

## County Durham and Tees Valley Area Prescribing Committee

Thursday 12<sup>th</sup> January 2023

9am – 11am

Held via Microsoft Teams

### Present

Name	Job Title	Membership Capacity	Organisation	Jul 2022	Sep 2022	Nov 2022	Jan 2023
David Russell	GP Prescribing Lead (Darlington)	Clinician	Tees Valley	✓	✓	✓	✓
Angela Dixon	Medicines Optimisation Pharmacist	Pharmacist	Tees Valley	✓	✓	✓	✓
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	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
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	Apols	✓	✓
Helen Jones	Chief Pharmacist	Pharmacist	STFT	Tracy Percival	Tracy Percival	Tracy Percival	Tracy Percival
Suresh Babu		Clinician	TEVVFT			Apols	X
Chris Williams	Chief Pharmacist	Pharmacist	TEVVFT	✓	✓	✓	✓
Debs White or Tanya Johnston	GP	LMC Rep		Debs White	Girish Chawla	Debs White	Debs White
Rob Pitt	Community Pharmacist	LPC Rep – County Durham		✓	✓	✓	✓
Brent Foster	Community Pharmacist	LPC Rep – Tees		X	Apols	X	X
Claire Jones	Public Health Pharmacist	Public Health Rep	Durham Council	X	✓	Apols	✓
Chris Cunnington - Shore		Lay/Patient Representative		X	Apols	✓	✓
Mark Pickering	Chief Finance Officer for Tees Valley	Commissioning & Finance Rep	Tees Valley	Apols	Resigned	Resigned	Resigned
Gavin Mankin	Principal Pharmacist Medicines Management	Professional Secretary	RDC	✓	✓	✓	✓

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.

The APC noted that following restructure across the ICB for GP Clinical Leads that this would be David Russell's last APC meeting. The APC wished to record its thanks for his valued contributions to the APC over the years and for all he has done in support of the medicines/prescribing agenda over the years.

## Part 1

### 1. Apologies for absence

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:

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 10<sup>th</sup> November 2022

The minutes were accepted as a true and accurate record with corrected spelling and grammar. The decision summary of the November 2022 meeting was accepted as a true and accurate record.

It was notified that the decisions from the July and September 2022 APC meetings have now been ratified by the NENC ICB Executive Committee at their December 2022 meeting, though awaiting final confirmation of this and how this will be formally shared by the ICB.

The decisions from the November 2022 APC meeting are going to the January 2023 NENC ICB Executive Committee for ratification/approval.

### 4. Matters arising not on the agenda

Nil.

### 5. Action log

Updated CDTV guidance on seven day prescriptions

Completed and on website. ITEM NOW CLOSED.

Pain pathway for County Durham

Still awaiting final version to go on website. Final version with approved links in progress.

CD&T formulary application form

Circulated to Trust formulary pharmacists and added to APC pages of NECS website. 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. Been informed that a regional type 2 diabetes algorithm is currently in development and at an early drafting stage.

Review of CD&T APC terms of reference

No further update available on identifying clinical representation from NTHFT to APC but is being progressed.

NTHFT have now appointed a new Chief Pharmacist and she has been added to APC membership and will attend future APC meetings.

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.

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 to the next APC meeting for approval.

Letter re prescribing of THC:CBD spray (Sativex®) in line with NICE NG144

STHFT application to use THC:CBD spray (Sativex®) in line with NICE NG144 from their neurologists is in progress .

TEWV Prescribing drugs with potential to prolong QTc

Now published on TEWV website. ITEM NOW CLOSED.

NICE TA791: Romosozumab for treating severe osteoporosis

Approved at December 2022 ICB Exec. Awaiting formal confirmation of this and then will share with APC members and update formulary. ITEM NOW CLOSED as an APC action. Noted regional osteoporosis pathway in development.

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

Approved at December 2022 ICB Exec. Awaiting formal confirmation of this and then will share with APC members and update formulary. ITEM NOW CLOSED as an APC action.

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

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. Chairs and professional secretaries have been asked to discuss this with their APCs and feed back to the Medicines Committee.

A formal letter re this change is to be circulated imminently by the ICB Director of Pharmacy and Medicines to APC chairs/professional secretaries. There is also an update to ICB Medical Directors this afternoon.

Noted that NTAG/NENC Medicines Committee currently have no delegated authority and all recommendations must go to the ICB Executive for approval. The same is true for all APC recommendations which must also go to the ICB Executive for approval.

The APC discussed and considered its future remit going forward. It was agreed there was still a need for an APC-type group to approve local guidelines, support implementation, and importantly, ensure the continuation of local clinical engagement.

The membership of the APC was asked to give some thought as to further function, which should be undertaken on an ICB level, versus that which should remain at a local level delivered through APCs (or a similar group). And also, to consider if there are any gaps.

It was felt that this APC worked well.

The APC agreed to:

- Continue to meet.
- Maintain the CD&T formulary until such time as ICB formulary in place.
- APC members asked to review current APC terms of reference and consider what would be the future remit of the APC plus what gaps there might be.
- To review what guidelines exist in CD&T to see what would remain local and what could be done once across ICB.
- To discuss again at its March 2023 meeting.

#### **ACTIONS:**

- **RDTG to share letter from ICB Director of Medicines and Pharmacy with APC members.**
- **RDTG to circulate current APC terms of reference to APC members to review for suggestions on future APC remit and gaps.**
- **AD/KH to review current list of CD&T guidelines to see what would remain local and what could be done once across ICB.**

#### **Part 2 – Mental health**

##### **7. TEWV Drug & Therapeutics Committee feedback – November 2022**

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

A further incident in the NENC regarding propranolol toxicity in overdose was highlighted and agreed that this would be highlighted to primary care in next medicines optimisation team newsletters/prescribing committees in County Durham and Tees Valley.

#### **ACTION:**

- **KH/AD to highlight to primary care propranolol toxicity in overdose in next medicines optimisation team newsletters/prescribing committees in County Durham and Tees Valley.**

#### **Part 3 – Formulary issues**

##### **8. Appeals against previous APC decisions**

Nil for this meeting.

##### **9. NICE TAs and MHRA Drug Safety Update – October & November 2022**

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

NICE Technology Appraisal/Guidance	Current formulary status or pathway/ guidance relevance	Suggested action for APC
<p><a href="#">TA827: Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy</a>  <b>Commissioning: NHSE</b>                      5<sup>th</sup> October 2022</p>	<p>RED drug in chapter 8.1.3</p>	<p>Add azacitidine to formulary as a RED drug in this indication, with link to TA827</p>
<p><a href="#">TA828: Ozanimod for treating moderately to severely active ulcerative colitis</a>  <b>Commissioning: ICS</b>                      5<sup>th</sup> October 2022</p>	<p>NOT APPROVED in chapter 8.2.4 as per NICE TA Ozanimod for treating relapsing–remitting multiple sclerosis</p>	<p>Being considered by NTAG and NENC Medicines Committee in Dec 2022</p>
<p>TA829: Upadacitinib for treating active ankylosing spondylitis was published in September 2022. See <a href="#">September edition of this document</a>.</p>		
<p><a href="#">TA830: Pembrolizumab for adjuvant treatment of renal cell carcinoma</a>  <b>Commissioning: NHSE</b>                      19<sup>th</sup> October 2022</p>	<p>RED drug in chapter 8.1.5</p>	<p>Add pembrolizumab to formulary as a RED drug in this indication, with links to TA830</p>
<p><a href="#">TA831: Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer</a>  <b>Commissioning: NHSE</b>                      5<sup>th</sup> October 2022</p>	<p>RED drug in chapter 8.1.5 for other indications</p>	<p>For information</p>
<p><a href="#">TA832: Relugolix–estradiol–norethisterone acetate for treating moderate-to-severe symptoms of uterine fibroids</a>  <b>Commissioning: ICS</b>                      19<sup>th</sup> October 2022</p>	<p>Not listed</p>	<p>Being considered by NTAG and NENC Medicines Committee in Dec 2022</p>
<p><a href="#">TA833: Zanubrutinib for treating Waldenstrom’s macroglobulinaemia</a>  <b>Commissioning: NHSE</b>                      19<sup>th</sup> October 2022</p>	<p>RED drug in chapter 8.1.5 via CDF for this indication.</p>	<p>Add to formulary as a RED drug in this indication, with links to TA833</p>
<p><a href="#">TA834: SQ HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (terminated appraisal)</a>  <b>Commissioning: ICS</b>                      12<sup>th</sup> October 2022</p>	<p>Not listed</p>	<p>For information</p>
<p><a href="#">TA835: Fostamatinib for treating refractory chronic immune thrombocytopenia</a>  <b>Commissioning: NHSE</b>                      19<sup>th</sup> October 2022</p>	<p>RED for this indication as per NICE TA759</p>	<p>Being considered by NTAG and NENC Medicines Committee in Dec 2022</p>
<p><a href="#">TA836: Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy</a>  <b>Commissioning: NHSE</b>                      26<sup>th</sup> October 2022</p>	<p>RED drug in chapter 8.1.5</p>	<p>Add to formulary as a RED drug in this indication, with links to TA836</p>
<p><a href="#">TA837: Pembrolizumab for adjuvant treatment of resected stage 2B or 2C melanoma</a>  <b>Commissioning: NHSE</b>                      26<sup>th</sup> October 2022</p>	<p>RED drug in chapter 8.1.5</p>	<p>Add to formulary as a RED drug in this indication, with links to TA837</p>
<p><a href="#">TA838: Slow-release potassium bicarbonate–potassium citrate for treating distal renal tubular acidosis (terminated appraisal)</a>  <b>Commissioning: NHSE</b></p>	<p>Not listed</p>	<p>For information only</p>
<p><a href="#">TA839: Ruxolitinib for treating acute graft versus host disease refractory to corticosteroids (terminated appraisal)</a>  <b>Commissioning: NHSE</b></p>	<p>RED drug in chapter 8.1.5 as per NICE TA386</p>	<p>For information only</p>
<p><a href="#">TA840: Ruxolitinib for treating chronic graft versus host disease refractory to corticosteroids (terminated appraisal)</a>  <b>Commissioning: NHSE</b></p>	<p>RED drug in chapter 8.1.5 as per NICE TA386</p>	<p>For information only</p>
<p><a href="#">TA841: Carfilzomib with daratumumab and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)</a>  <b>Commissioning: NHSE</b></p>	<p>RED drug in chapter 8.1.5 for other indications</p>	<p>For information only</p>

<a href="#">TA842: Tisagenlecleucel for treating follicular lymphoma after 2 or more therapies (terminated appraisal)</a> Commissioning: NHSE	RED drug in chapter 8.1.5 for other indications	For information only
<a href="#">TA843: Luspatercept for treating anaemia caused by beta-thalassaemia (terminated appraisal)</a> Commissioning: NHSE	Not listed	For information only
<a href="#">TA844: Luspatercept for treating anaemia caused by myelodysplastic syndromes (terminated appraisal)</a> Commissioning: NHSE	Not listed	For information only
<a href="#">TA845: Mepolizumab for treating eosinophilic granulomatosis with polyangiitis (terminated appraisal)</a> Commissioning: NHSE	RED drug in chapter 3.4.2 as per NICE TA671: Mepolizumab for treating severe eosinophilic asthma	For information only
<a href="#">TA846: Mepolizumab for treating severe hypereosinophilic syndrome (terminated appraisal)</a> Commissioning: NHSE	RED drug in chapter 3.4.2 as per NICE TA671: Mepolizumab for treating severe eosinophilic asthma	For information only
<a href="#">TA847: Mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (terminated appraisal)</a> Commissioning: NHSE	RED drug in chapter 3.4.2 as per NICE TA671: Mepolizumab for treating severe eosinophilic asthma	For information only
<b>Drug safety advice</b>	<b>Current formulary status</b>	<b>Recommended action for APC</b>
<a href="#">Dupilumab (Dupixent ▼): risk of ocular adverse reactions and need for prompt management</a>	RED drug in chapter 3.4.2 and 13.5.3	Add link to MHRA DSU to formulary
<b>Requested formulary amendments</b>	<b>Reasoning</b>	<b>Recommended action for APC</b>
<b>Calcipotriol and betamethasone dipropionate (Wynzora®) 50 micrograms/g + 0.5mg/g cream</b>  Commissioning: ICB, in tariff	Wynzora® is the only topical fixed dose combination available in a cream formulation for the treatment of mild-to-moderate psoriasis vulgaris, including scalp psoriasis, in adults. Patients have expressed their preference for topical formulations that dry quickly, without the sticky or greasy properties that affects skin/hair/clothing.  Noted cost neutral/cost saving compared to Dovobet® or Enstilar®  <b>Decision:</b> approve as a GREEN drug.	
<b>Cabergoline in hyperprolactinaemia RAG status</b>  Commissioning: ICB, in tariff	On the formulary page the only indications currently listed are for Parkinson's (where a shared care exists) and a Green+ for suppression of lactation. Requested to approve as AMBER specialist-initiated drug for this indication, which includes hyperprolactinaemia relating to the use of antipsychotics.  <b>Decision:</b> Approve as AMBER specialist-initiated drug (Green+) for this indication, which includes hyperprolactinaemia relating to the use of antipsychotics. NTHFT confirmed that in their practice the specialist does the monitoring of prolactin for this indication and, as the dose is very low/small, does not need the vigilance as adopted by the Parkinson's disease team. Patients remain under the care of the specialist and are reviewed by them so they can monitor for adverse effects.	

<p><b>Levodopa-Carbidopa Intestinal Gel (Duodopa®)</b></p> <p>Commissioning: NHSE, ex tariff</p>	<p>Error in current formulary as this is commissioned by NHSE for a specific cohort of patients.</p> <p><b>Decision:</b> change from NOT APPROVED to RED drug</p>
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All recommendations above will be escalated to the NENC ICB Exec for approval/ratification via the February 2022 NENC Medicines Committee.

**ACTION:**

- **RDTC to update the online formulary with the approved changes once approved by NENC ICB Exec.**

**10. New drug applications**

- Calcipotriol and betamethasone dipropionate (Wynzora®) 50 micrograms/g + 0.5mg/g cream – discussed under item 9.

**11. NTAG Update**

- NTAG Workplan November 2022 – circulated for information.
- The recommendations from the November 2022 meeting of NTAG are currently with the ICB Executive for approval. These include:
  - Dexcom ONE
  - Minor update to transanal irrigation guideline to remove discontinued products
  - Review of current NTAG recommendation of vaginal devices for stress urinary incontinence
  - Review of current NTAG recommendation for sodium oxybate to reflect RMOG guidance for adults

**12. RMOG update**

No update available.

**13. CDDFT CSTC update**

No update given as latest meeting was deferred.

CDDFT raised the issues that have arisen so far this winter around access to antivirals for influenza and, in particular, out-of-hours arrangements. Noted: this is an ICB-commissioning arrangement with involvement of UKHSA. There are lessons to be learnt from the experience this winter on service provision and how these medicines are prescribed/supplied. These will be raised with NHSE/UKHSA.

**14. NTHFT D&T update**

No update available and D&T tomorrow. Noted: new trust chief pharmacist been appointed and is now in post.

**15. STHFT D&T update**

No update available and D&T tomorrow.

**16. Primary Care Prescribing Committee updates**

County Durham - a verbal update was given.  
Tees Valley - a verbal update was given.

**17. NENC Medicines Committee update**

The minutes of the December 2022 meeting of the NENC Medicines Committee will be shared once available.

**18. NENC Formulary Working Group update**

A written update on the NENC Formulary Working Group was presented to the group. The NENC formulary is being developed and is planned to go live in April 2023. The NENC Medicines Committee requested a progress report be returned to its February meeting to provide assurance that this development is on track. Ask that local formularies remain active until the NENC Medicines Committee are confident that the ICB-wide formulary is fully established and expect this to be before the end of Q2 2023.

NTAG to look at all formulary applications going forward. A formulary working group will maintain the formulary going forward, managing the evaluation of formulary applications, and will be responsible for the ongoing maintenance and provision of formulary advice to NTAG. To be successful, this group will seek to retain the expertise that exists in local formulary groups and APCs and in that spirit seek to minimise any double running in preparation for the switch to the single formulary.

NTAG started to look at drugs with a NICE TA for NENC from November 2022 instead of APCs doing this; this will include a process of consultation across the NENC with all stakeholders.

The interim process for formulary applications is that they will continue to be appraised by trust formulary pharmacists and then are forwarded on to NTAG for decision. Agreed, although applications already in the APC process should continue via that route until complete, with any future applications going direct to NTAG.

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

A written update on the second meeting on the NENC Shared Care Working Group was presented to the group. The third meeting is arranged for the end of January 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)**

**20. CD&T APC primary care management of vitamin D deficiency – update November 2022**

Current guidance expired in November 2022. A reviewed and updated version was presented to and approved by the APC. Reference ranges for deficiency and insufficiency now uniform across CDDFT, NTHFT and STHFT. No further changes have been requested.

**ACTION:**

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

**21. CD&T APC Cinacalcet SCG – update November 2022**

Received a query from North Yorkshire about differences between CD&T SCG for cinacalcet and the NY&Y one. The difference seems to be inclusion of ongoing monitoring of bone profile by GP in CD&T SCG which is not a requirement in NY&Y. Confirmed with South Tees that this difference between CD&T and North Yorkshire SCGS is just due to the procedure for requesting a calcium level at South Tees when only a serum calcium level is required. Therefore, amended the CD&T SCG to reflect this and this change was supported by the FSG in December 2022, 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**

22. Nil this month.

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

**23. Formulary Steering Group minutes – October 2022**

For information.



24. **TEWV D&T minutes – September 2022**  
For information.
25. **CDDFT Clinical Standards and Therapeutics Committee minutes – since March 2022**  
Not yet available.
26. **North Tees & Hartlepool Hospitals D&T minutes – since July 2021**  
Not yet available.
27. **South Tees Hospitals D&T minutes – November 2022**  
For information.
28. **RDTC Horizon Scanning – November 2022**  
For information.
29. **NTAG minutes – September 2022**  
For information.
30. **NENC Prescribing Forum minutes – October 2022**  
For information.
31. **South Tyneside & Sunderland APC minutes – December 2022**  
For information.

**Chairman's action**

CD&T APC Adult Asthma Guideline

Minor changes to positioning Relvar® and font colour changes, as well as a couple of picture updates were approved.

**Any other business**

**Date and time of next meeting:**

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