County Durham and Darlington Area Prescribing Committee

Thursday 5th January 2017
11.30am – 2.30pm
Board Room, North Durham CCG, Rivergreen, Aykley Heads, Durham

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (chair)
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
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
Graeme Kirkpatrick, Chief Pharmacist, CD&DFT
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Chris Cunnington-Shore, Patient Representative
Mike Leonard , Directorate Pharmacist, TEWVFT
Dr Shafie Kamaruddin, Consultant, CD&D FT
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG

In attendance

Elizabeth Okpara, RDTC Pharmacist
Brett Lambert, TEWVFT – for item 2b
Dr Neil Munro, CDDFT – for item 4a

The meeting was quorate.

Part 1 (11.30)

1a Apologies for absence:
Melanie Robinson, Sarah McGeorge, Paul Walker, Brewis Henderson

1b Declarations of Interest

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 November 2016
The minutes were accepted as a true and accurate record with the addition of the action to promote the TEWV Safe Transfer of Prescribing document to clinicians with TEWFT under item 2d.

1d Matters Arising/Action Log

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

Action Log

ADHD Treatment Algorithm
Final version is in the process of being added to the website. ITEM NOW CLOSED.

TEWV Safe Transfer of Prescribing Document
Final version has now been published on website. ITEM NOW CLOSED.

Degarelix NICE TA
Confirmed that all CD&D CCGs have signed up to degarelix rebate scheme. ITEM NOW CLOSED.

NOAC Choice in County Durham & Darlington
Instead of producing a separate patient decision aid for DOACs the existing PDA vs warfarin is being amended and final draft will be circulated once available.

Grey List
Final version has now been published on website and formulary updated.

Transanal Irrigation
It has been suggested that an information sheet for GPs on how to prescribe. There has also been some email correspondence around funding between the chair and CDDFT.
It was agreed that the chair would progress with Prof Yiannakou and Dr Cundall.

ACTION:

- **ID to discuss funding for and need for information sheet for GPs on how to prescribe transanal irrigation with Prof Yiannakou and Dr Cundall.**

CDDFT Update September 2016
CDDFT nausea & vomiting in pregnancy guideline is now going to February 2017 D&T CAG meeting.

Changes to the NRT Voucher Scheme from 1st April 2017
Wording agreed to update the formulary as of 1st April 2017. ITEM NOW CLOSED.
Darlington are tendering for a new stop smoking service next year and so will be developing a new formulary in conjunction with new provider. ITEM NOW CLOSED.

Nutritional Supplements Pathway – updated
Final version has now been published on website. ITEM NOW CLOSED.

Diabetes Guideline – updated
Final version has now been published on website. ITEM NOW CLOSED.

Algorithm for the Management of Chronic Constipation.
Final version has now been published on website. Noted that not all additional laxatives are stopped by specialist before using newer agents. ITEM NOW CLOSED.

Magnesium Supplements
A guideline for primary is currently in development and is going to February 2017 D&T CAG meeting for discussion.

Historic Actions

Subcutaneous methotrexate

There has been no further update from the Contracting Team on this workstream since Oct 2016, and also some confusion around which model of care Contracting are trying to progress.

ACTION:

- **ID/JS/KH to pick up issue with contracting team to progress+**

CDDFT Representatives to APC

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

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, hopefully for discussion/approval at March 2017 APC.

Guanfacine

Shared care guideline is still in development and aiming for approval at March 2017 APC.

Nutilis Clear Thickener

The information sheet for GPs on how to switch patients to Nutilis Clear and quantities to prescribe has now been completed and circulated to primary care. ITEM NOW CLOSED

Concerns were expressed at Sept 2016 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. There have been no further reports of any issues and the group agreed this action could now be closed as we now have local information sheet for GPs/primary care available. ITWM NOW CLOSED.

Ciclosporin Eye Drops

Six month prescribing data within CD&D was presented to the group, who were reassured that product was being used appropriately. A full year of prescribing data will be presented to APC in a further 6 month's time.

TEWV Transfer of Prescribing Guideline

TEWV GP advisor representative is attending January 2017 APC. ITEM NOW CLOSED.

Analgesia Formulary Choices

Task & Finish Group still to be formed as of Dec 2016 with pain consultants to produce some local guidance on use of strong opioids and lidocaine patches. It is hoped a meeting in January 2017 will be held to progress.

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.

Do Not Prescribe List – Tadalafil once daily

It has been confirmed that Sunderland Urology do not have a written guideline for use of tadalafil once daily and that it is not on the formulary in Sunderland or Tees.

The group also noted that NICE do not recommend its use in benign prostatic hyperplasia solely for the purpose of treating lower urinary tract symptoms unless use is part of a clinical trial.

For other indications (e.g. erectile dysfunction, use after radical prostatectomy) a bulletin form PrescQIPP recommends the use of the PDE5 inhibitor with the lowest acquisition cost (e.g. generic sildenafil).
After discussion the group agreed that an audit of the indication for which tadalafil once daily is being used for within primary care was required, and that the D&T CAG should discuss at its next meeting with a view to producing some guidance for GPs on how to manage these patients and challenge inappropriate requests to prescribe from secondary care.

ACTION:

- **JS/KS/DN to audit the indication for prescribing tadalafil once daily within primary care.**
- **D&T CAG to discuss issue at Feb 2017 meeting with a view to producing some guidance for GPs on how to manage these patients and challenge inappropriate requests to prescribe from secondary care.**

Drug Monitoring Guideline – updated
NECS working on ensuring document as appropriate version control.

Part 2 – Mental Health (12.00)

2a TEWV Drug & Therapeutics Committee Feedback – November 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 – the preferred brand of lithium liquid locally is Priadel®.
- Melatonin is not approved for use within TEWVFT for the management of primary insomnia in adults.
- Psychotropic Drug Monitoring Guidance – currently in development and suggested goes to Feb 2017 D&T CAG for consultation with primary care.

2b TEWV GP Advisor

Brett Lambert gave a verbal update to the group on the TEWVFT projects around communications between TEWV and GPs.
There are two ongoing workstreams:

1. Referrals in – TEWV are working on some templates that are compatible with GP systems for GPs to use when referring in patients. These are to be piloted in the Tees area from Jan 2017. Currently have four templates (children, adult, learning disability and older people) but hoping to move to one standard template with some sections that differ based on what type of referral it is.
2. Written communication from TEWV to GPs – this has two strands to it:
   a) Electronic discharge letters – this is already being used for inpatients and now suing for outpatients too.
   b) Assessment letters + Review letters – currently unable to send these electronically but looking to do so from approx. July 2017. It was acknowledged that there is some staff training and work to be done around the content plus layout of these letters to make them more user friendly for GPs. It was suggested that the Action for GPs section should appear near the top of the letter. It is hoped this area of work can be progressed from July 2017 onwards but they final version/solution may not be available till the end of 2017.

ACTION:

- **CW to bring update on TEWV project on communications with GPs to Sept 2017 APC e.g. assessment letters, review letters, referral templates**
- **TEWV GP Advisor to attend Nov 2017 APC with a further update on the project and to answer any questions from GPs.**
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2c ADHD Treatment Algorithm (final)
Circulated to members for information only.

2d Quetiapine XL Guidelines (final)
Circulated to members for information only. The guideline only covers initiation of therapy and has been put together to support the PrescQIPP indicator to ensure the safe, cost-effective prescribing of quetiapine.

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

2e SBARD on Lithium Monitoring (updated)
An updated version of the SBARD on Lithium Monitoring produced by TEWV was presented to the group for information.
It was agreed after discussion to await the outcome of a report into a significant incidence that has occurred within primary locally before any further actions taken locally within primary care.

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

Part 3 – General (12.30)

3a Appeals against previous APC decisions
None received.

3b Update from Formulary Subgroup for January 2017 APC
This was presented to the group and the following actions were taken by the APC:

Formulary Updates since November 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 December 2016 FSG meeting
TA413 Elbasvir–grazoprevir for treating chronic hep C Elbasvir–grazoprevir is recommended, within its marketing authorisation, as an option for treating genotype 1 or 4 chronic hepatitis C in adults, as specified in table 1, only if the company provides the drug at the same price or lower than that agreed with the Commercial Medicines Unit.	26.10.2016	Not listed in Chapter 5.3.3	Suggest add to formulary as a RED drug and include a link.
TA414 Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma Cobimetinib in combination with vemurafenib is not recommended within its marketing authorisation for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation.	26.10.2016	Not listed in Chapter 8	Suggest add to formulary as a NOT APPROVED drug and include a link.
TA415 Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor 1.1 Certolizumab pegol, in combination with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has	26.10.2016	Listed as RED drug in Chapter 10.1.3	Suggest no action required except to add link.

responded inadequately to, or who cannot tolerate, other disease-modifying antirheumatic drugs (DMARDs) including at least 1 tumour necrosis factor-alpha (TNF-alpha) inhibitor, only if: • disease activity is severe and • rituximab is contraindicated or not tolerated and • the company provides certolizumab pegol with the agreed patient access scheme. 1.2 Certolizumab pegol, as monotherapy, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to, or who cannot tolerate, other DMARDs including at least 1 TNF-alpha inhibitor, only if: • disease activity is severe and • rituximab therapy cannot be given because methotrexate is contraindicated or not tolerated and • the company provides certolizumab pegol with the agreed patient access scheme. 1.3 Continue treatment only if there is at least a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months. After an initial response within 6 months, withdraw treatment if at least a moderate EULAR response is not maintained**.**			
TA416 Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer Osimertinib is recommended as an option for use within the Cancer Drugs Fund for treating locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer in adults whose disease has progressed only: • after first-line treatment with an EGFR tyrosine kinase inhibitor and • if the conditions in the managed access agreement for osimertinib are followed.	26.10.2016	Not listed in chapter	Suggest add to formulary as RED drug and include link plus note to say only via CDF.
TA417 Nivolumab for previously treated advanced renal cell carcinoma Nivolumab is recommended, within its marketing authorisation, as an option for previously treated advanced renal cell carcinoma in adults, when the company provides nivolumab with the discount agreed in the patient access scheme.	23.11.2016	Listed as RED in Chapter 8.2.4	Suggest no action required except to add link.
TA418 Dapagliflozin in triple therapy for treating type 2 diabetes Dapagliflozin in a triple therapy regimen is recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and a sulfonylurea.	23.11.2016	Listed as Green alternative in Chapter 6.1.2.3	Suggest no action required except to add link. (N.B. Canagliflozin and Empagliflozin NICE TA allows triple therapy in combination with metformin and a sulfonylurea or a thizolidinedione).
TA419 Apremilast for treating moderate to severe plaque psoriasis Apremilast is recommended as an option for treating	23.11.2016	Listed as NOT APPROVED in Chapter 13.5.3	Change to RED and add link. Remove link to TA368

chronic plaque psoriasis in adults whose disease has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and ultraviolet‑A light), or when these treatments are contraindicated or not tolerated, only if: • the disease is severe, as defined by a total Psoriasis Area Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 • treatment is stopped if the psoriasis has not responded adequately at 16 weeks; an adequate response is defined as: • a 75% reduction in the PASI score (PASI 75) from when treatment started or • a 50% reduction in the PASI score (PASI 50) and a 5‑point reduction in DLQI from start of treatment • the company provides apremilast with the discount agreed in the patient access scheme.			which is superseded by NICE TA419
NG18 Diabetes (type 1 and type 2) in children and young people: diagnosis and management	23.11.2016	n/a	Updated but no changes to drug recommendations. Suggest no action required with regard to the formulary.
CG127 Hypertension in adults: diagnosis and management	23.11.2016	n/a	Updated but no changes to drug recommendations. Suggest no action required with regard to the formulary.
CG155 Psychosis and schizophrenia in children and young people: recognition and management	26.10.2016	n/a	Updated but no changes to drug recommendations. Suggest no action required with regard to the formulary.
MHRA Drug safety advice	**Date Issued**	**Formulary status**	**Action taken following December 2016 FSG meeting**
Etoricoxib (Arcoxia): revised dose recommendation for rheumatoid arthritis and ankylosing spondylitis Prescribing information has been updated to introduce a lower recommended dose of 60 mg daily for patients with rheumatoid arthritis or ankylosing spondylitis	Oct 2016	Not listed in Chapter 10.1.1	Suggest no action required
Brimonidine gel (Mirvaso▼): risk of exacerbation of rosacea Some patients may have exacerbation or rebound symptoms of rosacea.	Nov 2016	Listed as NOT APPROVED in Chapter 13.6.3	Suggest no action required except to add link to formulary
Letters sent to healthcare professionals in September 2016 A summary of letters sent to healthcare professionals in September 2016 to inform of safety for: • Withdrawal of retigabine (Trobalt) from the market in June 2017. • Fosphyenytoin sodium (Pro-Epanutin): medication errors, and off-label use in children younger than age 5 years. See also adult and paediatric dosing	Oct 2016		Suggest add link to retigabine letter only. Levonorgestrel letter was also covered in Sept 2016 DSU as separate article.

aids • levonorgestrel-containing emergency hormonal contraception: interaction with hepatic enzyme inducers • etoricoxib: revised dose recommendation			
Letters sent to healthcare professionals in October 2016 A summary of letters sent to healthcare professionals in August 2016 to inform of safety for: • Flolan (epoprostenol): new thermostable formulation (solvent pH 12) available from October 2016, with differences in storage and administration from previous formulation (pH 10.5) • Teva levothyroxine: reintroduction to market and introduction of new tablet strengths (letter for Clinical Commissioning Groups, and for pharmacists and dispensers); see also further information here • Blincyto▼ (blinatumomab): cases of pancreatitis	Nov 2016		Suggest no action required
NTAG recommendation	**Date Issued**	**Formulary status**	**Action taken following December 2016 FSG meeting**
Nov 2016 meeting recommendations not yet available			

Requested formulary amendments	**Reasoning**	**BNF Chapter**	**Action taken following December 2016 FSG meeting**
Imiquimoid Cream 5%	Is being widely used by dermatology for actinic keratosis and has been for sometime.	13.7	Suggest clarify is RED for warts and add to formulary as Green+ for actinic keratosis.
Request for removal of a drug from the formulary	**Reasoning**	**BNF Chapter**	**Action taken following December 2016 FSG meeting**
None			

ACTION:

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

3c New Drug Applications

Insulin Degludec 100units/ml

A new drug application for Insulin Degludec 100units/ml was presented to and approved by the group.

It was approved for use as follows:
Insulin degludec should be considered as a 3rd line treatment option (2nd line insulin analogue) after treatment with Abasaglar or Lantus/ Levemir in adult patients with either of the following issues:-

- Type 1 diabetes and are currently receiving a long-acting basal insulin analogue with poor blood glucose control.
- Are having recurrent hypoglycaemia despite having already tried on other analogue basal insulin.
- All patients who are being considered for insulin pump therapy should be offered degludec as this may offer significant cost saving if their hypoglycaemia can be

addressed with degludec therapy.
- have experiencing nocturnal hypoglycaemia.
- Those patients presenting with recurrent admissions with DKA due to poor
- compliance and because of the flexibility and long acting nature of the drug may help by
- reducing the risk of DKA and recurrent hospital admission.
    - have blood glucose variability.
    - would medically benefit from the flexibility in dose timing on occasion*, such as
- those with irregular lifestyles or those requiring third-party assistance to administer their insulin

* A minimum of 8 hours between injections should be ensured

Approval requires audit of use after 6 months and 1 year to ensure that use is as per the above criteria – if not then will be removed from formulary.

The application was also supported in this group of patients by CDDFT CSTC.

The 200 unit/ml strength was not approved to avoid prescribing/dispensing errors.

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

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

3d New CD&D Formulary Website

The current CD&D Formulary Website is reaching the end of its lifespan and there is need to switch to a new more sustainable format which will offer some other benefits including links to drug entries in the BNF and Summary of Product Characteristics.
The current website would remain live and fully updated, until such time as the new site was fully populated and ready. Each of the new chapters would be brought to the FSG for approval.

The APC agreed to approve the switch to the new CD&D Formulary Website and associated platform during 2017, and give the Formulary Subgroup delegated authority to enable this switch to occur to enable them to approve any format changes e.g. addition of drug formulations and strengths.

ACTION:
- **Formulary subgroup to develop and launch new CD&D formulary website in 2017.**

3e Shared Care Guidelines for Approval

Lisdexamfetamine

The group discussed a new shared care guideline that has been prepared by TEWV for lisdexamfetamine. Subject to any comments received this will be approved at the January 2017 TEWV D&T meeting.
The APC suggested that the action to be taken by the GP in the event of an adverse drug reaction need some clarification, and subject to this the APC approved the shared care guideline.

ACTION:
- **CW to arrange for final approved version to be forward to APC for information and to be added to CD&D pages of NECS website.**

3f NTAG Update

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

- Qutenza® (capsaicin) cutaneous patch for neuropathic pain – The Northern (NHS)

Treatment Advisory Group does not recommend the use of Qutenza® for neuropathic pain.

- Alfapump® device for ascites due to liver cirrhosis - The Northern (NHS) Treatment Advisory Group recommends the use of Alfapump® for refractory ascites caused by advanced liver disease as recommended by specialists for patients that fulfil the following criteria:
  Those with refractory ascites (due to portal hypertension) with preserved liver synthetic function who has a contra indication to the TIPPS (transjugular intrahepatic portosystemic shunts) procedure and are not suitable for a liver transplant. Patients should have a likely expected survival of >6 months and are likely to be having very regular (every 2 weeks) paracentesis.

The formulary website will be updated accordingly with the recommendation for Qutenza patch. The RAG status of Qutenza patch will a "not approved" RAG status.

ACTION:

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

3g CDDFT Update December 2016

A verbal update on the recent CTSC was presented to the group.

3h Horizon Scanning – Prescribing Outlook Sept 2016

A summary of the national horizon scanning publication Prescribing Outlook 2016 which was published in September 2016 was presented to the group for information
Work between the RDTC and NECS on regional cost predications and impact has been completed is available on the RDTC website.

3i Sacubitril/Valsartan Pathway

A pathway to support the use of and initiation of Sacubitril/Valsartan in line with the NICE TA was presented to and approved by the group.
The APC noted that all dose titration will be done within secondary care.

ACTION:

- **GM to arrange for the Sacubitril/Valsartan pathway to be added to the CD&D pages of NECS website.**

3j Issues with Nursing/Care Homes & Labelling of Medicines

A potential issue with Nursing/Care Homes & Labelling of Medicines was brought to the attention of the APC.
There is some confusion as to what the actual issue is, whether it just relates to the issue of medicines from secondary care, and it affects all Nursing/Care Homes.
There appear to be two issues:

1. Care homes refusing to use over-labelled pre-pack medicines of Pharmacy or GSL medicines issued by secondary care because they do not contain patient-specific dosing instructions on the dispensing label.
2. Care homes refusing to administer any medicines which require a decision on how much to administer and how frequently (e.g. one to two to be taken up to four hourly), because they have untrained staff who require exact instructions on the label of what to administer and when. This second issue may affect both primary and secondary care prescribing.

After discussion it was agreed that need specific examples of issues that have occurred and which care homes are involved, and that the specific issue that has been raised needs clarification. This item should then only return to the APC if a decision is needed.

ACTION:

- **CDDFT to identify some examples of issues that have occurred and which care homes are involved.**

- **CJ to contact local Care Home Group to confirm that the specific issue that has been raised is.**

Part 4 – Physical Health (13.30)

4a COPD Guideline – updated

The updated County Durham & Darlington COPD was presented to and approved by the group for a further 18 months.

The following key changes were noted:

- Tiotropium Drug Powder Inhaler – only via the new Braltus® device
- Tiotropium Respimat – added for use only when patient unable to use the Braltus® device (is the only LAMA available in an MDI type device)
- Antimuscarinic Bronchodilators – removal of Tiotropium Drug Powder Inhaler as 1st choice, all LAMA inhalers now have equal footing with choice being based on the device which the patient can use rather than the drug.
- Tiotropium/Olodaterol Respimat – added so all four available LAMA/LABA combination inhalers now available on the formulary with equal footing and choice being based on the device which the patient can use rather than the drug plus which LAMA device they have used previously. (Is the only LAMA/LABA combination available in an MDI type device).
- Symbicort removed from ICS/LABA combination inhaler choice.
- Fostair NEXThaler added.
- No first choice ICS/LABA combination inhaler anymore.

The group noted that the basic treatment algorithm has not changed and is still in line with current NICE guidance, and that the changes to inhaler choice should result in some cost savings. There has also been a move away from using the higher dose inhaled steroids e.g. fluticasone containing inhalers.

The group also noted the following:

- Current patients on Tiotropium Spiriva Handihaler can be switched to the Braltus device to achieve some further cost savings, and it was suggested this should be done face to face with the patient when they are next due a review.
- Symbicort MDI – should not be used as already have the Fostair MDI on the formulary.
- Current patients on Symbicort can be switched to the Duoresp Sipromax device to achieve some further cost savings, and it was suggested this should be done face to face with the patient when they are next due a review.
- Current COPD patients on Seretide can be switched to one to the formulary choice ICS/LAMA inhalers to achieve some further cost savings, and it was suggested this should be done face to face with the patient when they are next due a review. Current Seretide Accuhaler patients should not be switched to Airfusal Forspiro which is not on the formulary.

ACTION:

- **GM to arrange for the updated COPD guideline to be added to the CD&D pages of NECS website.**
- **GM to update the formulary accordingly with the changes to inhalers.**

4b Anticoagulation Patient Decision Aid – updated

Instead of producing a separate patient decision aid for DOACs the existing PDA vs warfarin is being amended and final draft will be circulated once available**.** This will include dosing information for all the available NICE approved DOACs.

4c Glucose Monitoring Guideline

A final draft of the guideline is currently in progress and it is hoped it can approved at the March 2017 APC together with the updated recommendations on the choice of glucose meters to be used locally.

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes October 2016
For information.

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

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

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

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

5f High Cost Drugs Group Minutes May, July & September 2016
For information.

5g NTAG Minutes September 2016
For information.

5h RDTC Horizon scanning – November & December 2016
For information.

5i MHRA Drug Safety Update – November & December 2016
For information.

5j NICE NG5 Medicines Optimisation Subgroup Minutes
No further meetings of the subgroup been held since June 2016.

5k AHSN Medicines Optimisation Steering Group Minutes – July 2016
For information.

Chairman's Action
Nil

Any Other Business
Regional Medicines Optimisation Committee
A national discussion group on implementing the Regional Medicines Optimisation Committees is being held next week which the chair is attending.

Local NHS Sustainability and Transformation Plan
The group noted that North Durham CCG are part of the Northumberland, Tyne and Wear, and North Durham footprint and DDES+Darlington CCGs are in the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby footprint. CDDFT sit in both STP footprints.
As these STPs progress this may pose some questions as to the future footprint of the County Durham & Darlington APC, but as yet no appetite to change APC in its current form as it works will with all its current stakeholders.

Date and time of next meeting:
Thursday 2nd March 2017 11.30am – 2.30pm
Board Room, Appleton House