

## County Durham and Tees Valley Area Prescribing Committee

Thursday 12<sup>th</sup> May 2022  
9am – 11.30 am  
Held Via Microsoft Teams

### Present

Name	Job Title	Membership Capacity	Organisation	Sep 2021	Nov 2021	Mar 2022	May 2022
David Russell	GP Prescribing Lead (Darlington)	Clinician	Tees Valley CCG	✓	✓	✓	✓
Angela Dixon	Medicines Optimisation Pharmacist	Pharmacist	Tees Valley CCG	✓	Deborah Giles	✓	Alastair Monk
Peter Foster	GP Prescribing Lead	Clinician	County Durham CCG	✓	Apols	X	✓
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	X	X	X	X
Susan Broughton	HRW Locality Lead Pharmacist	Pharmacist	North Yorks CCG	Chris Ranson	Chris Ranson	Chris Ranson	Susan Broughton
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	✓	Apols	Apols
Shafie Kamaruddin	Consultant & Chair of CSTC	Clinician	CDDFT	✓	✓	✓	✓
Jamie Harris	Chief Pharmacist	Pharmacist	CDDFT	✓	✓	✓	✓
		Clinician	NTHFT				
Chris Mallon	Formulary Pharmacist	Pharmacist	NTHFT	✓		Naheem Majid	Naheem Majid
Andy Lloyd	Consultant & Chair of D&T	Clinician	STFT	✓	✓	✓	✓
Helen Jones	Chief Pharmacist	Pharmacist	STFT	Tracy Percival	Tracy Percival	Tracy Percival	Tracy Percival
Baxi Sinha		Clinician	TEVVFT	Apols	✓	Resigned	Resigned
Chris Williams	Chief Pharmacist	Pharmacist	TEVVFT	✓	✓	✓	✓
Julie Birch or Tanya Johnston	GP	LMC Rep		Tanya Johnston	X	X	X
Rob Pitt	Community Pharmacist	LPC Rep – County Durham		X	Apols		✓
Brent Foster	Community Pharmacist	LPC Rep – Tees		X	X	X	X
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham Council	✓	Apols	✓	✓
Chris Cunnington - Shore		Service User Rep – County Durham		Apols	✓	Apols	Apols
		Service User Rep - Tees		X	X	X	X
Mark Pickering	Chief Finance Officer for	Commissioning	Tees Valley	✓	Apols	✓	✓

	Tees Valley CCG	& Finance Rep	CCG				
Rosie England	Chief Pharmacist	NEAS	NEAS	X	X	X	X
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	Regional Drug & Therapeutics Centre, Newcastle	✓	✓	✓	✓

### **In attendance**

Barry Hogan – RDTA Admin Support – sharing papers on screen via MS Teams.

James Carlton – Medical Director – County Durham CCG.

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.

The APC noted that the Ian Davidson current APC chair is stepping down as Medical Director of County Durham CCG from the end of June 2022 so this will be his last APC meeting as chair. The APC wish to express their thanks and gratitude to Ian for all his support and hard work on behalf of the APC since its creation, and to the County Durham APC previously.

### **Part 1**

#### **1. Apologies for Absence:**

Janet Walker, Chris Cunnington-Shore, Chris Ranson, Angela Dixon

#### **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 10<sup>th</sup> March 2022**

The minutes were accepted as a true and accurate record.

The decision summary of the March 2022 meeting was accepted as a true and accurate record.

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

Nil.

**5. Action Log**

TEWV Medicines Optimisation – Interactive Guide for External Stakeholders

Added link to TEWV Medicines Optimisation – Interactive Guide for External Stakeholders to APC website. ITEM NOW CLOSED

TEWV Risperidone LAI SCG

RDTG to add link to updated TEWV Risperidone LAI SCG on APC website, and on the formulary website. Not yet published on TEWV website.

TEWV Guanfacine SCG – updates around pregnancy

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED

TEWV Anxiety Guidelines – updated

RDTG to add link to updated TEWV Anxiety Guidelines on APC website, and on the formulary website. RDTG Apr 2022 Not yet published on TEWV website.

TEWV Safe transfer of prescribing guidance – updated

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

County Durham Erectile Dysfunction Guidelines – updated

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

CD&T Cow's Milk Intolerance Guidelines

Link to approved version added to APC pages of NECS website and the formulary. ITEM NOW CLOSED.

Cinacalcet SCG – reviewed

Awaiting sign off from NY CCG before adding approved version to be added to APC pages of NECS website.

DOACs formulary position following national procurement

Views of their organisations on which DOAC should be the preferred choice for Atrial Fibrillation on the local formulary and regionally received and shared with NTAG/Cardiac Network Working Group. Regional guidance being drafted via Cardiac Network.

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

APC members have taken back to their organisations to consider adoption. ITEM NOW CLOSED.

RMOC Liothyronine Guidance

Names of a link endocrinologist within each Trust to whom all queries/patients requiring review could be referred have been shared. ITEM NOW CLOSED.

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. May 2022 update: awaiting draft guidance from diabetes network to go to NTAG.

Review of CD&T APC Terms of Reference

No further update available on identifying clinical representation from NTHFT to APC. NTHFT are in the process of appointing a new Chief Pharmacist.

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 RMO draft shared care template for hydroxychloroquine awaiting final sign off by NHS England as of Spring 2022. May 2022 – RMO shared care template still awaited

#### Vitamin B12 Guideline

RS continuing to look at updating previous Tees Vitamin B12 guideline for use across CD&T. Noted that NICE are forming a guideline group to look at this.

#### 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.

### **6. APC Annual Report 2021/22**

A draft annual report for the APC was presented to and approved by the APC.

#### **ACTION:**

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

### **Part 2 – Mental Health**

### **7. TEWV Drug & Therapeutics Committee Feedback – March 2022**

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

### **8. TEWV Bipolar disorder under 18s prescribing tips FINAL DRAFT for APCs**

A new treatment guideline from TEWV for Bipolar disorder in under 18s was presented to the APC for approval. It is intended for internal use within TEWV mainly as GPs will not be initiating treatment in this patient group, and there is very little transfer of prescribing to primary care. It was noted that the document matches NICE Guidance.

The document was approved by the APC.

#### **ACTION:**

- **RDTC to add link to guideline on APC website, and on the formulary website.**

### **9. TEWV Dementia Care Pathway AChEI decision aid – updated**

An updated TEWV Dementia Care Pathway AChEI decision aid was presented to the APC. The main change is a change in formatting, the treatment pathway itself has not changed.

After discussion it was agreed that some changes to the boxes around memantine in combination with an AChEI were required to clarify when primary care might initiate memantine in these circumstances. The current working mirrors NICE guidance.

#### **ACTION:**

- **RDTC to add link to guideline on APC website, and on the formulary website once APC Chair's Action taken to approve.**

### **Part 3 – Formulary Issues**

### **10. Appeals Against Previous APC Decisions**

Nil for this meeting.

### **11. NICE TAs and MHRA Drug Safety Update – February & March 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
<a href="#">TA762: Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy</a> (terminated appraisal) Commissioner: NHSE	02/02/22	RED drug in chapter 8.1.5 as per other NICE TAs.	Add to formulary as NOT APPROVED in this indication, with link to TA762
<a href="#">TA763: Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable</a> Commissioner: NHSE	02/02/22	RED drug in chapter 8.1.5 as per other NICE TAs.	Add to formulary as a RED drug in this indication, with link to TA763.
<a href="#">TA764: Fremanezumab for preventing migraine</a> Commissioner: ICS/CCG, tariff-excluded This is a rapid review of TA631 has resulted in fremanezumab being recommended for the episodic migraine population. It was only recommended for the chronic migraine population in TA631.	02/02/22	RED drug in chapter 4.7.4.2	Add to formulary as a RED drug in this indication. Replace any links to TA631 with links to TA764.
<a href="#">TA765: Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable</a> Commissioner: NHSE	02/02/22	RED drug in chapter 8.1.5 as per other NICE TAs.	Add to formulary as a RED drug in this indication, with link to TA765.
<a href="#">TA766: Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma</a> Commissioner: NHSE	02/02/22	RED drug in chapter 8.1.5 as per other NICE TAs.	Add to formulary as a RED drug in this indication, with link to TA766.
<a href="#">TA767: Ponesimod for treating relapsing–remitting multiple sclerosis</a> Commissioner: NHSE	02/02/22	Not currently listed in chapter 8.2.4	Add to formulary as a RED drug in this indication, with link to TA767.
<a href="#">TA768: Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs</a> Commissioner: ICS/CCG, tariff-excluded	02/02/22	RED drug in chapter 10.1.3 for moderate or severe rheumatoid arthritis as per NICE TAs.	Add to formulary as a RED drug in this indication, with link to TA768.
<a href="#">TA769: Palforzia for treating peanut allergy in children and young people</a> Commissioner: ICS/CCG, tariff included	02/02/22	Not currently listed.	Add to formulary as a RED drug in this indication, with link to TA769.  Specialist centre only.
<a href="#">TA770: Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer</a> Commissioner: NHSE	09/02/22	RED drug in chapter 8.1.5 as per other NICE TAs.	Add to formulary as a RED drug in this indication, with link to TA770.
<a href="#">TA771: Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma</a> (terminated appraisal) Commissioner: NHSE	09/02/22	RED drug in chapter 8.1.5 as per other NICE TAs.	Add to formulary as NOT APPROVED in this indication, with link to TA771.
<a href="#">TA772: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies</a> Commissioner: NHSE	23/2/2022	RED drug in chapter 8.1.5 as per other NICE TAs.	Add to formulary as a RED drug in this indication, with link to TA772.
<a href="#">HST17: Odevixibat for treating progressive familial intrahepatic cholestasis</a> Commissioner: NHSE, tariff excluded	22/02/22	Not currently listed.	Add to formulary as a RED drug in this indication, with link to HST17.

<p><a href="#">NG28 Type 2 diabetes in adults: management (updated)</a> Commissioner: ICS/CCG</p>	<p>15/02/2022</p>	<p><i>Link at start of Chapter 6.</i>  <i>SGLT2i not currently on the formularies as per this updated NG28.</i></p>	<p>Review diabetes formulary chapter to assess whether action is required.</p> <p>Local Algorithm for the Management of Type 2 Diabetes will require updating – noted a regional position is going to the June 2022 NTAG for approval.</p>
<p><a href="#">TA773: Empagliflozin for treating chronic heart failure with reduced ejection fraction</a> Commissioner: CCG/ICS</p>	<p>09/03/2022</p>	<p><i>GREEN drug in chapter 6.1.2.3 for type 2 diabetes.</i>  <i>Dapagliflozin for treating chronic heart failure with reduced ejection fraction is AMBER Specialist Initiation.</i></p>	<p>Add to formulary as a AMBER Specialist Initiation drug in this indication, with a link to TA773.</p>
<p><a href="#">TA774: Lenalidomide for relapsed or refractory mantle cell lymphoma (terminated appraisal)</a> Commissioner: NHSE</p>	<p>09/03/2022</p>	<p><i>RED drug in chapter 8.2.4 for other NICE approved indications.</i></p>	<p>Add as not approved for this indication</p>
<p><a href="#">TA775: Dapagliflozin for treating chronic kidney disease</a> Commissioner: CCG/ICS</p>	<p>09/03/2022</p>	<p><i>GREEN drug in chapter 6.1.2.3 for type 2 diabetes.</i>  <i>Dapagliflozin for treating chronic heart failure with reduced ejection fraction is AMBER Specialist Initiation.</i></p>	<p>Add to formulary as a GREEN drug in this indication, with link to TA775.</p> <p>No requirement for specialist initiation or supervision in the SPC.</p>
<p><a href="#">TA776: Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea</a> Commissioner: CCG/ICS, tariff-excluded</p>	<p>09/03/2022</p>	<p><i>To be completed locally</i></p>	<p>Add to formulary as DO NOT PRESCRIBE in this indication, with link to TA776.</p>
<p><a href="#">TA777: Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea</a> Commissioner: CCG/ICS, tariff-excluded</p>	<p>09/03/2022</p>	<p><i>To be completed locally</i></p>	<p>Add to formulary as DO NOT PRESCRIBE in this indication, with link to TA777.</p>
<p><a href="#">TA778: Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria</a> Commissioner: NHSE</p>	<p>09/03/2022</p>	<p><i>Not listed in chapter 9.1.3</i></p>	<p>Add to formulary as a RED drug in this indication, with link to TA778.</p>
<p><a href="#">TA779: Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency</a> Commissioner: NHSE</p>	<p>16/03/2022</p>	<p><i>Not listed in chapter 8.1.5</i></p>	<p>Add to formulary as a RED drug in this indication, with link to TA779.</p>
<p><a href="#">TA780: Nivolumab with ipilimumab for untreated advanced renal cell carcinoma</a> Commissioner: NHSE</p>	<p>24/03/2022</p>	<p><i>RED drug in chapter 8.1.5 for other NICE approved indications</i></p>	<p>Add to formulary as a RED drug in this indication, with link to TA780.</p>
<p><a href="#">TA781: Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer</a> Commissioner: NHSE</p>	<p>30/3/2022</p>	<p><i>Not listed in chapter 8.1.5</i></p>	<p>Add to formulary as a RED drug in this indication, with link to TA781.</p>

<a href="#">TA782: Tagraxofusp for treating blastic plasmacytoid dendritic cell neoplasm (terminated appraisal)</a> Commissioner: NHSE	30/3/2022	<i>Not listed in chapter 8.1.5</i>	Add to formulary as DO NOT PRESCRIBE, with link to TA782.
<a href="#">HST18: Atidarsagene autotemcel for treating metachromatic leukodystrophy</a> Commissioner: NHSE	28/03/22	<i>Not listed in chapter 18</i>  <i>Is a gene therapy</i>	Add to formulary as a RED drug in this indication, with link to HST18. Note tertiary centre only
<b>Drug Safety Advice</b>	<b>Date issued</b>	<b>Current formulary status</b>	<b>Recommended action for APC</b>
<a href="#">COVID-19 antivirals: reporting to the UK COVID-19 Antivirals Pregnancy Registry</a>	15/02/22	<i>Listed as RED drugs in chapter 5.3.6</i>	Add link to MHRA advice to formulary
<a href="#">Hydroxychloroquine, chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics; reminder of psychiatric reactions</a>	15/02/22	<i>Hydroxychloroquine = AMBER SC in chapter 10.1.3</i>  <i>Chloroquine = GREEN drug in chapter 5.4.1 as an antimalarial.</i>	Add link to MHRA advice to formulary
<a href="#">Ivacaftor, tezacaftor, elexacaftor (Kaftrio ▼) in combination with ivacaftor (Kalydeco): risk of serious liver injury; updated advice on liver function testing</a>	15/02/22	<i>Listed as RED drugs in chapter 3.7</i>	Add link to MHRA advice to formulary
<a href="#">COVID-19 vaccines and medicines: updates for February 2022</a>	15/02/22	<i>Listed as GREEN drugs in chapter 14</i>	For information
<a href="#">Cladribine (Mavenclad): new advice to minimise risk of serious liver injury</a>	15/03/22	<i>RED drug in chapter 8.1.3</i>	Add link to MHRA advice to formulary alongside cladribine entries.
<a href="#">Amiodarone (Cordarone X): reminder of risks of treatment and need for patient monitoring and supervision</a>	15/03/22	<i>AMBER Specialist Initiation drug in chapter 2.3.2</i>	Add link to MHRA advice to formulary alongside amiodarone entries.
<a href="#">Metformin in pregnancy: study shows no safety concerns</a>	15/03/22	<i>GREEN drug in chapter 6.1.2.2</i>	Add link to MHRA advice to formulary alongside metformin entries.
<a href="#">COVID-19 vaccines and medicines: updates for March 2022</a>	15/03/22	<i>To be completed locally</i>	For information
<b>Requested formulary amendments</b>	<b>BNF Chapter</b>	<b>Reasoning</b>	<b>Recommended action for APC</b>
Liothyronine Capsules  Commissioning: CCG, tariff included	6.2.1	New formulation recently launched. Capsules were licensed on basis they were bioequivalent. Liothyronine is currently an AMBER SI drug on the formulary as per RMOC guidance.	Add to formulary as an AMBER SI drug as additional option to tablets with note that capsules are more cost effective.

<p><b>Tadalafil for pulmonary hypertension</b> <b>Commissioning: NHSE, tariff excluded</b></p>	<p>2.5.1a</p>	<p>The CDTV formulary states that treatment for pulmonary arterial hypertension should be prescribed by specialist tertiary centres only (Freeman, Newcastle). It does not list tadalafil as a treatment option, but all other treatments are classified as RED.</p>	<p>Add Tadalafil for Pulmonary Hypertension to the formulary as a RED drug as per NoT formulary which is the tertiary centre.</p>
<p><b>Risperidone oral solution</b> <b>Commissioning: CCG, tariff included</b></p>	<p>4.2.1.2</p>	<p>New Optimise Rx message directing prescribers away from using expensive risperidone orodispersible tablets and to use the 1mg/1ml oral solution if required.  TEWV have no concerns re adding the oral solution to the formulary.</p>	<p>Add Risperidone oral liquid to the formulary as addition to orodispersible tablets as AMBER SI</p>
<p><b>Valganciclovir – review of RED RAG status</b> <b>Commissioning: NHSE, tariff excluded</b></p>	<p>5.3.2.2</p>	<p>Request from Sunderland Hospitals to view current RED status in CD&amp;T formulary.  STS APC have now confirmed they are going to review the RAG status on their formulary – Chair's action has been taken on this to bring in line with the other APCs in the region i.e. change to RED, to mirror currently commissioning arrangements.</p>	<p>No change – to remain RED on the formulary.</p>
<p><b>Topical estriol</b> <b>Commissioning: CCG, tariff included</b></p>	<p>7.2.1</p>	<p>Two types of Estriol cream are available, and currently both are included in the CDTV formulary for their licensed indications (both GREEN drugs) Estriol 0.01% w/w (Gynest) and Ovestin 1mg estriol in 1g cream (0.1% cream)  Estriol cream is recommended in NICE recurrent UTI guidance (NG112) for "off label" use in post-menopausal women to reduce recurrent UTIs, however recommendations on which product to prescribe are not given.  Due to the amount that is given per dose, the recommended total mg of application for the two products is the same, however the 0.1% cream is 10x cheaper.</p>	<p>Approve the addition to formulary for use off label in recurrent UTI  Reclassify the more expensive Gynest to green alternative to encourage cost effective use.</p>



<p><b>Dihydrocodeine Tartrate Tablets - 30mg</b></p> <p><b>Commissioning: CCG, tariff included</b></p>	<p>5.7.2</p>	<p>CDTV pain guidance states that dihydrocodeine is not recommended for regular use (either alone or in combination with paracetamol as co-dydramol) in acute pain as it has a shorter half-life, and the effects are more likely to lead to abuse.</p> <p>Codeine is the preferred weak opioid analgesic.</p> <p>Dihydrocodeine is only approved for use in North of Tyne formulary in breast feeding mothers immediately postdelivery/ c-section where adequate pain relief has not been achieved using paracetamol and NSAIDs. Patients requiring continuation of dihydrocodeine following discharge (post-delivery/c-section) can have dihydrocodeine prescribed in primary care (for short-term use only).</p>	<p>Change from Green Alternative to RED drug as per North of Tyne formulary position for use in breast-feeding mothers</p>
<p><b>Utrogestan® vaginal 200mg capsules</b></p> <p>As per NG126: Ectopic pregnancy and miscarriage: diagnosis and initial management, and update in November 2021 on the use of progesterone in threatened miscarriage (unlicensed indication) FSG agreed with proposal from CDDFT</p> <p><b>Commissioning: CCG, tariff included</b></p>	<p>6.4.1.2</p>	<p>FSG agreed with proposal from CDDFT and County Durham CCG to add Utrogestan® vaginal 200mg capsules to the formulary as AMBER SI with secondary care giving first 4 weeks of treatment and then writing to GP to confirm course length. This is the product included in the NICE guidance NG126: Ectopic pregnancy and miscarriage: diagnosis and initial management, and update in November 2021 on the use of progesterone in threatened miscarriage (unlicensed indication)</p> <p>NG126 states: Offer vaginal micronised progesterone 400 mg twice daily to women with an intrauterine pregnancy confirmed by a scan, if they have vaginal bleeding and have previously had a miscarriage. [2021]. If a fetal heartbeat is confirmed, continue progesterone until 16 completed weeks of pregnancy.</p>	<p>Add Utrogestan® vaginal 200mg capsules to the formulary as AMBER SI with secondary care giving first 4 weeks of treatment and then writing to GP to confirm course length.</p>

It was noted that the following NICE TAs have cost impact above the delegated authority of the

APC so will be forwarded to the CCG Executive Committees for final sign off:

- TA769: Palforzia for treating peanut allergy in children and young people
- TA775: Dapagliflozin for treating chronic kidney disease

**ACTION:**

- **MP to take NICE TA679 and TA775 to CCG Executive Committees for final sign off.**
- **RDTC to update the online formulary with the approved changes.**

**12. New Drug Applications**

Nil this month.

**13. NTAG Update**

An update on the February 2022 NTAG meeting was given. The formulary will reflect the latest NTAG recommendations.

- Infliximab subcutaneous injection (Remsima SC ®) – Recommended as an option during Covid-19 Pandemic. To be reviewed again once ICS structures and Tariff arrangements confirmed post-pandemic.
- Alfapump® device for the treatment of ascites due to Liver Cirrhosis – Reviewed and no changes made
- Pitolisant (Wakix®) for the treatment of narcolepsy with or without cataplexy in adults – Reviewed and added reference to NICE TA for Solriamfetol. No other changes made
- i-Port Advance® for use in children and adults with Type 1 diabetes – Reviewed and no changes made. Remains not approved for use in Type 2 diabetes.
- Ulipristal (Ellaone®) for post-coital (up to 120 hours) contraception – Reviewed and added links to FSRH Guidance. No other changes made.
- Actipatch® for management of localised musculoskeletal pain – Reviewed and no changes made that not recommended.
- Solriamfetol for narcolepsy in adults – Superseded NICE TA available
- NTAG workplan – received for information.

**14. RMO Update**

Still awaiting first meeting of new RMO North East & Yorkshire Committee.

The RMO Shared Care templates are still awaiting national sign off with NHSE, and the Regional Chief Pharmacist across England are trying to expediate this and considering other options for sharing.

**14. CDDFT CSTC Update**

Verbal update given. No issues to raise that impact on primary/secondary care interface.

**15. NTHFT D&T Update**

Verbal update given. No issues to raise that impact on primary/secondary care interface.

**16. STHFT D&T Update**

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

**17. 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)**

**18. CD&T APC Vitamins and Minerals Guidance – reviewed & updated**

This guidance was due a review. The following minor changes have been made:

- Updated Healthy Start information link and criteria
- Updated with details of County Durham and Tees Valley guidance on prescribing post

Bariatric Surgery and Vitamin D guidance

- Checked and updated all reference links

Feedback has been sought from the dietician group that was previously used to write the guidance, which included representatives from NTH, STH and CDDFT, and no changes have been requested

Did get feedback that access to pharmacies that stock Healthy Start vitamins may be variable, and this may reduce uptake. It was noted that work is ongoing with the relevant LPCs on improving access and availability of Health Start Vitamins via community pharmacies. There is search engine available nationally to identify stockists of Healthy Start Vitamins.

The APC approved the updated guideline subject to Healthy Start Voucher being changed to Health Start Card, as eligible people now given a card rather than vouchers.

**ACTION:**

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

**19. DMARD Shared Care Guidelines – extension of review date**

The FSG discussed and agreed that any shared care guidelines (SCGs) which have passed their review date will remain in use until an updated CDTV APC approved version is available, with only technical updates to address any emerging safety issues. The responsibility for developing and updating SCGs currently lies with the originating trusts, along with CDTV APC, but may be superseded by the adoption of national shared care templates. The review dates for the DMARD shared care guidelines were extended for a further six months in April 2022, as the national RMOG shared care guidelines are not yet available but expected very soon.

This review date extension has subsequently been agreed by APC Chair's Action, and the guidelines pages of the NECS website plus formulary updated to reflect this.

**Part 5 – Other Items of Business**

**20. Buprenorphine prolonged release injection - Wider stakeholder briefing - March 2022**

The final wider stakeholder briefing from the Public Health pharmacists network on buprenorphine prolonged-release injection was circulated for information. The purpose of the briefing is to raise awareness of the use of buprenorphine prolonged-release injection by Substance Misuse Service Providers, and for stakeholders to use and adapt as they fit in order to raise awareness locally.

**21. Inclisiran update - HCD list and Blueteq**

The APC noted that Inclisiran has been added to the NHSE high cost drugs list from 1st April 2022 to enable the first dose to be given in secondary and will require Blueteq forms if used in Secondary Care. This is due due to slow uptake of use in Primary Care with the various barriers/challenges that have been discussed previously. Secondary Care will only get reimbursed for the first dose, and then prescribing will transfer to primary. It could mean more patients getting initiated on inclisiran, now this additional funding route for initiation is available via secondary care.

This has implications for primary care if initiated and first dose given secondary care. Are all GP practices in a position to given next dose a 3 months and then 6 monthly after that? It was agreed that needs some joined up thinking to ensure anyone started in secondary care can get follow-up doses in primary care, particularly was not all GPs/PCNs have begun to roll out the use of inclisiran in primary care.

Inclisiran was added to formularies as Green a drug so agreed that this does not need to change. There is still the main national drive for GPs to initiate. But this could now mean more patients started by secondary care than initially thought which then puts pressure on primary care.

It was highlighted to the APC that the regional AHSN funding to support use of PSCK9i has now

ended.

The APC also noted that CDDFT will not be initiating patients in inclisiran as they are not in a position to do so.

The APC discussed the need to ensure that inclisiran is initiated at the right point in the treatment pathway, maximising the use of statins first.

After discussion the APC agreed to raise awareness to primary care locally of the potential for secondary care initiation of inclisiran and the risks to primary care this might pose.

**ACTION:**

- **CCG MO Teams to raise awareness to primary care locally of the potential for secondary care initiation of inclisiran and the risks to primary care this might pose.**

**22. Overprescribing / Deprescribing**

A verbal update was given on the regional work around opiates and gabapentinoids.

**23. CD&T APC Position Statement on Flash Glucose Monitoring following updated NICE guidance.**

The APC discussed and agreed a Position Statement on Flash Glucose Monitoring Following NICE Guidance March 2022.

In North East & North Cumbria the Northern Treatment Advisory Group (NTAG) is currently reviewing and updating its recommendations on Flash Glucose Monitoring in collaboration with the Diabetes Network following the publication of this new NICE guidance.

The current NTAG recommendation on Flash Glucose Monitoring from February 2021, and North East & North Cumbria Value Base Commissioning Policy version 10 April 2022 remain in place. Prescribers should continue to follow these recommendations on who is eligible for Flash Glucose Monitoring in the North East & North Cumbria until these policies are updated.

**ACTION:**

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

**Part 6 – Standing Items (for information only)**

**33. Formulary Steering Group Minutes – February 2022**

For information.

**34. TEWV D&T Minutes – since November 2021**

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 – since November 2021**

Not yet available.

**39. RDTG Horizon Scanning – March & April 2022**

For information.

**40. NTAG Minutes – February 2022**

Not yet available.

**41. NE&C CCG Prescribing Forum Minutes – since January 2022**

Not yet available.

**42. NEAS Medicines Group Minutes – since November 2019**

Not yet available.

**43. South Tyneside & Sunderland APC Minutes – April 2022**

For information.

**Chairman's Action**

- Paediatric Asthma and Adult COPD Guidelines – updated to match latest formulary amendments.

**Any Other Business**

New APC Chair Required from July 2022

Nominations for a new chair from the APC membership will be sought via email to the current APC membership prior to the July 2022 APC, with a vote as necessary.

**Date and time of next meeting:**

Thursday 14<sup>th</sup> July 2022, 9am – 11.30am, virtual meeting via Microsoft Teams tele/videoconference – details to be circulated.