

## County Durham and Tees Valley Area Prescribing Committee

Thursday 10<sup>th</sup> November 2022

9am – 10am

Held Via Microsoft Teams

### Present

Name	Job Title	Membership Capacity	Organisation	May 2022	Jul 2022	Sep 2022	Nov 2022
David Russell	GP Prescribing Lead (Darlington)	Clinician	Tees Valley	✓	✓	✓	✓
Angela Dixon	Medicines Optimisation Pharmacist	Pharmacist	Tees Valley	Alastair Monk	✓	✓	✓
Peter Foster	GP Prescribing Lead	Clinician	County Durham	✓	✓	✓	✓
Kate Huddart	Senior Pharmaceutical Advisor	Pharmacist	County Durham	✓	Rachel Berry	✓	Rachel Berry
Susan Broughton	HRW Locality Lead Pharmacist	Pharmacist	North Yorks	Susan Broughton	Chris Ranson	Chris Ranson	Chris Ranson
Rupert Smith	GP Prescribing Lead	Chair of APC	Tees Valley	✓	✓	✓	✓
James Carlton	Medical Director	Clinician	County Durham	Ian Davidson (Chair)	✓	Apols	Apols
Janet Walker	Medical Director	Clinician	Tees Valley	Apols	✓	✓	✓
Shafie Kamaruddin	Consultant & Chair of CSTC	Clinician	CDDFT	✓	✓	✓	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	Apols	✓
Helen Jones	Chief Pharmacist	Pharmacist	STFT	Tracy Percival	Tracy Percival	Tracy Percival	Tracy Percival
Suresh Babu		Clinician	TEVVFT				Apols
Chris Williams	Chief Pharmacist	Pharmacist	TEVVFT	✓	✓	✓	✓
Debs White or Tanya Johnston	GP	LMC Rep		X	Debs White	Girish Chawla	Debs White
Rob Pitt	Community Pharmacist	LPC Rep – County Durham		✓	✓	✓	✓
Brent Foster	Community Pharmacist	LPC Rep – Tees		X	X	Apols	X
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham Council	✓	X	✓	Apols
Chris Cunnington - Shore		Lay/Patient Representative		Apols	X	Apols	✓
Mark Pickering	Chief Finance Officer for Tees Valley	Commissioning & Finance Rep	Tees Valley	✓	Apols	Resigned	Resigned
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	RDTc	✓	✓	✓	✓

**In attendance**

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

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:**

James Carlton, Suresh Babu, Claire Jones, Kate Huddart, Naheem Majid, Shafie Kamaruddin

**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 8<sup>th</sup> September 2022**

The minutes were accepted as a true and accurate record with correction of typo under Item 9 Dihydrocodeine.

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

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

Nil.

**5. Action Log**

TA807 Roxadustat for treating symptomatic anaemia in chronic kidney disease and TA805 Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides

Taken to Sept 2022 NENC Medicines Committee and escalated to ICB Exec for financial sign off.

County Durham Osteoporosis Guideline

Completed & website updated. ITEM NOW CLOSED.

NENC Palliative Care Guidelines

Completed & website updated. ITEM NOW CLOSED.

Regional Gender Dysphoria Guideline – minor amendment RDTA to arrange for approved version to be added to APC pages of NECS website.

Completed & website updated. ITEM NOW CLOSED.

County Durham & Darlington Dressing Formulary  
Completed & website updated. ITEM NOW CLOSED.

CD&T APC Guideline- Topical testosterone for management of Low libido in menopausal women  
Completed & website updated. ITEM NOW CLOSED.

Algorithm for Blood Glucose Lowering Therapy in Adults with Type 2 Diabetes  
NTAG at their June 2022 meeting supported regional adoption of the updated NICE type 2 diabetes guidelines. This has been approved by the ICB Executive from a finance perspective this week and a meeting is being arranged with Diabetes Network on implementation.

Review of CD&T APC Terms of Reference  
No further update available on identifying clinical representation from NTHFT to APC. NTHFT have now appointed a new Chief Pharmacist.

Hydroxychloroquine SCG  
The national shared care guideline was published on the 8<sup>th</sup> July 2022. Discussions are underway to discuss how to implement/adopt the national SCG across the NENC.

Vitamin B12 Guideline  
RS has produced an updated draft based on previous Tees Vitamin B12 guideline for use across CD&T. This will shortly be going out for consultation with the aim of coming the next APC meeting for approval.

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.

TEWV Prescribing drugs with potential to prolong QTc  
RDTC to add link to guideline on APC website once published on TEWV website. Noted that TEWV have produce a GP summary on the first page as requested.`.

NICE TA791: Romosozumab for treating severe osteoporosis  
Taken to Sept 2022 NENC Medicines Committee and escalated to ICB Exec for financial sign off.

## **6. Review of APC Terms of Reference and Membership (incl Trust Finance representation)**

The APC noted ICB governance routes/processes around medicines are still to be finalised so the APC Terms of Reference and Membership will continue to be kept under review.

For now, APC to continue as is until more is known of ICB medicines structure and decision making around medicines including any delegated authority to the APC.

Also noted ongoing discussion on clinical positions at subICB level so remain unclear who will be future GP prescribing leads.

It was agreed to make no changes to APC membership at this stage except that Suresh Babu will be the lead consultant representative from TEWV.

The APC also noted the ongoing discussions within the ICB about potentially moving to a single ICB wide formulary replacing the three current formularies within the NENC.

## **Part 2 – Mental Health**

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

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

**8. TEVV PHARM-0152-v1.1 Management of Bipolar disorder under 18s**

Final version approved by TEVV for information.

**Part 3 – Formulary Issues**

**9. Appeals Against Previous APC Decisions**

Nil for this meeting.

**10. NICE TAs and MHRA Drug Safety Update – August & September 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="#">TA812: Pralsetinib for treating RET fusion-positive advanced non-small-cell lung cancer</a> Commissioning: NHSE	3 <sup>rd</sup> August 2022	<i>Not listed in chapter 8.1.5</i>	Add to formulary as NOT APPROVED drug with a link to NICE TA812.
<a href="#">TA813: Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors</a> Commissioning: NHSE	3 <sup>rd</sup> August 2022	<i>Not listed in chapter 8.1.5</i>	Add asciminib to formulary as a RED drug, with link to TA813.
<a href="#">TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis</a> Commissioning: ICS (adults) and NHSE (young people), tariff-excluded	3 <sup>rd</sup> August 2022	<i>Not listed in chapter 13.5.3</i>	Add abrocitinib, tralokinumab and upadacitinib to formulary as RED drugs, with links to TA814.
<a href="#">TA815: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs</a> Commissioning: ICS, tariff-excluded	10 <sup>th</sup> August 2022	<i>RED drug in chapter 10.1.3</i>	Review formulary to review links to TA711 and replace with links to TA815. Ensure guselkumab is on formulary in the musculoskeletal chapter.
<a href="#">TA816: Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer</a> Commissioning: NHSE	10 <sup>th</sup> August 2022	<i>Not listed in chapter 8.1.5</i>	Add alpelisib to formulary as a RED drug with link to TA816.
<a href="#">TA817: Nivolumab for adjuvant treatment of invasive urothelial cancer at high risk of recurrence</a> Commissioning: NHSE	10 <sup>th</sup> August 2022	<i>RED drug in chapter 8.2.4</i>	Add nivolumab to formulary as a RED drug with link to TA817.
<a href="#">TA818: Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma</a> Commissioning: NHSE	17 <sup>th</sup> August 2022	<i>RED drug in chapter 8.2.4</i>	Add nivolumab to formulary as a RED drug with link to TA818.
<a href="#">TA819: Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies</a> Commissioning: NHSE	17 <sup>th</sup> August 2022	<i>No listed in chapter 8.1.5</i>	Add sacituzumab govitecan to formulary as a RED drug with link to TA819.
<a href="#">TA820: Brolocizumab for treating diabetic macular oedema</a> Commissioning: ICS, tariff-excluded	31 <sup>st</sup> August 2022	<i>RED drug in chapter 11.8.2.3.</i>	Add brolocizumab to formulary as a RED drug, if not already present. Add link to TA820.

<a href="#">TA821: Avalglucosidase alfa for treating Pompe disease</a> Commissioning: NHSE	24 <sup>th</sup> August 2022	<i>Not listed</i>	Add avalglucosidase alfa to formulary as a RED drug, with link to TA821.
<a href="#">TA822: Melphalan for haematological diseases before allogeneic haematopoietic stem cell transplant (terminated appraisal)</a> Commissioning: NHSE	14 <sup>th</sup> September 2022	<i>RED drug in chapter 8.1.1</i>	Add to formulary as a NOT APPROVED drug for this indication with a link to NICE TA822.
<a href="#">TA823: Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer</a> Commissioning: NHSE	28 <sup>th</sup> September 2022	<i>RED drug in chapter 8.2.4</i>	Add to formulary as a RED drug for this indication with a link to NICE TA823.
<a href="#">TA824: Dexamethasone intravitreal implant for treating diabetic macular oedema</a> Commissioning: ICS, tariff excluded	14 <sup>th</sup> September 2022	<i>RED drug in chapter 11.4.1</i>	Add to formulary as a RED drug for this indication with a link to NICE TA824.
<a href="#">TA825: Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis</a> Commissioning: NHSE	21 <sup>st</sup> September 2022	<i>Not listed in chapter 8.</i>	Add to formulary as a RED drug with a link to NICE TA825.
<a href="#">TA826: Vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis</a> (terminated appraisal) Commissioning: ICS, tariff excluded	21 <sup>st</sup> September 2022	<i>RED drug in chapter 1.5.3</i>	Add to formulary as a NOT APPROVED drug for this indication with a link to NICE TA826.
<a href="#">TA829: Upadacitinib for treating active ankylosing spondylitis</a> Commissioning: ICS, tariff excluded	30 <sup>th</sup> September 2022	<i>RED drug in chapter 10.1.3</i>	Add to formulary as a RED drug for this indication with a link to NICE TA829.
<b>Drug Safety Advice</b>	<b>Date issued</b>	<b>Current formulary status</b>	<b>Recommended action for APC</b>
<a href="#">Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists</a>	23 <sup>rd</sup> August 2022	<i>GREEN drugs in chapter 3</i>	Add link to MHRA advice to formulary.
<a href="#">Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations</a>	26 <sup>th</sup> September 2022	<i>AMBER SC drugs. Brands listed include Concerta XL, Delmosart, Xenidate XL, Xaggitin XL, Matoride XL, and Medikinet XL. SCG includes: Ritalin® / generic immediate-release preps / Concerta® XL / Matoride XL / Xenidate XL / Delmosart / Xaggitin XL / Equasym XL® / Medikinet XL®</i>	Add link to MHRA advice to formulary and include in local SCG when next updating.
<a href="#">Rucaparib (Rubraca ▼): withdrawal of third-line treatment indication</a>	26 <sup>th</sup> September 2022	<i>RED drug in chapter 8.1.5 for second line indication as per NICE TA which is still valid.</i>	Add link to MHRA advice to formulary.
<b>Requested formulary amendments</b>	<b>BNF Chapter</b>	<b>Reasoning</b>	<b>Recommended action for APC</b>

<p>Cabergoline in hyperprolactinaemia RAG status</p> <p><b>Commissioning: ICB, in tariff</b></p>	<p>6.7.1</p>	<p>Request from North Tees Trust re cabergoline for hyperprolactinaemia as seem to having some issues getting treatment continued in primary care. On the formulary page the only indications listed are for parkinsons (where a shared care exists) and a green+ for suppression of lactation.</p>	<p>Proposed as AMBER Specialist initiated drug for this indication, which includes hyperprolactinaemia relating to the use of antipsychotics. But decision deferred by APC to confirm monitoring requirements.</p>
<p>Spirolactone for Acne – RAG status review</p> <p><b>Commissioning: ICB, in tariff</b></p>	<p>13.6.2</p>	<p>Request from CDDFT. To propose that spironolactone for use for use in women with acne/female pattern hair loss and hirsutism be reclassified from RAG status of RED to AMBER SI</p>	<p>To remain as RED drug as unlicensed for this indication, weak evidence base, and not in NICE guidelines for acne.</p> <p>Original formulary request was only for acne.</p>
<p>Otigo® (phenazone/lidocaine) ear drops</p> <p><b>Commissioning: ICB, in tariff</b></p>	<p>12.1</p>	<p>Otigo® ear drops contain an analgesic with anti-inflammatory properties (phenazone 40mg/g) and a local anaesthetic (lidocaine 10mg/g). NICE guideline NG91 supports consideration of the use of this product for children and young people under 18 years in managing acute otitis media (and currently this is the only product in the UK) providing an immediate oral antibiotic prescription is not given, and there is no eardrum perforation or otorrhoea.</p>	<p>The recommendation is to approve the addition of Otigo® to the CDTV formulary as a GREEN drug in line with NICE NG91. If supported this item would then be included within antimicrobial guidelines and any local guidance of otitis media. Clinicians in relevant roles across primary and secondary care would be advised of this decision.</p>
<p>Tecovirimat as a Treatment for Patients Hospitalised due to Monkeypox Viral Infection</p> <p><b>Commissioning: NHSE, tariff excluded</b></p>	<p>5.3.7</p>	<p>To be used as per UK-wide interim clinical policy statement as a treatment for symptomatic patients hospitalised due to monkeypox.</p>	<p>Add to formulary as RED drug.</p>

Potassium Permanganate	13.11.6	The dermatology service within CDDFT feel there is still a place in therapy for use as an astringent for patients with weeping and/or blistering wounds in line with BAD guidance. CDDFT have considered all of the actions in the NPSA alert and have responded to them all. Whilst at present he preferred option is to keep potassium permanganate available, this will be further reviewed within the next in 6-12 months. The RAG status is suggested to be changed to RED therefore potassium permanganate should not be on repeat prescription. If it is required after review in a community dermatology clinic, prescriptions will be written by dermatology specialists after conducting the necessary risk assessment.	Change from a GREEN drug to a RED drug.
<b>Fosfomycin 500mg capsules (unlicensed)</b> <b>Commissioning: ICB, in tariff</b>	5.1.7	Requested by STHFT. Fosfomycin would be considered for use as an oral adjunct agent in the treatment of complex infections (particularly bone and joint infections and necrotising otitis externa) with fluoroquinolone resistant strains of Pseudomonas aeruginosa with combination antibiotic therapy. There is currently no licensed oral antibiotic for this indication.	Approve as a RED drug.
<b>Oritavancin</b> <b>Commissioning: ICB, in tariff</b>	5.1.7	Requested by STHFT. Indicated for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults.	Approve as a RED drug.

All recommendations above within previous financial delegated authority of APC.

To note proposal to make potassium permanganate a RED drug in change from GREEN+.

**ACTION:**

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

**11. New Drug Applications**

- Fosfomycin 500mg capsules (unlicensed) – discussed under item 10.
- Oritavancin – discussed under item 10.

**12. NTAG Update**

- NTAG Workplan September 2022 – circulated for information.

- 13. RMOG Update**  
Still awaiting creation of and first meeting of new RMOG North East & Yorkshire Committee.
- 14. CDDFT CSTC Update**  
No update given as last meeting was not quorate.
- 15. NTHFT D&T Update**  
No update available. Noted new Trust Chief Pharmacist been appointed.
- 16. STHFT D&T Update**  
A verbal update on the November 2022 D&T meeting was given.
- 17. Primary Care Prescribing Committee Updates**  
County Durham – a verbal update was given  
Tees Valley – a verbal update was given.
- 18. NENC Medicines Committee Update**  
A verbal update on the October 2022 meeting of the NENC Medicines Committee was given to the group.
- 19. NENC Formulary Working Group Update**  
A written update on the NENC Formulary Working Group was presented to the group. Looking at a single NENC formulary and merging the three existing formularies. NTAG to start to look at drugs with a NICE TA for NENC from Nov 2022 instead of APCs doing this, this will include a process of consultation across the NENC with all stakeholders.  
Also noted that current platform for County Durham and Tees Valley formulary is reaching the end of its life. RDTG are maintaining a Microsoft Word-based version as a back-up.
- 20. NENC Shared Care Working Group Update**  
A written update on the first meeting on the NENC Shared Care Working Group was presented to the group. The second meeting is arranged for the end of November 2022 and sub-working group looking at DMARD shared care guidelines is in the process of being set up.

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

- 21. Updated CDTV Guidance on Seven Day Prescriptions**  
Current guidance expired in Sept 2021. A reviewed and updated version was presented to and approved by the APC.  
**ACTION:**
  - RDTG to arrange for approved version to be added to APC pages of NECS website.
- 22. Pain Pathway for County Durham**  
Due to the high prescribing of opioids and gabapentinoids across County Durham, the County Durham Care Partnership Executive formed a Pain System Wide Advisory Group (SWAG) with the task of addressing this. The PAIN SWAG have produced a Pain Pathway for County Durham which was presented to and approved by the APC.  
**ACTION:**
  - RDTG to arrange for approved version to be added to APC pages of NECS website.

#### **Part 5 – Other Items of Business**

- 23. Freestyle Libre 1 Discontinuation Dec 2022**  
The APC noted that Freestyle Libre 1 is being discontinued by the end of December 2022. FSL2



will remain available and all remaining patients on FSL1 should be switched to FSL2 as soon as possible.

**ACTION:**

- **RDTG to update the online formulary.**

**24. CD&T Formulary Application Form - updated**

An updated and reformatted CD&T Formulary Application Form was presented to and approved by the APC.

Noted this includes consideration of deprescribing and environmental sustainability issues.

**ACTION:**

- **RDTG to arrange for approved version to be circulated to Trust formulary pharmacists and added to APC pages of NECS website.**

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

**25. Formulary Steering Group Minutes – August 2022**

For information.

**26. TEWV D&T Minutes – July 2022**

For information.

**27. CDDFT Clinical Standards and Therapeutics Committee Minutes – since March 2022**

Not yet available

**28. North Tees & Hartlepool Hospitals D&T Minutes – since July 2021**

Not yet available.

**29. South Tees Hospitals D&T Minutes – since May 2022**

Not yet available.

**30. RDTG Horizon Scanning – September & October 2022**

For information.

**31. NTAG Minutes – July 2022**

For information.

**32. NENC Prescribing Forum Minutes – August 2022**

For information.

Noted changes to future membership proposed after December 2022 meeting.

**33. South Tyneside & Sunderland APC Minutes – October 2022**

For information.

**Chairman's Action**

Guidelines for recognition and management of non- IgE cow's milk allergy in children

Minor updates approved November 2022 and not available on APC pages of NECS website.

**Any Other Business**

Antiviral pathways for influenza outbreak in Tees Valley

Presented to and approved by the APC.

Antiviral pathways for avian flu outbreak in Tees Valley

Presented to and approved by the APC.

**Date and time of next meeting:**

Thursday 12<sup>th</sup> January 2023, 9am – 11.30am, virtual meeting via Microsoft Teams tele/videoconference – details to be circulated.