County Durham and Darlington
Area Prescribing Committee

County Durham and Darlington Area Prescribing Committee

Thursday 17th January 2019
9am – 12noon
Meeting Room, Wheatley Hill Surgery

Present

Dr Ian Davidson, Medical Director, North Durham CCG (Chair)
Gavin Mankin, RDTC Representative (Professional Secretary)
Dan Newsome, Medicines Optimisation Pharmacist, NECS
Joan Sutherland, Medicines Optimisation Lead, North Durham CCG
Kate Huddart, Senior Pharmaceutical Advisor, DDES CCG
Suresh Babu, Deputy Medical Director, TEWV FT
Chris Williams, Chief Pharmacist, TEWV FT
Jamie Harris, Chief Pharmacist, CDDFT
Claire Jones, Public Health Pharmacist, Durham County Council
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Dr Esther Sheard, GP Prescribing Lead, North Durham CCG
Dr Neil Middleton, GP Prescribing Lead, DDES CCG
Rob Pitt, LPC representative
Dr Shafie Kamaruddin, Consultant, CDDFT

In attendance

Rachel Smith, Deputy Chief Pharmacist, CDDFT

The meeting was quorate.

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:

Catherine Harrison, Wolfgang Kuster, Sarah McGeorge, Brewis Henderson, Chris Cunnington-Shore

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 1st November 2018

The minutes were accepted as a true and accurate record.
The decision summary of the November 2018 meeting was accepted as a true and accurate record.

1d Matters Arising/Action Log

Actions from November 2018 meeting not on the agenda or action log
Nil

Action Log
Lithium Audit in County Durham
Audit is to be repeated in the next quarter to scope how many patients remain outside of shared care.

Free of Charge Medicines Scheme Policy
Completed & template/pathway for consideration of medicines falling under the Free of Charge Medicines Scheme Policy tested using Secukinumab. ITEM NOW CLOSED.

Denosumab Primary Care Prescribing Guideline
No further progress to report.

CD&D Osteoporosis Guideline
Now added to APC website. ITEM NOW CLOSED.

Insulin Fiasp
On today's agenda.

Historic Actions
Subcutaneous methotrexate
Work has now moved from the contracting team to the provider team who are taking it through rheumatology and dermatology workstreams. Looking at all prescribing of subcutaneous methotrexate to done by CDDFT via homecare so Hackett compliant. Concerns expressed that ongoing delays in this work is leading to patients progressing to higher cost biologics at a much earlier stage.
ACTION:

- **ID/JS to meet with contracting/provider management and Sarah Burns to try and move this work forward.**

Ciclosporin Eye Drops
No update required until July 2019.

Update to CD&D Drug Monitoring Document – Testosterone
On today's agenda.

Outpatient Prescribing Requests
On today's agenda.

IBD Pathway
Paperwork is being reviewed to ensure that have record of what has been agreed and ok to deviate from NICE and waiting for feedback on a number of comments made after first draft
Antimicrobial Resistance and Performance Locally Against National Targets
On today's agenda.

Palliative Care Medicines Review
List of participating pharmacies now approved by LPC and the new funding model agreed by the North Durham and DDES CCGs. Just awaiting final sign off from Darlington CCG before list of pharmacies and medicines added to APC website.

CD&D Drug Monitoring Guideline – updated
MHRA have responded indicating their guidance relating to LFT monitoring for Statins will remain unchanged. Still awaiting response from FATS group.
ACTION:

- **DN to chase up response from FATS group.**

CD&D APC Atrial Fibrillation Guideline
Still under review by CDDFT. Individual clinicians have been approached and asked to comment on the draft.

Lithium Audit in County Durham
On today's agenda.

NHSE Guidance – Conditions for Which Over the Counter Items Should Not Routinely Be Prescribed in Primary Care
Regional work to come to APC once available.

Shared Care Guidelines
Shared care letters are being updated to include current dose and current monitoring. Also exploring the possibility of having a DMARD Annual Review Letter.

Chapter 11 (Eye) of Formulary
Work ongoing. Have asked CDDFT Ophthalmologists to review Sunderland Guidance on dry eyes to consider adopting within CD&D & to review place in therapy of Hylo eye drops with view to further product rationalisation.

NE&C Guidance for Management of Cow's Milk Allergy
Have confirmed no contracting issues with product choice. Confirmed rationale for product choice with Dr Shah. Final approved guideline is in process of being added to APC website. ITEM NOW CLOSED.

Part 2 – Mental Health

2a TEWV Drug & Therapeutics Committee Feedback – November 2018
CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

2b Hyperprolactinaemia Guideline
An update drafted of the TEWV Hyperprolactinaemia Guideline was presented to and approved by the APC.

ACTION:

- **CW to arrange for final version control and link to document to be added to CD&D pages of NECS website.**
- **DN to update CD&D Drug Monitoring Guidelines accordingly.**

2c TEWV Depression Handy Hints
The final approved version was circulated for information.

ACTION:

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

and formulary.

2d TEWV Dementia Care Pathway ACHEI Decision Aid
The final approved version was circulated for information.

ACTION:
- **GM to arrange for link to document to be added to CD&D pages of NECS website and formulary.**

Part 3 – General

3a Appeals against previous APC decisions
None received.

3b Update from Formulary Subgroup for January 2019 APC
This was presented to the group and the following actions were taken by the APC:

Formulary Updates since November 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
TA542: Cabozantinib for untreated advanced renal cell carcinoma **Commissioning: NHSE** Cabozantinib is recommended, within its marketing authorisation, for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria. It is recommended only if the company provides cabozantinib according to the commercial arrangement.	03/10/18	On formulary in chapter 8.1.5 as a RED drug.	Add link to TA542 to chapter 8.1.5
TA543: Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs **Commissioning: CCG** Tofacitinib, with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults, only if: • it is used as described in NICE TA199, guidance on treatment of psoriatic arthritis (1.1 and 1.2) or • the person has had a TNF-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks or • TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in TA199).	03/10/18	On formulary in chapter 10.1.3 as a RED drug.	Add link to TA543 to chapter 10.1.3

TA544: Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive melanoma **Commissioning: NHSE** Dabrafenib with trametinib is recommended, within its marketing authorisation, as an option for the adjuvant treatment of resected stage III BRAF V600 mutation-positive melanoma in adults. It is recommended only if the company provides dabrafenib and trametinib with the discounts agreed in the commercial arrangements.	17/10/18	Not on formulary	Add to formulary in chapter 8.1.5 as a RED drug, with link to TA544.
TA545: Gemtuzumab ozogamicin for untreated acute myeloid leukaemia **Commissioning: NHSE** Gemtuzumab ozogamicin, with daunorubicin and cytarabine, is recommended as an option for untreated de novo CD33-positive acute myeloid leukaemia (AML), except acute promyelocytic leukaemia, in people 15 years and over, only if: • they start induction therapy when either the cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (that is, because the test was unsuccessful) or when their cytogenetic test results are not yet available and they start consolidation therapy when their cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (because the test was unsuccessful) and the company provides gemtuzumab ozogamicin according to the commercial arrangement.	14/11/18	Not on formulary	Add to formulary in chapter 8.1.5 as a RED drug, with link to TA545
TA546: Padeliporfin for untreated localised prostate cancer **Commissioning: NHSE** Padeliporfin is not recommended, within its marketing authorisation, for untreated, unilateral, low-risk prostate cancer in adults.	21/11/18	Not on formulary	No further action

TA547: Tofacitinib for moderately to severely active ulcerative colitis **Commissioning: CCG** Tofacitinib is recommended, within its marketing authorisation, as an option for treating moderately to severely active ulcerative colitis in adults when conventional therapy or a biological agent cannot be tolerated or the disease has responded inadequately or lost response to treatment. It is recommended only if the company provides tofacitinib with the discount agreed in the commercial arrangement.	28/11/18	On formulary in chapter 10 (musculoskeletal) as a RED drug. Not on formulary in chapter 1 (gastrointestinal).	Add to formulary in chapter 1.5.3 as a RED drug, with a link to TA547
NG109: Urinary tract infection (lower): antimicrobial prescribing **Commissioning: CCGs & NHSE** This guideline sets out an antimicrobial prescribing strategy for lower urinary tract in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance.	31/10/18	Broadly in line with NE&C antimicrobial guidelines, with some minor differences in second-line antibiotic choices.	Add link to start of Chapter 5
NG110: prostatitis (acute): antimicrobial prescribing **Commissioning: CCGs & NHSE** This guideline sets out an antimicrobial prescribing strategy for acute prostatitis. It aims to optimise antibiotic use and reduce antibiotic resistance.	31/10/18	Same first-choice antibiotic as NE&C guideline, but differences in other antibiotic choice and duration of treatment.	Add link to start of Chapter 5
NG111: Pyelonephritis (acute): antimicrobial prescribing **Commissioning: CCGs & NHSE** This guideline sets out an antimicrobial prescribing strategy for acute pyelonephritis (upper urinary tract infection) in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance.	31/10/18	In line with NE&C guideline, although NICE guideline includes more antibiotic choices.	Add link to start of Chapter 5
NG112: Urinary tract infection (recurrent): antimicrobial prescribing **Commissioning: CCGs & NHSE** This guideline sets out an antimicrobial prescribing strategy for preventing recurrent urinary tract infections in children, young people and adults who do not have a catheter. It aims to optimise antibiotic use and reduce antibiotic resistance.	31/10/18	Same first-choice antibiotic as NE&C guideline, but differences in other antibiotic choices.	Add link to start of Chapter 5

NG113: Urinary tract infection (catheter-associated): antimicrobial prescribing **Commissioning: CCGs & NHSE** This guideline sets out an antimicrobial prescribing strategy for catheter-associated urinary tract infection in children, young people and adults. It aims to optimise antibiotic use and reduce antibiotic resistance.	23/11/18	NE&C guideline does not make recommendations on antibiotic choice; NICE guideline gives multiple options.	Add link to start of Chapter 5
Drug Safety Advice	**Date issued**	**Current formulary status**	**Recommended action for MCC**
Rivaroxaban (Xarelto▼) after transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial	11/10/18	On formulary as a GREEN drug in chapter 2.8.2.	Add link to MHRA advice to chapter 2.8.2
Ritonavir-containing products: reports of interaction with levothyroxine leading to reduced thyroxine levels	11/10/18	Ritonavir on formulary in chapter 5.3.1 & 5.3.3.2 as a RED drug. Levothyroxine on formulary in chapter as a GREEN drug in chapter 6.2.1.	Add link to MHRA advice to chapters 5.3.1, 5.3.3.2 & 6.2.1.
Ponatinib (Iclusig▼): reports of posterior reversible encephalopathy syndrome	11/10/18	On formulary in chapter 8.1.5 as a RED drug.	Add link to MHRA advice to chapter 8.1.5.
Transdermal fentanyl patches: life-threatening and fatal opioid toxicity from accidental exposure, particularly in children	11/10/18	On formulary as a GREEN (alternative) drug in chapter 4.7.2	Add link to MHRA advice to chapter 4.7.2

Letters and drug alerts sent to healthcare professionals in September 2018 All healthcare professionals should be aware of the recent supply disruption alert from the Department of Health & Social Care (DHSC) on management of the supply disruption of EpiPen and EpiPen Junior. In September 2018, MHRA issued the following Alerts and recalls for drugs: • Class 4 defect information: Olmetec 20mg Film Coated Tablets (MDR 12-08/18). 3 September 2018. Error on the blister foil of specific batches of Olmetec 20mg Film-Coated Tablets • Company-led recall: Mydriasert 0.28mg/5.4mg Ophthalmic Insert. 11 September 2018. Thea Pharmaceuticals are recalling a specific batch of Mydriasert 0.28mg/5.4mg Ophthalmic Insert as it is labelled as being for the French market, rather than the UK market • Class 4 defect information: Caspofungin 70mg powder for concentrate for solution for infusion (MDR 11-09/18). 18 September 2018. Error on the patient information leaflet for Caspofungin 70mg powder for concentrate for solution for infusion • Company-led Drug Alert: Imatinib 400mg Capsules (3 x 10) PL 36390/0180. 21 September 2018. Error on the Patient Information Leaflet (PIL): the dosage information for the indication CML is incorrect	11/10/18	For info	No action required.
Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use	14/11/18	On formulary as a GREEN drug in chapter 2.2.4, as a component of combination products only.	Add link to MHRA advice to chapter 2.2.4.
Systemic and inhaled fluoroquinolones: small increased risk of aortic aneurysm and dissection; advice for prescribing in high-risk patients	14/11/18	Multiple fluoroquinolones on formulary as GREEN or GREEN+ drugs in chapter 5.1.12	Add link to MHRA advice to chapter 5.1.12
Sildenafil (Revatio and Viagra): reports of persistent pulmonary hypertension of the newborn (PPHN) following in-utero exposure in a clinical trial on intrauterine growth restriction	14/11/18	On formulary in chapter 2.5.1 as a RED drug. On formulary in chapter 7.4.5 as a GREEN drug.	Add link to MHRA advice to chapters 2.5.1 & 7.4.5.

Letters and drug alerts sent to healthcare professionals in October 2018 • Adrenaline autoinjector supply disruption • Epanutin (phenytoin) 30mg/5ml oral suspension supply distruption • Rivaroxaban (Xarelto▼): increase in all-cause mortality, thromboembolic and bleeding events in patients after transcatheter aortic valve replacement in a prematurely stopped clinical trial • Ozurdex 700 micrograms intravitreal implant (dexamethasone): silicone particle observed on implant during inspection • Sildenafil (Revatio and Viagra) should not be used to treat intrauterine growth restriction • Hydrochlorothiazide: Risk of non-melanoma skin cancer (basal cell carcinoma, squamous cell carcinoma) • Epilim Chronosphere▼ (sodium valproate) 250mg Modified Release Granules – Temporary shortage in supply until 30 November 2018 • Class 2 Medicines Recall: Ozurdex 700 micrograms intravitreal implant in applicator manufactured by Allergan Pharmaceuticals Ireland (MDR 95-08/18). Issued 5 October 2018.	14/11/18	For info	No action required.

Requested formulary amendments	**Reasoning**	**Recommended action for APC**
Benzyl Peroxide – change formulary to read just Acnecide 5% available plus available OTC	Other strengths not available on prescription	Approve change to chapter 13.6.1
Eltrombopag – add to formulary	NICE TA approved and NHSE commissioned. Currently not included in formulary	Add to formulary as RED drug
Safinamide – add to formulary	Add to formulary for treatment of Parkinson's disease Is on formulary in Tees and this is causing some cross boundary issues. (Also on NoT formulary) To date have been unsuccessful in getting an application from CD&D clinicians.	Add to formulary as GREEN+ drug in 4.9.1
Vitamin B Co Strong – add not to be used for alcohol related disorders	As per NICE guidance	Approve change in chapter 9.6.2

ACTION:

- **GM to update the online formulary with the approved changes once ratification received from Darlington/HAST CCG Joint Exec.**
- **JH to ask at Regional Chief Pharmacist meeting what tertiary centres are doing with regard to Drug Safety Update around Rivaroxaban and TAVR patients.**

3c New Drug Applications – Insulin Lispro Sanofi® (Biosimilar)

The APC discussed and agreed to add Insulin Lispro Sanofi® to the formulary as a GREEN drug as an option in new patients. It is a biosimilar of Humalog® which offers some cost savings. Humalog® will be retained on the formulary for existing patients only. It was agreed to ask the Diabetes CAG to address training and guidance for prescribers/pharmacies around managing the potential risk of a prescribing/dispensing error as brand name of biosimilar very similar to the generic name. The APC agreed all prescribing for insulin lispro would need to be brand name to avoid any dispensing errors.

ACTION:

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

3d Insulin Fiasp – amendment to formulary status

The APC discussed and agreed to amend the current formulary indication for Insulin Fiasp to a GREEN+ drug in all type 1 diabetes patients in whom their diabetes cannot be adequately managed with alternative formulary choices and in whom a faster onset of action may be benefical or greater effect on post-prandial glucose is required.
Novorapid insulin remains 1st choice.

ACTION:

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

3e Shared Care Guidelines for Approval

Melatonin

An updated local shared care guideline for melatonin was presented to and approved by the APC.

Discussion also took place on historic patients on melatonin not under shared care arrangements should be managed. It was agreed that the number of patients concerned needed to be scoped before any decision/guidance could be made.

ACTION:

- **GM to arrange for final version control and for document to be added to CD&D pages of NECS website.**
- **ES/JS to scope the number patients on melatonin not currently under shared care arrangements.**

Testosterone

A draft local shared care guideline for testosterone was presented to the APC and a full discussion took place on the most appropriate RAG category for Testosterone. Comments received from local GPs, the local specialist GP lead erectile dysfunction clinic, and the ND & DDES Joint Medicines Optimisation Subcommittee were used to inform the discussions. The following points were raised in the discussions:

- Secondary care does not currently have the resources to support shared care for testosterone.
- GPs need clear guidance on when to stop testosterone therapy
- Concerns that ND and DDES CCGs are outliers regionally and nationally with higher levels of prescribing of testosterone so could shared care control prescribing. The reasons higher levels of prescribing locally are not fully understood.

The APC agreed that shared care for testosterone was not practical and that following the discussion GREEN+ status for licensed indications with a guideline to support GP prescribing was the way forward.

ACTION:

- **SK to draft a guideline to support the GREEN+ status for testosterone when used for licensed indications.**

- **SK to seek advice/guidance from NE Endocrine Network in drawing up CD&D guideline for testosterone therapy.**
- **SK to liaise with Dr Pat Wright when drawing up CD&D guideline for testosterone therapy.**

3f NTAG Update

The NTAG recommendations following their November 2018 meeting were circulated for information:

- Erenumab and galcanezumab for prophylaxis of migraine – no action required as not recommended.
- Pitolisant (Wakix®) for the treatment of narcolepsy with or without cataplexy in adults - agreed to add to formulary as RED as per NTAG recommendation
- Actipatch® for management of localised musculoskeletal pain – agreed to add to DNP list.

The current NTAG workplan was circulated for information.

ACTION:

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

3g CDDFT CSTC Update

A verbal update was given. It was noted that the local VTE guidelines will be presented at the March 2019 APC.

3h RMOC Update

The following updates from RMOC were circulated to the group for information:

- Liothyronine Guidance – agreed to add link to formulary and Grey List.
- STOMP Guidance
- South RMOC Update Nov 2018
- London RMOC Update Dec 2018

3i Collaborative Working with Tees Medicines Governance Group

A verbal update on collaborative working with Tees Medicines Governance Group together with the final paper that went to CCG and Trust Executive Committee outlining the proposals for moving forward was presented to the group.

3j Outpatient Prescribing Requests

An update was given on adapting the current CDDFT Outpatient Treatment Recommendation form to make clear secondary care have counselled patient on medication changes. The updated forms will brought to March 2019 APC for approval.

ACTION:

- **JH to bring updated Outpatient Treatment Recommendation form to March 2019 APC for approval.**

3k Pregabalin and Gabapentin to be Controlled as Class C Drugs

The APC noted that Pregabalin and Gabapentin are to be Controlled Drugs from 1st April 2019 in Schedule 3 (CD No Reg Pom). This means that CD prescription requirements apply but not the need for safe storage. The APC noted that prescribers and pharmacies have been made aware of this change.

3l Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs

The APC noted the current NHSE consultation on further Items Which Should Not Routinely Be Prescribed in Primary Care. It was agreed that APC members would submit any comments in the next 2 weeks to the APC Professional Secretary so that an APC response can be prepared

and submitted to the consultation by the end of February 2019..

ACTION:

- **RDTC to gather comments from APC members and agree an APC response to the consultation.**

3m CD&D APC DNP List – due for review

The CD&D APC DNP List was due for review in January 2019.
The following changes have been identified and were agreed by the APC:

- Hydrochlorothiazide containing products – add due to risk of skin cancer as per MHRA DSU Nov 2018 and also because formulary status combination products should not be prescribed.
- Actipatch – add as per negative NTAG review
- Ear wax softening ear drops – add as per Tees DNP List - Ear wax softening drops should be purchased for self-care. Drops containing simple remedies such as olive oil, almond oil and sodium bicarbonate are available.
- Eyelid cleaning products for blepharitis - Prescribing at NHS expense is not recommended. Patients who wish to use these products should be advised to purchase them over the counter and follow NHS Choices self-care advice.

ACTION:

- **GM to update the online formulary with the approved changes once ratification received from Darlington/HAST CCG Joint Exec.**
- **GM to arrange for final approved version to be added to CD&D pages of NECS website.**

3n CD&D APC Grey List – due for review

The CD&D APC Grey List was due for review in January 2019.
The following changes have been identified and were agreed by the APC:

- Vitamin B Co Strong – remove “on advice of dietician”. Should only be used in hospital to prevent “refeeding syndrome”.
- Neofpam – add as per Tees Grey List.
- Liothyronine – add link to RMOC guidance.
- Haemorrhoid preparations (excluding POM products) - add as per Tees Grey List. Products can be purchased OTC as self-care. Community pharmacy advice and support also available to patients.
- OTC antihistamines for hay fever - add as per Tees Grey List. Hay fever symptoms can be self-treated and do not need intervention by a GP or practice nurse. A community pharmacist can support with advice and guidance.
- OTC nasal sprays - add as per Tees Grey List.
- Self-care analgesia including Migraleve® preparations - add as per Tees Grey List.
- Norethisterone or medroxyprogesterone for postponement of menstruation - add as per Tees Grey List. For the postponement of menstruation for non-medical reasons prescribing is not generally recommended as this is considered a lifestyle choice rather than the treatment of a medical condition (please note medroxyprogesterone is unlicensed for this indication).
- Vitamins and minerals - add as per Tees Grey List. Only to be used for actual deficiency.

ACTION:

- **GM to update the online formulary with the approved changes once ratification received from Darlington/HAST CCG Joint Exec.**
- **GM to arrange for final approved version to be added to CD&D pages of NECS website.**

Part 4 – Physical Health

4a Phenylketonuria – prescription of dietary products

The APC discussed the recent correspondence received from the Chair of the All Party Parliamentary Group on Phenylketonuria (PKU) and some issues that have occurred nationally around the availability of the required dietary products on prescription.
The APC is not aware of any issues or barriers to prescribing of the required dietary products as per the Drug Tariff within County Durham and Darlington.

ACTION:

- KH/JS/DN to include in newsletter that GPs within County Durham & Darlington should prescribe dietary products for Phenylketonuria as per specialist/dietician advice.

4b Medicinal Cannabis

A draft of an information leaflet for GPs and Patients clarifying the current availability of medicinal cannabis on the NHS prepared by the NE Prescribing Forum was presented to and approved by the APC with the addition of the APC logo.

ACTION:

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

4c Prescribing Arrangements for LMWH

The APC discussed concerns that have been raised around safety and risks of GP prescribing of LMWH particularly for pre-op patients.
It was noted the current system had been put in place because there was no prescriber available with the secondary care pre-assessment clinics
It was agreed to maintain the status quo whilst CDDFT looks at alternative models of prescribing/supply of LMWH. CDDFT will also look at the timing of requests to reduce pressure/stress on GPs i.e. avoid end of day/end of week.
It was noted that Tees are already doing some work on this.

ACTION:

- **JH to explore with CDDFT alternative models of prescribing/supply of LMWH. CDDFT will also look at the timing of requests to reduce pressure/stress on GPs.**

4d CD&D Patient Decision Aids Resource

The APC approved the updated CD&D Patient Decision Aids Resource which was due for review.

ACTION:

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

4e CD&D Antimicrobial Stewardship Report

The APC received a report of the ongoing work being done across CDD to manage antimicrobial prescribing and antimicrobial resistance.
It was agreed an annual report pulled together by the MO team was a good idea. The APC noted work was ongoing to explore establishing a regional or CD&D AMS/AMR group, and this was awaiting input from the QRG groups.

4f Diabetes and Treatments with Cardiovascular Outcomes

The APC received an update on the recent trials and updated American and European guidance on the treatment of Type 2 Diabetes.
The APC agreed to support the review of the CD&D Algorithm for Blood Glucose Lowering Therapy in Type 2 Diabetes in line with the American Diabetes Association (ADA) guidance - Standards of Medical Care in Diabetes and the European Association for the Study of Diabetes

(EASD) guidance.

ACTION:

- **KH to bring updated CD&D Type 2 Diabetes Guidelines to future meeting of APC for approval.**

4g Naloxone Provision in County Durham
Item deferred.

4h Alcohol Pathway (updated) in County Durham
Item deferred.

4l Freestyle Libre Update
The APC noted the NHSE announcement regarding the availability of Freestyle Libre on the NHS from the 1st April 2019. Further guidance is awaited on how this is to be funded by CCGs and the criteria patients will need to meet to be eligible.

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes October 2018
For information.

5b TEWV D&T Minutes September 2018
For information.

5c CD&D FT Clinical Standards and Therapeutics Committee Minutes - since June 2018
Not yet available.

5d High Cost Drugs Group Minutes September 2018
For information.

5e NTAG Minutes September 2018
For information.

5f RDTC Horizon scanning – November & December 2018
For information.

5g MHRA Drug Safety Update – October & November 2018
For information.

5h AHSN Medicines Optimisation Steering Group Minutes – October 2018
Not yet available.

5i Tees Medicines Governance Group Recommendation Summary October 2018
Not yet available.

5j NE&C CCG Prescribing Forum Minutes – November 2018
For information.

5k ND & DDES Joint Medicines Optimisation Subcommittee Minutes – August & October 2018
Not yet available.

5l NEAS Medicines Group Minutes – September 2018
For information.

Chairman's Action
Nil

Any Other Business
Gluten Free Prescribing
It was highlighted the current CD&D guidance on gluten free prescribing need updating to remove any products that are now Black Listed in the Drug Tariff.

ACTION:

- **DN to review and update CD&D Gluten Free Prescribing Guidance to remove any products that are now Black Listed in the Drug Tariff.**

Date and time of next meeting:
Thursday 7th March 2019, 9am – 12noon Board Room, West Park Hospital, Darlington