

County Durham and Darlington Area Prescribing Committee

Thursday 3rd May 2018

9am – 12noon

Meeting Room 1, Lanchester Road Hospital, Durham

Present

Dr Ian Davidson, Director of Quality & Safety, North Durham CCG (Chair)
Gavin Mankin, RDTA Representative (Professional Secretary)
Dan Newsome, Medicines Optimisation Pharmacist, NECS
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Chris Williams, Chief Pharmacist, TEWV FT
Chris Cunnington-Shore, Patient Representative
Rob Pitt, LPC representative
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Dr Neil Middleton, GP Prescribing Lead, DDES CCG
Dr Esther Sheard, GP Prescribing Lead, North Durham CCG
Sarah McGeorge, Non-Medical Prescriber, TEWVFT
Claire Jones, Public Health Pharmacist, Durham County Council
Beverley Walton, Lead Clinical Pharmacist, CD&DFT

In attendance

Dr Neil Munro – Respiratory Consultant, CDDFT – for item 4e

The meeting was not quorate and all decisions made would need agreement from CDDFT members not present via email post-meeting.

APC members and attendees were reminded to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary, to ensure confidentiality is maintained.

Part 1

1a Apologies for absence:

Joan Sutherland, Jamie Harris, Shafie Kamaruddin, Wolfgang Kuster, Valentia Short, 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:

None declared

1c Minutes of the previous APC meeting held 4th January 2018

The minutes were accepted as a true and accurate record.

The decision summaries of the January 2018 meeting and the decisions taking via email in March 2018 were accepted as a true and accurate record.

1d Matters Arising/Action Log

Actions from January 2018 meeting not on the agenda or action log

Nil

Action Log

Final Anxiety Medication Pathway

Additional information on place of trazadone in adjunct medicines box now added. ITEM NOW CLOSED.

Promazine De-prescribing Guidance

Link has now been added to APC website

NECS circulated report of current prescribing within primary care down to GP practice level. Withdrawal protocol added to local prescribing group agenda in ND for Feb 2018 and DDES for March 2018. ITEM NOW CLOSED.

Update from FSG for January 2018 APC – CG71 – Familial hypercholesterolaemia

Confirmed with Shafie Kamaruddin that there is a Lipid network that will go through this and review the FATS7 guideline. No significant change apart from emphasis and wording for treatment groups. ITEM NOW CLOSED.

Update from FSG for January 2018 APC – NG79 – Sinusitis (acute)

Still too write to Alistair Monk (NECS) to confirm and ask for regional primary care antimicrobial guidelines to be updated to reflect new NICE guidance for sinusitis.

CD&D APC Emollient Prescribing Guideline for Dry Skin Conditions – updated Nov 2017

Completed & on website. ITEM NOW CLOSED.

CD&D Formulary Process – updated

Completed & on website. ITEM NOW CLOSED.

Update to CD&D Drug Monitoring Document – Theophylline

Completed & on website. ITEM NOW CLOSED.

A Consultation on Proposals to Schedule Pregabalin and Gabapentin under the Misuse of Drugs Regulations 2001

Response completed and submitted on behalf of APC. ITEM NOW CLOSED.

Outpatient Prescribing Requests

The current CDDFT Outpatient Treatment Recommendation form is to be reviewed by the Trust in June 2018.

The APC noted the comments and concerns from the LMC.

The Trust is to ask consider of the form is still needed and what other options are there e.g. using FP10HP prescriptions.

Items Which Should Not Be Routinely Prescribed in Primary Care CCG Guidance

Updated CD&D APC DNP/Grey Lists added to website. ITEM NOW CLOSED.

It was agreed no longer necessary to write to urologists highlighting national guidance not to prescribe tadalafil once daily for benign prostatic hyperplasia, and that CD&D DNP list has been updated to reflect this, now that NTAG guidance as also been issued. ITEM NOW CLOSED.

NE&C Guidance for Management of Cow's Milk Allergy – draft for comment

Comments feedback to Dr Shah and final draft for approval awaited. ITEM NOW CLOSED.

Care Pathway for the Prescribing of Nutritional Supplements for Adults in CD&D – updated

Completed & on website. ITEM NOW CLOSED.

IBD Pathway

Has now been discussed and approved by High Cost Drugs Subgroup. The current “pass through approval” paperwork is being reviewed and updated before it comes to APC for final approval.

Atrial Fibrillation Guideline

On today's agenda for discussion.

Antimicrobial Resistance and Performance Locally Against National Targets

Report will be presented to APC in Dec 2018.

New local oversight group is being set up to meet virtually twice a year.

Historic Actions

Subcutaneous methotrexate

A test patient is now in progress and a template for GP computer systems is currently being tested.

CDDFT Representatives to APC

No update available on progress seeking further consultant representation from CDDFT.

Osteoporosis Guideline

To be discussed under AOB.

Ciclosporin Eye Drops

No update required until July 2018.

Accessing Palliative Medicines via the Urgent Care Centre

Paper containing up to date list of drugs required to be stocked by participating pharmacies in CD&D was approved by the APC.

ACTION:

- **DN to send CCG Med Op Team list of participating pharmacies for checking/confirmation.**
- **To send provider management agreed palliative care meds stock list for identified community pharmacies.**
- **To update list of medicines and participating pharmacies on C&D APC website.**

Stopping Over-Medication in People with Learning Disabilities

The STOMP pledge has recently been relaunched and a lead consultant within TEWV has been appointed. The primary care audit is now complete and action plan is being developed with TEWV.

TEWV Communications with GPs – update

Verbal update given on progress to date. The APC noted in future the GP actions will now always appear on the last page of letters from TEWV so can always be found in the same place.

Update to CD&D Drug Monitoring Document – Testosterone

Shared care guideline for testosterone still in development.

Erectile Dysfunction guideline

Completed & on website. ITEM NOW CLOSED.

Green+ Information Leaflet: Noqdirna (desmopression oral lyphilisate)

Completed & on website. ITEM NOW CLOSED.

Bisphosphonates for Breast Cancer

Been passed to Lisa Twigger (NECS) to lead from contracting and Kate Harrington (NECS) as commissioning lead. ITEM NOW CLOSED.

Part 2 – Mental Health

2a **TEWV Drug & Therapeutics Committee Feedback – January 2018 & March 2018**

CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

Key Points:

- De-prescribing guidance for Trimipramine to be approved at next TEWV D&T.
- Dosulepin guidance currently being reviewed and updated.
- Looking at new national guidance on transfer of prescribing and implications for TEWV.
- Electronic prescribing – looking to have system to roll-put possibly by September 2018.

2b **Depression Medication Pathway for Adults**

Circulated for information. This has now been approved by the TEWV D&T and is available on the website.

2c **Algorithm for the pharmacological management of depression in children and young people.**

Circulated for information. This has now been approved by the TEWV D&T and is available on the website.

The APC suggested including a link to the TEWV Safe Transfer of Prescribing Document so that information was available was to when it was reasonable to transfer/share care with GPs.

ACTION:

- **CW to add reference to TEWV Safe Transfer of Prescribing Document.**

2d **TEWV Medicines Optimisation Annual Plain 2018-19**

Circulated for information.

2e **TEWV D&T Terms of Reference**

The latest TEWV D&T Terms of Reference were circulated to the group for information.

2f **Follow up from corner Regulation 28 report to prevent future deaths: Benzodiazepines and suicide**

The APC noted the letter from the NHSE Leads for Mental Health around benzodiazepines and suicide. TEWV have raised awareness within their organisation

ACTION:

- **JS/KH/DN/CJ to raise awareness of the risk of suicide associated with benzodiazepines in locality newsletter, and with public health/substance misuse teams.**

2g **Lithium Audit in County Durham**

An was presented to the APC of the findings from Lithium Practice level audits within DDES and ND with 89 patients being identified as not being under secondary care.

The APC agreed that further work was required to identify how many of these 89 patients were on the TEWV Lithium Register and understand why others were not before a decision could be made on how to manage those patients identified as currently not being managed under secondary care.

ACTION:

- **CW to share list of patients per practice in County Durham on TEWV Lithium Register to further understand reasons for 87 identified patients not being under shared care.**

Part 3 – General

3a Appeals against previous APC decisions

None received.

3b Update from Formulary Subgroup for May 2018 APC

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

Formulary Updates since March 2018 APC for approval including RAG changes

Approved with suggested changes to RAG recommendation as follows:

NICE Technology Appraisal/Guidance Title and date published	Date issued	Current formulary status	Recommended action for APC
<p>TA504: Pirfenidone for treating idiopathic pulmonary fibrosis Pirfenidone is recommended as an option for treating idiopathic pulmonary fibrosis in adults only if:</p> <ul style="list-style-type: none"> • the person has a forced vital capacity (FVC) between 50% and 80% predicted • the company provides pirfenidone with the discount agreed in the patient access scheme and • treatment is stopped if there is evidence of disease progression (an absolute decline of 10% or more in predicted FVC within any 12-month period). <p>Commissioning: NHS England</p>	06/02/18	On formulary in chapter 3.11 as RED.	Add link to TA504 to chapter 3.11
<p>TA505: Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma Ixazomib, with lenalidomide and dexamethasone, is recommended for use within the Cancer Drugs Fund as an option for treating multiple myeloma in adults only if:</p> <ul style="list-style-type: none"> • they have already had 2 or 3 lines of therapy and • the conditions in the managed access agreement for ixazomib are followed. <p>Commissioning: NHS England</p>	07/02/18	Not on formulary.	Add to formulary in chapter 8.1 as a RED drug, with link to TA505.

<p>TA506: Lesinurad for treating chronic hyperuricaemia in people with gout</p> <p>Lesinurad is not recommended within its marketing authorisation, that is, with a xanthine oxidase inhibitor for treating hyperuricaemia in adults with gout whose serum uric acid is above the target level despite an adequate dose of a xanthine oxidase inhibitor alone.</p> <p>Commissioning: CCGs</p>	<p>07/02/18</p>	<p>Not on formulary</p>	<p>Add to formulary as NOT APPROVED, with a link to TA506.</p>
<p>TA507: Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C</p> <p>Sofosbuvir–velpatasvir–voxilaprevir is recommended as an option for treating chronic hepatitis C in adults, only if it is used as below and the company provides the drug at the same price or lower than that agreed with the Commercial Medicines Unit.</p> <ul style="list-style-type: none"> • Patients with history of previous treatment with direct-acting antivirals, hepatitis C virus genotypes 1-6, with or without compensated cirrhosis: recommended for 12 weeks. • Patients with no history of previous treatment with direct-acting antivirals, hepatitis C virus genotype 3, with or without compensated cirrhosis: recommended for 8 weeks. <p>Commissioning: NHS England</p>	<p>21/02/18</p>	<p>Not on formulary.</p>	<p>Add to formulary in chapter 5.3 as a RED drug, with link to TA507.</p>
<p>TA508: Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee</p> <p>Autologous chondrocyte implantation (ACI) using chondrosphere is recommended as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults, only if:</p> <ul style="list-style-type: none"> • the person has not had previous surgery to repair articular cartilage defects • there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) and • the defect is over 2 cm². 	<p>07/03/18</p>	<p>Not on formulary</p>	<p>Add to formulary in chapter 10 as a RED drug, with link to TA508</p> <p>(N.B. NHSE commissioned from tertiary centres only)</p>
<p>TA509: Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer</p> <p>Pertuzumab, in combination with trastuzumab and docetaxel, is recommended, within its marketing authorisation, for treating HER2-positive metastatic or locally recurrent unresectable breast cancer, in adults who have not had previous anti-HER2 therapy or chemotherapy for their metastatic disease, only if the company provides pertuzumab within the agreed commercial access arrangement.</p>	<p>07/03/18</p>	<p>On formulary in chapter 8.1.5 as a RED drug.</p>	<p>Add link to TA509 to chapter 8.1.5</p>

<p>TA510: Daratumumab monotherapy for treating relapsed and refractory multiple myeloma</p> <p>Daratumumab monotherapy is recommended for use within the Cancer Drugs Fund as an option for treating relapsed and refractory multiple myeloma in adults whose previous therapy included a proteasome inhibitor and an immunomodulator, and whose disease progressed on the last therapy, only if:</p> <ul style="list-style-type: none"> • they have daratumumab after 3 previous therapies and • the conditions in the managed access agreement are followed. 	14/03/18	Not on formulary	Add to formulary in chapter 8.1.5 as a RED drug, with link to TA510
<p>TA511: Brodalumab for treating moderate to severe plaque psoriasis</p> <p>Brodalumab is recommended as an option for treating plaque psoriasis in adults, only if:</p> <ul style="list-style-type: none"> • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and • the disease has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet A radiation), or these options are contraindicated or not tolerated and • the company provides the drug with the discount agreed in the patient access scheme. <p>Stop brodalumab at 12 weeks if the psoriasis has not responded adequately, defined as:</p> <ul style="list-style-type: none"> • 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 when treatment started. 	21/03/18	Not on formulary	Add to formulary in chapter 10.1.3 as a RED drug, with link to TA511
<p>TA512: Tivozanib for treating advanced renal cell carcinoma</p> <p>Tivozanib is recommended as an option for treating advanced renal cell carcinoma in adults, only if:</p> <ul style="list-style-type: none"> • they have had no previous treatment and • the company provides tivozanib with the discount agreed in the patient access scheme. 	21/03/18	Not on formulary	Add to formulary in chapter 8.1.5 as a RED drug, with link to TA512
<p>TA513: Obinutuzumab for untreated advanced follicular lymphoma</p> <p>Obinutuzumab is recommended as an option for untreated advanced follicular lymphoma in adults (that is, first as induction treatment with chemotherapy, then alone as maintenance therapy), only if:</p> <ul style="list-style-type: none"> • the person has a Follicular Lymphoma International Prognostic Index (FLIPI) score of 2 or more • the company provides obinutuzumab with the discount agreed in the patient access scheme. 	21/03/18	On formulary in chapter 8.2.3 as RED.	Add link to TA513 to chapter 8.2.3.

<p>TA514: Regorafenib for previously treated advanced hepatocellular carcinoma Regorafenib is not recommended for treating advanced unresectable hepatocellular carcinoma in adults who have had sorafenib.</p>	21/03/18	On formulary as RED as per NICE TA488 (treatment of metastatic gastrointestinal stromal tumours)	No action required.
<p>TA515: Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen Eribulin is not recommended for treating locally advanced or metastatic breast cancer in adults who have had only 1 chemotherapy regimen.</p>	28/03/18	Not on formulary	Add to chapter 8.1.5 as NOT APPROVED with link to TA515
<p>TA516: Cabozantinib for treating medullary thyroid cancer Cabozantinib is recommended, within its marketing authorisation, as an option for treating progressive medullary thyroid cancer in adults with unresectable, locally advanced or metastatic disease, only if the company provides cabozantinib with the discount agreed in the patient access scheme.</p>	28/03/18	On formulary as RED as per NICE TA463 (treatment of previously-treated renal cell carcinoma).	Add link to TA513 to chapter 8.1.5.
<p>NG85: Pancreatic cancer in adults: diagnosis and management This guideline covers diagnosing and managing pancreatic cancer in adults aged 18 and over. It aims to improve care by ensuring quicker and more accurate diagnosis, and by specifying the most effective treatments for people depending on how advanced their cancer is.</p>	07/02/18	Contains recommendations on FOLFIRINOX chemotherapy (folinic acid, fluorouracil [5-FU], irinotecan and oxaliplatin), gemcitabine, nab-paclitaxel	Add link to NG85 to start of Chapter
<p>NG86: People's experience in adult social care services: improving the experience of care and support for people using adult social care services</p>	20/02/18	No recommendations on medicines.	No further action
<p>NG87: Attention deficit hyperactivity disorder: diagnosis and management This guideline covers recognising, diagnosing and managing attention deficit hyperactivity disorder (ADHD) in children, young people and adults. It aims to improve recognition and diagnosis, as well as the quality of care and support for people with ADHD. This guideline updates & replaces guideline CG72 (Sept 2008)</p>	14/03/18	<p>Contains recommendations on</p> <ul style="list-style-type: none"> • Methylphenidate • Lisdexamfetamine • Dexamfetamine • Atomoxetine • Guanfacine (children only) <p>All on formulary as AMBER, except guanfacine which is on formulary as RED.</p>	<p>Add link to NG87 to chapter 4.4.</p> <p>(Local SCPs will be reviewed and updated by TEWV)</p>
<p>NG88: Heavy menstrual bleeding: assessment and management This guideline covers assessing and managing heavy menstrual bleeding (menorrhagia). It aims to help healthcare professionals investigate the cause of heavy periods that are affecting a woman's quality of life and to offer the right treatments, taking into account the woman's priorities and preferences.</p>	14/03/18	<p>Contains recommendations on</p> <ul style="list-style-type: none"> • Levonorgestrel intrauterine systems • Tranexamic acid • NSAIDs • Combined hormonal contraceptives • Cyclical oral progestogens • Ulipristal acetate (but recommendation suspended pending EU safety review) <p>All on formulary.</p>	Remove link to CG44 from chapter 6, and add link to NG88

NG89: Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism This guideline covers assessing and reducing the risk of venous thromboembolism (VTE or blood clots) and deep vein thrombosis (DVT) in people aged 16 and over in hospital. It aims to help healthcare professionals identify people most at risk and describes interventions that can be used to reduce the risk of VTE.	21/03/18	Contains recommendations on: <ul style="list-style-type: none"> • LMWH • Fondaparinux • Unfractionated heparin • Aspirin All on formulary.	Add link to NG89 to chapter 2
NG90: Physical activity and the environment	26/03/18	For info.	No further action, no recommendations on medicines.
NG91: Otitis media (acute): antimicrobial prescribing This guideline sets out an antimicrobial prescribing strategy for acute otitis media (ear infection). It aims to limit antibiotic use and reduce antimicrobial resistance. Acute otitis media can be caused by viruses or bacteria. It lasts for about a week, and most children get better in 3 days without antibiotics. Serious complications are rare.	28/03/18	Contains recommendations on: <ul style="list-style-type: none"> • Amoxicillin • Clarithromycin • Erythromycin • Co-amoxiclav All on formulary.	No further action, guidance is in line with NE&C antimicrobial guidance
NG92: Stop smoking interventions and services	28/03/18	Recommends that the following interventions be available: <ul style="list-style-type: none"> • Bupropion • NRT • Varenicline All on formulary.	Add link to NG92 to chapter 4
NG93: Learning disabilities and behaviour that challenges: service design and delivery	28/03/18	For info	No further action, no recommendations on medicines.
NG94: Emergency and acute medical care in over 16s: service delivery and organisation	28/03/18	For info	No further action, no recommendations on medicines.
NTAG Recommendations	Date issued	Current formulary status	Recommended action for APC
Daily vs on-demand PDE-5 inhibitors for management of erectile dysfunction following treatment for prostate cancer There was no evidence to recommend the use of daily dosing over on-demand dosing of PDE5 inhibitors, and there was no evidence that tadalafil was superior to sildenafil. On this basis NTAG recommends on-demand dosing using the PDE5 inhibitor with the lowest acquisition cost, currently this is generic sildenafil.	12/03/18	All PDE5s are on formulary – sildenafil GREEN, others GREEN ALTERNATIVE. Tadalafil once daily is NOT APPROVED.	No further action, formulary already in line with recommendation.
RMOc Recommendations	Date issued	Current formulary status	Recommended action for APC
Briefing paper on adalimumab This briefing paper is provided through the RMOc system to summarise: <ul style="list-style-type: none"> • Advice to commissioners and providers related to next steps with best-value adalimumab uptake • Planning associated with the patent expiry of the originator product, Humira 	18/03/18	On formulary as RED in chapters 1, 10, 11 & 13.	No further action as for information only at this stage.

Drug Safety Advice	Date issued	Current formulary status	Recommended action for APC
<u>Misoprostol vaginal delivery system (Mysodelle): reports of excessive uterine contractions (tachysystole) unresponsive to tocolytic treatment</u>	06/02/18	Misoprostol on formulary as GREEN in chapter 1. No entry in chapter 7.	No further action as not listed in Chapter 7.
<u>Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients</u>	06/02/18	On formulary in chapters 8 & 10.	Add link to advice to chapters 8.2.1, 8.2.2 & 10.1.3.
<u>Gadolinium-containing contrast agents: Omniscan and iv Magnevist no longer authorised, MultiHance and Primovist for use only in liver imaging</u>	06/02/18	Not on formulary	No action required.
<p><u>Letters sent to healthcare professionals in January 2018</u></p> <ul style="list-style-type: none"> • Buccolam (midazolam): risk of syringe cap ingestion • Misoprostol vaginal delivery system (Mysodelle): Reports of excessive uterine tachysystole (contractions) that may not respond to tocolytic treatment • Noradrenaline (Norepinephrine) 0.08 mg/mL (4 mg in 50 mL) solution for infusion in a vial: potential risk of medication errors • Relenza (zanamivir): supply of Taiwanese stock; give patients UK leaflet • Mycophenolate mofetil (MMF)/mycophenolic acid (MPA): amended recommendations for contraception in male patients • Flolan (epoprostenol sodium) and leakage of administration sets containing PETG • Fludara 10 mg film-coated tablets: Polish language blisters 	06/02/18		No action required, full DSUs issued.
<u>Daclizumab (Zinbryta ▼): suspension and recall for safety reasons; review patients as soon as possible and start alternative therapy</u>	08/03/18	On formulary as RED in 8.2.4	Add link to formulary. Change status to NOT APPROVED
<u>Esmya (ulipristal acetate) for uterine fibroids: do not initiate or re-start treatment; monitor liver function in current and recent users</u>	08/03/18	On formulary in chapter 6.4.1.2. Link to MHRA advice already in place.	No further action.
<u>Head lice eradication products: risk of serious burns if treated hair is exposed to open flames or other sources of ignition, eg, cigarettes</u>	08/03/18	Malathion (GREEN), phenothrin (GREEN) and dimeticone (GREEN ALTERNATIVE) on formulary in chapter 13.10.4.	Add link to chapter 13.10.4.
<u>Confidential prescribing and patient safety reports on key indicators now available free for GPs</u>	08/03/18	For info.	No action required.

<p>Letters sent to healthcare professionals in February 2018</p> <ul style="list-style-type: none"> • ellaOne post-marketing surveillance: pregnancy registry • Ocaliva ▼ (obeticholic acid): reinforced differential dosing recommendations in primary biliary cholangitis (PBC) patients with moderate and severe hepatic impairment • ERWINASE: vials from batch 186G* should be used with a 5-micron filter needle • Bleo-Kyowa (bleomycin sulphate), powder for solution for injection – use 5-micron filter during IV infusion or pre-injection – see Class 4 Medicine Defect Information alert • Velcade (bortezomib) 3.5 mg vials: potential defect of rotating and/or loose metal cap • Restrictions on the use of ulipristal acetate, Esmya 5 mg tablet, and important new warnings of serious liver injury and recommendations for liver monitoring • Eperzan ▼ (albiglutide): reminder letter regarding discontinuation 	08/03/18		No action required, full DSUs issued.
<p>NHS Patient Safety Alerts</p>	<p>Date issued</p>	<p>Current formulary status</p>	<p>Recommended action for APC</p>
None since last meeting			

Requested formulary amendments	Reasoning	BNF Chapter	Recommended action for APC
Humalog Insulin Kwikpen Junior	New pen device available 0.5 unit doses instead of 1 unit doses	6.1.1.1	Add to formulary as Green alternative
Insulins – annotate strength for high dose insulins	To avoid prescribing/dispensing errors	6.1.1	Approved formulary being annotated with strength for high dose insulins
Trimbow® and Treglegy® triple combination inhalers	New triple therapy combination inhalers include in updated CD&D APC COPD guideline	3.2	Add to formulary as GREEN drugs.
Methyphenidate modified release	Shared guideline includes all brands but formulary does not.	4.4	Approve adding all brands to formulary
Enoxaparin Becat	New biosimilar. All other brands included in formulary.	2.8.1	Approve addition of this new brand to formulary
Request for removal of a drug from the formulary	Reasoning	BNF Chapter	Recommended action for APC
Sucralfate tablets and oral solution	Discontinued and not in CKS guidelines for ulcers	1.3.3	Delete from formulary

ACTION:
GM to update the online formulary with the approved changes once ratification received from Darlington/HAST CCG Joint Exec.

3c New Drug Applications

The following new formulary drug applications were discussed and approved by the APC:

New Drug Applications for Formulary	Reasoning	BNF Chapter	Action taken
Brivaracetam	For use as adjunctive therapy in patients with focal onset seizures. Not currently indicated for generalized epilepsy. Reserved for initiation by specialists following treatment failure with 1 st and 2 nd line adjunctive drugs.	4.8.1	Approved as Green+ drug
Glycopyrronium oral solution (Sialanar®)	Licensed product for symptomatic treatment of severe sialorrhoea in children and adolescents aged 3 years and older with neurological disorders.	1.2.1	Approved as Green+ drug
Ceftobiprole	Multi drug resistant Pseudomonal infections	5.1.2	Approved as RED drug
Ceftazidime / Avibactam	Treatment of infections due to Gram-ve organisms in patients with multidrug resistant infections and pan resistant organisms with limited treatment options.	5.1.2	Approved as RED drug

ACTION:

- GM to update the online formulary with the approved changes once ratification received from Darlington/HAST CCG Joint Exec.

3d Shared Care Guidelines for Approval

Nil this month.

3e NTAG Update – February 2018 meeting

A verbal update on the NTAG recommendations following their November 2017 meeting was given:

- Daily vs on-demand PDE-5 inhibitors for management of erectile dysfunction following treatment for prostate cancer – NTAG recommends that on the basis of evidence available there is no evidence to recommend the use of daily dosing over on-demand dosing of PDE5 inhibitors, and there is no evidence that tadalafil is superior to sildenafil. On this basis NTAG recommends on-demand dosing using the PDE5 inhibitor with the lowest acquisition cost, currently this is generic sildenafil.

ACTION:

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

3f CDDFT Update February 2018 – verbal update

A verbal update was given. The APC noted a formulary application for insulin fiasp was in progress and GPs should not be asked to prescribe metronidazole 10% ointment.

3g RMO Update – Adalimumab – RMO briefing

Circulated for information and agreed introduction of adalimumab biosimilars should be a standing agenda item.

ACTION:

- **JH provide July 2018 APC with update on clinical engagement within CDDFT around introduction of adalimumab biosimilars in Q3 2018/19.**

3h Process for Transfer of Shared Care from CDDFT

No progress to report.

3i APC Workplan 2018/19

Circulated for information. It was agreed to policies/guidelines from TEWV that are to be reviewed this year for completeness.

3j Outcome of NHSE Consultation on Gluten-free Prescribing

The APC noted the outcome of the NHSE Consultation on Gluten-free Prescribing which restricts prescribing to bread and flour mixes. This consistent with the current CD&D Gluten free prescribing policy.

3k Changes to Formulation of Nutilis Clear Thickening Agent

The group discussed the paper for the Speech and Language Therapy Team detailing the forthcoming changes to dosing of Nutilis Clear Thickening Agent in May 2018 and in particular the implications for patients on level 2 dosing currently. The APC noted and agreed to support the implementation proposed by the Speech and Language Therapy Team including the review clinics that being held. This is of particular risk to patients in their own homes on thickeners as training has already been provided to nursing/care homes. It was agreed to ask GP practices to identify all patients on Nutilis Clear in their own home and send them the information/letter on the change produced by the Speech and Language Therapy Team asking them to attend a review clinic if on level 2 dosing or contact the Speech and Language Therapy Team if they have any concerns. It was agreed that the Speech and Language Therapy Team will need to a put in place a process to manage patients who are housebound and unable to attend the review clinics.

ACTION:

- **DN/JS/KH to share letters and information with GP practices to send to patients currently on Nutilis Clear as per agreed implantation plan with Speech and Language Therapy Team.**

3l Durham Tees Valley Collaborative Working and Future of APC

The APC noted the ongoing work to explore more collaborative working across Durham Tees Valley including exploring the possibility of merging the APC with the Tees Medicines Governance Group. A workshop is to be held in September 2018 to explore this further. All agreed on the need to ensure continued good clinician engagement from primary care and all affect secondary care trusts going forward.

ACTION:

- **GM to ask if professional secretary of the APC and another member of APC could attend a TMGG meeting to observe how the TMGG operates, with a view to the ongoing discussions about future collaborative working.**

Part 4 – Physical Health

4a **NHSE Primary Care Responsibilities in Regard to Request by On-line Medical Service Providers to Prescribe Hormone Treatments for Transgender People**

The APC was in support of the concerns and objections raised by the Regional LMC to this policy.

ACTION:

- **ID to write to NHSE in support of NE Regional LMC position and concerns about this policy.**

4b **NE&C Antimicrobial Prescribing Guideline – updated v3**

GPs on the APC still agreed that their requested changes to the updated NE&C Antimicrobial Prescribing Guideline were required before the APC could approve this updated document.

ACTION:

- **ID to write to Alastair Monk and ask for requested amendments/additions from CD&D GPs to be included.**

4c **CD&D APC Type 2 Diabetes Guideline – updated**

The changes to CD&D APC Type 2 Diabetes Guideline were approved as per the cover sheet.

ACTION:

- **GM to arrange for NECS to add updated guideline to APC website.**

4d **CD&D Drug Monitoring Guideline - updated**

The changes to CD&D APC Type 2 Diabetes Guideline were approved as per the cover sheet with exception of changes to statin and long-term corticosteroid use monitoring.

ACTION:

- **DN to arrange for NECS to add updated guideline to APC website.**
- **DN to further explore rationale for proposed changes to statin and long-term corticosteroid use monitoring.**
- **ID/DN to contact MHRA re potential for reduced LFT monitoring for statins.**

4e **CD&D APC COPD Guidelines**

The updated CD&D APC COPD Guidelines produced by the Respiratory CAG were discussed and approved by the group. These have been updated to mirror the GOLD treatment guidelines with the emphasis on symptom control rather than high dose inhaled corticosteroid. It was also agreed to add the Trimbaw® and Trelegy® triple combination inhalers to the formulary and re-add the Symbicort® Turbohaler.

ACTION:

- **GM to arrange for NECS to add updated guideline to APC website.**

4f **CD&D APC Atrial Fibrillation Guidelines**

An updated draft was presented the group but it was noted this has still had no secondary care input. These guidelines will be taken to the new CDDFT Anticoagulation Committee for discussion in June 2018 with a view to them being approved at the July 2018 APC.

ACTION:

- **JH to seek comments from CDDFT Anticoagulation Committee on draft AF guideline in June 2018.**

Part 5 – Standing items (for information only)

- 5a Formulary Steering Group Minutes December 2017 & February 2018**
For information.
- 5b TEWV D&T Minutes November 2017**
For information.
- 5c CD&D FT Clinical Standards and Therapeutics Committee Minutes October 2017 & December 2017**
For information.
- 5d High Cost Drugs Group Minutes October 2017 & November 2017**
For information.
- 5e NTAG Minutes November 2017**
For information.
- 5f RDTTC Horizon scanning – January, February, March & April 2018**
For information.
- 5g MHRA Drug Safety Update – January, February & March 2018**
For information.
- 5h AHSN Medicines Optimisation Steering Group Minutes – December 2017**
Meeting was cancelled.
- 5i Tees Medicines Governance Group Minutes March 2018**
Not yet available.
- 5j NE&C CCG Prescribing Forum Minutes – January 2018**
For information.
- 5k RMOC Minutes – October 2017**
For information

Chairman's Action

The following documents have been approved since the last meeting via Chair's Action:

- Gabapentoid Misuse Briefing
- OTC Consultation Response

Any Other Business

High Cost Drugs Subgroup Terms of Reference

The APC noted that these are currently being updated.

Updates to Azathioprine and 6-Mercaptopurine Shared Care Guidelines

The updated Azathioprine and 6-Mercaptopurine Shared Care Guidelines were approved by the APC.

ACTION:

- **GM to arrange for NECS to add updated shared care guidelines to APC website.**

CD&D APC Osteoporosis Guideline

A proposal to use the Newcastle-Gateshead guideline as the basis for producing a CD&D APC Osteoporosis Guideline was approved but this need local rheumatology input particularly around the frequency of DEXA scans.

MHRA DSU – April 2018 - Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met

The APC discussed the dissemination and implementation locally of this updated advice around the use of valproate medicines. This is to be discussed further at locality prescribing groups. The need for annual specialist review will impact on mental health and neurology, and may necessitate these drugs becoming shared care.

Date and time of next meeting:

Thursday 5th July 2018, 9am – 12noon

Board Room, West Park Hospital, Darlington