

care organisations. This means that patients discharged from hospital should only be on a Formulary medicine (except in extraordinary cases) and seamless transition of care can take place. Primary care are guided by the Formulary to ensure that medicines prescribed are selected from a list that has been evaluated carefully and considered appropriate for use in this region in order to achieve excellent standards of care.

Within several Formulary Chapters, there are links to pathways that all clinicians should find helpful. For example, in [Chapter 3](#) there are clear Asthma Pathways and a COPD Pathway. In Chapter 6, there is a superb reference for the [treatment of type 2 diabetes](#) and in Chapter 7, there is the [APC Over-Active Bladder Pathway](#). All Formulary chapters and clinical pathways can be easily saved and printed. There is also a search facility on the website, which allows you to find medicines and related pathways quickly. We would like clinicians to use the resources on the APC website and welcome any feedback. APC contact details are clearly displayed. Look at the links from [Chapter 5](#) of the APC Formulary to view the recent updates to antibiotic prescribing guidance. This is important and easily referenced information for all prescribers. If readers have a specialist interest in a disease area and would like to contribute to new or existing pathways, please contact the APC.

Each month, new medicines are assessed. Newly added medicines are displayed in the Recent Additions section of the APC website, which can be found [here](#).

Shared Care

Until recently, Northern Lincolnshire has not had any agreed region-wide shared care guidelines. Part of the APCs work involves facilitating collaborative working between primary and secondary care clinicians to help develop shared care that can be easily implemented in practice. This work has been supported by the LMC, who have been devoted to ensuring that shared care arrangements benefit all stakeholders and that patient care is shared professionally, rather than transferred. Please see the [Shared Care Guideline for the Treatment of IBD](#).

Methotrexate Prescribing

The Hospital Trust does not stock 10mg methotrexate tablets. This is to reduce the chance of dosage errors. The Trust has asked primary care services to do the same. The National Patient Safety Agency (NPSA) have issued national guidelines reflecting the preference of using 2.5mg tablets in most organisations unless there is a clinical reason otherwise. This allows for dose flexibility that using 10mg would not. Never prescribe or dispense two strengths simultaneously.

New Medicines

In June there was only one amendment to the Formulary. This related to the use of alemtuzumab for multiple sclerosis as per NICE [TA312](#). Alemtuzumab is located in Formulary Chapter 8.2.3.