County Durham and Darlington Area Prescribing Committee

Thursday 1st November 2018
9am – 12noon
Board Room, West Park Hospital, Darlington

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
Chris Williams, Chief Pharmacist, TEWV FT
Jamie Harris, Chief Pharmacist, CDDFT
Sarah McGeorge, Nurse Consultant, TEWV FT
Brewis Henderson, Patient Representative
Claire Jones, Public Health Pharmacist, Durham County Council
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Dr Esther Sheard, GP Prescribing Lead, North Durham 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, Neil Middleton, Rosie England, Kate Huddart, 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 6th September 2018

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

1d Matters Arising/Action Log

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

Action Log

Valproate Pregnancy Risk Prevention Programme
Has now been published in TEWV website. ITEM NOW CLOSED.

Shared Care Guidelines
Continue to explore including information on shared care drugs such as current dose and current monitoring plus any changes required in outpatient review letters, and the possibility of having a DMARD Annual Review Letter.

Chapter 11 (Eye) of Formulary
Formulary has been updated with new reviewed chapter.
Works in progress to review with input from Sunderland if the Hylo range of eye drops need to be included in the CD&D formulary.

CD&D Wound Care Formulary – reviewed and updated
Confirmed practice nurses were involved in drawing up the revised formulary.
LPC have forward on their concerns around off-prescription model of dressings supply including concerns about legality, and CCG Chief Officers have responded.
It was agreed this ITEM NOW CLOSED from APC prespective.

NE&C Guidance for Management of Cow's Milk Allergy
Approved at September 2018 APC but post-meeting put on hold due to contractual issues with product choice.

School Medicines FAQ
Changes have been made and final version will be circulated in next few weeks once signed off by council. ITEM NOW CLOSED..

CDDFT palliative care prescription ("Red Kardex") vs. regional palliative care prescription
Has now been approved via Chair's Action. ITEM NOW CLOSED.

Historic Actions

Subcutaneous methotrexate
Work is ongoing and is with the contracting team.

CDDFT Representatives to APC
Have now identified two deputies from CDDFT to attend APC if required. ITEM NOW CLOSED.

Osteoporosis Guideline
On today's agenda for approval.

Ciclosporin Eye Drops
No update required until July 2019.

Update to CD&D Drug Monitoring Document – Testosterone

A shared care guideline for testosterone is in progress and has been to the Formulary Subgroup who requested some changes.

Discussion took place on whether Testosterone should be AMBER or GREEN+. GPs feel strongly should be shared care but consultants feel GREEN+ more appropriate. It was noted no surrounding areas have as shared care.

It was agreed to circulate the draft shared care/information document to GPs for comment prior to full debate on the most appropriate RAG status at January 2019 APC.

ACTION:

- **GM to circulate the draft shared care/information document to GPs for comment prior to full debate on the most appropriate RAG status at January 2019 APC.**

Outpatient Prescribing Requests

CDDFT are having some IT issues with new structure of the outpatient letter therefore as an interim measure will adapt the current CDDFT Outpatient Treatment Recommendation form to make clear they have counselled patient on medication changes. The issue has been raised at the LMC and with the CDDFT Medical Director.

ACTION:

- **JH/Jenny Steele to present an update on progress implementing new format of outpatient letters and the continued need for the current Outpatient Treatment Recommendation forms at January 2019 APC.**

IBD Pathway

The paperwork is still being reviewed to ensure that have record of what has been agreed and ok to deviate from NICE guidance.

Antimicrobial Resistance and Performance Locally Against National Targets

Report will be presented to APC in January 2019.

Palliative Care Medicines Review

The list of participating pharmacies is still being reviewed by the LPC taking into account opening hours and location in order to provide optimum coverage. The LPC is also reviewing the current payment system.

Algorithm for the Pharmacological Management of Depression in Children and Young People

Link through to Transfer of Prescribing document has now been added. ITEM NOW CLOSED.

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 to be 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

Homely Remedies Policy
On today's agenda.

Part 2 – Mental Health

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

2b TEWV Medicines Optimisation Annual Report 2017/18
Circulated for information.

2c TEWV Safe transfer of prescribing guidance
The document has had some minor updates and was circulated for information.

2d Lithium Audit in County Durham
The APC discussed supported the proposed action plan to review those patients on lithium solely managed by their GP, and encouraging that their care in future be shared with mental health.
It noted that the audit will be repeated in April 2019.
ACTION:

- **JS to add information to GPs on the risks they are taking if they continue to solely manage lithium patients outside of the shared care guideline.**

Part 3 – General

3a Appeals against previous APC decisions
None received.

3b Update from Formulary Subgroup for November 2018 APC
This was presented to the group and the following actions were taken by the APC:

Formulary Updates since September 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
TA534: Dupilumab for treating moderate to severe atopic dermatitis (30 day TA) **Commissioning: CCGs** Dupilumab is recommended as an option for treating moderate to severe atopic dermatitis in adults, only if: • the disease has not responded to at least 1 other systemic therapy, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are contraindicated or not tolerated Stop dupilumab at 16 weeks if the atopic dermatitis has not responded adequately. An adequate response is: • at least a 50% reduction in the Eczema Area and Severity Index score (EASI 50) from when treatment started and • at least a 4−point reduction in the Dermatology Life Quality Index (DLQI) from when treatment started.	01/08/2018	Not on formulary	Add to formulary as a RED drug in chapter 13.5.3 with link to TA534

TA535: Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine **Commissioning: NHS England** Lenvatinib and sorafenib are recommended as options for treating progressive, locally advanced or metastatic differentiated thyroid cancer (papillary, follicular or Hürthle cell) in adults whose disease does not respond to radioactive iodine, only if: • they have not had a tyrosine kinase inhibitor before or • they have had to stop taking a tyrosine kinase inhibitor within 3 months of starting it because of toxicity (specifically, toxicity that cannot be managed by dose delay or dose modification). • the companies provide them according to the commercial arrangements. This recommendation is not intended to affect treatment with lenvatinib or sorafenib that was started in the NHS before this guidance was published.	08/08/18	On formulary in chapter 8.1.5 as RED drugs	Add link to chapter 8.1.5 under both lenvatinib & sorafenib.
TA536: Alectinib for untreated ALK-positive advanced non-small-cell lung cancer **Commissioning: NHS England** Alectinib is recommended, within its marketing authorisation, as an option for untreated anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides alectinib according to the commercial arrangement.	08/08/18	Not on formulary	Add to formulary as a RED drug in chapter 8.1.5 with link to TA536

TA537: Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs **Commissioning: CCGs** Ixekizumab alone, or with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults, only if: • it is used as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (recommendations 1.1 and 1.2) or • the person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after the first 12 weeks or • TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis). • the company provides it according to the commercial arrangement. Assess the response to ixekizumab after 16 weeks of treatment. Only continue treatment if there is clear evidence of response, defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria.eople whose disease has a Psoriasis Area and Severity Index (PASI) 75 response but whose PsARC response does not justify continuing treatment should be assessed by a dermatologist, to determine whether continuing treatment is appropriate based on skin response	08/08/18	On formulary in chapter 13.5.3 as a RED drug for treatment of psoriasis.	Add to formulary as a RED drug in chapter 10.1.3 with a link to TA537
TA538: Dinutuximab beta for treating neuroblastoma **Commissioning: NHS England** Dinutuximab beta is recommended as an option for treating high-risk neuroblastoma in people aged 12 months and over whose disease has at least partially responded to induction chemotherapy, followed by myeloablative therapy and stem cell transplant, only if: • they have not already had anti-GD2 immunotherapy and • the company provides dinutuximab beta according to the commercial arrangement This recommendation is not intended to affect treatment with dinutuximab beta that was started in the NHS before this guidance was published.	22/08/18	Not on formulary	Add to formulary as a RED drug in chapter 8.2.4 with link to TA538

TA539: Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours **Commissioning: NHS England** Lutetium (177Lu) oxodotreotide is recommended, within its marketing authorisation, as an option for treating unresectable or metastatic, progressive, well-differentiated (grade 1 or grade 2), somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumours (NETs) in adults. It is recommended only if the company provides it according to the commercial arrangement.	29/08/18	Not on formulary	Add to formulary as a RED drug in chapter 8, with link to TA539.
TA540: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma **Commissioning: NHSE** Pembrolizumab is not recommended for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had autologous stem cell transplant and brentuximab vedotin. Pembrolizumab is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had brentuximab vedotin and cannot have autologous stem cell transplant, only if: • pembrolizumab is stopped after 2 years of treatment or earlier if the person has a stem cell transplant or the disease progresses, and • the conditions in the managed access agreement for pembrolizumab are followed.	03/09/118	On formulary in chapter 8.1.5 as a RED drug.	Add link to TA540 to chapter 8.1.5
TA541: Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia **Commissioning: NHSE** Inotuzumab ozogamicin is recommended, within its marketing authorisation, as an option for treating relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukaemia in adults. People with relapsed or refractory Philadelphia-chromosome-positive disease should have had at least 1 tyrosine kinase inhibitor.	19/09/18	Not on formulary	Add to formulary in chapter 8.1.5 as a RED drug.
NG102: Community pharmacies: promoting health and wellbeing **Commissioning: local authorities** This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.	02/08/18	For info	No action required.

NG103: Flu vaccination: increasing uptake **Commissioning: NHS England** This guideline covers how to increase uptake of the free flu vaccination among people who are eligible. It describes ways to increase awareness and how to use all opportunities in primary and secondary care to identify people who should be encouraged to have the vaccination.	22/08/18	For info	No action required.
NG104: Pancreatitis **Commissioning: CCGs** This guideline covers managing acute and chronic pancreatitis in children, young people and adults. It aims to improve quality of life by ensuring that people have the right treatment and follow-up, and get timely information and support after diagnosis.	05/09/18	For info	No action required.
NG105: Preventing suicide in community and custodial settings **Commissioning: CCGs, local authorities & NHS England** This guideline covers ways to reduce suicide and help people bereaved or affected by suicides. It aims to: • help local services work more effectively together to prevent suicide • identify and help people at risk • prevent suicide in places where it is currently more likely. It does not cover national strategies, general mental wellbeing, or areas covered by other NICE guidance such as self-harm or mental health conditions. This guideline should be read in conjunction with Public Health England's Local suicide prevention planning: a practice resource.	10/09/18	For info	
NG106: Chronic heart failure in adults: diagnosis and management **Commissioning: CCGs** This guideline covers diagnosing and managing chronic heart failure in people aged 18 and over. It aims to improve diagnosis and treatment to increase the length and quality of life for people with heart failure. This guideline updates and replaces NICE guideline CG108 (August 2010).	12/09/18	Contains recommendations on use of diuretics, calcium-channel blockers, amiodarone, anticoagulants and vaccinations.	Add link to NG106 to chapter 2.5.5
Drug Safety Advice	**Date issued**	**Current formulary status**	**Recommended action for APC**
Esmya (ulipristal acetate) and risk of serious liver injury: new restrictions to use and requirements for liver function monitoring before, during, and after treatment	24/08/18	On formulary in chapter 6.4.1 as a GREEN plus drug. Formulary currently has warning in place against initiation in new patients.	Review position of Esmya following outcome of MRHA safety review.

Letters and drug alerts sent to healthcare professionals in July 2018 In July 2018, the following letters were sent from licence holders to healthcare professionals about the safety of medicines: • Valproate (Epilim▼, Depakote▼): new restrictions on use; pregnancy prevention programme to be put in place (for specialists and specialist nurses managing patients treated with valproate medicines and general practitioners who provide primary care to these patients) • Valproate (Epilim▼, Depakote▼): new restrictions on use: pregnancy prevention programme; important actions for pharmacists • Tecentriq▼(atezolizumab): Restriction of indication for the treatment of locally advanced or metastatic urothelial carcinoma in adults who are not eligible for cisplatin-containing chemotherapy • Spinraza▼ (nusinersen): reports of communicating hydrocephalus not related to meningitis or bleeding	24/08/18	For info	No action required.
Valproate Pregnancy Prevention Programme: actions required now from GPs, specialists, and dispensers Valproate medicines must not be used in women of childbearing potential unless the Pregnancy Prevention Programme is in place. If you are involved in the care of female patients on valproate in the UK, see a reminder of actions required for this medicine. You should have received a pack of information materials for patients—if you have not yet received a pack, or if you are near to running out of any materials, you should order more using the details provided in the article.	25/09/18	On formulary in chapter 4 as a GREEN or GREEN plus drug.	Add link to MHRA advice to formulary
Xofigo▼ (radium-223-dichloride): new restrictions on use due to increased risk of fracture and trend for increased mortality seen in clinical trial Now only authorised for use in patients with symptomatic bone metastases and no known visceral metastases who have had 2 previous systemic treatments for metastatic castration-resistant prostate cancer or who cannot receive other systemic treatments. Do not use in combination with abiraterone acetate and prednisone/prednisolone.	25/09/18	Not on formulary	No action required.

Daclizumab beta (Zinbryta▼): risk of immune-mediated encephalitis – some cases several months after stopping treatment Monitoring for encephalitis should continue for 12 months following discontinuation of daclizumab. Inform all patients who have discontinued daclizumab and their caregivers of the common symptoms of encephalitis and the need to contact their doctor immediately if they occur.	25/09/18	Not on formulary NB: the manufacturers of daclizumab have voluntarily withdrawn the marketing authorisation.	No action required.
Nusinersen (Spinraza▼): reports of communicating hydrocephalus; discuss symptoms with patients and carers and investigate urgently Advise patients and their caregivers to seek urgent medical attention if any signs or symptoms of communicating hydrocephalus develop during nusinersen therapy for spinal muscular atrophy. Patients with communicating hydrocephalus may require treatment with a cerebrospinal fluid (CSF) shunt.	25/09/18	Not on formulary	No action required.
Letters and drug alerts sent to healthcare professionals in August 2018 In August 2018, the following letters were sent from marketing authorisation holders to healthcare professionals about the safety of medicines: • Esmya (ulipristal acetate): new contraindication, requirements for liver monitoring and restricted indication • Xofigo (radium-223-dichloride): new restrictions on use due to increased risk of fracture and trend for increased mortality • Daclizumab beta (Zinbryta▼): Cases of immune-mediated encephalitis, including anti-NMDA receptor encephalitis, reported several months after discontinuation of treatment • Alteplase (Actilyse) in acute ischaemic stroke: Important information on extension to use in adolescents (≥16 years) and request for data collection In August 2018, MHRA issued the following Alerts and recalls for drugs: • Nutriflex Omega Special 2500 ml: Company-led recall 20 August 2018 – B. Braun Medical Ltd are recalling specific batches of Nutriflex Omega Special 2500 ml as it has been identified that these may have an out of specification result in the glucose chamber at the end of their shelf life. • Nutriflex Lipid Special without Electrolytes 2500 ml: Company-led recall 23 August 2018 – B. Braun Medical Ltd are recalling specific batches of Nutriflex Lipid Special without Electrolytes 2500 ml as it has been identified that these may have an out of specification result in the glucose chamber at the end of their shelf life	25/09/18	For info	No action required.

NHS Patient Safety Alerts	Date issued	Current formulary status	Recommended action for APC
Resources to support safer bowel care for patients at risk of autonomic dysreflexia. A resource Patient Safety Alert has been issued to support safer provision of bowel care for patients at risk of autonomic dysreflexia.	25/07/18		No action required.
Resources to support safe and timely management of hyperkalaemia A resource Patient Safety Alert has been issued to support safe and timely management of hyperkalaemia (high level of potassium in the blood).	09/08/18		No action required.
Requested formulary amendments	**BNF Chapter**	**Reasoning**	**Recommended action for APC**
Opicapone – add to formulary	4.9.1	Add to formulary for treatment of Parkinson's disease – second or third line - used in patients who have tried and failed on entacapone. Green hospital initiated and first supply must be from specialist. 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
Enoxaparin BECAT name change to AROVI	2.8.1		Approve name change on formulary.
Adrenaline autoinjectors – add Emerade® to the formulary	3.4.3.1	Add to formulary due to current supply issues with Epipen and Jext. Add 500microgram strength as per NoT formulary for use in the emergency treatment of anaphylaxis for patients with a BMI of >40 or who have required more than one auto-injector previously to control symptoms. Specialist immunologist initiation only.	Add to formulary as GREEN drug during current supply issues. Add Emerade 500microgram as per NoT 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 – Plenvu®

An application for Plenvu® for Bowel cleansing prior to Colonoscopy and also for CT Virtual Colonoscopy in those patients who cannot tolerate Moviprep was approved as a RED drug on the formulary.
Plenvu will be considered as an alternative to Moviprep in patients who cannot have Picolax.
The intention is not to have this as an option in the current bowel preparations protocol nor is the intention to add nor is the intention to add this product
to the current PGD for bowel preparations. Plenvu will be reserved to prescribing by a consultant.

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

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

- Ferric Maltol for the treatment of iron-deficiency anaemia in Inflammatory Bowel Disease only (updated) – Agreed to change from RED to GREEN+ on formulary as per NTAG recommendation.
- Ferric Maltol for the treatment of iron-deficiency anaemia in patients without Inflammatory Bowel Disease – agreed to add to formulary as GREEN+ as per NTAG recommendation.
- Lycra Garments for the management of cerebral palsy and other neurological or musculoskeletal conditions (reviewed)
- Transcutaneous vagus nerve stimulation for treatment of cluster headache and migraine (updated)

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.**

3f CDDFT CSTC Update September 2018 – verbal update

A verbal update was given.
It was noted that VTE work needs to go to CSTC before it comes to APC in January 2019.

3g RMOC Update

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

- London RMOC Update – July 2018
- Midlands & East RMOC Update – September 2018

3h Collaborative Working with Tees Medicines Governance Group

A draft paper to go to CCG and Trust Executive Committee was presented to the group for comment. The paper presents some proposal for moving forward with collaborative working with Tees Medicines Governance Group by 1st April 2019.
Comments raised during discussion were:

- Challenge will be getting clinicians from the Trusts to work together on guidelines
- Need to include reference to NEAS as CD&D APC is the body for approving changes to

some of their formulary
- Should the first stage be to harmonise formularies with primary care in Tees and then incorporate secondary care formularies in Tees later

The Chair will feed these comments back and ensure APC views are represented as this work progresses.

3i Free of Charge Medicines Scheme Policy

After consideration by the High Cost Drugs Subgroup the APC agreed to adopt this RMOC Free of Charge Medicines Scheme Policy supported by a local pathway for handling requests. Requests should come via Formulary Subgroup and then to APC.

ACTION:
- **BW to develop a local template/pathway for consideration of medicines falling under the Free of Charge Medicines Scheme Policy**

Part 4 – Physical Health

4a Homely Remedies Policy

The final draft of a Homely Remedies Policy for Nursing Homes in County Durham was presented and approved by the APC subject to the following change:
- Removal of page 19 as not needed.

4b Denosumab Primary Care Prescribing Guideline

The final draft of a CD&D Denosumab Primary Care Prescribing Guideline was presented to the APC.

After discussion the APC agreed needs to go to back to specialists with recommendation that be GREEN+ not GREEN as proposed. GPs felt strongly that patients should be assessed by secondary care specialist before they are asked to prescribe Denosumab as numbers of patients per practice expected to be very low, and very difficult for GP to assess these patients in 10 minute appointment. The prime concern of GPS is that of patient safety and clinician safety, the funding of GPs for administering Denosumab is a secondary concern.

ACTION:
- **DN to take concerns back to working group with suggested Denosumab needs to be GREEN+ with initial patient assessment done by specialist.**

4c CD&D Osteoporosis Guideline

The final draft of a CD&D Osteoporosis Guideline was presented and approved by the APC subject to the following minor changes:
- Update alcohol recommendations on page 2
- Clarify Amber/Red box and associated arrows on flowchart
- Micrograms to be spelt in full
- Use greater than or less than as words rather than symbols

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

4d Contractual Commissioning Intentions – Adalimumab

Circulated for information

4e Update on Restriction of Gluten Free Prescribing

Circulated for information. It was note that the CD&D Policy already restricts prescribing to flour and bread mixes.

Part 5 – Standing items (for information only)

5a Formulary Steering Group Minutes August 2018
For information.

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

5c CD&D FT Clinical Standards and Therapeutics Committee Minutes June 2018
For information.

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

5e NTAG Minutes February 2018
For information.

5f RDTC Horizon scanning – September & October 2018
For information.

5g MHRA Drug Safety Update – August & September 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 – Feb to June 2018
For information.

5k ND & DDES Joint Medicines Optimisation Subcommittee Minutes
Not yet available.

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

5m CD&D APC Meeting Dates 2019
For information.

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

- CD&D Dressing Formulary
- Palliative Care Electronic Kardex

Any Other Business
Insulin Fiasp®
Insulin Fiasp was approved for addition to the formulary as RED drug for use diabetic type1 pregnant patients in July 2018.
The APC is asked to review this decision and consider extending use a GREEN+ basis to type 1 patients pre-pump or with a pump.
It was agreed that the clinicians should prepare their case for this change and submit together with proposal to add Insulin Lispro Sanofi® biosimilar to go to the December 2018 Formulary Subgroup meeting for discussion

Date and time of next meeting:
Thursday 3rd January 2019, 9am – 12noon Board Room, Appleton House, Durham