

## North Yorkshire & York Area Prescribing Committee

**Wednesday 3<sup>rd</sup> November 2021**  
**2pm – 4.30pm, virtual meeting via Microsoft Teams**

### Present

Name	Job Title	Organisation	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021
Ken Latta	Head of Medicines Optimisation	North Yorkshire CCG	Y	Y	Rachel Ainger	Y	Y
Dr Tim Rider	GP Prescribing Lead	North Yorkshire CCG	Y	Y	Y	Apols	Y
TBC	GP	North Yorkshire CCG	X	X	X	X	X
Laura Angus	Head of Medicines Optimisation	Vale of York CCG	Y	Apols	Faisal Majothi	Y (from 14.40)	Y (from 3pm)
Dr Shaun O'Connell	GP Lead for Acute Service Transformation	Vale of York CCG	Y	Y	Apols	Apols	Y
Dr William Ovenden	GP	Vale of York CCG	Apols	Y	Y	Y	Y
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Y	Sara Moore	Y	Y (from 3pm)
Dr Ben Walker	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	Y	Y	Y	Y
Dr S Brotheridge	Consultant	Harrogate and District NHS Foundation Trust	X	Apols	Apols	X	X
Stuart Parkes	Chief Pharmacist	York Teaching Hospitals NHS Foundation Trust	Y	Kirsten Evans	Y	Y	Y
Dr Peter Hall	Consultant and D&T Chair	York Teaching Hospitals NHS Foundation Trust	Apols	Y	Apols	Y	Apols
Dr Chris Hayes	Consultant	York Teaching Hospitals NHS Foundation Trust	Y	X	X	X	X
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Y	Y	Y	Y	Y
	Consultant	South Tees Hospitals NHS Foundation Trust	X	X	X	X	X
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y	Chris Williams	Y	Apols	Y
Shona McIlrae	Consultant Psychiatrist	Tees, Esk and Wear Valleys NHS Foundation Trust	Apols	Apols	X	X	X
Angela Hall	Public Health representative	North Yorkshire County Council	Y (till 4.30pm)	Hira Singh	Y	Y	Y (from 3pm)
Anita Dobson	Public Health representative	City of York Council	Apols	Y	Y	Y	Y
Alison Levin	Finance representative	North Yorkshire CCG	Y (till 4.45pm)	Kathryn Shaw-Wright	Y	Kathryn Shaw-Wright	Kathryn Shaw-Wright
Steve Jordan	Contracting representative	North Yorkshire CCG	Y (till 4.30pm)	X	Y	Apols	Y (till 3pm)
Hazel Mitford	Lay/patient representative		Y	Y	Y	Y	Y
<b>In attendance (non-voting membership):</b>							
Gavin Mankin (Professional Secretary)	Principal Pharmacist Medicines Management	Regional Drug & Therapeutics Centre, Newcastle	Y	Y	Y	Y	Y
Chris Ranson	Lead Medicines Management Pharmacist: Commissioning and Formulary	North Yorkshire CCG	Y	Rachel Ainger	Y	Y	Y
Faisal Majothi / Jamal Hussain	Medicines Optimisation Pharmacist	Vale of York CCG	Y	Y	See above	Faisal Majothi	Faisal Majothi
Jane Crewe	Formulary Pharmacist	York Teaching Hospitals NHS Foundation Trust	Y	Y	Y	Y	Y

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

### **In attendance**

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

The meeting was quorate with 13 out of 19 currently appointed voting members in attendance present 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 meeting was chaired by Shaun O'Connell.

### **Part 1**

#### **1. Apologies for absence and Quoracy Check**

Ian Dean, Peter Hall

#### **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:**

*Ben Walker – Item 15: Upadacitinib – has done paid consultancy and educational events for Abbvie – APC agreed could present application and answer questions from the committee but not participate in the discussion or decision making for the agenda item.*

#### **3. Minutes of Previous APC & Decision Summary of Meeting Held 6<sup>th</sup> October 2021 (+outcome of VoY CCG exec)**

The minutes of the October 2021 APC were approved as true and accurate record with one amendment to clarify that first dose of Grazax® should be given in hospital.

It was noted that the VoY CCG CE committee has approved the recommendations from the October 2021 APC Meeting.

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

Nil

## 5. **Action Log**

Formulary NICE TAs and MHRA Drug Safety Update – September 2021 – plus bempedoic acid, inclisiran and Grazax

JEC/ABS to update the formulary websites once approved by VoY CCG – still to action.

### Bempedoic acid

Still await further clarify around interpretation of NICE TA from NICE.

An updated pathway has been drafted and is currently out for comment with clinicians before coming to December 2021 APC for approval.

### Amended Biologics Psoriasis Flowchart

JEC/ABS to update the formulary websites with link to updated Biologics Psoriasis Flowchart once approved by VoY CCG – still to action.

### Position Statement on the Prescribing of Co-Proxamol

JEC/ABS to update the formulary websites with link to position statement once approved by VoY CCG – still to action.

### NY&Y Using Emollients with Oxygen Therapy Guidance

JEC/ABS to update the formulary websites once approved by VoY CCG including the addition to the formulary of AquaGel (Oil free), Aproderm Colloidal Oat Cream Paraffin free (Contains Olive oil, apricot kernel oil), Epimax paraffin free ointment (Contains castor oil), and Nutraplus® 10% urea cream (contains mineral oil) – still to action.

It was noted that this guidance has also been shared with NY Stop Smoking Services so that they are aware of the fire risk.

## **Outstanding Actions from Previous APC Meetings**

### Liraglutide for Obesity

KL/TR continue to follow up commissioning of a Tier 3 weight management service and compliance with NICE TA on liraglutide for obesity within NY CCG. Agreed to remove from action log as all actions required of APC completed. ITEM NOW CLOSED.

Confirmed that in VoY Dr Gopalappa is prescribing Saxenda to eligible patients who are in the Tier 3 Weight Management Programme. ITEM NOW CLOSED.

### Gastrointestinal Formulary Review

JEC to update the Y&S formulary website with agreed aligned changes in the Gastro-intestinal chapter of the formulary.

## **Historic Actions Carried Over from June 2021 MCC meeting**

### Oilatum Plus – appeal

Still in progress within YFT. Hope to bring back to December 2021 APC.

### 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

It was agreed to progress work on the prescribing issues around melatonin outside of the APC and bring a paper to the February 2022 APC. The RAG status of melatonin and the need for shared care will also be considered, as well as the limited evidence base.

**ACTION:**

- **WO/KL/JEC to bring paper on melatonin and the issues to February 2022 APC.**

**Part 2 – Governance**

6. Nil this month.

**Part 3 – Mental Health**

**7. TEWV Drug & Therapeutics Committee Feedback – September 2021**

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

**8. TEWV Depression Pathway Handy Hints – updated**

A reviewed and updated version of the TEWV Depression Pathway Handy Hints document was presented to the APC for comment. The final version will be approved at the November 2021 TEWV D&T.

The APC suggested the following further changes:

- Citalopram – add in list of which patients need an ECG rather than saying some groups of patients may require an ECG.
- Paroxetine – add link to guidance on switching to a different SSRI or withdrawing paroxetine.
- Add link to TEWV adult depression pathway and highlight in this document which drugs are 1<sup>st</sup>/2<sup>nd</sup> line.
- SSRIs and sexual dysfunction – say more about what this is exactly and which drugs are problematic. Also suggest adding link to NHS Choices PIL on SSRIs.

**9. TEWV Aripiprazole LAI - shared care guidelines – updated**

A reviewed and updated version of the TEWV Aripiprazole LAI - shared care guideline was presented to the APC for comment. The final version will be approved at the November 2021 TEWV D&T. The only significant change has been the addition of an alternative dosing schedule for initiation.

**10. TEWV Paliperidone LAI - shared care guidelines – updated**

A reviewed and updated version of the TEWV Paliperidone LAI - shared care guideline was presented to the APC for comment. The final version will be approved at the November 2021 TEWV D&T. No significant changes have been made.

**11. TEWV Safety Guidance Antipsychotic Depot injections on Admission to an Acute Hospital Ward**

This new document aimed at Acute Trusts was presented to the APC for comment. The final version will be approved at the November 2021 TEWV D&T. The APC felt this was a very useful document and suggested the following changes:

- Add in other pointers that patient might be on an antipsychotic depot injection e.g. patient on procyclidine in absence of oral antipsychotic.

Discussion also took place on the need to antipsychotic depot injection given in secondary care/mental health settings to be recorded on GP systems and the summary care record, in the same way that all RED (Hospital only) drugs should. It was noted that some GP practices and VoY CCG already have an SOP for GP practices on how to do this. This needs to be encouraged.

**ACTION:**

- **TR to shared SOP on adding hospital only drugs to SystemOne from his GP practice.**

- **KL/TR to consider what has been done in the past to encourage GP practices to record hospital only drugs on their systems, and bring paper to January 2022 APC on how this can continue to be improved.**

#### **Part 4 – Formulary Issues**

#### **12. Appeals Against Previous APC Decisions**

None received.

#### **13. Formulary NICE TAs and MHRA Drug Safety Update – October 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:

- TA734: Secukinumab for treating moderate to severe plaque psoriasis in children and young people
- TA735: Tofacitinib for treating juvenile idiopathic arthritis
- TA736: Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy
- TA737: Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer
- TA738: Berotralstat for preventing recurrent attacks of hereditary angioedema

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:

- TA732: Baloxavir marboxil for treating acute uncomplicated influenza (terminated appraisal)

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

#### **Medicines Safety (MHRA drug safety update – October 2021)**

The group noted the drug safety updates for October 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.**

#### **14. Other Formulary Issues**

##### Levomepromazine 6mg tabs – now licensed

Licensed 6mg levomepromazine tablets now available which are significantly more expensive than using a quarter of a 25mg tablet.

The APC discussed and agreed to add a note to the formularies regarding the price of Levomepromazine tablets, and that 6mg tablets should only be used in palliative care where quartering a 25mg tablet is unsuitable.

#### **ACTION:**

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

#### **15. New Drug Applications**

##### Upadacitinib for atopic dermatitis

The APC discussed the formulary application for Upadacitinib for atopic dermatitis.

Upadacitinib is licensed for the treatment of moderate to severe atopic dermatitis. The NICE TA has been delayed due to backlog in NICE drug reviews during the pandemic and the first NICE committee meeting is not schedule until March 2022. Therefore this formulary application is to approve ahead of a NICE TA for use in the pathway for atopic dermatitis as an alternative to Baracitinib. This is because it has much stronger outcome data than the current second line

choice after Dupiliumab which is Baricitinib. The clinicians feel there is an unmet need due to the poorer evidence base of Baricitinib.

The Dermatology consultants would prefer to prescribe Upadacitinib over Baricitinib due to efficacy data and not pricing.

As Baricitinib is currently more costly than Upadacitinib for rheumatoid arthritis do not expect a risk of Upadacitinib being of a significantly higher price than Baricitinib post NICE appraisal for atopic dermatitis.

The APC discussed the confidential costings and was satisfied with the assurances from the company around price if Upadacitinib was not subsequently approved by NICE.

The safety profile of Upadacitinib was also discussed.

After discussion the APC agreed to add Upadacitinib to the formulary as a RED drug as a 1st/2nd line option for atopic dermatitis on the basis that NICE TA delayed with no expected date of publication, and better efficacy data over the alternative which is Baricitinib.

**ACTION:**

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

Topical testosterone for Management of Low Libido in Menopausal Women

The APC discussed the formulary application for Tostran® 2% testosterone topical gel for management of low libido in menopausal women and post-menopausal females. It was noted that this an unlicensed indication.

There is a recommendation within NICE NG23 for it to be a treatment option for this indication. At present there are no treatment options if HRT is ineffective specifically for low libido. There is no licensed testosterone product in the UK as previous one was withdrawn for commercial purposes. Therefore there is limited long term safety data available for using the proposed product for this indication. It should be noted that there is a licensed product in Australia and the company are presently considering a licensing application in the UK.

Some members of the evidence felt that the quality of evidence was not high for testosterone for this indication. The evidence reviewed by the APC was that presented in the application form.

After discussion the APC agreed to approve the addition of Tostran® 2% to the formulary as GREEN drug for this indication. Tostran® was chosen as product of choice because it is the easiest to administer and dose for this indication. It was also felt that GPs were best placed to initiate as they are familiar with managing menopause, and the need for testosterone did not warrant a referral to a specialist.

**ACTION:**

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

A supporting information sheet for primary care on the prescribing of testosterone for this indication was also presented to the APC. The following changes were suggested:

- Add about breast cancer risk for testosterone plus HRT.
- Add about risk of diversion/abuse potential.

**ACTION:**

- **CR to make suggested changes to supporting information sheet for primary care on the prescribing of testosterone for menopause and bring back to December 2021 APC for approval.**

**16. Compassionate Use/Free of Charge Scheme Requests**

Nil this month.

**17. NTAG Update**

The APC noted for information the following NTAG recommendations approved at their last meeting in September 2021:

- Buprenorphine prolonged release injection for opioid dependence – *City of York Council and North Yorkshire County Council to discuss with their substance misuse providers and consider submitting a formulary application for the local formulary.*
- Lurasidone (Latuda®▼) for the treatment of schizophrenia in adults and adolescents aged 13 years and over – *local formulary status to be considered December 2021 APC.*
- Daily vs on-demand phosphodiesterase-5 (PDE-5) inhibitors for the management of erectile dysfunction following treatment for prostate cancer - *CCG MO Teams to review current formulary status of tadalafil 5mg once daily for all erectile dysfunction indications now costs have fallen and present paper to December 2021 APC. Noted tadalafil 5mg once daily on HERPC formulary for erectile dysfunction following radical prostatectomy.*

**18. Leeds/West Yorkshire APC Update**

Nil this month.

**19. RMOG Update**

The sixth set of draft shared care protocols have been developed by the RMOG Shared Care Working Group and are now open for consultation on the SPS website

The four draft documents included in this sixth consultation are:

- Leflunomide
- Mercaptopurine
- Hydroxycarbamide
- Information on shared care medicines for patients and carers

APC members were asked via email to submit any comments they might have to directly to RMOG, and also circulate to the relevant clinicians within their organisation for comment.

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

**20. Shared Care Guidelines for Approval**

Nil this month.

**Part 6 – Other Items of Business**

**21. Emerade 300 microgram and 500 microgram Adrenaline Auto-injectors Re-supply to Market**

Letter from manufacturer re Emerade 300 microgram and 500 microgram adrenaline auto-injectors: re-supply to market was shared with the APC for information.

The APC noted that no action with regard to the formulary is required as Emerade is listed on the formulary. All the adrenaline auto-injectors are listed on the formulary in case of supply issues.

The re-introduction to the market of Emerade and especially the preferred 500 microgram dose is being communicated to prescribers, with a reminder around the need for patient education if switching from one brand to another.

**Part 7 – Standing Items (for information only)**

22. **TEWV D&T Minutes – July 2021**  
Circulated for information.
23. **York & Scarborough Trust Drug and Therapeutics Committee Minutes – May 2021**  
Circulated for information.
24. **Harrogate Trust Medicines and Therapeutics Group Minutes – September 2021**  
Circulated for information.
25. **Hull and East Riding Prescribing Committee (HERPC) minutes – September 2021**  
Not yet available.
26. **County Durham & Tees Valley APC Minutes – September 2021**  
Not yet available.
27. **West Yorkshire & Harrogate ICS APC Minutes – June 2021**  
Circulated for information.
28. **RDTC Monthly Horizon scanning – October 2021**  
Circulated for information.

**Any Other Business**

Ivabradine for POTS

It was noted that the formulary application for this is in process and is awaiting input/submission from the respective clinician.

**Date and time of next meeting**

Wednesday 1<sup>st</sup> December 2021, 2pm – 4.30pm, Virtual Meeting via Microsoft Teams