

North Yorkshire & York Area Prescribing Committee

Wednesday 1st September 2021
2pm – 4.30pm, virtual meeting via Microsoft Teams

Present

Name	Job Title	Organisation	Jul 2021	Aug 2021	Sep 2021	Oct 2021
Ken Latta	Head of Medicines Optimisation	North Yorkshire CCG	Y	Y	Rachel Ainger	
Dr Tim Rider	GP Prescribing Lead	North Yorkshire CCG	Y	Y	Y	
TBC	GP	North Yorkshire CCG	X	X	X	
Laura Angus	Head of Medicines Optimisation	Vale of York CCG	Y	Apols	Faisal Majothi	
Dr Shaun O'Connell	GP Lead for Acute Service Transformation	Vale of York CCG	Y	Y	Apols	
Dr William Ovenden	GP	Vale of York CCG	Apols	Y	Y	
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Y	Sara Moore	
Dr Ben Walker	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	Y	Y	
Dr S Brotheridge	Consultant	Harrogate and District NHS Foundation Trust	X	Apols	Apols	
Stuart Parkes	Chief Pharmacist	York Teaching Hospitals NHS Foundation Trust	Y	Kirsten Evans	Y	
Dr Peter Hall	Consultant and D&T Chair	York Teaching Hospitals NHS Foundation Trust	Apols	Y	Apols	
Dr Chris Hayes	Consultant	York Teaching Hospitals NHS Foundation Trust	Y	X	X	
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Y	Y	Y	
	Consultant	South Tees Hospitals NHS Foundation Trust	X	X	X	
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y	Chris Williams	Y	
Shona McIlrae	Consultant Psychiatrist	Tees, Esk and Wear Valleys NHS Foundation Trust	Apols	Apols	X	
Angela Hall	Public Health representative	North Yorkshire County Council	Y (till 4.30pm)	Hira Singh	Y	
Anita Dobson	Public Health representative	City of York Council	Apols	Y	Y	
Alison Levin	Finance representative	North Yorkshire CCG	Y (till 4.45pm)	Kathryn Shaw-Wright	Y	
Steve Jordan	Contracting representative	North Yorkshire CCG	Y (till 4.30pm)	X	Y	
Hazel Mitford	Lay/patient representative		Y	Y	Y	
In attendance (non-voting membership):						
Gavin Mankin (Professional Secretary)	Principal Pharmacist Medicines Management	Regional Drug & Therapeutics Centre, Newcastle	Y	Y	Y	
Chris Ranson	Lead Medicines Management Pharmacist: Commissioning and Formulary	North Yorkshire CCG	Y	Rachel Ainger	Y	
Faisal Majothi / Jamal Hussain	Medicines Optimisation Pharmacist	Vale of York CCG	Y	Y	See above	
Jane Crewe	Formulary Pharmacist	York Teaching Hospitals NHS Foundation Trust	Y	Y	Y	

Sara Abbas-Llewelyn / Emily Parkes	Formulary Pharmacist	Harrogate and District NHS Foundation Trust	X	X	X	
Ian Dean	LPC Representative		Y (till 4.30pm)	Y (till 3pm)	Y (till 3pm)	
Dr Sally Tyrer	LMC Representative		Apols	Y (till 3pm)	Y (till 3pm)	
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y (till 4pm)	X	See above	
Chris Williams	Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y	See above	X	

In attendance

Emily Brown (RDTC) – to facilitate sharing of papers on MS Teams

The meeting was quorate with 14 out of 19 currently appointed voting members in attendance.

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 meeting was chaired by Dr Tim Rider.

Part 1

1. Apologies for absence and Quoracy Check

Sean Brotheridge, Kate Woodrow, Ken Latta, Laura Angus, Peter Hall, Shaun O'Connell

2. Declarations of Interest

Members were reminded to complete and return the declarations of interest form that was circulated after the July 2021 APC meeting.

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 via the professional secretary.

Declarations of interest from today's meeting:

None declared

3. Minutes of Previous APC & Decision Summary of Meeting Held 4th August 2021 (+outcome of VoY CCG exec)

The minutes of the August 2021 APC were approved as true and accurate record.

It was noted that the VoY CCG CE committee has approved the recommendations from the August 2021 APC meeting together with the APC Terms of Reference.

4. Matters Arising Not On The Agenda & Declarations of AOB

Nil

5. Action Log

APC Terms of Reference Including Governance Arrangements

APC ToR now approved by VoY CCG. Still to confirm if NY CCG approved.

APC Formulary Application Form Template

Final version circulated and added to APC website. ITEM NOW CLOSED.

APC Formulary RAG Definitions Guideline

Final version circulated and added to APC website. ITEM NOW CLOSED.

TEWV Medication Safety Bulletin – Psychotropic drugs in overdose

Trusts have share bulletin within their organisations to raise awareness and CCG MO Teams have included in their newsletter to GP practices. ITEM NOW CLOSED.

TEWV Medication Safety – Tobacco smoking, smoking cessation & psychotropic drugs

Trusts have share bulletin within their organisations to raise awareness and CCG MO Teams have included in their newsletter to GP practices. ITEM NOW CLOSED.

Local authority Public Health Teams in process of sharing with local stop smoking services. ITEM NOW CLOSED.

Formulary NICE TAs and MHRA Drug Safety Update – July 2021 incl indapamide MR + Estring

JC/ABS still to update the formulary websites with the approved changes once approved by VoY CCG. To action now they have received VoY CCG approval.

Bempedoic acid

SOC to finalise with Dr Chandrajay an updated local lipid management pathway to included bempedoic acid with input from Harrogate Trust – no update available for this meeting.

Biologics pathway for moderate rheumatoid arthritis

JC/ABS to update the formulary websites with link to pathway once approved by VoY CCG. Still to action.

Biologics pathway for Axial Spondyloarthritis and non-radiographic axial spondyloarthritis (updated)

JC/ABS to update the formulary websites with link to pathway once approved by VoY CCG. Still to action.

National Patient Safety Alert - Inappropriate anticoagulation of patients with a mechanical heart valve

KL to bring a report for information to future APC on this alert and how it is has been actioned in primary care.

Liraglutide for Obesity

KL/TR to follow up commissioning of a Tier 3 weight management service and compliance with NICE TA on liraglutide for obesity within NY CCG – no update available for this meeting.

SOC to follow up commissioning of a Tier 3 weight management service and compliance with NICE TA on liraglutide for obesity within VoY CCG

– no update available for this meeting.

Outstanding Actions from Previous APC Meetings

APC Declarations of Interest Policy

RDTC published final approved version of Declarations of Interest Policy on APC website. ITEM NOW CLOSED.

APC Shared Care Guideline Template

RDTC have arranges for approved Shared Care Template to be added APC website. ITEW NOW CLOSED.

Formulary NICE TAs and MHRA Drug Safety Update – June 2021

JC/ABS updated the formulary websites with the approved changes now approved by VoY CCG. ITEM NOW CLOSED.

Psoriatic arthritis pathway

SP to add appropriate stakeholder logs plus version control to Psoriatic arthritis pathway. Still to action.

JC/ABS to update the formulary websites with link to pathway once approved by VoY CCG. Still to action.

Historic Actions Carried Over from June 2021 MCC meeting

HRT Guideline

On today's agenda.

Oilatum Plus – appeal

Still in progress within YFT.

Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Monitoring 16 December 2020 - Updated RCOphth guidelines

Awaiting final guidance and SCG template from RMOC. Locally looking to have required ophthalmology screening service in place for when national SCG is published. Verbal update on discussion around local service provision was given to the APC. HDFT have an ophthalmology screening service being set up and discussions ongoing with YFT and STHFT. Any business cases for setting up the required ophthalmology screening service need to go to CCG Finance & Contracting for approval.

Melatonin YFT Shared care

On hold pending outcome of local working group on prescribing issues around melatonin.

Bempedoic Acid NICE TA

On today's agenda for an update.

Prescribing guidance for ocular surface diseases, including dry eye

On today's agenda for approval.

Part 2 – Governance

6. Co-ordination of APC Communications

The APC discussed the co-ordination of APC communications following APC meetings and how to ensure that formulary sites plus links to guidelines are updated in a timely fashion.

It was agreed that the two CCGs would co-ordinate the communications they send out in primary care, and they would not include web links to approved guidelines to avoid delays in sending out communications post-APC. Sometimes there is delay between guidelines being approved and added to the various stakeholder website which host that particular guideline.

It was also agreed to use the APC action log to check that the formulary is updated in a timely fashion and approved guidelines are published in a timely fashion.

Part 3 – Mental Health

7. TEWV Drug & Therapeutics Committee Feedback – July 2021

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

8. TEWV Dosulepin Deprescribing Guideline

Circulated for information. This has been reviewed by TEWV with no changes, and approved at last TEWV D&T.

ACTION:

- **Trusts to share bulletin within their organisations to raise awareness.**
- **CCG MO Teams to include in their newsletter to GP practices.**

9. TEWV Trimipramine Deprescribing Guideline

Circulated for information. This has been reviewed by TEWV with no changes, and approved at last TEWV D&T.

ACTION:

- **Trusts to share bulletin within their organisations to raise awareness.**
- **CCG MO Teams to include in their newsletter to GP practices.**

10. TEWV Promazine Deprescribing Guideline

Circulated for information. This has been reviewed by TEWV with no changes, and approved at last TEWV D&T.

ACTION:

- **Trusts to share bulletin within their organisations to raise awareness.**
- **CCG MO Teams to include in their newsletter to GP practices.**

11. TEWV Memo Haloperidol 500 micrograms tablets cost increase

Circulated for information. Includes advice on suggest alternatives. Noted that the price increased has already be shared with palliative care by YFT.

ACTION:

- **Trusts to share bulletin within their organisations to raise awareness.**
- **CCG MO Teams to include in their newsletter to GP practices.**
- **FM to raise awareness with St Leonards's Hospice and discuss alternatives in palliative care.**

12. TEWV Lithium annual review checklist – an addition to our shared care guidelines - for consultation/comment

This is an addition to the TEWV Lithium shared care guidelines and was presented to APC for consultation/comment.

The APC suggested it would be helpful to confirm the target lithium range for each individual patient each time, and to include the results of all the other monitoring so the GPs have it available in one document to pick up.

Discussion also took place on how secondary care could communicate changes to lithium therapy if patients are admitted for acute kidney injury to both TEWV and the GP. Ideally TEWV as well as the GP should be copied into the discharge information from Acute Trusts and TEWV will give some further thought to this.

Part 4 – Formulary Issues

13. Appeals Against Previous APC Decisions

None received.

14. Formulary NICE TAs and MHRA Drug Safety Update – August 2021

The drugs in the following TAs to be reflected in the formulary as RED drugs in the relevant chapters with links to the TAs:

- TA720: Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma
- TA722: Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement

The drugs in the following TAs to be reflected in the formulary as NOT APPROVED for this indication in the relevant chapters with links to the TAs:

- TA721: Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer

All of the above TAs are NHSE-commissioned, therefore would have no cost impact to CCGs.

Medicines Safety (MHRA drug safety update – August 2021)

The group noted the drug safety updates for August 2021. The links are to be added to the relevant sections of the formulary.

ACTION:

- **JC/ABS to update the formulary websites once approved by VoY CCG.**

15. Other Formulary Issues

Bempedoic acid

No update available for this meeting. But note YFT have prepared an updated local lipid management pathway to include bempedoic acid with input from Harrogate Trust but further changes were required so a final version was not ready in time for this meeting.

16. New Drug Applications

Grass Pollen Extract (Grazax®)

The APC discussed the latest formulary submission for Grass Pollen Extract (Grazax®) from YFT. Currently there is a difference in commissioning with surrounding CCGs leading to inequity of access. Grazax® is also being prescribed privately to those who are willing to self-fund.

The current formulary position in Y&S is BLACJ and in Harrogate it is RED. But noted that Harrogate only ever had 2 patients started on it and current clinician from Harrogate has not expressed interest in using Grazax®.

In April 2021 the Y&S MCC –discussed the latest Grazax Formulary Application from YFT. After discussion, it was agreed to defer a decision pending an independent review of the clinical evidence and cost-effectiveness by the RDTTC. This was RDTTC summary of the evidence was presented to the APC.

NICE have not reviewed Grazax and the SMC have not updated their advice since the original submission in April 2007. The Drug and Therapeutics Bulletin reviewed Grazax again in May 2010 and concluded that they “remain unconvinced that Grazax offers worthwhile benefit for the vast majority of patients with hay fever, and cannot recommend its use.”

NICE clinical knowledge summaries, the British National Formulary (BNF) and British Society for Allergy and Clinical Immunology (BSACI) all have guidance recommending specialist initiated immunotherapy as an alternative treatment in certain patient groups where there is a history of symptoms on allergen exposure and objective confirmation of IgE sensitivity and persistent symptoms despite optimal anti-allergy treatments.

NHS England commissions specialised allergy service for patients with severe allergic rhinoconjunctivitis unresponsive to conventional therapy and requiring immunotherapy.

Since SMC in April 2007 and DTB in 2010, an economic evaluation that supports use has been published, and data 2 years after 3 years of treatment has been published. BSCAI guidelines from 2011 and 2017 also support use.

A Cochrane review from Radulovic S et al in 2010 supports use but a systematic review/meta-analysis from in 2015 states that “Sublingual immunotherapy may seem more convenient than nasal corticosteroids or subcutaneous immunotherapy and therefore

tempting to prescribe, but the evidence shows minimal benefit and moderate adverse effects for patients with seasonal grass pollen allergies”.

RDTC evidence searches found no other evidence other than that submitted by applicant.

In summary evidence found appears to support the use Grazax® in the treatment of seasonal allergic rhinitis in certain patients although the magnitude of clinical effectiveness compared with alternative treatments is unclear.

The following points were raised in the discussion:

- Still some concerns around evidence base.
- Should only be used for patients in severe category if other options not effective and exhausted other options.
- Prescribing to date across Y&H gives reassurance that Grazax® is being prescribed appropriately and would be used appropriately if approved locally.
- Concerns around safety and risk of anaphylaxis if administered at home were raised.
- Unanswered questions from evidence presented around safety and risk of anaphylaxis compared to subcutaneous immunotherapy.

It was agreed to defer a final decision to the October 2021 APC meeting to answer the questions raised around safety and risk of anaphylaxis if administered at home. The APC may consider approving the addition of Grazax® to the formulary as long as:

1. Safety issues were addressed by next meeting and
2. The assessment period was robust and objective, starting 3 months before Grazax use

ACTION:

- **JC to speak to clinicians at YFT around safety and risk of anaphylaxis if administered at home.**

Mycophenolate for autoimmune hepatitis

The APC discussed and agreed to add Hepatology (autoimmune hepatitis) to the local shared care guideline for mycophenolate for non-transplant indications. It was noted that this indication is included in the draft national SCG for mycophenolate that is currently under consultation, and also included in the Leeds SCG for this indication.

Mycophenolate would be used as a 2nd line alternative for azathioprine for this indication in approx. 10 patients a year.

ACTION:

- **JC/ABS to update the formulary websites once approved by VoY CCG.**
- **JC to update the current local shared care guideline to include this indication.**

Infliximab for Pityriasis Rubra Pilaris

The APC discussed and agreed to approve Infliximab for Pityriasis Rubra Pilaris as a RED drug. It noted that this is unlicensed indication for rare condition.

Infliximab would be used where the following conditions have been met:

1. Third line therapy where other treatments are not effective or contraindicated
2. Where rapid induction of remission is required to prevent hospital admission and ciclosporin is not effective or contraindicated.

Therapy would be stopped in the following circumstances;

1. In monotherapy after 18 months extend to dose interval to 10 then 12 weeks – if no relapse stop infliximab. If relapse continue infliximab for one year and then attempt to withdraw again.
2. If rapid remission intended – consider giving dual therapy i.e. infliximab and methotrexate initially. If patient in remission consider withdrawal of infliximab at 4 months and continue methotrexate.

As separate application will also be submitted for adalimumab for the same indication as alternative to infliximab, as it could be given via homecare.

ACTION:

- **JC/ABS to update the formulary websites once approved by VoY CCG.**

17. Compassionate Use/Free of Charge Scheme Requests

Nil this month.

18. NTAG Update

Nil this month.

19. Leeds/West Yorkshire APC Update

Nil this month.

20. RMOC Update

Nil this month.

Part 5 – Shared Care and Guidelines (non-Mental Health)

21. Shared Care Guidelines for Approval

Nil this month.

22. NY&Y Treatment of Dry Eyes Guideline

The APC received and approved the final version of NY&Y Treatment of Dry Eyes Guideline. The APC noted that all the questions raised previously by the former MCC around this guidance have now been answered.

ACTION:

- **JC/ABS to update the formulary websites with link to pathway once approved by VoY CCG.**

23. NYCC Smoking Cessation Pathways – updated to include Bupropion

Received for information. Noted updated to include bupropion as an option.

24. HRT Guidelines

This guidance is intended to inform for all clinicians in the North Yorkshire and York locality involved in managing women with troublesome menopausal problems. It has been developed as a consensus between representatives from primary and secondary care, with reference to national guidelines, including from NICE, MHRA and the British Menopause Society.

It provides guidance on the following areas:

- Diagnosis
- Initiating and managing HRT
- HRT formulary choices
- Contraindications and risks of HRT
- When to refer to specialist service
- Patient resources

The APC discussed the draft guideline and agreed the following changes were required:

- To be more clear about risks associated with HRT with specific reference to oral having greater risks associated with stroke and DVT vs patches and also summarise the MHRA table into the document as that is likely to help GPs with that discussion.
- Suggested add something around need to confirm if vaginal atrophy or dermatology condition before prescribing estradiol cream.

The need to also confirm how this guidance relates to and links to the York RSS guidance on HRT which is currently being updated was discussed.

The APC noted that testosterone for low libido in women has not been included in this guidance. This is because testosterone is unlicensed for this indication, and tibolone can also help with low libido. Also consultation with GPs/consultants suggested only a few GPs/Consultants would be happy to prescribe testosterone for low libido even though included in NICE menopause guidance. Therefore on this basis it would be challenging to include testosterone in this guidance.

ACTION:

- **CR to make required changes and bring final draft back to next APC for approval.**
- **JEC to confirm with YFT how this guidance relates to York RSS guidance that is currently being updated.**

Part 6 – Other Items of Business

25. Gastrointestinal Formulary Review

The Gastro-intestinal section is the first BNF chapter to be aligned across North Yorkshire.

A spreadsheet of the current differences between the formularies and recommended action was presented to the APC. All the recommendations were approved by the APC.

The outstanding drugs that require a formal new product request which are in development is as follows:

- Glycopyrronium Bromide oral solution: Presently not listed on Harrogate or York/Scarborough formulary but green plus (amber SR) in CDTV formulary (indication = treatment of severe sialorrhoea in children and adolescents with chronic neurological disorders).
- Propantheline Bromide – presently not on formulary but new product request required from neurologists for management of GI side effects of pyridostigmine for myasthenia gravis.

It was noted both the Harrogate and Y&S formularies will be updated with aligned change, and once all the formulary chapters have been reviewed one of the formularies will be switched off.

ACTION:

- **JC/ABS to update the formulary websites with agreed aligned changes in the Gastro-intestinal chapter of the formulary.**

Part 7 – Standing Items (for information only)

26. TEWV D&T Minutes – since March 2021

Latest minutes not yet available.

27. York & Scarborough Trust Drug and Therapeutics Committee Minutes

Latest minutes not yet available.

28. Harrogate Trust Medicines and Therapeutics Group Minutes – July 2021

July 2021 meeting was cancelled.

29. Hull and East Riding Prescribing Committee (HERPC) minutes – May 2021

Latest minutes not yet available.

30. County Durham & Tees Valley APC Minutes – July 2021

Latest minutes not yet available.

31. West Yorkshire & Harrogate ICS APC Minutes – since April 2021

Latest minutes not yet available.

32. RDTC Monthly Horizon scanning – August 2021

Circulated for information.

Any Other Business

Lamivudine for Hep B Prophylaxis for those on Immunosuppressants

It was agreed to confirm outside of APC who is responsible for commissioning this treatment and also to confirm local formulary status for this indication.

Peristeen Transanal Irrigation

The APC noted that the Peristeen (Transanal Irrigation) system is being substituted by the Peristeen Plus which has just been launched in July 2021. The old system will remain available up to the 31st December 2021.

The Peristeen system is made up of 2 parts which are prescribed separately. The main system is prescribed and replaced every 6 months, the catheters are the disposable part and are generally prescribed monthly. The new and old system catheters are not interchangeable and therefore both parts of the patient's prescription will need to be changed at the same time.

the following points have been highlighted to prescribers::

- From now on any new patients started on Peristeen will be using the new system
- Existing patients on the old system should continue being prescribed the existing catheters and switched over to the new system at the 6 month point of system renewal. The 6 month overlap where the new system will be all that is supplied but old catheters can still be prescribed to avoid the need to change to a new system ahead of the 6 month standard renewal
- Consider taking the opportunity for existing patients to carry out a review to make sure that the device is still required and meeting the patient needs

It was agreed to add a note to the formulary entry for transanal irrigation to reflect this change.

ACTION:

- **JEC to update Y&S Formulary entry for transanal irrigation to note Peristeen being discontinued and replace by Peristeen Plus.**

Date and time of next meeting

Wednesday 6th October 2021, 2pm – 4.30pm, Virtual Meeting via Microsoft Teams