

County Durham and Tees Valley Area Prescribing Committee

Thursday 8th September 2022

9am – 11.30 am

Held Via Microsoft Teams

Present

Name	Job Title	Membership Capacity	Organisation	Mar 2022	May 2022	Jul 2022	Sep 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	X	✓	✓	✓
Kate Huddart	Senior Pharmaceutical Advisor	Pharmacist	County Durham	✓	✓	Rachel Berry	✓
Tim Rider	GP Prescribing Lead	Clinician	North Yorks	X	X	X	X
Susan Broughton	HRW Locality Lead Pharmacist	Pharmacist	North Yorks	Chris Ranson	Susan Broughton	Chris Ranson	Chris Ranson
Rupert Smith	GP Prescribing Lead	Chair of APC	Tees Valley	✓	✓	✓	✓
James Carlton	Medical Director	Clinician	County Durham	Ian Davidson (Chair)	Ian Davidson (Chair)	✓	Apols
Janet Walker	Medical Director	Clinician	Tees Valley	Apols	Apols	✓	✓
Shafie Kamaruddin	Consultant & Chair of CSTC	Clinician	CDDFT	✓	✓	✓	✓
Jamie Harris	Chief Pharmacist	Pharmacist	CDDFT	✓	✓	✓	✓
		Clinician	NTHFT				
Naheem Majid	Formulary Pharmacist	Pharmacist	NTHFT	✓	✓	✓	✓
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
Baxi Sinha		Clinician	TEVVFT	Resigned	Resigned	Resigned	Resigned
Chris Williams	Chief Pharmacist	Pharmacist	TEVVFT	✓	✓	✓	✓
Julie Birch or Tanya Johnston	GP	LMC Rep		X	X	Debs White	Girish Chawla
Rob Pitt	Community Pharmacist	LPC Rep – County Durham			✓	✓	✓
Brent Foster	Community Pharmacist	LPC Rep – Tees		X	X	X	Apols
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham Council	✓	✓	X	✓
Chris Cunnington - Shore		Service User Rep – County Durham		Apols	Apols	X	Apols
		Service User Rep - Tees		X	X	X	
Mark Pickering	Chief Finance Officer for Tees Valley	Commissioning & Finance Rep	Tees Valley	✓	✓	Apols	Resigned
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	RDTCC	✓	✓	✓	✓

The APC was saddened to hear the news that Chris Mallon has sadly passed away. The APC wished to record their thanks for the work he did on behalf of the APC representing North Tees Trust. The APC send their condolences to his family and colleagues at NTHFT.

In attendance

Barry Hogan – RDTC 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:

Andy Lloyd, James Carlton, Debs White, Brent Foster, Chris Cunnington-Shore

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 14th July 2022

The minutes were accepted as a true and accurate record.

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

4. Matters Arising Not On the Agenda

Nil.

5. Action Log

TEWV Prescribing drugs with potential to prolong QTc

RDTC to add link to guideline on APC website once approved by TEWV D&T, and on the formulary website. Not yet published on TEWV website. Noted that TEWV working on a GP friendly version.

NICE TA791: Romosozumab for treating severe osteoporosis

JW/JC to take NICE TA791 to ICB for contracting final sign off as above financial threshold for APC decision making. Still to progress as ICS governance structure still not clear. Noted paper going to ICB executive re access to NICE TA drugs across the ICS.

Management of Hypomagnesaemia in Adults in Primary Care – updated

Added link to guideline on APC website, and on the formulary website. ITEM NOW CLOSED.

Northern England Evaluation and Lipid Intensification Guideline (updated)

Added link to guideline on APC website, and on the formulary website. ITEM NOW CLOSED.

Calculating Renal Function of DOACs – new APC guidance

Added link to guideline on APC website, and on the formulary website. ITEM NOW CLOSED.

Update on Valproate Safe Prescribing for GP practices

Finalised and circulated to primary care in County Durham and Tees Valley. 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 are in the process of appointing a new Chief Pharmacist.

Hydroxychloroquine SCG

The national shared care guideline was published on the 8th July 2022. Early discussions are underway to discuss how to implement/adopt the national SCG across the NENC.

Vitamin B12 Guideline

RS/AD continuing to look at updating previous Tees Vitamin B12 guideline for use across CD&T and a working group is being arranged to meet in September 2022.

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 Anxiety Guidelines – updated

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

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

The APB 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. Both Janet Walker and James Carlton will attend APC from the ICB medical directorate covering Tees Valley and County Durham respectively so they can take APC decision back to place and ICB as necessary in the interim. The first meeting of the new NENC ICB Medicines Committee is in two weeks time so more may be known then.

It was agreed to make no changes to APC membership at this stage. The APC noted the request from SRHFT Finance to attend APC meetings and this will be considered once more about medicines governance structure within the ICB is known.

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 – July 2022

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

Part 3 – Formulary Issues

8. Appeals Against Previous APC Decisions

Nil for this meeting.

9. Dihydrocodeine Formulary Status in County Durham & Tees

The APC was asked to review the decision at the May 2022 APC to reclassify dihydrocodeine as a RED drug. This was because issues have been raised by NTHFT trust at their D and T which may have been mirrored at STHFT and CDDFT regarding the practicalities of implementing the guidance within their pain teams.

The May 2022 APC decision was to change the RAG status of dihydrocodeine from Green Alternative to RED drug as per North of Tyne formulary position for use in breast-feeding mothers. This decision was made on the basis that 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. Codeine is the preferred weak opioid analgesic.

After discussion it was agreed to the exception to the RED status that can be prescribed and continued on the advice of the pain team.

ACTION:

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

10. NICE TAs and MHRA Drug Safety Update – June & July 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
TA792 Filgotinib for treating moderately to severely active ulcerative colitis Commissioning: ICS	1 st June 2022	RED drug in chapter 10	Add to as a RED drug with link to TA792
TA793 Anifrolumab for treating active autoantibody-positive systemic lupus erythematosus (terminated appraisal) Commissioning: ICS	8 th June 2022	Not listed.	Add as NOT APPROVED drug for this indication.
TA794 Diroximel fumarate for treating relapsing-remitting multiple sclerosis Commissioning: NHSE	8 th June 2022	Not listed in chapter 8.2.4	Add to formulary as a RED drug with link to TA794
TA795 Ibrutinib for treating Waldenstrom's macroglobulinaemia Commissioning: NHSE	8 th June 2022	RED drug in chapter 8.1.5.	For information.
TA796 Venetoclax for treating chronic lymphocytic leukaemia Commissioning: NHSE	15 th June 2022	RED drug in chapter 8.1.5.	Add to formulary as a RED drug with link to TA796.
TA797 Enfortumab vedotin for previously treated locally advanced or metastatic urothelial cancer (terminated appraisal) Commissioning: NHSE	15 th June 2022	Not listed.	Add as NOT APPROVED drug for this indication.
TA798 Durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation Commissioning: NHSE	22 nd June 2022	RED drug in chapter 8.1.5.	Add to formulary as a RED drug with link to TA798
TA799 Faricimab for treating diabetic macular oedema Commissioning: ICS, tariff-excluded, 30 day TA	29 th June 2022	Not listed in chapter 11.8.2.3.	Add to formulary as a RED drug with link to TA799
TA800 Faricimab for treating wet age-related macular degeneration Commissioning: ICS, tariff-excluded, 30 day TA	29 th June 2022	Not listed in chapter 11.8.2.3.	Add to formulary as a RED drug with link to TA800.
TA801 Pembrolizumab plus chemotherapy for untreated, triple-negative, locally recurrent unresectable or metastatic breast cancer Commissioning: NHSE	29 th June 2022	RED drug in chapter 8.1.5.	Add to formulary as a RED drug with link to TA801.

TA802 Cemiplimab for treating advanced cutaneous squamous cell carcinoma Commissioning: NHSE	29 th June 2022	<i>Not listed in chapter 8.1.5.</i>	Add to formulary as a RED drug with link to TA802.
TA803 Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs Commissioning: ICS, tariff excluded	13 th July 2022	<i>RED drug in chapter 13.5.3. Not listed in chapter 10.1.3</i>	Add to formulary as a RED drug with link to TA803
TA804 Teduglutide for treating short bowel syndrome Commissioning: NHSE	30 th June 2022	<i>Not listed in chapter 1.</i>	Add to formulary as a RED drug with link to TA804.
TA805 Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides Commissioning: ICS	13 th July 2022	<i>Not listed in chapter 2.12</i>	Add to formulary as a GREEN drug with link to TA805
TA806 Belimumab for treating lupus nephritis (terminated appraisal)	13 th July 2022	<i>RED drug in chapter 10.1.3</i>	Add to formulary as a NOT APPROVED for this indication with link to TA808
TA807 Roxadustat for treating symptomatic anaemia in chronic kidney disease Commissioning: ICS, tariff excluded	13 th July 2022	<i>Not listed in chapter 9.1.3</i>	Add to formulary as a RED drug for this indication with link to TA807 Formulary application pending
TA808 Fenfluramine for treating seizures associated with Dravet syndrome Commissioning: NHSE, tariff excluded	8 th July 2022	<i>No listed in chapter 4.8</i>	Add to formulary as a RED drug with link to TA808
TA809 Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease Commissioning: NHSE, tariff excluded	20 th July 2022	<i>Not listed</i>	Add to formulary as a RED drug with link to TA809
TA810 Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence Commissioning: NHSE	20 th July 2022	<i>RED drug in chapter 8.1.5</i>	Add to formulary as a RED drug with link to TA810
TA811: Duvelisib for treating relapsed or refractory chronic lymphocytic leukaemia after 2 or more treatments (terminated appraisal) Commissioning: NHSE	27 th July 2022	<i>NOT APPROVED drug in chapter 8.1.5</i>	Add to formulary as a NOT APPROVED drug for this indication with a link to TA811
HST21etmelanotide for treating obesity caused by LEPR or POMC deficiency Commissioning: NHSE	6 th July 2022	<i>Not listed.</i>	Add to formulary as a RED drug with link to HST21
Drug Safety Advice	Date issued	Current formulary status	Recommended action for APC
Metformin and reduced vitamin B12 levels: new advice for monitoring patients at risk	20 th June 2022	<i>GREEN drug.</i>	Add link to MHRA advice formulary
Topiramate (Topamax): start of safety review triggered by a study reporting an increased risk of neurodevelopmental disabilities in children with prenatal exposure	21 st July 2022	<i>To be completed locally</i>	Add link to MHRA advice formulary

Requested formulary amendments	BNF Chapter	Reasoning	Recommended action for APC
<p>Potassium 50mmol in 50ml Pre-filled syringe (Theatres)</p> <p>Commissioning: ICB, in tariff</p>		<p>Potassium replacement for use in theatres only.</p> <p>The proposed product is a pre-filled 50mmol in 50ml syringe complies with NPSA 01, is an equivalent concentration to that used in current practice and is compatible with “smart” syringe infusion pumps utilised within the theatre department.</p> <p>Requested by CDDFT.</p>	<p>Approve as a RED drug.</p>
<p>Fentanyl 100mg in 2mLvia intranasal route</p> <p>Commissioning: ICB, in tariff</p>		<p>Over the last few years the supply chain of diamorphine has been very fragile. In paediatrics diamorphine was routinely used via the nasal route as an analgesic. CDDFT have developed a drug protocol to enable fentanyl to be used as an alternative, via the nasal route.</p>	<p>Approve as a RED drug.</p>
<p>Ivermectin 1% Cream – change in formulary position</p> <p>Commissioning: ICB, in tariff</p>	13.6.3	<p>Request to make a first line treatment for rosacea.</p> <p>Ivermectin cream was added to the formulary in Nov 2016. Was request for 1st line treatment but approved after more established therapies have failed.</p> <p>Both NICE CKS and PCDS recommend as first line treatment for a type of Rosacea.</p>	<p>Approve making first line as per NICE CKS and PCDS guidance.</p>
<p>Tacrolimus and Pimecrolimus topical therapies – RAG status review</p> <p>Commissioning: ICB, in tariff</p>	13.5.3	<p>Current formulary status = Tacrolimus and pimecrolimus ointment/cream are both AMBER SPECIALIST INITIATION in the Durham/Tees Formulary.</p> <p>GPs in Tees Valley requesting a change to GREEN. Were of the understanding that anyone experienced in treating skin (such as a GP, GP reg, nurse practitioner) would be appropriate to issue.</p> <p>NICE TA82 – suggests It is recommended that treatment with tacrolimus or pimecrolimus be initiated only by physicians (including general practitioners) with a special interest and experience in dermatology, and only after careful discussion with the patient about the potential risks and benefits of all appropriate second-line treatment options.</p>	<p>To remains as AMBER Specialist Initiation in line with NICE TA e.g. initiated only by physicians (including general practitioners) with a special interest and experience in dermatology.</p>

<p>Metolazone – RAG status review</p> <p>Commissioning: ICB, in tariff</p>	<p>2.2.1</p>	<p>Request from STHFT to review RAG status now that a licensed preparation is available.</p> <p>Current formulary status = RED. Unlicensed to be used under the advice of cardiology.</p> <p>Xaqua® tablets are not interchangeable with other metolazone preparations; bioavailability is up to approximately two-fold higher for Xaqua® compared with other oral metolazone preparations.</p>	<p>Approved change from RED to AMBER Specialist Initiation only to be used on advice from cardiology.</p> <p>Metolazone needs to be prescribed by brand particularly if using licensed preparation (Xaqua®) to ensure correct product is dispensed. May be limited availability of licensed preparation(Xaqua®) so community pharmacies may struggle to get hold of. Patients should not be switched to licensed product without input of cardiology</p>
<p>Fidaxomicin (Dificlir®) 40mg/ml granules for oral suspension</p> <p>Commissioning: ICB, in tariff</p>	<p>5.1.7</p>	<p>A new liquid formulation of fidaxomicin. It is licensed for oral administration and also for administration via feeding tubes</p>	<p>Approved as AMBER SI</p>
<p>Fosfomycin sachets– review of RAG status</p> <p>Commissioning: ICB, in tariff</p>	<p>5.1.7</p>	<p>The current status as specialist initiation does not encourage the consideration of fosfomycin for empirical treatment, even though this is an option in the NICE guidance.</p>	<p>Approve the change of Fosfomycin from AMBER Specialist Initiation to GREEN (second line)</p>
<p>Liothyronine tablets – clarification of local commissioning position on the formulary</p> <p>Commissioning: ICB, in tariff</p>	<p>6.2.1</p>	<p>Clarify wording on formulary to include the following wording from the CD&T DNP Grey List: <i>Exception: The British Thyroid Association (BTA) advise that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction. In these circumstances, where levothyroxine has failed and in line with BTA guidance, endocrinologists providing NHS services may recommend liothyronine for individual patients after a carefully audited trial of at least 3 months duration of liothyronine. Liothyronine is used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test. In these situations, it is appropriate for patients to obtain their prescriptions from the centre undertaking the treatment and not be routinely obtained from primary care prescriber.</i></p> <p>Plus, state GPs can be asked to continue therapy by the endocrinologist if a trial of a least three months is successful.</p>	

<p>Adult Asthma Guideline - changes with regard to Flutiform MDI and Khaler and Trimbow pMDI 172/5/9</p> <p>Commissioning: ICB, in tariff</p>	<p>3.2</p>	<p>Putting high strength Trimbow pMDI, 172/5/9 on guidelines and formulary increases the options for adults who need a higher strength inhaled corticosteroid component in a single combination inhaler which will support adherence.</p> <p>Removal of Flutiform pMDI supports greener respiratory prescribing as the propellant within the Flutiform pMDI is a very powerful greenhouse gas.</p> <p>Removal of Flutiform Khaler will reduce the chance of confusion if Flutiform pMDI is removed from guidelines and formulary</p>	<p>Approve.</p>
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It was noted that the following NICE TAs have cost impact above the delegated authority of the APC so will be subject to contracting agreement between Trusts and the ICB:

- TA807 Roxadustat for treating symptomatic anaemia in chronic kidney disease

It was noted the following NICE TAs have cost impact above the delegated authority of the APC so will be subject to ICB sign off:

- TA805 Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides

ACTION:

- **JW/JC to take NICE TA807 and NICE TA805 to ICB for contracting/finance final sign off.**
- **RDTC to update the online formulary with the approved changes.**

11. New Drug Applications

- Potassium 50mmol in 50ml Pre-filled syringe (Theatres) – discussed under item 10.
- Fentanyl intranasal – discussed under item 10.

12. NTAG Update

- NTAG Workplan July 2022 – circulated for information.
- APC noted the working group looking at possibility of creating one single ICS wide formulary and another working group being set up to look at implementation of national shared care guidelines.

13. RMO Update

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

14. CDDFT CSTC Update

Verbal update given.

15. NTHFT D&T Update

Verbal update given. New Trust Chief Pharmacist been appointed.

16. STHFT D&T Update

A verbal update on the September 2022 D&T meeting was given. Noted pending formulary application for fosfomycin capsules.

- 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. County Durham Osteoporosis Guideline

The review and updated County Durham Osteoporosis Guideline was presented and approved by the APC subject to the following changes:

- Re: CDDFT have proposed to set up a list of non-medical primary care practitioners who may request DXA scans, including a signature from a 'sponsor' (e.g. a GP in their practice) to confirm that they have sufficient training and are competent to request DXA scans. CDDFT would keep this list of approved non-medical referrers and accept referrals from anyone on the list. – need to ensure DEX results go back to GP practice for action – could this be made clear?
- Add in reference to May 2022 MHRA Alert re Denosumab
- Treatment holidays page 12: Could intervals for all drugs be standardise to the same interval e.g. 24 months as possibly difficult to remember different interval for each drug. This may have already been considered and may not be possible

It was noted that applies to County Durham only as Tees happy to follow NICE guidance. Noted a regional guideline for osteoporosis is in development to this will be interim version until regional guidance is available.

ACTION:

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

19. NENC Palliative Care Guidelines

The latest NENC Palliative Care Guidelines were presented to approved by the APC. The APC noted the inclusion of ketamine. Given the past APC history around ketamine in palliative care particularly within County Durham agreed that the process to revisit the formulary status of ketamine within County Durham would need to be initiated by Dr Tim Morgan / the palliative care team and not aware of any such request having being received as of yet.

ACTION:

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

20. Regional Gender Dysphoria Guideline – minor amendment

The APC approved the updated Regional Gender Dysphoria Guideline for addition to the APC website.

There has been a slight amendment on Page 24 regarding the NE assay range for estradiol which is different from ones used elsewhere. Some commercial assay platforms used across the UK are known to give a higher readout. As of 2022, none of these assays are used across laboratories in the North East and, therefore, we advise a different target range for North East patients. No other changes have been made.

The comment has gone in as a footnote as the guideline is used over a wider geography than just the North East.

ACTION:

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

21. Recurrent UTI ICS Guideline

A recurrent UTI ICS Guideline has been developed. The ask was to take to APCs for approval as ICS Medicines Committee not yet in place. They have been developed by the AMS workstream and approved by the ICS AMR board.

The APC noted the comments from the North of Tyne MGUG. The APC still felt there was need

for this guidance to support prescribers following NICE guidance. But the APC had some concerns regarding the potential increased use of methenamine and the cost impact this could have.

The APC agreed not to approve the guideline at this stage in light of the comments from North of Tyne MGUG.

22. Updated CDTV Guidance on Seven Day Prescriptions

Item deferred till November 2022 APC meeting to allow for consultation with LPC.

23. County Durham & Darlington Dressing Formulary

The APC approved the changes in formulary recommendations for foam dressings including the reasons for these changes.

CovaWound Foam Silicone and Biatain Foam Silicone dressings have been replaced as first line options by Mepilex Border and ActivHeal Foam Adhesive dressings due to their better fluid handling properties, skin adherence and ease of removal.

Requests for formulary updates for other wound care categories will follow in line with the publication of the CDDFT wound care formulary and pathway redesign. Summary

ACTION:

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

Part 5 – Other Items of Business

24. Overprescribing / Deprescribing

No update for this meeting.

25. Ongoing Issue Around Transfer of Shared Care Drugs

APC noted work continues in County Durham to address and that a meeting has been arranged between the LMC and CDDFT.

Part 6 – Standing Items (for information only)

25. Formulary Steering Group Minutes – June 2022

For information.

26. TEWV D&T Minutes – May 2022

For information.

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

For information.

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. RDTC Horizon Scanning – July & August 2022

For information.

31. NTAG Minutes – June 2022

For information.

32. NENC Prescribing Forum Minutes – July 2022

For information.

33. South Tyneside & Sunderland APC Minutes – August 2022

For information.

34. TEWV Medicines Optimisation Annual Report 21-22

For information.

Chairman's Action

Nil

Any Other Business

CD&T APC Guideline- Topical testosterone for management of Low libido in menopausal women

A CD&T APC Guideline- Topical testosterone for management of Low libido in menopausal women was presented to and approved by the APC. This has been developed to support the GREEN RAG status of these products for this indication agreed at the July 2022 APC. It is based on a guideline from North Yorkshire & York APC and mirrors the latest British Menopause Society Guidance.

ACTION:

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

Date and time of next meeting:

Thursday 10th November 2022, 9am – 11.30am, virtual meeting via Microsoft Teams tele/videoconference – details to be circulated.