NHS

County Durham & Tees Valley
Area Prescribing Committee

County Durham and Tees Valley Area Prescribing Committee

Thursday 10th September 2020
9am – 11.30am
Held Via Microsoft Teams

Present

Name	Job Title	Membership Capacity	Organisation	Mar 2020	May 2020	July 2020	Sep 2020
David Russell	GP Prescribing Lead (Darlington)	Clinician	Tees Valley CCG	✓		✓	✓
Angela Dixon	Medicines Optimisation Pharmacist	Pharmacist	Tees Valley CCG			Alastair Monk	✓
Peter Foster	GP Prescribing Lead	Clinician	County Durham CCG			✓ (left at 10.20am)	✓
Kate Huddart	Senior Pharmaceutical Advisor	Pharmacist	County Durham CCG	✓		✓	✓ (Rachel Berry from 10.15am)
Tim Rider	GP Prescribing Lead	Clinician	North Yorks CCG				Chris Ranson
Susan Broughton	HRW Locality Lead Pharmacist	Pharmacist	North Yorks CCG	Apols		Chris Ranson	✓
Rupert Smith	GP Prescribing Lead	Chair of FSG	Tees Valley CCG	✓		✓	✓
Ian Davidson (Chair)	Medical Director	Clinician	County Durham CCG	Apols		✓	✓
Janet Walker	Medical Director	Clinician	Tees Valley CCG	✓		✓	Apols
Shafie Kamaruddin	Consultant & Chair of CSTC	Clinician	CDDFT	✓		✓ (left at 10.30am)	✓
Jamie Harris	Chief Pharmacist	Pharmacist	CDDFT	✓		✓	✓
		Clinician	NTHFT				
Chris Mallon	Formulary Pharmacist	Pharmacist	NTHFT	✓		Apols	
Andy Lloyd	Consultant & Chair of D&T	Clinician	STFT	✓		✓	✓
Helen Jones	Chief Pharmacist	Pharmacist	STFT	✓		✓	✓
Baxi Sinha		Clinician	TEWVFT	Apols		✓	Apols
Chris Williams	Chief Pharmacist	Pharmacist	TEWVFT	✓		✓	✓
Julie Birch or Tanya Johnston	GP	LMC Rep		Apols			Tanya Johnston
Rob Pitt	Community Pharmacist	LPC Rep – County Durham		✓			✓
Brent Foster	Community Pharmacist	LPC Rep – Tees				✓	
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham Council	✓		Apols	
Chris Cunnington - Shore		Service User Rep – County Durham		Brewis Henderson		✓	✓
		Service User Rep - Tees					
Mark Pickering	Chief Finance Officer for Tees Valley CCG	Commissioning & Finance Rep	Tees Valley CCG	Apols		✓	Apols

Rosie England	Chief Pharmacist	NEAS	NEAS		[redacted]		
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	Regional Drug & Therapeutics Centre, Newcastle	✓		✓	✓

In attendance
The meeting was quorate and remained quorate throughout.

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:
Janet Walker, Julie Birch, Tim Rider, Mark Pickering, Mike Milner, Baxi Sinha

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 19: VTE Pathway: David Russell on occasions received payment from Bayer for giving talks on County Durham & Darlington Pathway and more recently for talks on medicolegal issues – noted by APC and agreed no action required as pathway reflects NICE guidance.

3. Minutes and Decision Summary of the Previous APC Meeting Held on 9th July 2020
The minutes were accepted as a true and accurate record.
The decision summary of the July 2020 meeting was accepted as a true and accurate record.

4. Matters Arising Not On the Agenda
Nil.

5. Action Log
VTE Pathway
Updated version on today's agenda for approval.

Asthma and COPD Guidelines – updated
Now added to website. ITEM NOW CLOSED.

Pain Guidelines – updated
Final version on today's agenda for approval

CD&T APC Annual Report 2019/20
Now added to website. ITEM NOW CLOSED.

Review of CD&T APC Workplan in Light of COVID-19
Updated workplan circulated to APC members. ITEM NOW CLOSED.

Review of CD&T APC Terms of Reference
Now added to website. ITEM NOW CLOSED.
Chair written to NTFHT Medical Director to seek a clinical representative to APC, and response awaited.

Aspirin in Pregnancy
No update available on work too explore the best route of supply for aspirin in pregnancy in Tees plus County Durham.

Declarations of Interest Policy
Annual DOI forms now due from APC members and forms will be circulated shortly for completion.

RMOC Liothyronine Guidance
No further update due to COVID-19.

Algorithm for Blood Glucose Lowering Therapy in Adults with Type 2 Diabetes
NTAG discussed the need for a robust financial and health model to support approval of updated pathway by commissioners/CCG Finance. NTAG felt this was best done once nationally by NICE due the complexities in producing a health economic model that answers the questions finance teams have around outcomes, and together with other medicines optimisation groups across the North of England will lobby for this to be done by NICE.

TA607: Rivaroxaban for CAD/PAD
Still awaiting feedback from Trusts to see what guidance they have on implementation of TA607: Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease, particularly around what to do with historic patients who may be eligible and what tools exist to assess ischaemic risk plus bleeding risk.

Part 2 – Mental Health

6. TEWV Drug & Therapeutics Committee Feedback – July 2020
CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

7. Priadel® Discontinuation
Advanced notification of discontinuation of Priadel® brand of lithium as of April 2021 circulated for information. TEWV are currently drafting some guidance on how to manage this change and switching to alternative brands which will be agreed virtually by the APC.

ACTION:
- **CW to draft some guidance on how to manage this change and switching to alternative brands which will be agreed virtually by the APC.**

Part 4 – Formulary Issues

8. Appeals Against Previous APC Decisions
Nil for this meeting.

9. NICE TAs and MHRA Drug Safety Update – June & July 2020
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
TA626: Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure **Commissioning: CCG, Tariff excluded** Avatrombopag is recommended, within its marketing authorisation, as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having a planned invasive procedure.	24/6/20	Not listed in Chapter 9.1.4 Lusutrombopag was approved as a RED drug at a previous APC meeting	Add to formulary as RED drug and add link to TA.
TA631: Fremanezumab for preventing migraine **Commissioning: CCG, Tariff excluded** Fremanezumab is recommended as an option for preventing migraine in adults, only if: • the migraine is chronic, that is, 15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine • at least 3 preventive drug treatments have failed and • the company provides it according to the commercial arrangement. Stop fremanezumab if the migraine frequency does not reduce by at least 30% after 12 weeks of treatment.	03/06/20	Not listed	Add to formulary as RED drug and add link to TA. (Note no interest from local Trusts currently and some CCGs in England agreed commissioned only after Botox has been tried) Due to the cost impact being above the limited of delegated authority of the APC final approval is need from CCGs.
TA632: Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer **Commissioning: NHSE** Trastuzumab emtansine is recommended, within its marketing authorisation, as an option for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early breast cancer in adults who have residual invasive disease in the breast or lymph nodes after neoadjuvant taxane-based and HER2-targeted therapy. It is recommended only if the company provides trastuzumab emtansine according to the commercial arrangement.	10/6/20	Listed as RED drug in chapter 08.01.05	Add link to NICE TA.
TA633: Ustekinumab for treating moderately to severely active ulcerative colitis **Commissioning: CCG, Tariff excluded** Ustekinumab is recommended as an option for treating moderately to severely active ulcerative colitis in adults when conventional therapy or a biological agent cannot be tolerated, or the disease has responded inadequately or lost response to treatment, only if a tumour necrosis factor-alpha inhibitor has failed (that is the disease has responded inadequately or has lost response to treatment) or a tumour necrosis factor-alpha inhibitor cannot be tolerated or is not suitable, and the company provides ustekinumab at the same price or lower than that agreed with the Commercials Medicines Unit.	17/06/20	Listed as RED drug in chapter 01.05.03	Add link to NICE TA.

TA634: Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation on daratumumab (Darzalex) with lenalidomide and dexamethasone for untreated multiple myeloma, because Janssen did not provide an evidence submission.	30/06/20	Listed as RED drug in Chapter 8.1.5	Add link to NICE TA that NICE unable to make a recommendation for this indication.
TA635: Ramucirumab with erlotinib for untreated EGFR-positive metastatic non-small-cell lung cancer (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation on ramucirumab (Cyramza) with erlotinib for untreated epidermal growth factor receptor (EGFR)-positive metastatic non-small-cell lung cancer, because Eli Lilly and Company Limited did not provide an evidence submission.	30/06/20	Listed as RED drug in Chapter 8.1.5	Add link to NICE TA that NICE unable to make a recommendation for this indication.
TA636: Eculizumab for treating refractory myasthenia gravis (terminated appraisal) **Commissioning: NHSE** NICE is unable to make a recommendation on eculizumab (Soliris) for treating refractory myasthenia gravis because Alexion Pharma UK did not provide an evidence submission.	30/06/20	Listed as RED drug in Chapter 9.1.3	Add link to NICE TA that NICE unable to make a recommendation for this indication.
TA637: Ranibizumab for treating diabetic retinopathy (terminated appraisal) **Commissioning: CCG, Tariff excluded** NICE is unable to make a recommendation about the use in the NHS of ranibizumab (Lucentis) for treating diabetic retinopathy because Novartis did not provide an evidence submission.	30/06/20	Listed as RED drug in Chapter 11.8.2.3	Add link to NICE TA that NICE unable to make a recommendation for this indication.
TA638: Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer **Commissioning: NHSE** Atezolizumab with carboplatin and etoposide is recommended as an option for untreated extensive-stage small-cell lung cancer in adults, only if they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, and the company provides atezolizumab according to the commercial arrangement.	01/07/20	Listed as RED drug in Chapter 8.2.4	Add link to NICE TA.
TA639: Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer **Commissioning: NHSE** Atezolizumab with nab-paclitaxel is recommended, within its marketing authorisation, for treating triple-negative, unresectable, locally advanced or metastatic breast cancer in adults whose tumours express PD-L1 at a level of 1% or more and who have not had previous chemotherapy for metastatic disease. It is recommended only if the company provides atezolizumab according to the commercial arrangement.	01/07/20	Listed as RED drug in Chapter 8.2.4	Add link to NICE TA.
Drug Safety Advice	**Date issued**	**Current formulary status**	**Recommended action for APC**
Cyproterone acetate: new advice to minimise risk of meningioma Risk of meningioma with cyproterone acetate increases with increasing cumulative dose. Use of cyproterone is contraindicated in patients with previous or current meningioma (for all indications) and should only be considered for control of libido in severe hypersexuality or paraphilias in adult men when other interventions are inappropriate.	29 June 2020	GREEN in 08.03.04.02, 06.04.02 AMBER in 06.08	Add link to MHRA DSU

Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents Remain vigilant for signs and symptoms of bleeding complications during treatment with DOACs (apixaban, dabigatran, edoxaban, rivaroxaban), especially in patients with increased bleeding risks. Specific reversal agents are available for dabigatran (Praxbind▼, idarucizumab), and apixaban and rivaroxaban (Ondexxya▼, andexanet alfa).	29 June 2020	GREEN in 02.08.02 (apixaban, dabigatran, edoxaban, rivaroxaban) RED in 02.08.02 for Praxbind Andexanet alfa not listed	Add link to MHRA DSU to section 2.8.2
Letters and drug alerts sent to healthcare professionals in May 2020 A summary of letters and drug alerts recently sent to healthcare professionals. • Coronavirus (COVID-19) updates • Hydroxychloroquine • Dexamethasone Letters • Supply-related letters – May 2020 • Supply-related letters – June 2020 Drug alerts • Reminder of Emerade recall alerts • Other drug alerts issued in May 2020	29 June 2020	For information	No further action
Systemically administered VEGF pathway inhibitors: risk of aneurysm and artery dissection Before initiating systemic vascular endothelial growth factor (VEGF) pathway inhibitors, carefully consider the risk of aneurysm and artery dissection in patients with risk factors.	31 July 2020	Listed as RED drugs in Chapter 8.1.5	Add link to MHRA DSU
Liposomal and lipid-complex formulations: name change to reduce medication errors Make a clear distinction between liposomal, pegylated-liposomal, lipid-complex and conventional formulations when prescribing, dispensing, administering, and communicating about these medicines. Medicines with these formulations that have a high risk of medication error will explicitly include 'liposomal', 'pegylated-liposomal' or 'lipid-complex' within their name to reduce potentially fatal medication errors.	31 July 2020	Formulary already reflects this in drug names e.g. amphotericin, doxorubicin	Add link to MHRA DSU
Letters and drug alerts sent to healthcare professionals in June 2020 A summary of letters and drug alerts recently sent to healthcare professionals. • Ondexxya: signal of erroneous assay results for levels of antifactor Xa activity with use of andexanet alfa • 5-Fluorouracil (i.v.), capecitabine and tegafur containing products: Pre-treatment testing to identify DPD-deficient patients at increased risk of severe and fatal toxicity • Flucytosine: Updated recommendations for the use in patients with dihydropyrimidine dehydrogenase (DPD) deficiency • Myalepta (metreleptin) 5.8 mg vial: inconsistency in the English-language package leaflet (PL) • Viaflex Specials products containing sodium chloride, heparin sodium, potassium chloride and magnesium sulfate: incorrect information on the primary and secondary labels • Brinzolamide 10mg/Timolol Maleate 5mg eye drops: omission of legal category of prescription only medicine (POM) on packaged cartons in the UK	31 July 2020	For information	No further action
Nexplanon (etonogestrel) contraceptive implants: new insertion site to reduce rare risk of neurovascular injury and implant migration Amended advice on the insertion site for Nexplanon contraceptive implants following concerns regarding reports of neurovascular injury and implants migrating to the vasculature (including the pulmonary artery).	12/02/20	On formulary in chapter 7.3.2.2 as a GREEN drug.	Add link to MHRA guidance.

Requested formulary amendments	BNF Chapter	Reasoning	Recommended action for APC
GTN 0.4% Ointment for Rectal Fissures **Commissioning: CCG, tariff included**	1.7.4	• Currenty GTN 0.4% ointment for rectal fissures listed as AMBER SI on formulary. • Classed as GREEN drug in NoT, Sunderland, and York&Scarborough formularies.	Change to GREEN drug.
Toujeo Doublestar Insulin Pen **Commissioning: CCG, tariff included**	6.1.1.2	• Toujeo Solostar Insulin listed on formulary as AMBER SI. • There is risk of errors as products are similar in name but dose administer is different.	Add to formulary as NOT APPROVED
Telotristat **Commissioning: NHSE**	1.9	NHSE Policy Feb 2020: Not for Routine Commissioning Policy for Telotristat for treating carcinoid syndrome diarrhoea in adults	Add to formulary as NOT APPROVED
Saxagliptin – removal from formulary **Commissioning: CCG, tariff included**	6.1.2.3	STHFT D&T March 2020 - Saxagliptin removed from formulary due to minimal use in secondary and primary care. Currently formulary First Choice= Alogliptin Alternatives =Sitagliptin and Linagliptin	Remove from formulary for new patients. Existing patient stabilised on saxagliptin can remain on it.
Alfentanil 5mg/ml injection – palliative care use. **Commissioning: CCG, tariff included**	15.1.4.2	Following recent prescribing error there should be no prescribing of Alfentanil 5mg/ml injection in primary care. Alfentanil 5mg/ml injection should only be used in Critical Care or Theatres.	Remove from formulary for palliative care use.
Omeprazole suspension **Commissioning: CCG, tariff included**	1.3.5	Licensed product available	Change current formulary entry to the licensed 2mg/ml product and deleting the 20mg/5ml strength

New formulary applications	BNF Chapter	Reasoning	Recommended action for APC
Melatonin modified release, Slenyto®, 1mg, 5mg tablets Indicated for the treatment of insomnia in children and adolescents aged 2-18 with Autism Spectrum Disorder (ASD) and / or Smith-Magenis syndrome, where sleep hygiene measures have been insufficient. Slenyto® is currently the only melatonin product licensed for use in children and adolescents.	4.1.1	• May reduce prescribing of the more costly unlicensed Melatonin liquid preparations in this patient population. • Smaller tablet than Circadin - increased likelihood of compliance in those who need a modified release profile but struggle to swallow tablets. • TEWV to produce guideline on use of Slenyto® highlightling cost differential and emphasing to use Circardin where possible and only use oral solution if absolutely necessary. This guidance will also be shared with paediatric teams in Acute Trusts for them to follow. • Existing patients with ASD and and / or Smith-Magenis requiring melatonin should not be switched to Slenyto®. This approval is for new patients only with Autism Spectrum Disorder (ASD) and / or Smith-Magenis syndrome. • Could get challenged if not approved as licensed product for this product as opposed to using unlicensed Circadin®	Decision deferred to next APC to check formulary position in other areas. Proposal is to approve Slenyto® melatonin 1mg and 5mg modified release tablets in line with licensed indications only once guidance from TEWV in place and supported by Acute Trust Paediatricians. 1st line remains: melatonin 2mg modified release tablets (Circadin®), crushing if needed Rosemont melatonin 5mg/5ml oral solution (alcohol-free and propylene glycol free) - for patients only unable to use crushed tablets

Those NICE TAs with a potential financial impact above the delegated authority limit of the APC will be sent to the CCG Executive meeting for information.

ACTION:

- **RDTC to update the online formulary with the approved changes.**
- **RDTC to check on formulary position and wording for Slentyo® in other APCs.**
- **RDTC/MP to send TA631 Fremanezumab to CCG Executive Committee.**

10. New Drug Applications

Melatonin (Slenyto®)

Discussed under Item 9.

11. NTAG Update

Nil for this meeting.

12. RMOC Update

Nil to report this month. RMOC has not meet since February 2020 due to COVID-19.

13. CDDFT CSTC Update

Nothing to report from last meeting except to be aware of ongoing switches from IV to SC biologics, which in the case infliximab may result in some cost pressures.

14. NTHFT D&T Update
No update available.

15. STHFT D&T Update
Verbal update on September 2020 meeting given including recent Trust formulary approvals which we come to next APC for information/addition to APC formulary as appropriate.

16. Primary Care Prescribing Committee Updates
The County Durham CCG Prescribing Committee Update was circulated for information.
The Tees Valley CCG Prescribing Committee Update was circulated for information.

Part 5 – Shared Care and Guidelines (non-Mental Health)

17. Primary Care Guidance for Prescribing and Monitoring Post Bariatric Surgery
The final draft of Primary Care Guidance for Prescribing and Monitoring Post Bariatric Surgery was presented to and approved by the APC subject the addition of information about use of oral anticoagulants in this patient group in the table on page 5. This guidance incorporates national guidance and practice that is seen in recommendations from local bariatric services. This guidance has been requested by GPs within the CCGs to support appropriate care for patients post bariatric surgery, and to ensure review of medications.

ACTION:
- **RDTC to arrange for approved version to be added to APC pages of NECS website once suggested amendment made.**

18. CD&T APC Do Not Prescribe/Grey List
An updated CD&T Do Not Prescribe and Grey List was presented to and approved by the APC subject to the removal of phenelzine and promethazine from the document. The existing County Durham and Tees Do Not Prescribe and Grey List have been merged into one document, and reviewed/updated at this same time.

ACTION:
- **RDTC to arrange for approved version to be added to APC pages of NECS website.**

19. CD&D DVT Pathway – updated
An updated County Durham & Darlington DVT Pathway was presented to and approved by the APC subject to clarification being added around the dose of Rivaroxaban in the Immediate Treatment section. It has been updated to reflect the latest NICE Guidance NG158.

ACTION:
- **RDTC to arrange for approved version to be added to APC pages of NECS website.**
- **JH to confirm arrangements Out of Hours and if this pathway will adopted by Out of Hours teams.**

20. CD&T APC Position Statement on Omega-3 Prescribing
Omega-3 is an item of limited clinical value and classified as PURPLE on the County Durham & Tees Valley Formulary but there are still high levels of prescribing across both CCGs. Omega-3 prescribing was discussed within the County Durham CCG Medicines Optimisation Team and it was suggested that a position statement from the APC may help support GPs to reduce prescribing in-line with evidence and national guidance. The statement was approved by the APC.

ACTION:
- **RDTC to arrange for approved version to be added to APC pages of NECS**

website.

21. CD&T APC Transanal Irrigation Guidelines

The CD&D Transanal Irrigation Guidelines were due for review. An updated version was presented to the APC. It was noted that the team at CDDFT have discussed and involved their colleagues in Tees during the update of these guidelines.

The inclusion of information around frequency of review of these patients by the specialist and GP was requested before the guideline could be approved. This is to ensure that each patient remains on the most cost-effective product, and that this treatment remains clinically effective for them.

It was also agreed that the sentence stating that " Any ongoing problem with this treatment with require re-referral to the specialist service" under the How to Prescribe paragraph.

ACTION:

- **RDTC to ask CDDFT team to add information around suggested frequency of review of these patients by the specialist and GP was requested before the guideline, and resubmit to next APC for approval.**

22. Pain Guidelines – updated

The final version of the updated APC Pain Management Guidance for Non-Cancer Pain in Primary Care was presented to and approved by the APC subject to checking that the included opioid conversion chart is the latest version. All changes requested at the July 2020 have now been incorporated.

It was noted that these guidelines will require review once update NICE Guidance on Chronic Pain is published, which is expected in January 2021.

ACTION:

- **RDTC to arrange for approved version to be added to APC pages of NECS website after checking that the included opioid conversion chart is the latest version.**

23. CD&D Hydroxychloroquine SCG

An updated CD&D Hydroxychloroquine SCG was presented to the APC. This has been drafted to incorporate the current recommendations from Royal College of Ophthalmologists regarding Hydroxychloroquine and Chloroquine retinopathy: Recommendations on Screening.

The following changes have been made:

- It is now a recommendation that a baseline assessment is carried out in a hospital ophthalmology department. The shared care reflects that this is the responsibility of the specialist to organise preferably within 6 months of initiation, 12 month maximum
- The responsibilities of the ophthalmologist has also been set out with regards communication to hospital specialist, GP and patient
- It is now a recommendation that a follow-up review appointment is carried out in a hospital ophthalmology department after FIVE years, and then annually thereafter (earlier if on tamoxifen, high dose therapy or Chronic Kidney disease). The shared care reflects that this is the responsibility of the GP to ensure that their computer system is set to flag up this review task.
- Note that there are no changes to the max dose. Rheumatology and dermatology are happy to leave it as it is.

Much discussion took place on the commissioning and capacity issues around the required eye monitoring now recommended nationally. It was noted that the capacity issues around introducing these new eye monitoring requirements on the risk registers at both CDDFT and STHFT. Ideally it would be preferred if there one hydroxychloroquine SCG covering the whole of the APC patch rather than separate versions in County Durham and Tees Valley.

After discussion it was agreed that the APC was not currently in a position to approve this

updated hydroxychloroquine SCG because:

- Need consistent approach across County Durham and Tees Valley with a single SCG supported by all Trusts/CCGs.
- The draft presented does not appear to truly reflect the national recommendations in the Clinical Monitoring section.
- Requires an implementation plan alongside the new SCG to give advice on which patients should be prioritised for new eye checks first, how to identify all patients currently on hydroxychloroquine in both primary plus secondary care, and how to assign patients to the two risk groups for follow-up by ophthalmology plus manage ophthalmology capacity.

It was agreed that a Task and Finish Group should be set up to take this forward and resolve implementation issues.

ACTION:

- **To set up a Task and Finish Group take this forward and resolve implementation issues.**
- **SK to take back to CDDFT to look at resource/capacity issues within County Durham.**
- **ID/JW to raise awareness of the issues around capacity/implementation within their respective CCGs.**

24. CD&T Respiratory Guidelines – minor updates

The APC approved the suggested minor amendments to CD&T COPD and Asthma Guidelines since they were approved by APC in July 2020.

These are:

- Addition of Salmol® salbutamol inhaler
- Relvar® straddling steps as detailed in the previous guidance
- Clear advice with regard to Respimat® and when to prescribe a device and when to prescribe a refill pack in order to support the reduction in carbon footprint

ACTION:

- **RDTC to arrange for updated version to be added to APC pages of NECS website.**

Part 5 – Other Items of Business

25. Formulary Subgroup Terms of Reference – updated

The APC Terms of Reference are reviewed on annual basis each August. An updated version of the Terms of Reference with suggested changes following consultation with FSG members was presented to and approved by the APC.

The updated membership of the FSG to reflect recent CCG mergers was also approved.

ACTION:

- **RDTC to arrange for updated FSG Terms of Reference to be added to APC pages of NECS website.**

26. Cumberledge Review

The APC noted the publication of the Cumberledge Review in July 2020 and the continued need for APC to take all Declarations of Interest and the views of patients into account in its decision making. APC has an appropriate Declarations of Interest Policy in place with not changes required at this state. This includes making MCC aware of any Declarations of Interest for anyone involved in submitting a formulary application or guideline to the MCC for approval. Checks are also made of the ABPI database on payments made to individuals/organisations by the pharmaceutical industry.

Part 6 – Standing Items (for information only)

27. Formulary Steering Group Minutes – February 2020
For information.

28. TEWV D&T Minutes – May 2020
For information.

29. CDDFT Clinical Standards and Therapeutics Committee Minutes – since December 2019
Not yet available.

30. North Tees & Hartlepool Hospitals D&T Minutes – April & May 2020
For information.

31. South Tees Hospitals D&T Minutes – since March 2020
Not yet available.

32. RDTC Horizon Scanning – July & August 2020
For information.

33. NE&C CCG Prescribing Forum Minutes – since December 2019
Not yet available.

34. NEAS Medicines Group Minutes – since November 2019
Not yet available.

35. NTAG Minutes - June 2020
For information.

36. CD&T APC Meeting Dates 2021
For information. All meetings scheduled to be held via Microsoft Teams

Chairman's Action
Drug monitoring guidance v3.2
Correction to Rivaroxaban monitoring approved by Chair's Action 9th July 2020. Noted that full review of this document is due and is currently be undertaken by NECS.

Any Other Business
Pain Prescribing at CDDFT
APC noted on the ongoing work within CDDFT to tackle poor prescribing by non-pain specialists.

Date and time of next meeting:
Thursday 12th November 2020, 9am – 11.30am, virtual meeting via Microsoft Teams tele/videoconference – details to be circulated.