NHS
County Durham & Tees Valley Area Prescribing Committee

County Durham and Tees Valley Area Prescribing Committee

Thursday 14th November 2019
9am – 11.30am
Lecture Theatre, West Park Hospital, Darlington, DL2 2TS

Present

Name	Job Title	Membership Capacity	Organisation	July 2019	Sep 2019	Nov 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 & Chair of FSG	HAST CCG	Apologies	Apologies	✓
Micheala Connolly	Clinical Pharmacist	Pharmacist	HAST CCG	✓	Angela Dixon	Apologies
Ian Davidson (Chair)	Medical Director	Clinician	N Durham CCG	✓	✓	✓
Joan Sutherland	Medicines Optimisation Lead	Pharmacist	N Durham CCG	✓	✓	✓
Janet Walker	Medical Director	Clinician	Tees CCGs	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	✓ JB
Rob Pitt	Community Pharmacist	LPC Rep – County Durham		✓	Apologies	✓
Brent Foster	Community Pharmacist	LPC Rep – Tees		Apologies	✓	✓
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham County Council	✓	Apologies	✓
Chris Cunnington - Shore		Service User Rep – County Durham		✓	Brewis Henderson	Apologies
		Service User Rep - Tees				

Mark Pickering	Chief Finance Officer for Durham Dales, Easington and Sedgefield CCG and Darlington CCG	Commissioning & Finance Rep	County Durham & Tees CCGs	✓	Mark Booth	✓
Rosie England	Chief Pharmacist	NEAS	NEAS		Apologies	
Ian Morris	Senior Medicines Optimisation Pharmacist	NECS	NECS	✓	✓	Apologies
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:
Micheala Connolly, Chris Cunnington-Shore, Ian Morris.

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 9: 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.

Item 22: Shafie Kamaruddin - co-author of guideline. All members of CDDFT diabetes team receive funding from pharma companies to support masterclass programme and this is from all companies with diabetic drugs. Agreed could participate in discussion and local decision-making around guideline as no direct personal financial interest, and APC just being asked to approve guideline clinically today.

3. Minutes and Decision Summary of the Previous APC Meeting Held on 12th September 2019
The minutes were accepted as a true and accurate record, with correction of minor spelling mistakes.

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

4. Matters Arising Not On the Agenda

Nil.

5. Action Log

APC Terms of Reference Including Governance Arrangements
The final approved Terms of Reference have been published on the NECS website. ITEM NOW CLOSED.
It has been confirmed that the APC will have a financial level of delegated authority of £15,000 per annum in total per decision for Hambleton, Richmondshire & Whitby CCG. ITEM NOW CLOSED.

County Durham and Tees Valley APC Position Statement on Prescribing in Persistent Pain
On today's agenda.

Declarations of Interest Policy
Policy now circulated and published on NECS website. ITEM NOW CLOSED.
APC members reminded to submit any outstanding annual DoI forms by the end of November 2019.

Formulary & Guidelines Subgroup Terms of Reference
Have been circulated to stakeholders. ITEM NOW CLOSED.

TEWV Bipolar Medication Pathway for Adults
Link to guideline now added to formulary and NECS website. ITEM NOW CLOSED.

TEWV Discharge on Psychotropic Medication Algorithm
Link to guideline now added to formulary and NECS website. ITEM NOW CLOSED.

TEWV Dexamfetamine Shared Care
Link to guideline now added to formulary and NECS website. ITEM NOW CLOSED.

Gender Dysphoria Section of Formulary
On today's agenda.

RAG Definitions and Poster
Policy now circulated and published on NECS website. ITEM NOW CLOSED.

RMOC Liothyronine Guidance
Was discussed at October 2019 meeting of NE Endocrine Network. Looking at regional approach to implementation and review of T3 patients as part of a StR's ST3-5 project in New Year. Also exploring a single consultant in each unit being the single point of contact for T3 cases to improve consistency of care.

Draft Shared Care Template
Template now circulated and published on NECS website. ITEM NOW CLOSED.

Ketamine in Palliative Care in County Durham
On today's agenda.

Tees Cinacalcet for Primary Hyperparathyroidism SCG
Link to guideline now added to formulary and NECS website. ITEM NOW CLOSED.

Development of APC Workplan
On today's agenda.

Cardiology Formulary
On today's agenda.

CD&D Catheter and Continence Care Formulary – updated Sept 2019
Link to guideline now added to NECS website. ITEM NOW CLOSED.

7 Day Prescribing and Monitored Dosage Systems
Link to guideline now added to NECS website. Comments received from CD&D on today's agenda.

Testosterone
Draft a 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 hopefully.

Melatonin Shared Care Guideline
STHFT paeds team have agreed to adopt TEWV guideline. STHFT Neurology do not currently use shared care but discharge to GP once stable as feel their long-term use does not fit shared care model – this is current position in Tees for this group of patients. ITEM NOW CLOSED.

Part 2 – Mental Health

6. TEWV Drug & Therapeutics Committee Feedback – September 2019

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

Part 3 – Formulary Issues

7. Draft Formulary Application Form

The APC approved the new County Durham & Tees Valley Formulary Application Form. This is based on the form currently used in both Tees and County Durham. It has been commented on and approved by all stakeholder Trusts.
It was agreed to update the form shortly to expand the financial impact section for primary care to make it more useful for commissioners and approving drugs with an impact on primary care. This might also include requiring a signature for CCG financial approval before the application is finally approved by APC.

ACTION:

- **RDTC to circulate and arrange for approved Formulary Application Form to be added to APC pages of NECS website.**
- **RDTC/MP to work together to update form to expand the financial impact section for primary care.**

8. Appeals Against Previous APC Decisions

None received.

9. NICE TAs and MHRA Drug Safety Update – August & September 2019

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

NICE Technology Appraisal/Guidance Title and date published	Date issued	Current formulary status	Recommended action for APC
TA590: Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis **Commissioning: CCG (high cost drug)** Fluocinolone acetonide intravitreal implant is recommended, within its marketing authorisation, as an option for preventing relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye. It is recommended only if the company provides it according to the commercial arrangement.	31/07/19	Not on formulary	Add link to TA590 to formulary and include as a RED drug

TA591: Letermovir for preventing cytomegalovirus disease after a stem cell transplant **Commissioning: NHSE** Letermovir is recommended, within its marketing authorisation, as an option for preventing cytomegalovirus (CMV) reactivation and disease after an allogeneic haematopoietic stem cell transplant (HSCT) in adults who are seropositive for CMV. It is recommended only if the company provides it according to the commercial arrangement.	31/07/19	Not on formulary	Add to formulary as a RED drug in chapter 5.3.2.2, with link to TA591
TA592: Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma **Commissioning: NHSE** Cemiplimab is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced or metastatic cutaneous squamous cell carcinoma in adults when curative surgery or curative radiotherapy is not appropriate. It is recommended only if the conditions in the managed access agreement are followed. Treatment with cemiplimab should be continued until disease progression or for up to 24 months (whichever is sooner).	07/08/19	Not on formulary	Add to formulary as RED drug in chapter 8.2.4 with link to TA592
TA593: Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer **Commissioning: NHSE** Ribociclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in people who have had previous endocrine therapy only if exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and the conditions in the managed access agreement for ribociclib with fulvestrant are followed.	14/08/19	On formulary in chapter 8.1.5 as a RED drug	Add link to TA593 to formulary
TA594: Brentuximab vedotin for untreated advanced Hodgkin lymphoma (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation about the use in the NHS of brentuximab vedotin for untreated advanced Hodgkin lymphoma because Takeda did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because it considers that, at this time, there is insufficient evidence to provide a UK submission for this appraisal. The company has confirmed that it does not intend to make a submission for the appraisal until data from a key study in this indication are available in June 2021.	14/08/19	On formulary in chapter 8.1.5 as a RED drug	Add link to TA594 to formulary highlighting NOT APPROVED for this indication
TA595: Dacomitinib for untreated EGFR mutation-positive non-small-cell lung cancer **Commissioning: NHSE** Dacomitinib is recommended, within its marketing authorisation, as an option for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides it according to the commercial arrangement.	14/08/19	Not on formulary	Add to formulary in chapter 8.1.5 as a RED drug, with link to TA595

TA597: Dapagliflozin with insulin for treating type 1 diabetes **Commissioning: CCG** Dapagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m2 when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if: • they are on insulin doses of more than 0.5 units/kg of body weight/day and • they have completed a structured education programme that is evidence-based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis • treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes Assess haemoglobin A1c (HbA1c) levels after 6 months and regularly after this. Stop dapagliflozin if there has not been a sustained improvement in glycaemic control (that is, a fall in HbA1c level of at least 0.3%).	28/08/19	On formulary in chapter 6.1.2.3 as a GREEN alternative drug	Add link to TA597 to formulary as an AMBER SI drug for this this indication
TA598: Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy **Commissioning: NHSE** Olaparib is recommended for use within the Cancer Drugs Fund as an option for the maintenance treatment of BRCA mutation‑positive, advanced (FIGO stages 3 and 4), high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy in adults. It is recommended only if the conditions in the managed access agreement for olaparib are followed.	28/08/19	On formulary in chapter 8.1.5 as a RED drug	Add link to TA598 to formulary

TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia
Commissioning: CCG
Sodium zirconium cyclosilicate is recommended as an option for treating hyperkalaemia in adults only if used:
• in emergency care for acute life-threatening hyperkalaemia alongside standard care or
• in outpatient care for people with persistent hyperkalaemia and chronic kidney disease stage 3b to 5 or heart failure, if they:
  ○ have a confirmed serum potassium level of at least 6.0 mmol/litre
  ○ are not taking an optimised dosage of renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia and
  ○ are not on dialysis
Sodium zirconium cyclosilicate is recommended only if the company provides it according to the commercial arrangement.
In outpatient care, stop sodium zirconium cyclosilicate if RAAS inhibitors are no longer suitable.
	04/09/19	Not on formulary	Add to formulary in chapter 9.2.1.1 with link to TA599 as a RED drug

TA600: Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer **Commissioning: NHSE** Pembrolizumab, with carboplatin and paclitaxel, is recommended for use within the Cancer Drugs Fund as an option for untreated metastatic squamous non-small-cell lung cancer (NSCLC) in adults only if pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if disease progresses, and the company provides pembrolizumab according to the managed access agreement.	11/09/19	On formulary in chapter 8.1.5 as a RED drug	Add link to TA600 to formulary
TA601: Bezlotoxumab for preventing recurrent Clostridium difficile infection (terminated appraisal) **Commissioning: CCG** NICE is unable to make a recommendation about the use in the NHS of bezlotoxumab for preventing recurrent Clostridium difficile infection in adults because Merck Sharp & Dohme did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be used at this point in the treatment pathway.	25/09/19	Not on formulary	No further action required
TA602: Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation about the use in the NHS of pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma in adults because Celgene did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be a cost-effective use of NHS resources.	25/09/19	On formulary in chapter 8.1.5 as a RED drug	No further action required
TA603: Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation about the use in the NHS of lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma in adults because Celgene did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population.	25/09/19	On formulary in chapter 8.2.4 as a RED drug	No further action required
Drug Safety Advice	**Date issued**	**Current formulary status**	**Recommended action for APC**
Daratumumab (Darzalex▼): risk of reactivation of hepatitis B virus Establish hepatitis B virus status before initiating daratumumab and in patients with unknown hepatitis B virus serology who are already being treated with daratumumab.	19/08/19	On formulary in chapter 8.1.5 as a RED drug	Add link to MHRA advice to formulary
Naltrexone/bupropion (Mysimba▼): risk of adverse reactions that could affect ability to drive Advise patients that naltrexone/bupropion has been associated with adverse reactions, such as dizziness or somnolence, which can affect ability to drive, operate machinery, or perform dangerous tasks.	19/08/19	On "Not Approved" list, as per NICE TA494, listed in chapter 4.5.1	Add link to MHRA advice to formulary in chapter 4.5.1

Carfilzomib (Kyprolis▼): reminder of risk of potentially fatal cardiac events Anti-cancer therapy with carfilzomib has been associated with cases of cardiac arrest, cardiac failure, and myocardial infarction, including in patients without pre-existing cardiac disorders.	19/08/19	On formulary in chapter 8.1.5 as a RED drug	Add link to MHRA advice to formulary
Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping New data have confirmed that the risk of breast cancer is increased during use of all types of HRT, except vaginal estrogens, and have also shown that an excess risk of breast cancer persists for longer after stopping HRT than previously thought.	30/08/19	Various HRT products on formulary in chapter 6.4.1.1	Add link to MHRA advice to formulary in chapter 6.4.1.1
Letters and drug alerts sent to healthcare professionals in July 2019 • Oncaspar▼ (pegaspargase): Irish packs made available to UK market • Ketalar (ketamine) injection: interim supply from Ireland to mitigate supply disruption • Elmiron (pentosan polysulfate sodium): risk of pigmentary maculopathy • Recall alerts for medicines taken out of the supply chain during distribution: Following the issue of FMD Alert EL (19)A/15 on 27 June 2019, MHRA has become aware of further affected products that were imported into the UK from Italy and re-labelled in Kosei Pharma UK Ltd, MPT Pharma Ltd, Drugsrus Ltd / P.I.E. Pharma Ltd and Doncaster Pharmaceuticals Group Ltd livery. Other Drug Alerts: • Class 2 Medicines Recall: Bisacodyl 5mg Gastro-Resistant tablets batch 25074A (MDR 34-04/19). Issued 24 July 2019. • Class 2 Medicines Recall: Aripiprazole 1mg/ml oral solution (EL (19)A/20. Issued 30 July 2019. • Class 4 Medicines Defect Information: Phenobarbital Sodium 30mg/ml Injection (MDR 48-02/19). Healthcare professionals are also reminded of the caution in use notice issued for Emerade adrenaline autoinjectors.	19/08/19	For info	No action required
Fingolimod (Gilenya▼): increased risk of congenital malformations; new contraindication during pregnancy and in women of childbearing potential not using effective contraception Fingolimod is associated with an increased risk of major congenital malformations, including cardiac, renal, and musculoskeletal defects, when used in pregnancy. Women of childbearing potential must use effective contraception during fingolimod treatment and for 2 months after discontinuation.	19/09/19	On formulary in chapter 8.2.4 as a RED drug	Add link to MHRA advice to formulary in chapter 8.2.4
Elmiron (pentosan polysulfate sodium): rare risk of pigmentary maculopathy Cases of pigmentary maculopathy leading to visual impairment have been reported with pentosan polysulfate, particularly after long-term use at high doses. Ensure patients taking pentosan polysulfate have regular ophthalmic examinations and ask them to promptly seek medical advice in case of visual changes.	19/09/19	On formulary in chapter 7.4.3 as a RED drug	Add link to MHRA advice to formulary in chapter 7.4.3
Montelukast (Singulair): reminder of the risk of neuropsychiatric reactions Prescribers should be alert for neuropsychiatric reactions in patients taking montelukast and carefully consider the benefits and risks of continuing treatment if they occur.	19/09/19	On formulary in chapter 3.3.2 as a GREEN drug	Add link to MHRA advice to formulary in chapter 3.3.2

Letters and drug alerts sent to healthcare professionals in August 2019 • Mitomycin-C Kyowa 40 mg: restricted to intravesical administration only for treatment of superficial bladder cancer • Santen eye drop products (Cosopt, Trusopt, Timoptol): risk of medication error in transition to new bottles	19/09/19	For info	No further action required
Requested formulary amendments	**BNF Chapter**	**Reasoning**	**Recommended action for APC**
Paroxetine – add back into formulary as GREY drug for existing patients and patients moving into area from outside area	4	Concerned that GPs will stop prescribing for existing patients if not listed on formulary. TEWV have a process in place for approving use for individual patients	Add to formulary as GREY drug

ACTION:

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

10. New Drug Applications

Menotropin Injection (Meriofert®)

Requested by STFHT as a replacement for Menopur® for use in IVF.
It was agreed to list generically in formulary as RED and allow Trusts to use their preferred brand, as different Trusts use different brands, and there may be some slight differences clinically between the different brands.

Azelastine/Fluticasone Nasal Spray (Dymista®)

Requested by STFHT for allergic and non-allergic rhinitis/ CRS / Asthma as an AMBER Specialist Initiation drug.
Dymista® was shown to be slightly more effective than monotherapy (fluticasone nasal spray) in clinical trials and the current list price is cheaper than the two separate constituents. But there is no data comparing Dymista® to use of a combination of a steroid nasal spray and an antihistamine tablet which is more common current practice, and the application presented no evidence on this.
It was agreed by APC to add to formulary as NOT APPROVED as no published clinical evidence presented in allergic rhinitis comparing Dymista® to use of a combination of a steroid nasal spray and an antihistamine tablet which is more common current practice. APC would reconsider application if ENT where able to present such evidence. Concerns also that approval could lead to difficulty in ensuring prescribed appropriately and difficulty managing costs in this therapeutic area.

Mexiletine (NaMuscla®)

Requested by STHFT for myotonia in adults with non-dystrophic myotonic disorders.
It was noted that NHSE commissioned for this indication via Blueteq and that STHFT is one of the NHSE-commissioned centres for use of this drug as per SSC2001. Application was approved as RED drug.

Pasireotide Injection for Cushing's Disease

Requested by STHFT for Cushing's disease. It is a NHSE-commissioned drug for this indication.
It was noted that currently listed as NOT APPROVED on the formulary for Cushing's disease but use was approved by change in NHSE commissioning policy from December 2016.
It was agreed to change from NOT APPROVED to RED drug on the formulary.

MCT Oil for Resistant Epilepsy

Requested by STHFT for resistant epilepsy. It was agreed to add to the formulary as NOT APPROVED because the application was not approved at the September 2019 STHFT D&T as the evidence base is poor. This was supported by the County Durham & Tees Valley FSG at their October 2019 meeting.

Sodium Hyaluronate Injections for Osteoarthritis of the Knee

Requested by NTHFT for osteoarthritis of the knee. It was agreed to highlight to NTHFT that the application should be NOT APPROVED as per the current formulary listing because use not recommended as per NICE CG 177. Also noted the work already undertaken in CDDFT to stop use, and that NTHFT had rejected use of the drug previously.

ACTION:

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

The APC asked the FSG to think about the formulary process for the handling of new drug applications which are not approved or supported by Trust D&Ts, and whether all such applications should come to the APC.

11. Gender Dysphoria Section of Formulary

The APC discussed and agreed to list these drugs as AMBER Specialist Initiation for NHS patients only as per NHSE Primary Care Responsibilities in Prescribing & Monitoring Hormone Therapy for Transgender and Non-Binary Adults plus NHSE Clinical Commissioning Policy: Prescribing of Cross-Sex Hormones as part of the Gender Identity Development Service for Children and Adolescents (16046/P Aug 2016).

The position of prescribing in primary care following a private/online consultation for gender dysphoria is more contentious and raises issues on how GPs should check provider to demonstrate that it has the necessary expertise before responding to the provider's request, and the extra workload this creates for a GP on a case-by-case patient basis. It was agreed that the APC does not currently support prescribing by GPs following a private/online consultation as per BMA GPC advice.

ACTION:

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

12. Harmonisation of CD&D and Tees Formularies into one Single Formulary Chapter 11 & 13

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.

Chapters 11 & 13 have been reviewed with input from Dermatologists and Ophthalmologists in Tees. There are no significant changes in these two chapters to what is currently used in County Durham 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 11 & 13.

ACTION:

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

13. NTAG Update

- Andexanet alfa (Ondexxya®), Factor Xa inhibitor antidote – NOT APPROVED - the formulary will reflect the NTAG position.
- Patiromer (as patiromer sorbitex calcium) for the treatment of hyperkalaemia in adults – NOT APPROVED - the formulary will reflect the NTAG position.

14. RMOC Update

Nil to report this month.

15. CDDFT CSTC Update

Recent CDDFT CSTC approved two policies of interest to APC/primary care:

- Acute pain for non-substance misusers – continues to include use of nefopam in limited circumstances but only as inpatient and GPs should not be asked to continue post-discharge.
- Pain post-rib fracture – contains use of lidocaine patches. APC wish to emphasize that

GPs should not be asked to prescribe as intended that patients receive a short 6-12 week treatment course only.

16. NTHFT D&T Update

Currently working on policy for prescribing of opioids in opioid-dependent patients who are hospital inpatients. Plan is to work with other Trusts and relevant stakeholders across the region to take this forward as regional guideline.

17. STHFT D&T Update

Currently updating their policy on opioids on discharge and looking to prevent requests to GPs to prescribe opioids post-discharge, particularly after surgery.

18. Primary Care Prescribing Committee Updates

The County Durham CCGs Prescribing Committee Update was circulated for information post-meeting.
The Tees CCGs Prescribing Committee Update was circulated for information.

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

19. Shared Care Guidelines for Approval

Ketamine in Palliative Care in County Durham

Dr Tim Morgan and Anita Burdon from St Cuthbert's Hospice in attendance.
A Ketamine in Palliative Care Shared Care Guideline 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.
A short presentation was given to the APC to address the concerns raised around perceived high use of ketamine in North Durham CCG compared to rest of region when this agenda item was discussed at the September 2019 APC. The APC noted that some of the differences in spend/use in North Durham relate to how the hospice currently procures its supplies; work is underway to address this.

Following further discussion by the APC the draft shared care guideline was not approved. It was noted that ketamine is not currently included in regional palliative care guideline from cancer network. GPs expressed continued reservations on being asked to take responsibility to prescribe even on a shared care basis and felt ketamine should be treated as a RED drug rather than shared care.

ACTION:

- **RDTC to feedback to Dr Morgan the APC decision.**

20. 7 Day Prescribing and Monitored Dosage Systems – comments from County Durham LPC

Following approval at the September 2019 LPC the APC noted the comments received from the CD&D LPC.
The APC noted that the intention of the guideline is to support practices in appropriately assessing whether a 7 day prescription is clinically appropriate and necessary for the patient; it was not developed with the intention of the CCG making savings on the prescribing budget and the CCG is aware of the mechanisms through which payments are calculated. Similar guidance has been adopted by other CCGs across England, including North of Tyne,
Gateshead & North Cumbria CCG. Where the guidance has been in place for a number of years there have been no reports of an increase in waste medicines attributed to this guidance.
The APC agreed there was no change to the guidance required as a result of the comments received.

21. Stoma Accessories Guideline

Local guidance has been developed to highlight key points regarding prescribing of stoma accessories in order to promote clinically appropriate use, reduce waste, and reduce over-ordering. This was approved.

ACTION:

- **RDTC to arrange for approved Stoma Accessories Guideline to be added to APC pages of NECS website.**

22. Algorithm for Blood Glucose Lowering Therapy in Adults with Type 2 Diabetes

Dr Partha and Hannah Beba from CDDFT in attendance.

An updated algorithm which has been developed by CD&D Diabetes CAG was approved clinically by the APC for County Durham & Darlington. But note the algorithm still requires CCG financial approval before it is finally approved prior to implementation The key change is the use of these newer agents with proven CV outcome data from recent trials in those patients with known CV risk over those agents with no CV outcome data. The intention is for the updated algorithm to be approved for use in County Durham & Darlington first, then the Diabetes CAG will work with Tees to share the new algorithm there, and seek to adopt across the APC patch.

The need for a plan B if the proposed updated algorithm is not approved financially by the CCGs was discussed.

ACTION:

- **Hannah Beba/SB/SK/NECS to share updated algorithm with Tees diabetes team for comment and to seek adoption across the APC patch.**
- **KH/MP to prepare and take financial model for guideline to go to CCG Central Management Group for consideration.**
- **SK/Hannah Beba/Diabetes CAG to prepare a plan B if the proposed updated algorithm is not approved financially by the CCGs.**

23. Opioid Statement

Item deferred until January 2020 meeting of APC as meeting ran out of time.

Comments have been received from STHFT and other Trusts asked to submit any other comments they may have.

North Durham & DDES CCGs are keen to progress as soon as possible as those areas which have approved a similar statement as their first piece of work on opioids are showing the biggest change in culture around the prescribing of opiates.

Part 5 – Other Items of Business

24. Development of APC Workplan

Item deferred until January 2020 meeting of APC as meeting ran out of time.

25. Cardiology Formulary

Item deferred until January 2020 meeting of APC as meeting ran out of time.

26. NPPG Position Statement on Using Standardised Strengths of Unlicensed Liquid Medicines in Children

Item deferred until January 2020 meeting of APC as meeting ran out of time.

Part 6 – Standing Items (for information only)

27. Formulary Steering Group Minutes August 2019

For information.

28. TEWV D&T Minutes July 2019
For information.

29. CDDFT Clinical Standards and Therapeutics Committee Minutes June 2019
For information.

30. North Tees & Hartlepool Hospitals D&T Minutes – September 2019
For information.

31. South Tees Hospitals D&T Minutes – September 2019
Not yet available. (Circulated post-meeting.)

32. NTAG Minutes June 2019
For information.

33. RDTC Horizon Scanning – September 2019 & October 2019
For information.

44. NE&C CCG Prescribing Forum Minutes
Not yet available.

45. NEAS Medicines Group Minutes July 2019
For information.

46. APC and FSG Dates 2020
For information.

Chairman's Action
Nil.

Any Other Business
Nil.

Date and time of next meeting:
Thursday 9th January 2019, 9am – 11.30am, Board Room, West Park Hospital, Darlington, DL2 2TS