

## County Durham and Tees Valley Area Prescribing Committee

Thursday 9<sup>th</sup> March 2023  
9am – 11am  
Held via Microsoft Teams

### Present

Name	Job Title	Membership Capacity	Organisation	Sep 2022	Nov 2022	Jan 2023	Mar 2023
Angela Dixon	Medicines Optimisation Pharmacist	Pharmacist	Tees Valley	✓	✓	✓	✓
Peter Foster	GP Prescribing Lead	Clinician	County Durham	✓	✓	✓	X
Kate Huddart	Senior Pharmaceutical Advisor	Pharmacist	County Durham	✓	Rachel Berry	✓	✓
Susan Broughton	HRW Locality Lead Pharmacist	Pharmacist	North Yorks	Chris Ranson	Chris Ranson	Chris Ranson	Chris Ranson
Rupert Smith	GP Prescribing Lead	Chair of APC	Tees Valley	✓	✓	✓	✓
James Carlton	Medical Director	Clinician	County Durham	Apols	Apols	X	✓ (till 10.30am)
Janet Walker	Medical Director	Clinician	Tees Valley	✓	✓	✓	✓
Shafie Kamaruddin	Consultant & Chair of CSTC	Clinician	CDDFT	✓	Apols	Apols	✓
Jamie Harris	Chief Pharmacist	Pharmacist	CDDFT	✓	✓	✓	✓
		Clinician	NTHFT				
Naheem Majid	Formulary Pharmacist	Pharmacist	NTHFT	✓	Apols	✓	✓
Andy Lloyd	Consultant & Chair of D&T	Clinician	STFT	Apols	✓	✓	✓
Helen Jones	Chief Pharmacist	Pharmacist	STFT	Tracy Percival	Tracy Percival	Tracy Percival	Tracy Percival
Suresh Babu		Clinician	TEWVFT		Apols	X	X
Chris Williams	Chief Pharmacist	Pharmacist	TEWVFT	✓	✓	✓	✓
Debs White or Tanya Johnston	GP	LMC Rep		Girish Chawla	Debs White	Debs White	Debs White
Rob Pitt	Community Pharmacist	LPC Rep – County Durham		✓	✓	✓	Apols
Brent Foster	Community Pharmacist	LPC Rep – Tees		Apols	X	X	X
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham Council	✓	Apols	✓	✓
Chris Cunnington - Shore		Lay/Patient Representative		Apols	✓	✓	X
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	RDTc	✓	✓	✓	✓

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

Rob Pitt.

### 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:

Gavin Mankin – Item 17/18/19 declared an interest as RDTc provide Professional Secretariat under separate SLAs to CD&T APC and NTAG/NENC Medicines Committee. Noted that RDTc is a non-voting member of the APC and these items were for discussion/information based on minutes/papers submitted for these items. Others from APC were present at the meetings in question and could speak to these items/confirm what was presented was true and accurate.

### 3. Minutes and decision summary of the previous APC meeting Held on 12<sup>th</sup> January 2023

The minutes were accepted as a true and accurate record.

The decision summary of the January 2023 meeting was accepted as a true and accurate record.

It was notified that the decisions from the November 2022 APC meetings have now been ratified by the NENC ICB Executive Committee at their January 2023 meeting and the formulary has been updated. All decisions can be found on the Medicines Committee pages of the NENC ICB website at: <https://northeastnorthcumbria.nhs.uk/about-us/publications/medicines-committee/>

The decisions from the January 2023 APC meeting are going to the March 2023 NENC ICB Executive Committee for ratification/approval.

### 4. Matters arising not on the agenda

Nil.

### 5. Action log

#### Review of APC Terms of Reference and Membership

RDTc shared letter from ICB Director of Medicines and Pharmacy with APC members.

RDTc circulated current APC terms of reference to APC members to review for suggestions on future APC remit and gaps.

AD/KH to reviewed current list of CD&T guidelines to see what would remain local and what could be done once across ICB.

All actions completed and feedback on March APC agenda. ITEM NOW CLOSED.

#### TEWV Drug & Therapeutics Committee Feedback – November 2022

KH/AD highlighted to primary care propranolol toxicity in overdose in next medicines optimisation team newsletters/prescribing committees in County Durham and Tees Valley. ITEM NOW CLOSED.

CD&T APC Primary Care Management of Vitamin D Deficiency – update Nov 2022  
Completed and website updated. ITEM NOW CLOSED.

CD&T APC Cinacalcet SCG – update Nov 2022  
Completed and website updated. ITEM NOW CLOSED.

Algorithm for blood glucose lowering therapy in adults with type 2 diabetes  
Been informed that a regional type 2 diabetes algorithm is currently in development and at an early drafting stage. This will go to NTAG for approval. ITEM NOW CLOSED FROM APC PERSPECTIVE.

Review of CD&T APC terms of reference  
See agenda item today.  
NTHFT now identified a representative for APC. ITEM NOW CLOSED.

Hydroxychloroquine SCG  
The national shared care guideline was published on 8<sup>th</sup> July 2022.  
December 2022 update: regional working group on DMARD SCGs met and work progressing on regional document. This will go to NTAG for approval. ITEM NOW CLOSED FROM APC PERSPECTIVE.

Vitamin B12 guideline  
Still in progress

Letter re prescribing of THC:CBD spray (Sativex®) in line with NICE NG144  
STHFT application to use THC:CBD spray (Sativex®) as been approved for two existing patients and regional shared care guideline in draft. ITEM NOW CLOSED FROM APC PERSPECTIVE.

Pain Pathway for County Durham  
Final version to go on website received post March 2023 APC and will be published on APC website. ITEM NOW CLOSED.

## **6. Future of the APC and Formulary Subgroup**

With the formulary process being aligned to NTAG/NENC Medicines Committee in the future, APCs have been asked to review their remaining functions as there was acknowledgement that they may have a role in guideline development and implementation of decisions/ actions from other groups etc. which may be important.

A formal letter re this change was circulated by the ICB Director of Pharmacy and Medicines to APC members following the January 2023 APC meeting.

Feedback on comments received from APC members following the January 2023 APC meeting was circulated with the meeting papers to the APC.

A presentation from the ICB Director of Pharmacy and Medicines on the future NENC medicines governance committee structure was presented to the APC. Members were asked to consider submitting nominations for the membership of the future ICB committees in the NENC medicines governance structure by the 11<sup>th</sup> April 2023. Overall, the APC appeared to be supportive of the plan.

The APC considered whether there was still a need for the APC, Formulary Subgroup or some other local guideline implementation group. The APC agreed as future NENC medicines governance committee structure still not in place that the APC would meet again in May 2023 at least. It agreed that the CD&T Formulary Subgroup should cease to meet with immediate effect as all formulary applications and amendments now go to NTAG.

Other points raised in discussion:

- Like idea of decreased duplication but concerns that may increase complexity and delay.

- Need to maintain local engagement.
- Is APC the right group going forwards for local implementation.
- Need ensure future ICB wide committees have balance of membership plus geography. No one place/organisation should feel that being taken over by/dictated to by others. Needs to be sense over collaboration across the NENC.
- Need to ensure engagement with PCNs in future process.

**ACTION:**

- **APC Members were asked to consider submitting nominations for the membership of the future ICB committees in the NENC medicines governance structure by the 11th April 2023.**

**7. Review of APC terms of reference and membership (incl. Trust finance representation)**

Discussed under item 6.

**Part 2 – Mental health**

**8. TEWV Drug & Therapeutics Committee feedback – January 2023**

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

**9. TEWV Depression medication algorithm**

Circulated to the APC for comment/consultation. This is an update of existing TEWV guidance to reflect the latest NICE guidance.

The following changes were requested by the APC:

- To highlight on front page existence of deprescribing guidance embedded at the end.
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Noted that has also been to the North Yorkshire & York APC for comments and the final version will be approved at the March 2023 TEWV D&T meeting.

**10. TEWV Melatonin prescribing / shared care guidelines**

Circulated to the APC for comment/consultation/approval. This is an update of existing TEWV guidance. Now includes Adaflex® replacing Circadin® as Adaflex® licensed in children. Circadin® retained in the SCG to cover existing prescribing, Slenyto® retained for its specific licensed indication. Agreed not to include Ceyesto® brand as only available in one strength unlike Adaflex®.

The document has been prepared in the new NENC share care template.

Noted that also now contains de-prescribing guidance for the first time.

The following changes were requested by the APC:

- Make clear whose responsibility to start deprescribing conversation with the patient.

The APC approved the melatonin shared care guideline subject to this amendment and those requested by North Yorkshire & York APC.

**11. TEWV Guidance on prescribing psychotropics in child-bearing potential**

Circulated to the APC for comment/consultation. This is an update of existing TEWV guidance. No changes were requested by the APC.

Noted that subject to consultation with the North Yorkshire & York APC the final version will be approved at the March 2023 TEWV D&T meeting.

**12. TEWV off-licence prescribing in the persistent physical symptoms service**

A document to raise awareness of the persistent physical symptoms service and the medicines that may use for off-label indications was presented to the APC.

This a service that is currently only commissioned from TEWV in County Durham and Darlington.

Currently, prescribing for PPS conditions is mostly off licence and not covered by the CDTV formulary or TEWV Safe Transfer of Prescribing guidance. This paper is submitted to the Area Prescribing committee as a request to support the transfer of prescribing of the treatments detailed in the table below, when appropriate, as the PPS service does not have the capacity to care coordinate patients long term.

It was discussed and agreed by the APC that this document was not needed outside of TEWV. This is because any transfers from the service to GPs should only be done on an individual patient basis following a discussion between the GP and the consultant. It will remain an individual decision for the GP as to if they accept the transfer of prescribing. Communications to the GP from the specialist should include the rationale and evidence base for the drug choice plus will prescribing/monitoring information. The APC noted that the weak evidence base for some the indications and drug choices, and so not appropriate to give them a formulary status. The formulary is only intended to cover 80-90% of what may be needed for individual patients.

**Part 3 – Formulary issues**

**13. Appeals against previous APC decisions**

Nil for this meeting.

**14. APC Formulary steering group update**

**Noted all NICE TAs and formulary applications now go to NTAG for consideration.**

**The following amendments to the CD&T formulary were approved by the APC whilst we await the new single NENC formulary:**

Requested formulary amendments	Reasoning	Recommended action for APC
<p><b>Insuman® insulin discontinuations</b></p> <p>Commissioning: ICB, in tariff</p>	<p>A range of Insuman® insulins are in the process of being discontinued by the manufacturer for commercial reasons.</p>	<p><b>Decision:</b> remove from formulary.</p>
<p><b>Oxycodone – change of formulary brand</b></p> <p>Commissioning: ICB, in tariff</p>	<p>Currently in County Durham and Tees Valley, the recommended brand is Longtec®. However, Oxypro® is used in other areas of the region. It is available in all strengths and is cheaper which represents significant cost savings.</p> <p>Oxypro® is half the price of Longtec®, and a quarter of the price of Oxycontin and generic prescribing across all strengths.</p>	<p><b>Decision:</b> agreed to recommend to the APC that Longtec® is removed and Oxypro® is added to the formulary as the preferred Oxycodone MR product of choice in primary care.</p>

**ACTION:**

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

**15. NTAG Update**

- NTAG Workplan January 2023 – circulated for information.
- Agenda items for March 2023 NTAG meeting include:
  - Gabapentinoids for intractable itch with severe burns
  - Teriparatide use outside of NICE guidance as per NOGG
  - RDTG monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – January 2023
  - Formulary applications
    - Tacalcitol lotion for psoriasis vulgaris
    - Trifarotene cream for acne
    - Ciclosporin 1mg/mL (0.1%) eye drops (Verkazia®) for severe vernal keratoconjunctivitis in children from 4 years of age and adolescents.
    - Botulinum toxin for hernia
    - Dihydroartemisinin/piperazine phosphate (Eurartesim®) for malaria
  - NENC regional guidance On SGLT2 inhibitors
  - NENC ICB position-statement-non-palliative-care-use-of-opiates final
  - Single ICS formulary – approval
- The recommendations from the January 2023 meeting of NTAG are currently with the ICB Executive for approval. These include:
  - NENC VBC policy updates for CGM and iPORT
  - Regional guidance on recurrent UTI
  - NICE TAs published in November and December 2022

**16. RMOC update**

No update available.

**17. CDDFT CSTC update**

A verbal update on the latest meeting was given. No issues that will impact on primary care or APC.

**18. NTHFT D&T update**

Last meeting was in January 2023. No issues that will impact on primary care or APC.

**19. STHFT D&T update**

A verbal update on the January 2023 meeting was given. The March 2023 meeting has been cancelled due to lack of agenda items.

**20. Primary Care Prescribing Committee updates**

County Durham - a verbal update was given.

Tees Valley - a verbal update was given.

**21. NENC Medicines Committee update**

The minutes of the December 2022 and January 2023 meetings of the NENC Medicines Committee will be shared once available.

The January 2023 meeting made the following recommendations to the March 2023 meeting of the NENC ICB Executive Committee:

- NENC VBC policy updates for CGM and iPORT
- Regional guidance on recurrent UTI
- NICE TAs published in November and December 2022

**22. NENC Formulary Working Group update**

A verbal update on the creation of the single NENC ICS formulary was presented to the group. The NENC formulary is being developed and is planned to go live in April 2023.

**23. NENC Shared Care Working Group update**

A verbal update on the NENC Shared Care Working Group was presented to the group. The fourth meeting is arranged for the end of March 2023 and the sub-working group looking at

DMARD share care guidelines has also started to meet.

#### **Part 4 – Shared care and guidelines (non-mental health)**

##### **24. CD&T COPD Guideline – updated**

An updated Co. Durham & Tees Valley COPD Treatment was presented and approved by the APC. It is based on new guidance from GOLD.

##### **ACTION:**

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

##### **25. CD&T Transanal Irrigation Guideline – reviewed**

The current CD&T Transanal Irrigation Guideline was due for review in Nov 2022. Been reviewed by Rebecca Embleton, Lead Bowel Dysfunction Clinical Nurse Specialist, CDDFT. The only changes are to add low anterior resection syndrome (LARS) in as an indication and updates to the product codes.

APC agreed that need to check with Trusts in Tees Valley that they were happy with the changes and content of the guidance before the APC could approve it.

##### **ACTION:**

- **RDTC to ask authors check with Trusts in Tees Valley that they were happy with the changes and content of the guidance before the APC could approve it.**

##### **26. CD&T Sacubitril Valsartan Guideline – reviewed**

A reviewed and updated CD&T Sacubitril Valsartan Guideline was presented to and approved by the APC.

Guidance updated in line with current practice and to increase service capacity. Agreed that 3 months is no longer required before a patient can be transferred to primary care. Patients can be transferred sooner once maximum tolerated dose is achieved.

##### **ACTION:**

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

##### **27. CD&T Lidocaine Prescribing Advice – new**

A new CD&T Lidocaine Prescribing Advice document was presented to and approved by the APC. The purpose of the document is to provide advice to primary care prescribers regarding when lidocaine patches should not be continued in primary care if documented as medication supplied on a hospital discharge summary.

##### **ACTION:**

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

##### **28. NENC Dronedarone SCG**

The current draft NENC Dronedarone SCG that is out for consultation until the 14<sup>th</sup> of March 2023 was circulated to the APC. Members were asked to bring to the attention of relevant clinicians in their organisation and ask them to submit any comments.

The draft is based on the national shared care template for dronedarone.

Noted that comments have been submitted to the consultation by primary care in Tees Valley and NTHFT.

#### **Part 5 – Other items of business**

##### **29. Feedback on APC decision re spironolactone for acne**

The APC discussed correspondence received from dermatology at CDDFT regarding the APC decision on spironolactone for acne in November 2022.

The dermatologists disagree with the RED formulary decision made by the APC.

In October 2021 FSG request received via email to consider adding Spironolactone to the formulary for acne following annual dermatology County Durham CSI update. Spironolactone was requested for female patient's intolerant of or not-responding to isotretinoin. It is unlicensed for this indication, but it is green plus on CD&T formulary for gender dysphoria, relying on the same mechanism of action. There is also a BAD leaflet to support use in acne. This was considered at the Dec 2021 FSG and Jan 2022 FSG.

A summary of evidence base prepared by the Lancashire Medicines Management Group in December 2014 was reviewed by the FSG. It was noted that the evidence to support its use is in a limited number of patients and is of low quality. The FSG also noted that NICE guideline [NG198] - Acne vulgaris: management Published: 25 June 2021 makes no mention of spironolactone as an option.

After discussion, the FSG agreed to recommend to the APC adding spironolactone for acne to the formulary as a RED drug. This was because unlicensed and to manage risks around pregnancy. GPs also not familiar with dosing and use for acne. This decision was subsequently approved by the APC and the decision upheld in November 2022.

APC has only ever considered use for acne. Any other indication e.g. hirsutism, female hair loss will need a formulary application.

APC discussed and agreed that as moving to a single ICS formulary a full formulary application with supporting evidence for spironolactone for acne, hirsutism, and female hair loss should be submitted to NTAG if CDDFT dermatologists wish the current formulary status to be reviewed.

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

- 30. Formulary Steering Group minutes – December 2022**  
For information.
- 31. TEWV D&T minutes – November 2022**  
Not yet available.
- 32. CDDFT Clinical Standards and Therapeutics Committee minutes – since March 2022**  
Not yet available.
- 33. North Tees & Hartlepool Hospitals D&T minutes – since July 2021**  
Not yet available.
- 34. South Tees Hospitals D&T minutes – January 2023**  
For information.
- 35. RDTTC Horizon Scanning – December 2002 and January 2023**  
For information.
- 36. NTAG minutes – November 2022**  
For information.
- 37. NENC Prescribing Forum minutes – January 2023**  
Not yet available.
- 38. South Tyneside & Sunderland APC minutes – February 2023**  
For information.



**Chairman's action**

APC Position Statement on DOACs and Creatinine Clearance - correction

Correction of actual body weight to adjusted body weight approved.

**ACTION:**

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

**Any other business**

CD&T primary care drug monitoring document – due review Feb 2023

The APC agreed to extend the review date for six months and to reviewed continued need for the document then. There is a SPS Drug Monitoring Tool but this has not been updated since launched and does not contain the same drugs as the CD&T document. SPS document also does not match national shared care templates.

Outpatient prescribing in Tees Valley document

This is the product of work in an interface meeting across primary and secondary care between the acute trust and mental health trusts of Tees Valley. It outlines the principles of approach regarding accessing medication following an outpatient appointment. It needs to have a section included regarding medication post virtual outpatient appointment.

And need to double check the appropriate timeline for community pharmacy dispensing – so that expectations are clear .

The document is for ' socialising' with comments back to Janet Walker, and the interface group will refine and then share again.

**Date and time of next meeting:**

Thursday 11<sup>th</sup> May 2023 (TBC), 9am – 11.30am, virtual meeting via Microsoft Teams tele/videoconference