2016**

The minutes were accepted as a true and accurate record.

**1d Matters Arising/Action Log**

**Actions from July 2016 meeting not on the agenda or action log**

Transanal Irrigation

The question of how best transanal irrigation is prescribed or purchased for the local healthcare economy still requires some further work. The RDTC have been asked to provide some prescribing data for primary care on current prescribing for the next APC meeting.

**Action Log**

Food Supplement Contracting Issues

On today's agenda for discussion. Dieticians have been contacted to progress updating the pathway.

Analgesia Formulary Choices

Dr Laird and Dr Roscoe have indicated that would like to be involved in developing some local guidelines to cover prescribing in North Durham, Darlington and DDES CCGs. JS will contact them to take this work forward.

TEWV Transfer of Prescribing Guideline

Document to be finally approved at Sept 2016 TEWV D&T after which it will be added to APC website.

TEWV GP advisor has been invited to attend Nov 2016 APC to discuss communication in general with GPs across the interface.

Stopping Over-Medication in People with Learning Disabilities

Data on potential number of patients that will require review in primary care has been collected and shared with Aug 2016 D&T CAG. The data will also be shared with TEWV. It was agreed that a Task and Finish group be formed to sort out issues around how identified patients should be reviewed either by GP, TEWV or with TEWV support to primary care.

e-Voke Electronic Cigarette Briefing Paper for GPs

Paper has now been updated with suggested changes and circulated within primary care. ITEM NOW CLOSED.

Sacubitril/Valsartan

Updated CD&D Drug Monitoring Guideline on today's agenda for approval. ITEM NOW CLOSED.

Ciclosporin Eye Drops
Information leaflet for GPs to support Green+ status on today's agenda for approval. ITEM NOW CLOSED.

CD&D APC Guideline Template
Has been updated with suggested changes and added to APC website. ITEM NOW CLOSED.

FATS7 Guideline
Has been updated with suggested changes and added to APC website. ITEM NOW CLOSED.

Glucose Monitoring Guideline
Updated CD&D Blood Glucose Monitoring Guideline on today's agenda for discussion

**Historic Actions**

Subcutaneous methotrexate
No further progress. Issue remains with commissioners to take forward. The APC noted that the current service is not providing a good service for patients, and it was agreed any issues need to be reported via SIRMS.

Neuropathic pain audit
CDDFT have met with their clinicians and have produced a guideline for use in rib fracture. It was agreed to pick up prescribing issues in this therapeutic area under the Analgesia Formulary choices workstream. ITEM NOW CLOSED.

Letrozole and DEXA scans
GK to bring final MDT approved guideline to Nov 2016 APC for information as required update to include 10 year review of patients.

Camcolit 250® brand name change
Audit in primary care to scope how many patients are currently receiving lithium outside of current shared care guidelines has now been completed and the data will be shared with TEWV. 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. Noted that Dr Shafie Kamaruddin is now the new chair of CSTC and now receives the APC papers.

Use of patient decision aids to discuss anticoagulant choice
Discussed at August 2016 FSG and noted that CDDFT are currently developing a PDA for this but in the interim care using the NICE PDA.

Osteoporosis Guideline
Regional guideline now in development but no further information available at this stage.

Guanfacine
Shared care guideline will be coming to November 2016 APC for approval.

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 express 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. The need to check advice on dose being given to nursing homes by reps and confirm what is the correct dose with SALT team was agreed.

DVT Pathway – minor change
Updated pathway now available on APC website. ITEM NOW CLOSED.

**Part 2 – Mental Health (12.00)**

**2a TEWV Drug & Therapeutics Committee Feedback – July 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:

- Lithium Register – in addition following a recent patient safety incident an RCA is underway around the management of missed lithium blood tests.
- Paliperidone 3 monthly preparation – a new 3 monthly depot injection is paliperidone is now available. The FSG felt a full formulary application was not required as new presentation of an existing formulary drug which is NTAG approved. The TEWW D&T will consider its formulary status once advice from the SMC is available.

**Part 3 – General (12.30)**

**3a Appeals against previous APC decisions**
None received.

**3b Update from Formulary Subgroup for September 2016 APC**
This was presented to the group and the following actions were taken by the APC:

Formulary Updates since July 2016 APC for approval including RAG changes
Approved with suggested changes to RAG recommendation as follows:

| NICE Topic Decision | Date Issued | Formulary status | Action taken following August 2016 FSG meeting |
|---|---|---|---|
| **NG48 Oral health for adults in care homes** | 27.7.2016 | n/a | Suggest No action required as no specific drug recommendations |
| **NG49 Non-alcoholic fatty liver disease (NAFLD): assessment and management**<br><br>1.4.1 In secondary or tertiary care settings only, consider pioglitazone[1] or vitamin E[2] for adults with advanced liver fibrosis, whether they have diabetes or not.<br>1.4.2 Before prescribing pioglitazone or vitamin E to adults, take into account any comorbidities that they have and the risk of adverse events associated with these conditions.<br>1.4.3 In tertiary care settings only, consider vitamin E for children with advanced liver fibrosis, whether they have diabetes or not.<br>1.4.4 In secondary or tertiary care settings only, consider vitamin E for young people with advanced liver | 27.7.2016 | Pioglitazone listed in 6.1.2.3 as Green+<br><br>Vit E listed in 9.6.5 as Green | Suggest No action required as no implications for formulary drug choice |

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| fibrosis, whether they have diabetes or not.<br>1.4.5 Offer to retest people with advanced liver fibrosis 2 years after they start a new pharmacological therapy to assess whether treatment is effective.<br>1.4.6 Consider using the ELF test to assess whether pharmacological therapy is effective.<br>1.4.7 If an adult's ELF test score has risen, stop either vitamin E or pioglitazone and consider switching to the other pharmacological therapy.<br>1.4.8 If a child or young person's ELF test score has risen, stop vitamin E. | | | |
| **NG50 Cirrhosis in over 16s: assessment and management** | 27.7.2016 | n/a | Suggest No action required as no specific drug recommendations |
| **NG51 Sepsis: recognition, diagnosis and early management** | 27.7.2016 | n/a | Suggest No action required as no specific drug recommendations |
| **NG52 Non-Hodgkin's lymphoma: diagnosis and management** | 27.7.2016 | All listed in in chapter 8 | Suggest No action required as no implications for formulary drug choice |
| **TA392 Adalimumab for treating moderate to severe hidradenitis suppurativa**<br><br>Adalimumab is recommended, within its marketing authorisation, as an option for treating active moderate to severe hidradenitis suppurativa in adults whose disease has not responded to conventional systemic therapy. The drug is recommended only if the company provides it at the price agreed in the patient access scheme.<br><br>Assess the response to adalimumab after 12 weeks of treatment, and only continue if there is clear evidence of response, defined as:<br>• a reduction of 25% or more in the total abscess and inflammatory nodule count and<br>• no increase in abscesses and draining fistulas. | 22.6.2016 | Listed as RED in chapter 13.5.3 | Suggest No action required except to add link to formulary. |
| **TA393 Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia**<br><br>Alirocumab is recommended as an option for treating primary | 22.6.2016 | Listed as NOT APPROVED in chapter 2.12 | Suggest change formulary status to RED and add link to formulary. |

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| hypercholesterolaemia or mixed dyslipidaemia, only if:<br><br>• Low-density lipoprotein concentrations are persistently above the thresholds specified in table 1 despite maximal tolerated lipid-lowering therapy. That is, either the maximum dose has been reached or further titration is limited by intolerance (as defined in NICE's guideline on familial hypercholesterolaemia: identification and management).<br>• The company provides alirocumab with the discount agreed in the patient access scheme. | | | |
| **TA394 Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia**<br><br>Evolocumab is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia, only if:<br><br>• The dosage is 140 mg every 2 weeks.<br>• Low-density lipoprotein concentrations are persistently above the thresholds specified in table 1 despite maximal tolerated lipid-lowering therapy. That is, either the maximum dose has been reached, or further titration is limited by intolerance (as defined in NICE's guideline on familial hypercholesterolaemia).<br>• The company provides evolocumab with the discount agreed in the patient access scheme. | 22.6.2016 | Listed as NOT APPROVED in chapter 2.12 | Suggest change formulary status to RED and add link to formulary. |
| **TA395 Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer**<br><br>Ceritinib is recommended, within its marketing authorisation, as an option for treating advanced anaplastic lymphoma kinase positive non-small-cell lung cancer in adults who have previously had crizotinib. The drug is recommended only if the | 22.6.2016 | Not listed in chapter 8 | Suggest add to formulary as a RED drug and include link. |

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| company provides it with the discount agreed in the patient access scheme. | | | |
| **TA396 Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma**<br><br>Trametinib in combination with dabrafenib is recommended, within its marketing authorisation, as an option for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation only when the company provides trametinib and dabrafenib with the discounts agreed in the patient access schemes. | 22.6.2016 | Not listed in chapter 8 | Suggest add to formulary as a RED drug and include link. |
| **TA397 Belimumab for treating active autoantibody-positive systemic lupus erythematosus**<br><br>Belimumab is recommended as an option as add-on treatment for active autoantibody-positive systemic lupus erythematosus in adults only if all of the following apply:<br>• There is evidence for serological disease activity (defined as positive anti-double-stranded DNA and low complement) and a Safety of Estrogen in Lupus National Assessment – Systemic Lupus Erythematosus Disease Activity Index (SELENA-SLEDAI) score of greater than or equal to 10 despite standard treatment.<br>• Treatment with belimumab is continued beyond 24 weeks only if the SELENA-SLEDAI score has improved by 4 points or more.<br>• The company provides belimumab with the discount agreed in the patient access scheme.<br>• Under the conditions for data collection, monitoring, patient eligibility and consent, ongoing treatment, cost to the NHS, and review by NICE as laid out in sections 5 and 6 of this document. | 22.6.2016 | Listed as NOT APPROVED in chapter 10.1.3 | Suggest change formulary status to RED for this indication only and add link to formulary. |
| **TA398 Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation**<br>Lumacaftor–ivacaftor is not | 27.7.2016 | Not listed in chapter 3.7 | Suggest add to formulary as a NOT APPROVED drug and include link. |

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| recommended, within its marketing authorisation, for treating cystic fibrosis in people 12 years and older who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. | | | |
| **TA399 Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts**<br>Azacitidine is not recommended, within its marketing authorisation, for treating acute myeloid leukaemia with more than 30% bone marrow blasts in people of 65 years or older who are not eligible for haematopoietic stem cell transplant. | | Listed as RED in chapter 8.1.3 | Suggest add a link to say not approved for this indication. |
| **TA400 Nivolumab in combination with ipilimumab for treating advanced melanoma**<br>Nivolumab in combination with ipilimumab is recommended, within its marketing authorisation, as an option for treating advanced (unresectable or metastatic) melanoma in adults, only when the company provides ipilimumab with the discount agreed in the patient access scheme. | | Listed as RED in chapter 8.2.4 | Suggest No action required except to add link to formulary. |
| **HST3 Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene**<br><br>Ataluren, within its marketing authorisation, is recommended for treating Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene in people aged 5 years and older who can walk, only when:<br>• the company provides ataluren with the discount agreed in the patient access scheme<br>• the conditions under which ataluren is made available are set out in the managed access agreement between the company and NHS England, which should include the conditions set out in sections 5.12–5.15 and 5.23 of this guidance | | Not listed in chapter 10.2 | Suggest add to formulary as a RED drug and include link.<br><br>(NHSE PBR excluded drug) |
| **MHRA Drug safety advice** | **Date Issued** | **Formulary status** | **Action taken following August 2016 FSG meeting** |
| **Canagliflozin (Invokana▼, Vokanamet▼): signal of increased risk of lower extremity amputations** | June 2016 | Listed in section 6.1.2.3 as a Green alt drug | Suggest no action required except to add link to formulary |

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| **observed in trial in high cardiovascular risk patients**<br>A signal of increased lower limb amputation (primarily of the toe) in people taking canagliflozin compared with placebo in a clinical trial in high cardiovascular risk patients is currently under investigation. | | | |
| **Nexplanon (etonogestrel) contraceptive implants: reports of device in vasculature and lung**<br>There have been rare reports of Nexplanon implants having reached the lung via the pulmonary artery. | June 2016 | Listed in section 7.3.2.2 as a Green drug | Suggest no action required except to add link to formulary |
| **Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin**<br>In view of reports of serious bleeding events in patients taking miconazole and warfarin, we are considering further measures to minimise the risk of potentially serious interactions between miconazole and warfarin. | June 2016 | Listed in section 12.3.2 as a Green drug | Suggest no action required except to add link to formulary |
| **Warfarin: reports of calciphylaxis**<br>Calciphylaxis is a very rare but serious condition causing vascular calcification and skin necrosis. | July 2016 | Listed in section 2.8.2 as a Green drug | Suggest no action required except to add link to formulary |
| **Citalopram: suspected drug interaction with cocaine; prescribers should consider enquiring about illicit drug use**<br>Possible illicit drug use should be considered when prescribing medicines that have the potential to interact adversely | July 2016 | Listed in section 4.3.3 as a Green drug | Suggest no action required except to add link to formulary |
| **N-acetylcysteine: risk of false-low biochemistry test results due to interference with Siemens assays**<br>N-acetylcysteine may interfere with assays from Siemens ADVIA Chemistry and Dimension/Dimension Vista instruments, leading to false-low biochemistry test results. | July 2016 | Not listed in formulary | Suggest no action required |
| **Letters sent to healthcare professionals in May 2016**<br>A summary of letters sent to healthcare professionals in May 2016 to inform of safety for:<br>• Nexplanon (etonogestrel) implants have been found rarely in the vasculature and lung: an update regarding possible risks and complications regarding insertion, localisation and removal<br>• ERWINASE: notice of special handling instructions—vials of ERWINASE from batch 174g | May 2016 | Not listed in formulary | Suggest no action required. |

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| should be used with a 5-micron filter needle (ERWINASE letter to healthcare professionals May 2016) | | | |
| **Letters sent to healthcare professionals in June 2016**<br>A summary of letters sent to healthcare professionals in June 2016 to inform of safety for:<br>• Thalidomide Celgene: risks of viral reactivation and pulmonary hypertension associated with Thalidomide Celgene | June 2016 | Listed in section 8.2.4 as a RED drug | Suggest no action required except to add link to formulary |
| **NTAG recommendation** | **Date Issued** | **Formulary status** | **Action taken following August 2016 FSG meeting** |
| Those issued in April 2016 have already been to APC. | | | |
| **Requested formulary amendments** | **BNF Chapter** | **Reasoning** | **Action taken following August 2016 FSG meeting** |
| Alendronate 70mg effervescent tablets | | Not to add to formulary to prevent risk of dispensing/prescribing errors. Also 30x cost of generic alendronate with the same cautions and contra-indications. | Suggest be classed as "NOT APPROVED". |
| **Request for removal of a drug from the formulary** | **BNF Chapter** | **Reasoning** | **Action taken following August 2016 FSG meeting** |
| None | | | |

**ACTION:**

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

**3c New Drug Applications**

Grazax

A new drug application for Grazax was presented to and approved by CTSC as it has implications for secondary care only. It is expected to be prescribed to 5-6 patients per year.

It was agreed that should be classed as a RED drug to be used to be used for treatment of paediatric patients with severe grass pollen allergy who have not responded to standard treatment.

**ACTION:**

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

Sufentanil Sublingual

A new drug application for Sufentanil Sublingual was presented to and approved by CTSC as part of a time-limited evaluation of the product by CDDFT.

It was agreed that should be classed as a RED drug.

**ACTION:**

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

**3d Do Not Prescribe List**

A draft of Do Not Prescribe List presented the group.

The APC has not had a DNP/List for a number of years but due to financial situation of CCGs is asked considering reinstating. It lists medicines been deemed not suitable for prescribing for adults and children in primary or secondary care within County Durham and Darlington. This list includes all medicines classified in the BNF as 'not NHS' or that are considered by the 'Joint Formulary Committee' of the British National Formulary (BNF) as less suitable for prescribing. It also includes those medicines included within the NICE "Do not do" list and PrescQIPP DROP 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 individual patient basis of clinically appropriate.

Any items for future consideration for the list should be submitted to the CD&D Formulary Subgroup.

DNP list drugs will appear in the formulary as "NOT APPROVED".

A Grey List will also be developed. 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.

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

- Remove Co-codamol preparations from the list

**ACTION:**

- **GM to arrange for final version of the Do Not Prescribe List to be added to CD&D pages of NECS website, and to update the formulary website accordingly.**
- **GK to take document to CSTC to get secondary care input.**
- **JS to review the place in therapy of tadalafil once daily with Sunderland CCG.**

**3e Formulary Subgroup Terms of Reference**

The FSG Terms of Reference were reviewed approved by the group for a further 12 months with the addition of consideration of availability of a patient decision aid when reviewing a new formulary application/change to the formulary.

**ACTION:**

- **GM to arrange for document to be added to CD&D pages of NECS website.**

**3f Patient Decision Aids**

Following previous discussions at the APC around Patient Decision Aids and the NICE NG5 guideline on medicines optimisation the FSG have produced a document to go on the APC website to highlight what patient decision aids are available nationally.
This document was approved by the group with the following changes:

- Addition of link to Option Grid website
- Re-formatting of document to highlight where to find Patient Decisions Aids, highlight some key decision aids (e.g. AF, diabetes), and then appendix of all decision aids that are available.

The list will be reviewed on an annual basis.

**ACTION:**

- **GM to publish final version of resource on APC website and add link to it at start of each formulary chapter.**

**3g Formulary Chapter 14 – updated**

The APC approved an updated version of Chapter 14 of the formulary which highlights which the vaccines that are not available on the NHS in primary care (e.g. for travel or occupational health use)

**ACTION:**

- **GM to update the online formulary with updated version of Chapter 14 once statement about occupational health use added.**

**3h Shared Care Guidelines for Approval**

None received this month.

**3i NTAG Update**

No update as June 2016 meeting was cancelled.
The September 2016 reviewed eluxadoline, ferric maltol and Freestyle Libre. Recommendations on these will be posted on the website shortly.

**3j CDDFT Update September 2016**

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

**3k Regional Medicines Optimisation Committee Consultation**

The APC discussed the consultation paper on the formation of the new national Regional Medicines Optimisation Committees in England.
APC discussed and approved the response to the consultation that has been prepared on its behalf with some suggested changes/additions.

**ACTION:**

- **To finalise response to consultation on behalf of APC by 16th September 2016 based on comments received during APC meeting.**
- **To circulate submitted response on behalf of APC to APC members for information.**

**3l Drug Monitoring Guideline – updated**

The current drug monitoring guideline has been updated as follows:

- APC's request to add sacubitril valsartan
- Comments made around suitability of blood glucose testing for patients taking thiazide and related diuretics
- A mistake pointed out with respect to dosing of Apixaban in renal impairment

The APC approved the updates to the current CD&D APC Drug Monitoring Guideline.

**ACTION:**

- **DN to arrange for updated version of the Drug Monitoring Guideline to be added to CD&D pages of NECS website.**

**Part 4 – Physical Health (13.30)**

**4a Glucose Monitoring Guideline**

The CD&D APC Self-monitoring of blood glucose guideline has been updated to reflect the latest NICE guidance. It was agreed to delay discussion/approval until the November 2016 APC allow for consultation with the Diabetes CAG.
The Diabetes CAG will also be asked to review the current test strips and meters that are used

locally.

**ACTION:**

- **KH to seek views of Diabetes CAG prior to Nov 2015 APC.**

**4b Letrozole and DEXA Scans Guidance**
Item deferred until November 2016 APC meeting.

**4b Ciclosporin Eye Drops – Green+ Information Leaflet**
A draft of a Green+ Drug Information Leaflet for ciclosporin eye drops to support implementation of NICE TA369 for treating dry eye disease that has not improved despite treatment with artificial tears was presented to and approved by the group.

**ACTION:**

- **GM to arrange for final version of Ciclosporin Eye Drops Green+ Information Leaflet to be added to CD&D pages of NECS website.**

**4b Nutritional Supplements and the Impact on the Existing Enteral Feeds Contract**
The APC agreed with the way forward suggested by the CCGs and the current care pathway for the prescribing of nutritional supplements for adults in County Durham & Darlington will be is altered to simply state powdered shakes.
All products will be listed in price order with the least expensive first on the date the document was published.

**ACTION:**

- **DN to update Primary care pathway in interim prior to re-procurement next year.**

**Part 5 – Standing items (for information only)**

**5a Formulary Steering Group Minutes June 2016**
For information.

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

**5c TEWV D&T Minutes May 2016**
For information.

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

**5e CD&D D&T CAG June 2016 Minutes**
For information.

**5f Diabetes Prescribing Group Minutes June 2016**
For information.

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

**5h NTAG Minutes April 2016**
Not yet available.

**5i RDTC Horizon scanning – July & August 2016**
For information.

**5j MHRA Drug Safety Update – July & August 2016**
For information.

**5k NICE NG5 Medicines Optimisation Subgroup Minutes – June 2016**
For information.

**5l AHSN Medicines Optimisation Steering Group Minutes**
Not yet available.

**5m CD&D APC Meeting Dates 2017**
For information.

**Chairman's Action**
Nil

**Any Other Business**
High Cost Drugs Subgroup
The subgroup will now meet regularly rather than being a time-limited group to build on the work that has already been achieved. Its term of reference will updated to reflect and will also include meeting with key industry representatives on behalf of stakeholder organisations.

NOAC Choice in County Durham & Darlington
The choice of NOACs locally will be discussed at the next formulary subgroup meeting. All the NOACs are available on the formulary as per NICE recommendations.

PGD for Emergency Contraception
It appears that the current CDDFT PGD is also being used by some community pharmacies and this raises some governance issues.

Hylo Range of Eye Drops
The APC would like to remind prescribers that the hylo range of eye drops are currently non-formulary. It noted that some patients may present at the GP requesting they be prescribed as received a sample during an optician visit. CDDFT have reminded their clinicians that all request to use samples must be approved by the Trust Pharmacy department.

**Date and time of next meeting:**
Thursday 3rd November 2016 11.30am – 2.30pm
Board Room, Appleton House, Lanchester Road Hospital