NHS

County Durham & Tees Valley
Area Prescribing Committee

County Durham and Tees Valley Area Prescribing Committee

Thursday 10th March 2022
9am – 11.30 am
Held Via Microsoft Teams

Present

Name	Job Title	Membership Capacity	Organisation	Jul 2021	Sep 2021	Nov 2021	Mar 2022
David Russell	GP Prescribing Lead (Darlington)	Clinician	Tees Valley CCG	✓	✓	✓	✓
Angela Dixon	Medicines Optimisation Pharmacist	Pharmacist	Tees Valley CCG	✓	✓	Deborah Giles	✓
Peter Foster	GP Prescribing Lead	Clinician	County Durham CCG	✓	✓	Apols	
Kate Huddart	Senior Pharmaceutical Advisor	Pharmacist	County Durham CCG	✓	✓ (from Item 7) Rachel Berry until item 7.	✓	✓
Tim Rider	GP Prescribing Lead	Clinician	North Yorks CCG				
Susan Broughton	HRW Locality Lead Pharmacist	Pharmacist	North Yorks CCG	Chris Ranson	Chris Ranson	Chris Ranson	Chris Ranson
Rupert Smith	GP Prescribing Lead	Chair of FSG	Tees Valley CCG	✓	✓	✓	✓
Ian Davidson (Chair)	Medical Director	Clinician	County Durham CCG	Apols	✓	Apols	✓
Janet Walker	Medical Director	Clinician	Tees Valley CCG	✓	Apols	✓	Apols
Shafie Kamaruddin	Consultant & Chair of CSTC	Clinician	CDDFT	✓	✓	✓	✓
Jamie Harris	Chief Pharmacist	Pharmacist	CDDFT	✓	✓	✓	✓
		Clinician	NTHFT				
Chris Mallon	Formulary Pharmacist	Pharmacist	NTHFT	Confirmed happy with decisions via email	✓		Naheem Majid
Andy Lloyd	Consultant & Chair of D&T	Clinician	STFT	Apols	✓	✓	✓
Helen Jones	Chief Pharmacist	Pharmacist	STFT	Tracy Percival	Tracy Percival	Tracy Percival	Tracy Percival
Baxi Sinha		Clinician	TEWVFT	✓	Apols	✓	Resigned
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		✓		Apols	
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		✓	Apols	✓	Apols
		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				
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	Regional Drug & Therapeutics Centre, Newcastle	✓ + Dan Newsome	✓	✓	✓

In attendance
Nil

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:
David Cook, Chris Cunnington-Shore, David Russell, Janet Walker,

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:
None declared.

3. Minutes and Decision Summary of the Previous APC Meeting Held on 11th November 2021
The minutes were accepted as a true and accurate record.
The decision summary of the November 2021 meeting was accepted as a true and accurate record.

Note that January 2022 APC meeting was cancelled due to COVID-19 pressures

4. Decision Summary for January 2022 Formulary Amendments
For information. Approved via Chair's Action following email consultation with APC members in lieu of January 2022 APC Meeting.

5. Matters Arising Not On the Agenda
Nil.

6. Action Log
TEWV Aripiprazole LAI - shared care guidelines – updated
Updated version now on TEWV website so formulary and NECS website links will now be

updated. ITEM NOW CLOSED.

TEWV Paliperidone LAI - shared care guidelines – updated
Updated version now on TEWV website so formulary and NECS website links will now be updated. ITEM NOW CLOSED.

TEWV Safety Guidance Antipsychotic Depot injections on Admission to an Acute Hospital Ward
Updated version now on TEWV website so formulary and NECS website links will now be updated. ITEM NOW CLOSED.

County Durham & Tees Valley CCGs Pain Prescribing Guidance for Non-Cancer Pain in Primary Care – updated
Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

County Durham & Tees Valley Emollient Prescribing for Dry Skin Conditions Guideline
Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

CD&T Guideline for the Use of Anticoagulants in Non-Valvular Atrial Fibrillation
Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

Top Tips and Recommendations for use of Sodium Glucose Co-transporter 2 inhibitors (SGLT2i) in people with Type 2 Diabetes (T2DM) for GPs
Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

Defining RAG Status for Amber SI and Amber SR drugs
Review completed and recommendations on today's agenda for approval. ITEM NOW CLOSED.

Formulary Subgroup Terms of Reference – reviewed & minor updates
Changed made and approved version published. ITEM NOW CLOSED.

Overprescribing Review – Sept 2021
Update the APC guidance checklist to include de-prescribing. ITEM NOW CLOSED.
A 'branding' for the de-prescribing was discussed and agreed at December 2021 FSG. ITEM NOW CLOSED.

RMOC Liothyronine Guidance
Has been agreed in Nov 2021 that within NENC each Trust would appoint a link endocrinologist to whom all queries/patients requiring review could be referred

ACTION:

- **SK to identify link endocrinologist in CDDFT, STHFT and NTHFT**

Algorithm for Blood Glucose Lowering Therapy in Adults with Type 2 Diabetes
NICE update of type 2 diabetes guidelines was published in February 2022. Work being undertaken via NTAG to adopt regionally and advise on which SGLT2 should be used in preference.

Review of CD&T APC Terms of Reference
No further update available on identifying clinical representation from NTHFT to APC.

Hydroxychloroquine SCG
Awaiting final RMOC South Guidance, which was out for consultation in Oct 2020. Noted ongoing work within CCGs with providers on this and that RMOC draft shared care template for

hydroxychloroquine awaiting final sign off by NHS England as of Spring 2022.

Rivaroxaban in Preventing atherothrombotic events in people with Coronary or Peripheral Artery Disease (CAD/PAD)
Continuing issues around local adoption discussed, including current work pressures meaning this not a priority. Agreed primary care needs support of secondary care on this issue. Agreed to remove from APC action log and ask local CCG prescribing committees to pick this up and discuss how/what is need to support local implementation.

Postcode/Interface Issues with other Formularies in Region
Issues are now being address as they arise. ITEM NOW CLOSED.

TA715: Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed
County Durham CCG and Tees Valley CCG have both now approved this TA locally as was above the financial threshold of the APC. ITEM NOW CLOSED.

Vitamin B12 Guideline
RS continuing to look at updating previous Tees Vitamin B12 guideline for use across CD&T.

Letter re Prescribing of THC:CBD spray (Sativex®) in line with NICE NG144
STHFT are still awaiting an application to use THC:CBD spray (Sativex®) in line with NICE NG144 from their neurologists.

Part 2 – Mental Health

7. TEWV Drug & Therapeutics Committee Feedback – November 2021 and January 2022
CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

8. TEWV Medicines Optimisation – Interactive Guide for External Stakeholders
A new "Medicines Optimisation - interactive guide" has been created and was presented to the APC. The guide will aid TEWV staff navigate the full range of TEWV medicines guidance available to support their practice. A live updated version will be maintained via the link above. This is the version for primary care colleagues.

ACTION:
- **RDTC to add link to TEWV Medicines Optimisation – Interactive Guide for External Stakeholders to APC website.**

9. TEWV Risperidone LAI SCG
A new TEWV Risperidone LAI SCG was presented to and approved by the APC. This completes the set of long-acting antipsychotic injections SCGs and the monitoring is no different to the other LAIs.

ACTION:
- **RDTC to add link to updated TEWV Risperidone LAI SCG on APC website, and on the formulary website.**

10. TEWV Guanfacine SCG – updates around pregnancy
A reviewed and updated version of the TEWV Guanfacine shared care guideline was presented to the APC for comment.
It has been updated to included further guidance on avoiding use in pregnancy and managing the risks of pregnancy in females of child bearing potential.

ACTION:

- **RDTC to add link to updated TEWV Guanfacine SCG on APC website, and on the formulary website.**

11. TEWV Anxiety Guidelines – updated

The updated TEWV Anxiety Guidelines were presented to and approved by the APC. These have been updated to include a link to information on managing propranolol toxicity.

ACTION:

- **RDTC to add link to updated TEWV Anxiety Guidelines on APC website, and on the formulary website.**

12. TEWV Safe transfer of prescribing guidance – updated

An updated version was presented to and approved by the APC.
Changes:

- updated to reflect the roles of embedded PCN / practice mental health specialists
- RAG status of lurasidone added as per NTAG recommendation.

ACTION:

- **RDTC to add link to TEWV Safe transfer of prescribing guidance on APC website.**

Part 3 – Formulary Issues

13. Appeals Against Previous APC Decisions

Nil for this meeting.

14. NICE TAs and MHRA Drug Safety Update – December 2021 & January 2022

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

NICE Technology Appraisal/Guidance Title and date published	Date issued	Current formulary status	Recommended action for APC
TA748: Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders **Commissioning: NHSE**	01/12/21	*RED drug in chapter in 10.1.3 for this indication.*	Add to formulary as a RED drug for this indication and add link to NICE TA.
TA749: Liraglutide for managing obesity in people aged 12 to 17 years (terminated appraisal) **Commissioning: NHSE**	01/12/21	*RED drug in chapter in 4.5 for this indication in adults*	Add to formulary as a NOT APPROVED drug for this indication and add link to NICE TA.
TA750: Olaparib for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy (terminated appraisal) **Commissioning: NHSE**	08/12/21	*RED drug in chapter in 8.1.5 for other indications.*	Add to formulary as a NOT APPROVED drug for this indication and add link to NICE TA.
TA751: Dupilumab for treating severe asthma with type 2 inflammation **Commissioning: NHSE, tariff excluded**	08/12/21	*NOT APPROVED drug in chapter 3.4.2 for for treating chronic rhinosinusitis with nasal polyps.*	Add to formulary as a RED drug for this indication and add link to NICE TA.

TA752: Belimumab for treating active autoantibody-positive systemic lupus erythematosus **Commissioning: NHSE, tariff excluded**	15/12/21	*RED drug in chapter 10.1.3 as per TA397.*	Add to formulary as a RED drug for this indication and add link to NICE TA. This TA replaces TA397.
TA753: Cenobamate for treating focal onset seizures in epilepsy **Commissioning: CCG, tariff included**	15/12/21	*Not listed in chapter 4.8.*	Add to formulary as a SPECIALIST INITIATION drug for this indication and add link to NICE TA.
TA754: Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome **Commissioning: NHSE, tariff excluded**	15/12/21	*Not listed in chapter 8.1.5.*	Add to formulary as a RED drug for this indication and add link to NICE TA.
TA755: Risdiplam for treating spinal muscular atrophy **Commissioning: NHSE, tariff excluded**	16/12/21	*Not listed in chapter 10.2.*	Add to formulary as a RED drug for this indication and add link to NICE TA.
TA756: Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis **Commissioning: NHSE, tariff excluded** Fedratinib is recommended for use within the Cancer Drugs Fund as an option for treating disease-related splenomegaly or symptoms of primary myelofibrosis, post-polycythaemia vera myelofibrosis or post-essential thrombocythaemia myelofibrosis in adults. It is recommended only if they have previously had ruxolitinib and the conditions in the managed access agreement for fedratinib are followed**.**	16/12/21	*Not listed in chapter 8.1.5.*	Add to formulary as a RED drug for this indication and add link to NICE TA.
TA757: Cabotegravir with rilpivirine for treating HIV-1 **Commissioner: NHSE**	05/01/22	*Not listed in chapter 5.3.1.*	Add to formulary as a RED drug in this indication, with a link to TA757.
TA758: Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy **Commissioner: ICS/CCG, tariff-excluded**	05/0122	*RED drug in chapter 4.4 for this indication as per NTAG recommendation.*	Add to formulary as a RED drug in this indication, with a link to TA758.
TA759: Fostamatinib for treating refractory chronic immune thrombocytopenia **Commissioner: NHSE**	07/01/22	*Not listed in chapter 8.1.5.*	Add to formulary as NOT APPROVED in this indication, with link to TA759
TA760: Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer **Commissioner: NHSE**	12/01/22	*RED drug in chapter 8.1.5 as per NICE TA742.*	Add to formulary as a RED drug in this indication, with a link to TA760.

TA761: Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection **Commissioner: NHSE** Osimertinib is recommended for use within the Cancer Drugs Fund as adjuvant treatment after complete tumour resection in adults with stage 1b to 3a non-small-cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations. It is recommended only if: • osimertinib is stopped at 3 years, or earlier if there is disease recurrence or unacceptable toxicity and • the company provides osimertinib according to the managed access agreement	19 January 2022	*RED drug in chapter 8.1.5.*	Add to formulary as a RED drug in this indication, with a link to TA761.
TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (updated) **Commissioning: ICS/CCG** Guidance updated because sodium zirconium cyclosilicate is now available in both primary and secondary care; references to outpatient care removed.	24/01/22	*RED drug in chapter 9.2.1.1* *Patiromer = AMBER SI*	Add to formulary/update RAG status to SPECIALIST INITIATION. For persistent hyperkalaemia. To remain RED for emergency acute treatment.

Drug Safety Advice	**Date issued**	**Current formulary status**	**Recommended action for APC**
Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium	10/12/21	*AMBER SI in chapter 4.2*	Add link to formulary to MHRA DSU.
Venetoclax (Venclyxto▼): updated recommendations on tumour lysis syndrome (TLS)	10/12/21	*RED drug in chapter 8.1.5*	Add link to formulary to MHRA DSU.
Dapagliflozin (Forxiga): no longer authorised for treatment of type 1 diabetes mellitus	10/12/21	*AMBER SI in chapter 6.1.2.3*	Remove this indication for Dapagliflozin from local formulary. Add link to formulary to MHRA DSU. (note this was approved by APC in January 2022)
COVID-19 vaccines and medicines: updates for December 2021	10/12/21	*For information only.*	For information only.
Letters and medicine recalls sent to healthcare professionals in November 2021	10/12/21	*For information only.*	For information only.
Brolucizumab (Beovu▼): risk of intraocular inflammation and retinal vascular occlusion increased with short dosing intervals	18/01/22	*RED drug in chapter 11.8.2.3*	Add link to MHRA advice to formulary alongside brolucizumab entries.
Paclitaxel formulations (conventional and nab-paclitaxel): caution required due to potential for medication error	18/01/22	*RED drug in chapter 8.1.5.*	Add link to MHRA advice to formulary alongside paclitaxel entries.
COVID-19 vaccines and medicines: updates for January 2022	18/01/22	*GREEN drugs in chapter 14.*	For information only.

Letters and medicine recalls sent to healthcare professionals in December 2021	18/01/22	-	For information only.

Requested formulary amendments	BNF Chapter	Reasoning	Recommended action for APC
Ursodeoxycholic acid 250mg capsules **Commissioning: CCG, tariff included**	1.9.1	Currently Ursodeoxycholic Acid capsules are not on the CDTV formulary, only tablets. Checked the drug tariff and although only the 250mg strength available in capsule form, they are cheaper than the tablets.	Add to Ursodeoxycholic Acid capsules in addition to the tablets as GREEN drugs
Duoresp Spiromax 160/4.5 inhaler **Commissioning: CCG, tariff included**	3.2.2.	Duoresp Spiromax has had a license change and now is licensed in asthma in patients over 12yrs in a fixed dose regime for the 160/4.5 and 320/9 doses. They also have an >12yrs MART license for the 160/4.5 dose. Respiratory CAG proposes that the 160/4.5 dose both in fixed and MART regime would be a valuable addition to the paediatric asthma guideline.	Add to formulary and paediatric asthma guidelines as a GREEN drug.
Sucralfate tablets **Commissioning: CCG, tariff included**	1.3.3	NY CCG have been reviewing their OptimiseRx messages in line with APC decisions and have come across a few decisions which do not seem to have been reflected in the CD&TV online formulary.	Do not add to formulary as appears only licensed product is oral solution. Tablets not listed in drug tariff and no SPC available.
Esomeprazole 50mg tablets **Commissioning: CCG, tariff included**	1.3.5		Keep as GREEN+ in CD&T due to levels of prescribing.
Qlaira contraceptive pill **Commissioning: CCG, tariff included**	7.3.1		To remain non-formulary in CD&T as no formulary application ever received plus very low levels of prescribing.
Zonisamide –add 100mg/5ml oral suspension (licensed) **Commissioning: CCG, tariff included**	4.8.1		To add note to CD&T the formulary entry: Prescribing zonisamide 100mg/5ml oral suspension (licensed) instead of zonisamide 50mg/5ml oral suspension (unlicensed) is best practice (CAUTION: change in strength).

Loperamide **Commissioning: CCG, tariff included**	1.4.2	To add the following note to formulary that oro-dispersible tablets should not be routinely used. They are approved for • short term use in patients who cannot tolerate plain tablets or capsules • patients undergoing chemo therapy where capsules or plain tablets have been ineffective • Patients with dysphagia e.g. upper GI cancer patients Patients with high output stomas should, wherever possible, use either capsules or plain tablets. If needed, capsules can be opened and the contents mixed with a small amount of water, jam or yoghurt. Alternatively, the plain tablets can be crushed and mixed with water or soft food (off label). This is a useful option if individuals are seeing undigested capsules or tablets in their stool or stoma collection bag.	
Danazol 100mg and 200mg capsules **Commissioning: CCG, tariff included**	6.7.2	Now discontinued and there are no licensed products available.	To delete from formulary as discontinued.
Melatonin for use in Parkinson's disease **Commissioning: CCG, tariff included**	4.1.1	To clarify that current status melatonin (neurology use) = AMBER SI/SR includes in Parkinson's disease.	To clarify that current status melatonin (neurology use) includes in Parkinson's disease on the advice of any specialist.
New Formulary Applications	**BNF Chapter**	**Reasoning**	**Recommended action for APC**
Tirbanibulin (Klisyri®) 10 mg/g ointment for actinic keratosis **Commissioning: CCG, tariff included**	13.8	Indicated for the field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp in adults. As an addition to: • Actikerall 5mg/g + 100g cutaneous solution • Solaraze 3% gel (3% diclofenac sodium sodium hyaluronate 2.5%) • Efudix (5% w/w furouracil) • Aldara (Imiquimod 5% cream) The short and simple treatment course of tirbanibulin (5 days) may be considered an advantage compared to other options with longer treatment durations. The mild to moderate side effect profile of tirbanibulin and efficacy profile will lead clinicians to consider tirbanibulin as a treatment option instead of other potent treatments, which are often associated with a higher frequency and severity of local skin reactions. All other options are currently GREEN drugs.	Approve as a GREEN drug as an additional option. To be used as per Primary Care Dermatology Society Guidelines for actinic keratosis when these are updated to include Tirbanibulin. Note: No clinical data on treatment for more than 1 treatment course of 5 consecutive days are available If recurrence occurs, or new lesions develop within the treatment area, other treatment options should be considered.

ACTION:

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

15. New Drug Applications

- **Tirbanibulin for actinic keratosis** – discussed under item 14.

16. Defining RAG Status for Amber SI and Amber SR drugs

At the November 2021 APC it was agreed to keep current the definition that:

- Amber Specialist Recommendation requires specialist assessment and recommendation to GP to prescribe in Primary Care.
- Amber Specialist Initiation – in addition to AMBER SR definition requires short to medium term specialist prescribing and monitoring of efficacy or toxicity, or titration depending on the drug until the patient's dose is stable.

It was also agreed to ask the FSG to review those drugs where AMBER SI or SR status is not clear and make a recommendation to APC.

The FSG reviewed the circulated paper with table attached for suggested RAG status for those drugs where Specialist Initiation or Specialist Recommendation is not clear. All the proposed formulary recommendations for these drugs were supported by the FSG to go forward to the APC for final approval. The APC approved all the recommendations subject to hormone agents for breast cancer being changed to AMBER SR to reflect current prescribing practice.

ACTION:

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

17. NTAG Update

Verbal update on February 2022 meeting given.

18. RMOC Update

Nil this month.

APC noted that RMOC North splitting in to RMOC NE&Y and RMOC NW.

19. CDDFT CSTC Update

Verbal update given. No recent meeting due to pandemic.

20. NTHFT D&T Update

No update available.

21. STHFT D&T Update

A verbal update on the March 2022 D&T meeting was given.

22. Primary Care Prescribing Committee Updates

County Durham CCG – a verbal update was given

Tees Valley CCG – a verbal update was given.

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

23. County Durham Erectile Dysfunction Guidelines – updated

The existing County Durham Erectile Dysfunction Guidelines have been reviewed against the available guidance including NICE Clinical Guidance and NICE Clinical Knowledge Summaries, NHS England's List of items of limited clinical value (2019), recent NTAG decisions (2021) and the County Durham and Darlington Commissioning Policy Statement (2018). All changes proposed at October 2021 FSG have been included.

The reviewed guidelines also include the decision to approve once daily tadalafil 5mg for erectile dysfunction made at the November 2021 APC, and the formulary changes for erectile dysfunction drugs approved in January 2022.

In addition, the restriction regards to the maximum prescribing quantity of PDE-5 inhibitors (maximum quantity of 4 doses per month as per current guidelines) have been removed and replaced by "The frequency of treatment, and therefore the quantity to be prescribed, will need to be considered on an individual basis".

The updated guideline was approved by the APC.

ACTION:

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

24. CD&T Cow's Milk Intolerance Guidelines

The updated CD&T Cow's Milk Intolerance Guidelines were presented to and approved by APC. These have had input from the three acute Trusts.
It was noted that training will be organised for primary care to support the launch of these guidelines.

ACTION:

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

25. Cinacalcet SCG – reviewed

The CD&D - Cinacalcet for the Treatment of Primary Hyperparathyroidism SCG was due for review on 30.11.2021. The Tees – Cinacalcet SCG was due for review September 2021
STHFT have reviewed their existing SCG and put into the new APC template. There were no changes clinically from the existing document. CDDFT have confirmed that they are happy to adopt the Tees version of the Cinacalcet SCG.
The reviewed version was approved by the APC.

ACTION:

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

Part 5 – Other Items of Business

26. COVID-19 Therapeutic Alert - Withdrawal of the Recommendation for Consideration of Inhaled Budesonide as a Treatment Option for COVID-19

The APC noted that inhaled budesonide should no longer be considered as a treatment for individuals with COVID-19 infection other than within the context of a clinical trial. People already using budesonide for conditions other than COVID-19 should continue treatment if they test positive for COVID-19.

27. DOACs formulary position following national procurement

The APC discussed placement in our local guidance/formulary of DOACs as following outcome of national procurement framework in October 2021 there seems to be a clear steer towards Edoxaban. This is more so following publication of the new IIF indicators in the GP contract from April 2022 las week.

There is money to be saved even if we do nothing in terms of formulary positioning, or current prescribing practice, but it may be that APC feels they can reflect the NHSE position re edoxaban in the formulary without being contrary to NICE and subject to local clinical opinion.

The NHSE Operational Note on the framework states:
All DOAC indications

- It is for the prescribing clinician to determine which DOAC(s) are clinically appropriate for an individual patient based upon the relevant NICE technology appraisal guidance.
- NICE guidance (NG196 1.6.3 and 1.6.4 published 27 April 2021) states that: "apixaban, dabigatran, edoxaban and rivaroxaban are all recommended as options for the treatment of atrial fibrillation, when used in line with the criteria specified in the relevant NICE technology appraisal guidance."
- NICE guidance (NG196 1.6.5 published 27 April 2021) states that: "if DOACs are contraindicated, not tolerated or not suitable in people with atrial fibrillation, then offer a vitamin K antagonist."

- For patients commencing treatment for AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should use edoxaban where this is clinically appropriate. If edoxaban is contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider rivaroxaban first, then apixaban or dabigatran.
- For patients already prescribed a DOAC for the treatment of AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, commissioners may wish to consider developing local policy to review patients currently prescribed apixaban, rivaroxaban or dabigatran, where clinically appropriate.

There is no further information in the operational note for indications other than AF.

Currently the CD&T Formulary list all the DOACs as per their NICE TAs with no preference specified. This is reflected in the CDTV - Prescribing Guideline for the Use of Anticoagulants in Non-Valvular Atrial Fibrillation approved in November 2021

The view of both North of Tyne APC and Sunderland APC is that this requires a regional approach, and as such is on the workplan for the June 2022 NTAG. A working group is being setting up regionally to produce some guidance on DOAC choice and possible switching as a matter of urgency. This will then go to NTAG for approval as quickly as possible.

The APC agreed at this that no preference is specified on the formulary at this stage. It appropriate to await the outcome of discussions at NTAG as requires a regional approach.

ACTION:

- **APC members to seek the views of their organisations on which DOAC should be the preferred choice for Atrial Fibrillation on the local formulary and regionally**.

28. NPPG Position-Statement-Steroid-Cards-for Children and Young People V1 - Dec 2021

This position statement produced with input from the British society of Paediatric Endocrinology and diabetes provides clear guidance on the two different steroid cards that are available for use of children and young people and when each of these cards should be issued.
This was received by the APC for information and agreed that members would take back to their organisations to consider adoption.

ACTION:

- **APC members to take back to their organisations to consider adoption.**

29. National Guidance for Lipid Management for Primary and Secondary Prevention of CVD – updated

This national guideline has now been updated to include inclisiran and bempedoic acid. A link to it has been added to the APC website and NE Lipid Pathway is currently being update to reflect it.

30. Shingrix® vaccine for rheumatology immunocompromised patients

In August 2021 a Shingles immunisation programme: introduction of Shingrix® letter was circulated by Public Health England to the NHS.

Up until now, only the live vaccine for shingles (Zostavax) has been available.
This is been very problematic, as live vaccines cannot be used in rheumatology patients taking biologic injections or JAK inhibitors. Also, use of these immunosuppressive drugs, especially JAK inhibitors have an increased incidence of shingles infection.
Therefore, introduction of Shingrix vaccine (which is not a live vaccine) would improve patient care significantly for immunosuppressed patients. The Shringrix vaccine is now on the national immunisation programme.

Also, the routine vaccination programme only recommends Shingles vaccine to patient's age 70-79 for shingles. Both shingles vaccines are licensed for patients above 50 years. The APC was requested to consider vaccination of immunocompromised patients on biologics and JAK inhibitors aged between 50-69 years old with this new shingles (Shringrix) vaccine. It was noted this would outside of the current JCVI guidance and the current national immunisation programme.

The APC discussed and agreed the following:

- GPs can be asked to administer the Shingrix vaccine in rheumatology immunocompromised patients aged 70-79 years as this commissioned by the current national immunisation programme. Requests for vaccination should be made a clinical letter to GP specifying reasons why Shingrix required.
- The request for GPs to vaccine a small number of rheumatology immunocompromised patients on biologics and JAK inhibitors aged 50-69 years with Shingrix vaccine was not approved. This is because outside of the current JCVI guidance and the current national immunisation programme. Use this group of patients needs to be approved nationally, not by local CCGs.

31. Overprescribing / Deprescribing

Following National Report on Overprescribing discussed at last APC the following actions have been taken:

- Formulary application assessment tool – now amended to include that at deprescribing considered as part of every formulary application received e.g. anything that can be removed from formulary plus for drug in question does application contain information on when to review/stop therapy.
- APC Guidelines and SCG approval tool - now amended to include that at deprescribing considered as part of every guideline submitted for approval e.g. anything that can be removed from formulary/guideline plus for drugs in question does guideline contain information on when to review/stop therapy.
- Template for deprescribing guidance – FSG agreed at Dec 2021 meeting to use the current template from TEWV for any local deprescribing guidance.
- APC Chair requested that Overprescribing / deprescribing be a standing agenda item under Other Business at each meeting – even if just for verbal update/report

The APC also noted that the RDTC are working to produce the following quarterly reports for RDTC stakeholders to support the overprescribing/deprescribing agenda:

- Overprescribing / Polypharmacy
- Reducing the carbon impact of inhalers across the North of England
- Antimicrobial prescribing across the North of England

These will be brought to the APC for discussion as they are published.

32. NHS England and Changing Health Low Calorie Diets pilot

Guidance for GP Practices and referrers on the NHS England Low Calorie Diets pilot was circulated to the APC for information. The first implementer sites for this pilot will be the South Tyneside, Sunderland and Durham area.

Later in 2022 a Changing Health low calorie diet pilot is expected to run alongside this pilot. The clinical protocol for the Changing Health pilot which have been developed locally was also circulated to the APC for information.

Part 6 – Standing Items (for information only)

33. Formulary Steering Group Minutes – December 2021

For information.

34. TEWV D&T Minutes – November 2021
For information.

35. TEWV Medicines Optimisation – Interactive Guide (complete version for TEWV staff)
For information.

36. CDDFT Clinical Standards and Therapeutics Committee Minutes – since October 2021
Not yet available.

37. North Tees & Hartlepool Hospitals D&T Minutes – since July 2021
Not yet available.

38. South Tees Hospitals D&T Minutes – November 2021
Not yet available.

39. RDTC Horizon Scanning – January & February 2022
For information.

40. NTAG Minutes – September 2021
Not yet available.

41. NE&C CCG Prescribing Forum Minutes – November 2021
For information.

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

43. South Tyneside & Sunderland APC Minutes – December 2021
For information.

Chairman's Action

- Deployment of COVID-19 treatments for highest risk non-hospitalised patients – added to formulary as RED drugs.
- Inclisiran – removal of sentence about waiting for guideline
- January 2022 Formulary Amendments
- CD&T Hypogonadism Guidelines – minor update
- CD&T Primary Care Drug Monitoring Guidelines – minor formatting errors corrected

Any Other Business

Antimicrobial Prescribing Responsibility for Initiation of Prescription

Following a request from County Durham CCG the APC discussed and agreed in principle that clinician who identifies the need for an antimicrobial should prescribe and initiate it. Trusts confirmed they have processes in place e.g. via FP10 to support this**.**

New APC Chair Required from July 2022

The APC noted that the current APC chair is stepping down as Medical Director of County Durham CCG from the end of June 2022 so May 2022 will be his last APC meeting as chair.
Nominations for a new chair from the APC membership will be sought prior to the July 2022 APC, with a vote as necessary.

Date and time of next meeting:
Thursday 12th May 2022, 9am – 11.30am, virtual meeting via Microsoft Teams tele/videoconference – details to be circulated.