



## County Durham and Tees Valley Area Prescribing Committee

Thursday 12<sup>th</sup> September 2019

9am – 11.30am

Memorial Hall Boardroom at Darlington Memorial Hospital

### Present

Name	Job Title	Membership Capacity	Organisation	July 2019	Sep 2019
David Russell	GP Prescribing Lead	Clinician	Darlington CCG	✓	✓
Deborah Giles	Medicines Optimisation Pharmacist	Pharmacist	Darlington CCG	Dan Newsome	✓
Peter Foster	GP Prescribing Lead	Clinician	DDES CCG	✓	✓
Kate Huddart	Senior Pharmaceutical Advisor	Pharmacist	DDES CCG	✓	✓
Mark Duggleby	GP	Clinician	HRW CCG		
Susan Broughton	HRW CCG Lead Pharmacist: Planning and Delivery	Pharmacist	HRW CCG	Ken Latta	✓
Rupert Smith	GP Prescribing Lead	Clinician	HAST CCG	A	A
Micheala Connolly	Clinical Pharmacist	Pharmacist	HAST CCG	✓	Angela Dixon
Ian Davidson (Chair)	Medical Director	Clinician	N Durham CCG	✓	✓
Joan Sutherland	Medicines Optimisation Lead	Pharmacist	N Durham CCG	✓	✓
Janet Walker	Medical Director	Clinician	S Tees CCG	A	✓
Alastair Monk	Medicines Optimisation Pharmacist	Pharmacist	S Tees CCG	✓	✓
Shafie Kamaruddin	Consultant & Chair of CSTC	Clinician	CDDFT	✓	✓
Jamie Harris	Chief Pharmacist	Pharmacist	CDDFT	✓	Bev Walton
		Clinician	NTHFT		
Chris Mallon	Formulary Pharmacist	Pharmacist	NTHFT	✓	✓
		Clinician	STFT		
Helen Jones	Chief Pharmacist	Pharmacist	STFT	✓	✓
Baxi Sinha		Clinician	TEWVFT	✓	Kath Currah
Chris Williams	Chief Pharmacist	Pharmacist	TEWVFT	✓	Ruth Head
Julie Birch or Tanya Johnston	GP	LMC rep		✓ TJ	✓ TJ
Rob Pitt	Community Pharmacist	LPC rep – County Durham		✓	A
Brent Foster	Community Pharmacist	LPC rep – Tees		A	✓
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham County Council	✓	A
Chris Cunnington - Shore		Service User Rep – County Durham		✓	Brewis Henderson
		Service User Rep - Tees			
Mark Pickering	Chief Finance Officer	Commissioning & Finance Rep	DDES CCG	✓	Mark Booth

Rosie England	Chief Pharmacist	NEAS	NEAS		A
		Chair of FSG			
Ian Morris	Senior Medicines Optimisation Pharmacist	NECS	NECS	✓	✓
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	Regional Drug & Therapeutics Centre, Newcastle	✓	✓

### **In attendance**

Nil

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**

#### **1. Apologies for absence:**

Chris Williams, Baxi Sinha, Micheala Connolly, Rupert Smith, Rob Pitt, Jamie Harris, Claire Jones, Mark Pickering

#### **2. 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:**

*Item 4: Matters Arising: Letter from Derwentside PCN – Ian Davidson is GP in Derwentside PCN but agreed could participate in discussion as this was issue relevant to all PCNs and Trusts.*

*Item 14: Susan Broughton is a NICE Medicines and Prescribing Associate – agreed as this is a general role could participate in discussion and local decision making around implementing NICE TAs and guidance.*

#### **3. Minutes and Decision Summary of the Previous APC Meeting Held 11<sup>th</sup> July 2019**

The minutes were accepted as a true and accurate record.

The decision summary of the July 2019 meeting was accepted as a true and accurate record.

#### **4. Matters Arising Not On the Agenda**

##### **Outpatient Treatment Recommendations**

It was noted that following the correspondence received from Derwentside PCN discussed under APC at the last APC meeting CDDFT have ceased to use Outpatient Treatment

Recommendation Forms as of 1<sup>st</sup> September 2019. CDDFT are using clinical letters or FP10s for urgent items to communicate to GPs about medication changes following an outpatient consultation.

TEWV are continuing to discuss within their organisation and with the PCN what changes they need to make to their current processes on this issue.

## 5. Action Log

### APC Terms of Reference Including Governance Arrangements

It has been confirmed that the APC will report to the Combined Management Group of the Southern Collaborative of CCGs and the APC will have a financial level of delegated authority of £200,000 per annum in total per decision across the 5 County Durham & Tees CCGs.

#### **ACTION:**

- **RDTc to circulate and publish final approved APC Terms of Reference.**
- **SB to confirm accountability arrangements and financial level of decision making for HRW CCG.**

### Valproate Pregnancy Prevention Programme and TEWV Shared Care (updated)

Links on formulary website and NECS websites have been updated. ITEM NOW CLOSED.

### TEWV Anxiety Medication Pathway for Adults (updated)

Links on formulary website and NECS websites have been updated. ITEM NOW CLOSED.

### TEWV Safe Lithium Prescribing and Shared Care

Links on formulary website and NECS websites have been updated. ITEM NOW CLOSED.

### Shared Care Guidelines for Approval

Updated County Durham Azathioprine Shared Care Guideline has been added to NECS website. ITEM NOW CLOSED.

TEWV Melatonin shared care guideline is going to Sept 2019 STHFT D&T.

### Paediatric Asthma Guidelines – adoption by Tees

Guideline has been added to NECS website. ITEM NOW CLOSED.

### Development of APC Workplan

On today's agenda for discussion.

### County Durham and Tees Valley APC Position Statement on Prescribing in Persistent Pain

Comments still awaited from Public Health and from Tees CCGs.

#### **ACTION:**

- **AD to consult further across Teesside on the draft APC Position Statement on Prescribing in Persistent Pain.**
- **CJ to seek comments from Public Health.**

### Lithium Audit in County Durham

On today's agenda for discussion. ITEM NOW CLOSED.

### Testosterone

Draft guideline to support the GREEN+ status for testosterone when used for licensed indications is currently in development and a meeting is planned to take this forward in the next few weeks.

## 6. Declarations of Interest Policy

A draft Declarations of Interest Policy for the APC and its subgroups was presented to and approved by the AOB. The policy is intended to ensure that the decision making of the County

Durham & Tees Valley Area Prescribing Committee is of the highest standard and is open, transparent and any potential or actual conflicts of interest are declared by members. It is based on existing policies from GMMMG, North of Tyne, NTAG and the previous CD&D APC policy.

**ACTION:**

- **RDTC to circulate and publish final approved version of Declarations of Interest Policy.**
- **RDTC to circulate Annual Declarations of Interest Form to members for completion prior to Nov 2019 APC meeting.**

**7. Formulary & Guidelines Subgroup Terms of Reference**

The final draft Formulary & Guidelines Subgroup Terms of Reference were presented to and approved by the APC with an initial review date of six months.

**ACTION:**

- **RDTC to circulate and publish final approved Formulary & Guidelines Subgroup Terms of Reference.**

**Part 2 – Mental Health**

**8. TEWV Drug & Therapeutics Committee Feedback – July 2019**

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

**9. TEWV Bipolar Medication Pathway for Adults**

A draft pathway was presented to the APC for comment. It is going to the September 2019 TEWV D&T for approval. The pathway as endorsed by the APC provided there are no significant changes. It was suggested that the RAG status of the drugs should be added.

**ACTION:**

- **RDTC to arrange for links on formulary website and NECS websites once approved by TEWV D&T.**

**10. TEWV Discharge on Psychotropic Medication Algorithm**

A flowchart developed by TEWV to guide the length of supply required at in-patient discharge from TEWV, to support appropriate transfer of care to community teams or primary care, was endorsed by the APC.

**ACTION:**

- **RDTC to arrange for links on formulary website and NECS websites to updated.**

**11. TEWV Dexamfetamine Shared Care**

A new document, completing the set of shared care guidelines for ADHD medication, was approved by the APC.

**ACTION:**

- **RDTC to arrange for links on formulary website and NECS websites once approved by TEWV D&T.**

**12. TEWV Clozapine Annual Review Checklist**

This new checklist to be completed by specialists and shared with GPs for information was approved by the APC. It was agreed that the changes to smoking status section should state if smoking cessation advice has been given.

**Part 3 – Formulary Issues****13. Appeals against previous APC decisions**

None received.

**14. NICE TAs and MHRA Drug Safety Update – July 2019**

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

<b>NICE Technology Appraisal/Guidance Title and date published</b>	<b>Date issued</b>	<b>Current formulary status</b>	<b>Recommended action for APC</b>
<p><a href="#">TA588: Nusinersen for treating spinal muscular atrophy</a>  <b>Commissioning: NHSE</b>            Nusinersen is recommended as an option for treating 5q spinal muscular atrophy (SMA) only if:</p> <ul style="list-style-type: none"> <li>people have pre-symptomatic SMA, or SMA types 1, 2 or 3 and</li> <li>the conditions in the managed access agreement are followed</li> </ul>	24/07/19	CDD: not on formulary Tees: not on formulary	Add to formulary in chapter 10.2 as a RED drug, with link to TA588
<p><a href="#">TA589: Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity</a>  <b>Commissioning: NHSE</b>            Blinatumomab is recommended as an option for treating Philadelphia-chromosome-negative CD19-positive B-precursor acute lymphoblastic leukaemia in adults with minimal residual disease (MRD) of at least 0.1%, only if:</p> <ul style="list-style-type: none"> <li>the disease is in first complete remission and</li> <li>the company provides blinatumomab according to the commercial arrangement</li> </ul> This recommendation is not intended to affect treatment with blinatumomab that was started in the NHS before this guidance was published.	24/07/19	CDD: on formulary in chapter 8.1.5 as a RED drug in line with TA450 Tees: on formulary in chapter 8.2.3 as a RED drug, in line with TA450	Add link to TA589 to formulary in chapter 8.2
<b>Drug Safety Advice</b>	<b>Date issued</b>	<b>Current formulary status</b>	<b>Recommended action for APC</b>
<p><a href="#">Febuxostat (Adenuric): increased risk of cardiovascular death and all-cause mortality in clinical trial in patients with a history of major cardiovascular disease</a>            Avoid treatment with febuxostat in patients with pre-existing major cardiovascular disease (for example, myocardial infarction, stroke, or unstable angina), unless no other therapy options are appropriate.</p>	17/07/19	CDD: On formulary in chapter 10.1.4 as a GREEN alternative  Tees: On formulary in chapter 10.1.4 as a GREEN drug	Add link to MHRA advice to chapter 10.1.4
<p><a href="#">Tocilizumab (RoActemra): rare risk of serious liver injury including cases requiring transplantation</a>            Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels should be measured before starting treatment with tocilizumab and monitored every 4–8 weeks for the first 6 months of treatment followed by every 12 weeks thereafter.</p>	17/07/19	CDD: On formulary in chapter 10.1.3 as a RED drug.  Tees: On formulary in chapter 10.1.3 as a RED drug.	Add link to MHRA advice to chapter 10.1.3
<p><a href="#">Rivaroxaban (Xarelto): reminder that 15 mg and 20 mg tablets should be taken with food</a>            MHRA has received a small number of reports suggesting lack of efficacy (thromboembolic events) in patients taking 15 mg or 20 mg rivaroxaban on an empty stomach; remind patients to take 15 mg or 20 mg rivaroxaban tablets with food.</p>	17/07/19	CDD: On formulary in chapter 2.8.2 as a GREEN drug  Tees: On formulary in chapter 2.8.2 as a GREEN drug	Add link to MHRA advice to chapter 2.8.2

<p><a href="#">Letters and drug alerts sent to healthcare professionals in June 2019</a></p> <ul style="list-style-type: none"> <li>• Myocrisin permanent discontinuation</li> <li>• Cerliponase alfa (Brineura ▼): temporary change in packaging</li> <li>• Darzalex▼ (daratumumab) and risk of reactivation of hepatitis B virus</li> <li>• Retinoids ▼ (Acitretin, Adapalene, Alitretinoin, Bexarotene, Isotretinoin, Tretinoin, and Tazarotene): risk of teratogenicity and neuropsychiatric disorders</li> <li>• Febuxostat (Adenuric): increased risk of cardiovascular death and all-cause mortality in patients treated with febuxostat in the CARES study</li> <li>• FMD Alert: Class 2 (MDR 123-05/19). Issued 27 June 2019. Medicines have been taken out of the regulated medicines supply chain during distribution. Recall at patient level: Clexane 8000iu Injection 0.8ml; Neupro 4mg/24 hr patches; and Vimpat 100mg tablets. Recall at pharmacy level Dovobet Gel, Incruse Inhaler, Provisacor (Crestor) 10mg Tablets, Seebri Breezhaler, and Spiriva Inhalation Powder.</li> <li>• Class 2 Medicines Recall – Paracetamol 500mg Tablets, 1 x 1000 PL 04077/0001 (MDR 13-04/19). Issued 13 June 2019. Batches listed in the alert are being recalled because a small number of pots from each batch have been found to contain discoloured tablets due to fungal contamination.</li> <li>• Company led drug alert – Docetaxel Injection 160mg /16ml and Docetaxel Injection 20mg / 2ml. Issued 24 June 2019. Batches listed in the alert are being recalled after routine stability testing identified that levels of a known impurity, 10-oxo-docetaxel, may exceed the acceptable level at end of shelf-life.</li> <li>• Class 4 Drug Alert – Baxter Potassium Chloride containing intravenous infusions. Issued 3 June 2019. A small number of infusion bags have been found to be missing red text to highlight the presence of potassium chloride.</li> <li>• Emerade: medicines defect information</li> </ul>	<p>17/07/19</p>	<p>For info</p>	<p>No further action</p>
<p><b>Requested formulary amendments</b></p>	<p><b>BNF Chapter</b></p>	<p><b>Reasoning</b></p>	<p><b>Recommended action for APC</b></p>
<p><b>Sodium Aurothiomalate (Myocrisin®) Injection</b> – remove from formulary</p>	<p>10.1.3</p>	<p>Recently been discontinued by the manufacturer and no licensed direct alternative is available. It was agreed to stand down the existing shared care for Sodium aurothiomalate and remove the product from the formulary as it has been discontinued. Existing patients should be switched to an alternative DMARD following advice/review from rheumatology.</p>	<p>Approve removal from formulary.</p>

<p>Melatonin – newly licensed products</p> <p><b>Melatonin 3 mg film coated tablets (Colonis Pharma)</b> – add to formulary as NOT APPROVED  <b>Melatonin 1 mg/mL oral solution (Colonis Pharma)</b> – add to formulary as NOT APPROVED  <b>Melatonin 1 mg and 5 mg prolonged release tablets (Slenyto®)</b> – seek formulary application from TEWV for licensed use in children with autism</p>	<p>4.1.1</p>	<p>BLACK for jet lag as not cost-effective use of NHS resources</p> <p>No change to Melatonin use in children as per current shared care guideline from TEWV. Melatonin First line (licensed product): Melatonin MR 2mg tablets (Circadin®) Circadin® can be crushed if unable to swallow tablets, swallowing difficulties or immediate release action is required (off-label). Second line only if crushing tablets inappropriate: Melatonin 5mg/5ml alcohol free oral solution (200ml) (unlicensed product)</p> <p>The new licensed oral liquid is unsuitable for use in children due to excipients e.g. propylene glycol</p>	<p>Add Colonis Pharma products to formulary as NOT APPROVED.</p> <p>The TEWV memo on the new melatonin products was circulated to APC for information.</p>
<p><b>Nebulised Gentamicin for non-CF bronchiectasis</b>          - asked by South Tees CCG to clarify the formulary status</p>	<p>5.1.4</p>	<p>Is already RED for this indication within County Durham &amp; Darlington. It was agreed that that recommendation to APC from formulary subgroup today is that nebulised gentamicin in bronchiectasis should be considered a RED drug as particular alcohol free brands need to be used and GP/Community Pharmacy may not always be aware of this. Also IV use is RED due to monitoring and potential toxicity issues.</p>	<p>Approve as RED drug</p>
<p><b>Potassium Iodide 60mg capsules</b> in addition to 300mg capsules already on formulary for this indication as RED drug.</p>	<p>13.1</p>	<p>Approved for neutrophilic dermatoses (Sweet syndrome and pyoderma gangrenosum) and panniculitis (including erythema nodosum and nodular vasculitis)          Dermatology only</p> <p>Unlicensed product</p>	<p>Approve as RED drug</p>

**ACTION:**

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

**15. Harmonisation of CD&D and Tees Formularies into one Single Formulary Chapter 6-10, 12, 14, 15, 16**

A small working group of pharmacists from APC stakeholder organisations has met to discuss and make a recommendation for the new harmonise formulary for those drugs where differences currently exist between CD&D Formulary and Tees.

The APC approved the recommended action to harmonise the formulary where differences currently exist between CD&D Formulary and Tees Formularies in BNF Chapters 6-10, 12, 14, 15, 16

Drugs where particular input from APC was sought were:

- Alendronate 70mg effervescent tablets – should it be included as an option? Agreed to

approve as a GREEN drug for patients with defined swallowing issues in whom the only other treatment option is IV bisphosphonates.

- Gender Dysphoria section – should this be included with drugs classed as AMBER Specialist Initiation? There is a regional guideline available from Newcastle for GPs. It was agreed to bring this back to the next APC meeting with the current NHSE commissioning position and status of local guidelines to inform the discussion.
- Demeclocycline for SIADH – would GPs be expected to continue to prescribe once started? It was agreed that GPs would not be expected to prescribe and so should be RED.

**ACTION:**

- **RDTTC to update the online formulary with the approved changes.**
- **RDTTC to bring regional guidelines on Gender Dysphoria available together with the current NHSE commissioning position to November 2019 APC for discussion.**

**16. Chapter 18 of Formulary – Miscellaneous Products – new chapter**

The APC approved the proposed Chapter 18 of CD&Tees Valley Formulary as recommended by the FSG which is based on the current STHFT Chapter 17 (Non-BNF) and Chapter 20 (unlicensed Medicines /Significant off-label use). It will contain products that do not fit neatly into any of the existing formulary chapters. There is no financial impact expected as proposed formulary status of these drugs reflects existing commissioning position in Durham & Tees. They are all in-tariff hospital only (RED drugs) with the exception of:

- Octenisan – Green drug – already Green in existing formularies
- Bisocodyl 0.274% rectal soln – already treated as AMBER SI for spinal injury patients by tertiary centre at South Tees

**ACTION:**

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

**17. HRT Section of Formulary – review**

The APC approved the suggested changes to the HRT section of formulary with the addition of:

- Oestrogen 0.06% gel (Oestrogel®),
- Progesterone 100mg & 200mg caps(Utrogestan®)
- Estradot® (Oestrogen twice weekly) patches.

**ACTION:**

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

**18. RAG Definitions and Poster**

The APC discussed and approved a document plus poster to support the RAG definitions used within the formulary, and provide some guidance on how these RAG categories are assigned locally. The intention is to launch the new RAG definitions when the new formulary website goes live in November 2019.

**ACTION:**

- **RDTTC to arrange for approved RAG definitions to be added APC pages of NECS website.**

**19. Launch of New Harmonised APC Formulary Website**

A verbal updated on the progress with the new harmonised APC Formulary Website was given. The new formulary website will go live on the 1<sup>st</sup> November 2019 and a link to a demo of the new website will shortly be shared with key stakeholders for any comments/feedback prior to the go-live date.



**20. New Drug Applications**

Magnesium Sulphate Pre-filled Syringes

Following approval at the July 2019 STHFT D&T the application for Magnesium Sulphate Pre-filled Syringes was approved as a RED drug for management of pre-eclampsia and eclampsia in pregnancy. It was noted that this will help manage the risks associated around the current supply issues with the magnesium sulphate 10% and 50% ampoules for injection.

Fresubin thickened level 2

Following approval at the July 2019 STHFT D&T the application for Fresubin thickened level 2 to be used to thicken oral fluids in to aid swallowing and prevent choking in patients with swallowing difficulties was approved as GREEN drugs. It is not expected to have any significant cost impact and the choice of thickener that is used will depend on the SALT assessment.

**ACTION:**

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

**21. NTAG Update**

Nil to report this month.

**22. RMOc Update**

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

- RMOc Newsletter Issue 6 – 2019
- RMOc Liothyronine Guidance – updated June 2019: the APC discussed local adoption and agreed this requires further work with Regional Endocrinology Group around how existing patients reviewed, plus need for shared care to support ongoing prescribing. Some consultants question the need in the guidance to refer patients to specialist for a review when the patient does not wish to stop or switch from liothyronine.

**ACTION:**

- **SK to raise with Regional Endocrinology Group and discuss regional implementation around how existing patients reviewed, plus need for shared care to support ongoing prescribing.**
- **SK to look to develop a list with Regional Endocrinology Group of Endocrinology Consultants who may be willing to review these patients on referral.**
- **Practice Pharmacist Teams to be asked to audit and identify potential patient numbers on liothyronine requiring a review.**

**23. CDDFT CSTC Update**

A Nil to report this month. .

**24. NTHFT D&T Update**

The July 2019 meeting was cancelled and the next meeting is the 20<sup>th</sup> September 2019.

**25. STHFT D&T Update**

The Chair's Action Log from the July 2019 STHFT D&T was circulated for information.

**26. Primary Care Prescribing Committee Updates**

The County Durham CCGs Prescribing Committee Update was circulated for information. The Tees CCGs are having their first joint CCG Prescribing Committee meeting this month.

**Part 4 – Shared Care and Guidelines (non-Mental Health)**

**27. Draft Shared Care Template**

The APC approved the new County Durham & Tees Valley APC Shared Care Template. This is based on the template currently used in both Tees and County Durham for shared care.

**ACTION:**

- **RDTC to arrange for approved Shared Care Template to be added APC pages of NECS website.**

**28. Shared Care Guidelines for Approval**

Ketamine in Palliative Care in County Durham

A Ketamine in Palliative Care Shared Care has been in development in County Durham & Darlington for a number of months to support the current AMBER shared care status in palliative care on the formulary.

It was agreed not to approve at this stage but to take back to CDDFT CSTC to understand more why this guideline is needed, and if indeed AMBER shared care status is appropriate for ketamine in palliative care. Use of ketamine is growing in North Durham CCG but not elsewhere and need to understand why this is and if it is appropriate particularly as ketamine is a controlled drug. It is one consultant driving use and is this appropriate, concerns that have shared care may legitimatise use and potentially lead to use in other areas not just palliative care e.g. chronic pain.

**ACTION:**

- **SK to discuss with CDDFT CTSC and CDDFT Palliative Care Team.**
- **JS to discuss with St Cuthbert's Hospice and Palliative Care Team in North Durham.**

Tees Cinacalcet for Primary hyperparathyroidism SCG

A reviewed and updated SCG was approved for use in Tees as the previous version had expired. It was noted there is already in-date CD&D version in place.

**ACTION:**

- **GF to arrange for updated Tees Cinacalcet for Primary hyperparathyroidism SCG to be added APC pages of NECS website.**

**Part 5 – Other Items of Business**

**29. Development of APC Workplan**

A list of suggested topics for inclusion in a workplan for the APC for the next 12 months was discussed and agreed. These will now be circulated to members and stakeholder organisation for prioritisation to scope need prior to final workplan being agreed.

The topics are:

- AF and Anticoagulant Guidelines - to review and update current local AF/Anticoagulant guidelines which have all expired.
- Guideline on prescribing and monitoring vitamins post bariatric surgery - to develop one sub-regional guideline for GPs on prescribing and monitoring vitamins post bariatric surgery.
- Review and update local guidance on choice of blood glucose meters
- Review and update CD&D + Tees DNP/Grey List - current CD&D list due for review Jan 2020, Tees due for review Oct 2020.
- Vitamin D Guidelines - to review and update County Durham & Tees Vitamin D guidelines which are due for review in Sept 2019.
- Erectile dysfunction - to review and confirm continued need for local erectile dysfunction guidelines.
- ACBS / Borderline Substances - look at work being done by PrescQIPP on ACBS / Borderline Substances and consider adapting for local use

**ACTION:**

- **APC members asked to consult with their respective organisations on suggested**

**topics for the APC for the next 12 months.**

**30. NHSE Guidance – Items which should not be routinely prescribed in primary care – version 2**

This updated guidance includes an update to the recommendations for 1 of the original items and recommendations for 7 new items.

Updated item

Rubefaciants (excluding topical NSAIDs and capsaicin) - Recommendations on rubefaciants were issued in November 2017. The recommendation was updated to highlight that capsaicin cream can be prescribed in line with NICE guidance and would therefore be excluded from the recommendations for rubefaciants.

New items

- Aliskiren
- Amiodarone -.
- Bath and shower preparations for dry and pruritic skin conditions
- Dronedarone
- Minocycline for acne
- Needles for pre-filled and reusable insulin pens.
- Silk garments.

It was agreed that formulary be updated to reflect this guidance and the Formulary Subgroup should look at local implementation.

**ACTION:**

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

**31. Cardiology Formulary**

The APC discussed adopting the existing South Tees Cardiology Formulary for use across the APC patch.

The Cardiology Formulary was approved by South Tees D&T in July 2019 and is written to help guide prescribing by the non-specialist working within and outside the cardiology area.

If the document was adopted across the APC patch then links to guidelines/referral forms used by the other Trusts would need adding.

It was agreed to seek comments from APC stakeholders to decide if an APC wide version is possible and discuss again at the next APC meeting.

**ACTION:**

- **APC members to send any comments on the document to HJ.**

**32. CD&D Catheter and Continence Care Formulary – updated Sept 2019**

The APC approved the updated CDD Catheter and Continence Care Formulary – V4 Sept 19. A full review on this formulary across the APC patch will be carried out in May 2020.

**ACTION:**

- **RDTC to arrange for updated CD&D Catheter and Continence Care Formulary to be added APC pages of NECS website.**

**33. 7 day prescribing and monitored dosage systems**

Local guidance for GPs and Community Pharmacies around appropriate use of 7 day Prescribing & Monitored Dosage Systems was approved.

**ACTION:**

- **DG to arrange for approved 7 day prescribing and monitored dosage systems guidance to be added APC pages of NECS website.**

**34. Lithium Audit in County Durham & Darlington**

At the request of County Durham and Darlington APC a previously conducted practice level audit of lithium prescribing was repeated in April/May 2019 in DDES and North Durham CCGs, and undertaken for the first time in Darlington CCG. A report was presented to the APC of the findings and actions from these audits in-line with the historical CDD APC action for information.

It was noted that TEWV are currently developing a Annual Lithium Review Checklist similar to the Clozapine Review Checklist discussed earlier.

#### **Part 6 – Standing items (for information only)**

- 35. Formulary Steering Group Minutes**  
None available.
- 36. TEWV D&T Minutes May 2019**  
For information.
- 37. TEWV Medicines Optimisation Annual Plain 2019-20**  
For information.
- 38. TEWV Medicines Optimisation Annual Report 2018-19**  
For information.
- 39. CDDFT Clinical Standards and Therapeutics Committee Minutes**  
Not yet available.
- 40. North Tees & Hartlepool Hospitals D&T Minutes – September 2019**  
Not yet available.
- 41. South Tees Hospitals D&T Minutes – July 2019**  
For information.
- 42. NTAG Minutes June 2019**  
Not yet available.
- 43. RDTC Horizon scanning – July 2019 & August 2019**  
For information.
- 44. NE&C CCG Prescribing Forum Minutes**  
Not yet available.
- 45. NEAS Medicines Group Minutes**  
Not yet available.

#### **Chairman's Action**

Nil

#### **Any Other Business**

##### Risankizumab NICE TA956 – 30 day implementation

The APC approved Risankizumab for treating moderate to severe plaque psoriasis for addition to the formulary as RED drug as per the 30 day NICE TA596 from 21.8.2019. It was noted that NICE expect no significant cost impact (<£9000 per 100,000 population) from this TA as it a further treatment option available at a similar price.

#### **ACTION:**

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

**Date and time of next meeting:**

Thursday 14<sup>th</sup> November 2019, 9am – 11.30am, Lecture Theatre, West Park Hospital, Darlington, DL2 2TS.