

North Yorkshire & York Area Prescribing Committee

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

Present

Name	Job Title	Organisation	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Ken Latta	Head of Medicines Optimisation	North Yorkshire CCG	Y	Rachel Ainger	Y	Y	Y
Dr Tim Rider	GP Prescribing Lead	North Yorkshire CCG	Y	Y	Apols	Y	Y
TBC	GP	North Yorkshire CCG	X	X	X	X	X
Laura Angus	Head of Medicines Optimisation	Vale of York CCG	Apols	Faisal Majothi	Y (from 14.40)	Y (from 3pm)	Y
Dr Shaun O'Connell	GP Lead for Acute Service Transformation	Vale of York CCG	Y	Apols	Apols	Y	Y
Dr William Ovenden	GP	Vale of York CCG	Y	Y	Y	Y	Apols
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Sara Moore	Y	Y (from 3pm)	Y
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	Apols	Apols	X	X	X
Stuart Parkes	Chief Pharmacist	York Teaching Hospitals NHS Foundation Trust	Kirsten Evans	Y	Y	Y	Y
Dr Peter Hall	Consultant and D&T Chair	York Teaching Hospitals NHS Foundation Trust	Y	Apols	Y	Apols	Y
Dr Chris Hayes	Consultant	York Teaching Hospitals NHS Foundation Trust	X	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	Chris Williams	Y	Apols	Y	Y
Shona McIlrae	Consultant Psychiatrist	Tees, Esk and Wear Valleys NHS Foundation Trust	Apols	X	X	X	Gena Hearnshaw
Angela Hall	Public Health representative	North Yorkshire County Council	Hira Singh	Y	Y	Y (from 3pm)	Kurt Ramsden
Anita Dobson	Public Health representative	City of York Council	Y	Y	Y	Y	Y
Alison Levin	Finance representative	North Yorkshire CCG	Kathryn Shaw-Wright	Y	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Kathryn Shaw-Wright
Steve Jordan	Contracting representative	North Yorkshire CCG	X	Y	Apols	Y (till 3pm)	Apols
Hazel Mitford	Lay/patient representative		Y	Y	Y	Y	Y
In attendance (non-voting membership):							
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	Rachel Ainger	Y	Y	Y	Y
Faisal Majothi / Jamal Hussain	Medicines Optimisation Pharmacist	Vale of York CCG	Y	See above	Faisal Majothi	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 3pm)	Y (till 3pm)	Apols	Apols	Y
Dr Sally Tyrer	LMC Representative		Y (till 3pm)	Y (till 3pm)	Apols	X	Apols
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	X	See above	X	X	X
Chris Williams	Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	See above	X	Apols	X	X

In attendance

The meeting was quorate with 15 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 Tim Rider.

Part 1

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

William Ovenden, Angela Hall, Sally Tyrer, Steve Jordan

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:

Nil declared.

3. **Minutes of Previous APC & Decision Summary of Meeting Held 3rd November 2021 (+outcome of VoY CCG exec)**

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

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

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

Nil

5. **Action Log**

Adding hospital only drugs to GP Systems

TR has shared SOP on adding hospital only drugs to SystemOne from his GP practice and the same has done by VoY CCG.

It was agreed to close this action and include a reminder in the quarterly primary care

medication safety bulletin.

Topical testosterone for Management of Low Libido in Menopausal Women
On today's agenda.

Formulary NICE TAs and MHRA Drug Safety Update – October 2021 – plus Upadacitinib, Tostran® 2% and Levomepromazine
JEC/ABS to update the formulary websites now approved by VoY CCG.

Outstanding Actions from Previous APC Meetings

Gastrointestinal Formulary Review

The Y&S formulary website has now been updated with agreed aligned changes in the Gastro-intestinal chapter of the formulary. ITEM NOW CLOSED.

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

Formularies now updated. ITEM NOW CLOSED.

Bempedoic acid

On today's agenda.

Amended Biologics Psoriasis Flowchart

Formularies now updated. ITEM NOW CLOSED.

Position Statement on the Prescribing of Co-Proxamol

Formularies now updated. ITEM NOW CLOSED.

NY&Y Using Emollients with Oxygen Therapy Guidance

Formularies now updated. ITEM NOW CLOSED.

Historic Actions Carried Over from June 2021 MCC meeting

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. APC noted the ongoing work to identify patients prescribed Hydroxychloroquine and Chloroquine in primary care to support the commissioning of an appropriate retinal screening service. Identified patients in NY CCG are being referred to ophthalmology once identified currently.

Melatonin YFT Shared care

Paper due at February 2022 APC.

Part 2 – Governance

6. APC Communications

The issue of need for standard format for APC communications and guidelines was raised again. It was agreed that CCG MO Teams would look at this issue and seek advice from CCG Communications Teams on formatting, and getting consistent APC communications out to primary care.

Part 3 – Mental Health

7. **TEWV Guanfacine - shared care guidelines – updated**

A reviewed and updated version of the TEWV Guanfacine shared care guideline was presented to the APC for comment. It was noted that there have been no significant changes made to the document. The APC was happy to approve this reviewed and updated version for use locally once finalised by TEWV.

Part 4 – Formulary Issues

8. **Appeals Against Previous APC Decisions**

None received.

9. **Formulary NICE TAs and MHRA Drug Safety Update – November 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:

- TA739: Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable
- TA740: Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer
- TA741: Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer
- TA742: Selpercatinib for treating advanced thyroid cancer with RET alterations
- TA743: Crizanlizumab for preventing sickle cell crises in sickle cell disease
- TA746: Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer
- TA747: Nintedanib for treating progressive fibrosing interstitial lung diseases
- HST16: Givosiran for treating acute hepatic porphyria

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:

- TA745: NBTXR-3 for treating advanced soft tissue sarcoma (terminated appraisal)

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

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

- TA744: Upadacitinib for treating moderate rheumatoid arthritis

The APC discussed the update to NICE guideline NG28 Type 2 diabetes in adults: management. In November 2021, NICE reviewed the evidence on SGLT2 inhibitors for adults with type 2 diabetes and chronic kidney disease, and made new recommendations. The APC agreed to wait for the NICE TA for Dapagliflozin in CKD due in March 2022 before updating the formulary.

Medicines Safety (MHRA drug safety update – November 2021)

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

10. **Other Formulary Issues**

Danazol

Danazol is currently Amber SI/Green Plus on the formulary. Danazol 100mg and 200mg

capsules have been discontinued by all manufacturers in the UK. Remaining supplies of both strengths of the licensed products were exhausted last year. A supply disruption alert was issued via the CAS system in May 2020

As there are no licensed products available the APC agreed that this should now become a RED drug so supply continues via secondary care where necessary and appropriate, as advised by the MHRA.

ACTION:

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

Molnupiravir

The APC noted that Molnupiravir has now been licensed by the MHRA for COVID-19. Further guidance and an NHSE commissioning statement on how it should be prescribed/accessed is awaited. It was noted once guidance is issued by NHSE it will need to be fast-tracked probably outside of APC through local governance processes.

11. New Drug Applications

Nil this month.

12. Compassionate Use/Free of Charge Scheme Requests

Nil this month.

13. NTAG Update

Nil this month.

14. Leeds/West Yorkshire APC Update

Nil this month.

15. RMOG Update

Nil this month.

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

16. Shared Care Guidelines for Approval

Nil this month.

17. Topical testosterone for Management of Low Libido in Menopausal Women - supporting information sheet for primary care

The final draft of the Topical testosterone for Management of Low Libido in Menopausal Women Information Sheet for Primary Care was presented to and approved by the APC subject to few minor suggest amendments.

A patient information leaflet covering the use of Topical testosterone for Management of Low Libido in Menopausal Women was also presented to and approved by the APC.

ACTION:

- **CR to make suggested changes to supporting information sheet for primary care on the prescribing of testosterone for menopause and PIL and then circulate/publish final version.**

Part 6 – Other Items of Business

18. NY&Y Lipid Pathway

Due to the introduction of several new drugs approved by NICE for the management of hypercholesteremia, there is a need to have a clear lipid treatment pathway where it is clear

were all the drugs sit.

The Lipid treatment guidance incorporates the following:

- Lipid Management Pathway
- Appendix 1 Lipid Guidance: Supporting Clinical Information including link to national statin intolerance guidance.
- Appendix 2: Bempedoic acid in management of hyperlipidemia
- Appendix 3 Inclisiran in management of hyperlipidemia
- Appendix 4 Familial Hypercholesterolaemia (FH) case finding Pathway
- Appendix 5 Recommended Criteria for Referral to Lipid Clinic
- Appendix 6 Pathway for consideration of PCSK9 Inhibitors. NICE TA393/TA394.

The pathway reflects NICE guidance with the exception of primary prevention where the recommendation is to initiate atorvastatin at a dose of 40mg daily. The rationale for this proposed slight change is based on changes to the NICE recommendation QRISK threshold of to include 10-20% means significant greater number of patients who will be eligible to start on atorvastatin which in turn require a significant increase in the number of appointments to manage this. Current treatment with statins in primary care results in more than half of failing to reach NICE cholesterol targets. So by starting the majority of patients at 40mg for primary prevention will mean more patients getting to target quicker and lesser impact on primary care at a time of significant pressures. This approach has already been tried and tested in Bradford and West Yorkshire where it has been successful.

The NY&Y Lipid Management Pathway as approved by the APC subject to the suggested amendments being made

ACTION:

- **CR to finalise NY&Y Lipid Management Pathway with KL/SOC and publish/circulate final version following Chair's Action to approve.**

19. Letter from YORLMC Gender Dysphoria patients

The APC received the letter from the LMC for information, and noted that it is for NHSE as the responsible commissioner for Gender Dysphoria to address the issues that have been raised. It was also noted that KL and LA have also met with the LMC to discuss the letter since it was circulated to GP practices. It was agreed there was no further action for the APC at this stage.

20. Review of Cardiovascular Chapter of Formulary

The Cardiovascular section is the second 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.

It was agreed torasemide should be non-formulary, and that valsartan should be existing patients only.

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 Cardiovascular chapter of the formulary.**

Part 7 – Standing Items (for information only)

21. TEVV D&T Minutes – September 2021

Not yet available

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

Any Other Business

Subcutaneous Levetiracetam ('Keppra') in Palliative and End of Life Care Guideline

An amendment to correct the maximum oral dose from 1.5mg bd to 1.5g bd was approved by the APC. This document is from HDFT.

Olutaton® for Acromegaly

A new brand of octreotide is now available which may offer some cost savings. It was agreed to seek the views of local clinicians about adding this brand to the formulary and the shared care guideline, and bring back to the next APC meeting.

Date and time of next meeting

Wednesday 2nd February 2022, 2pm – 4.30pm, Virtual Meeting via Microsoft Teams
(January 2022 meeting cancelled)