

## North Yorkshire & York Area Prescribing Committee

**Wednesday 2<sup>nd</sup> February 2022**  
**2pm – 4.30pm, virtual meeting via Microsoft Teams**

### Present

Name	Job Title	Organisation	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Feb 2022
Ken Latta	Head of Medicines Optimisation	North Yorkshire CCG	Rachel Ainger	Y	Y	Y	Y
Dr Tim Rider	GP Prescribing Lead	North Yorkshire CCG	Y	Apols	Y	Y	Y
TBC	GP	North Yorkshire CCG	X	X	X	X	X
Laura Angus	Head of Medicines Optimisation	Vale of York CCG	Faisal Majothi	Y (from 14.40)	Y (from 3pm)	Y	Y
Dr Shaun O'Connell	GP Lead for Acute Service Transformation	Vale of York CCG	Apols	Apols	Y	Y	Y
Dr William Ovenden	GP	Vale of York CCG	Y	Y	Y	Apols	Y
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Sara Moore	Y	Y (from 3pm)	Y	Y
Dr Ben Walker	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	Y	Y	Y	Apols
Dr S Brotheridge	Consultant	Harrogate and District NHS Foundation Trust	Apols	X	X	X	X
Stuart Parkes	Chief Pharmacist	York Teaching Hospitals NHS Foundation Trust	Y	Y	Y	Y	Y
Dr Peter Hall	Consultant and D&T Chair	York Teaching Hospitals NHS Foundation Trust	Apols	Y	Apols	Y	Y (from 3pm)
Dr Chris Hayes	Consultant	York Teaching Hospitals NHS Foundation Trust	X	X	X	X	Y
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	Apols	Y	Y	Y (till 3.30pm)
Shona McIlrae	Consultant Psychiatrist	Tees, Esk and Wear Valleys NHS Foundation Trust	X	X	X	Gena Hearnshaw	X
Angela Hall	Public Health representative	North Yorkshire County Council	Y	Y	Y (from 3pm)	Kurt Ramsden	Kurt Ramsden
Anita Dobson	Public Health representative	City of York Council	Y	Y	Y	Y	Apols
Alison Levin	Finance representative	North Yorkshire CCG	Y	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Kathryn Shaw-Wright
Steve Jordan (till Jan 2022)	Contracting representative	North Yorkshire CCG	Y	Apols	Y (till 3pm)	Apols	X
Hazel Mitford	Lay/patient representative		Y	Y	Y	Y	Y
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	Y	Y	Y	Y
Faisal Majothi / Jamal Hussain	Medicines Optimisation Pharmacist	Vale of York CCG	See above	Faisal Majothi	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	Formulary Pharmacist	Harrogate and District NHS Foundation Trust	X	X	X	X	X

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

### **In attendance**

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

Conor McCahill (RDTC) – observing

Nancy Kane (RDTC) – to present item 7

The meeting was quorate with 13 out of 18 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**

Ben Walker, Anita Dobson, Sally Tyrer

#### **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 1<sup>st</sup> December 2021 (+outcome of VoY CCG exec)**

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

Note the January 2022 meeting of the APC was cancelled.

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

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

Nil

AOB = update on formulary applications for POTs + Update on Sodium Zirconium.

**5. Action Log**

Formulary NICE TAs and MHRA Drug Safety Update – November 2021 – plus Danazol  
JEC/SAL to update the formulary websites now approved by VoY CCG – to action now approved by VoY CCG Exec.

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

The final version has now been published and circulated. ITEM NOW CLOSED.

NY&Y Lipid Management Pathway

The final version has now been published and circulated. ITEM NOW CLOSED.

Cardiovascular Formulary Review

JEC to update the Y&S formulary website with agreed aligned changes in the Cardiovascular chapter of the formulary – still to action.

**Outstanding Actions from Previous APC Meetings**

Nil.

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

Oilatum Plus – appeal

Still in progress within YFT. Agreed to remove from action log.

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. Good progress has made identifying providers for the required screening service and work is progressing on the process for referrals. The NY&Y responsibilities for monitoring appear to be the same as those proposed by RMOC. Consultation will shortly take place with Trusts, CCGs and GPs on the monitoring process that is proposed.

Melatonin YFT Shared care

Still to progress paper due to current work pressures.

**ACTION:**

- **KL to pick up this and bring update/proposal for future APC.**

**Part 2 – Governance**

6. Nil this month.

**Part 3 – Mental Health**

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

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

It was noted that the TEWV Guanfacine SCG needs some further amendments around pregnancy risk, so will come back to a future APC for consultation/review.

**Part 4 – Formulary Issues**

**8. Appeals Against Previous APC Decisions**

None received.

## 9. Formulary NICE TAs and MHRA Drug Safety Update – December 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:

- TA748: Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders
- TA751: Dupilumab for treating severe asthma with type 2 inflammation
- TA752: Belimumab for treating active autoantibody-positive systemic lupus erythematosus
- TA754: Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome
- TA755: Risdiplam for treating spinal muscular atrophy
- TA756: Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis

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:

- TA749: Liraglutide for managing obesity in people aged 12 to 17 years (terminated appraisal)
- TA750: Olaparib for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy (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 AMBER SI drugs in the relevant chapters with links to the TAs:

- TA753: Cenobamate for treating focal onset seizures in epilepsy – note NICE states only to be initiated by a Tertiary Epilepsy Service. Still to confirm if York Trust has a tertiary epilepsy service but Harrogate Trust confirmed they were not a tertiary epilepsy service. There was discussion as to whether a documented discussion between secondary care and tertiary care was sufficient to enable patients to be started on cenobamate if the other criteria applied. The committee was keen that patients were not delayed in starting a new potential treatment because of delays in actually having face to face consultations with tertiary care. Then there was debate as to whether York is a recognised tertiary centre for epilepsy and clear what constitutes such recognition or not.

### Medicines Safety (MHRA drug safety update – December 2021)

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

Note: The authorisation holder for dapagliflozin has withdrawn the indication for type 1 diabetes mellitus and the associated NICE TA has been withdrawn Dapagliflozin should be reviewed and discontinued in patients with type 1 diabetes by or in consultation with a physician specialised in diabetes care as soon as clinically practical.

#### ACTION:

- **JC/SAL to update the formulary websites once approved by VoY CCG.**
- **SOC/SP to seek clarity on if York is a recognised tertiary centre for epilepsy, and if cenobamate could be started on recommendation of rather than by a tertiary centre for epilepsy.**

## 10. Other Formulary Issues

### Neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19

The formulary has been updated to include the relevant drugs as RED drugs following publication of the NHSE commissioning policy on their use in late December 2021 and recent updates since.

A verbal update on how GPs/patients can access these drugs in North Yorkshire and York was given to the APC.

New name for Biosimilar Insulin Lispro Sanofi

It was agreed to update the name on the formulary to the new brand name of Admelog® .

**ACTION:**

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

Formulary status of alcohol dependence drugs for VoY CCG - Acamprosate and Disulfiram

These drugs current have no RAG status on the formulary for VoY CCG.

It was discussed and agreed that the RAG status on formulary should reflect the current commissioning arrangements via Spectrum in VoY CCG. They already have a RAG status for patients via Horizons in North Yorkshire County Council area. It was therefore agree RED in York for patients attending Spectrum and AMBER SI for patients attending Horizons in North Yorkshire.

**ACTION:**

- **JC/SAL to update the formulary websites once approved by VoY CCG.**
- **FM to discuss with York Council and NYCC harmonizing RAG status for alcohol dependence drugs agrees North Yorkshire & York.**

**11. New Drug Applications**

Lurasidone

Request received from TEWV. Agreed to add to the formulary as a AMBESR SI drug as per the NTAG recommendation as an option only for the treatment of schizophrenia in adults and adolescents aged 13 years and older meeting the NTAG criteria for use.

Reason for request is that lurasidone may offer some advantages in terms of less weight gain and hence better cardio-metabolic outcomes compared to other oral antipsychotics, particularly in those patient where these risk factors may be important.

It was discussed and agreed to defer a decision to get more information on potential patient numbers and cost impact for North Yorkshire and Vale of York CCGs given the big price differential to aripiprazole.

It was noted that the monitoring requirements for lurasidone is no different to other antipsychotics.

**ACTION:**

- **RM to get more information on potential patient numbers and cost impact for North Yorkshire and Vale of York CCGs.**

Pancrex V Powder

Requested to be used in patients with pancreatic insufficiency who are unable to take capsules orally and/or on enteral feed and nil by mouth.

The APC discussed and agreed to approve as a GREEN drug as a 3rd choice only in those with feeding tubes due to the cost differential to Creon. Creon capsules can be opened and the granules taken with acidic fluid or soft food, but without chewing, in those with swallowing difficulties.

**ACTION:**

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

Nutrizym 22 Capsules

Requested to be used in patients with pancreatic insufficiency who are unable to take Creon capsules orally due to side effects

The APC discussed and agreed to approve as a GREEN drug as 2nd choice in patients who are unable to take Creon capsules orally due to side effects. If patients do not then tolerate Nutrizym 22 Capsules they should return to taking Creon capsules on the basis of cost.

**ACTION:**

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

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

Tralokinumab FOC Scheme in Atopic Dermatitis

Request for one patient now trial had ended to continue until NICE TA available. This patient is exceptional on the basis that they were in the trial. The APC were happy to support this in principle.

**ACTION:**

- **KW to pick up with BW internally within Harrogate Trust outside of APC.**

**13. NTAG Update**

Nil this month.

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

Nil this month.

**15. RMOC Update**

Nil this month.

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

**16. Shared Care Guidelines for Approval**

YFT Hydroxycarbamide for Haematological Conditions Shared care

Was due a review in Dec 2020. Has been reviewed and up into new APC SCG template. It was noted that the RMOC SCG is currently with NHSE for approval so was agreed to await this before reviewing/updating YFT version as no great change in monitoring requirements at this stage.

**17. National Guidance for Lipid Management for Primary and Secondary Prevention of CVD – updated**

This national guideline has now been updated to include inclisiran and bempedoic acid. It will be added to the APC website alongside the existing NY&Y Lipid Pathway which is very similar.

**18. Guidelines for recognition and management of non- IgE cow's milk allergy in children**

This guideline has been developed to aid primary and secondary care health professionals (doctors, dieticians, health visitors and other supporting professionals) in the diagnosis and management of infants and young children with non-IgE cows' milk protein allergy (Non IgE CMA) at the point at which they present. Most cases of non- CMA should be treated in primary care with appropriate dietetic support.

This guideline is consistent with the international Milk Allergy in Primary Care (iMAP) guidelines and NICE pathway and provides recommendation on the presentation, diagnosis and management of Non IgE CMA in primary care.

The working group that has developed this guideline included consultant paediatricians and dieticians from Harrogate, South Tees, North Tees, county durham and Darlington along with medicines optimisation pharmacists from Tees Valley and North Yorkshire. Representatives from York and Scarborough trust were invited but did not have capacity to provide any staff to the group. Since completion of the guidelines this has been circulated to York/Scarborough trust via Dr T Verghese who has feedback to state that the trust is supportive of the guidance.

The APC was very supportive of these guidelines and approved them

It is planned to carry out educational events for Primary care staff to launch these guidelines and there are plans to develop educational videos for patients to increase knowledge of how to manage this condition.

**ACTION:**

- **JC/SAL to update the formulary websites once approved by VoY CCG.**
- **CR to publish on APC website**

**19. Biologics pathway for Psoriatic Arthritis**

NICE have approved upadacitinib for Psoriatic arthritis today. Its place in the pathway is after biosimilar anti-TNFs.

Tofacitinib is currently on the pathway though it is not licensed as monotherapy without methotrexate and has MHRA safety notifications regarding thromboembolic risk.

Upadacitinib does not have such warnings and is licensed for monotherapy. So will be adopted as an alternative to tofacitinib.

The APC approved the updated pathway.

**ACTION:**

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

**Part 6 – Other Items of Business**

**20. COVID-19 Therapeutic Alert - Withdrawal of the Recommendation for Consideration of Inhaled Budesonide as a Treatment Option for COVID-19**

The APC noted that inhaled budesonide should no longer be considered as a treatment for individuals with COVID-19 infection other than within the context of a clinical trial. People already using budesonide for conditions other than COVID-19 should continue treatment if they test positive for COVID-19.

**21. NPPG Position-Statement-Steroid-Cards-for Children and Young People V1 - Dec 2021**

The APC received for information the latest position statement produced by the Neonatal and Paediatric Pharmacist Group (NPPG), with input and review by the British Society for Paediatric Endocrinology and Diabetes (BSPED) regarding the use of steroid medication warning cards in children and young people.

This position statement provides clear guidance on the two different steroid cards that are available for use for children and young people and when each of these cards should be issued.

It is the responsibility of the prescriber to issue an appropriate steroid card when prescribing a corticosteroid or other drug that may increase the risk of adrenal suppression. Issue of a steroid card should be accompanied by a verbal explanation of the risks and of how adrenal suppression may be recognised. In making an assessment as to whether a steroid card is needed, corticosteroid use via all routes of administration should be considered.

Two different steroid cards exist, and which should be used depends on the scenario:

1. Children with diagnosed adrenal insufficiency receiving cortisol replacement therapy should be given the Paediatric Steroid Treatment Card, available from the British Society for Paediatric Endocrinology and Diabetes (BSPED) at: <https://www.bsped.org.uk/media/1823/bsped-adrenal-insufficiency-card-v31.pdf> . This includes advice on sick day rules and emergency management of adrenal crisis. (Note: in Wales, the bilingual Welsh Endocrine and Diabetes Society (WEDS) card is used instead, available at: <https://www.weds-wales.co.uk/steroid-therapy/>).

2. Children receiving systemic or local corticosteroids for treatment of other conditions e.g. asthma or eczema and are consequently at risk of adrenal suppression should be supplied with a blue Steroid Treatment Card. Risk of adrenal suppression in this scenario depends on patient age, drug, dose and route of administration: see Table 1 for further detail. In Primary Care the card can be obtained from <https://pcse.england.nhs.uk/services/supplies/>, and in Secondary Care from: <http://nhsforms.co.uk/> . (Note: in Wales there is a bilingual blue steroid treatment card, which can be ordered via the NHS Wales Shared Services Partnership central procurement (Oracle)).

Pharmacists dispensing corticosteroids for children and young people should check that the patient/family have received the appropriate steroid card and, if not, issue one if they consider it appropriate to do so.

This position statement was discussed at the NY&Y Medicines Safety Group this morning.

Concerns were expressed by APC member about have two cards which could be confusing to patients, and would patients really carry a paper based card at all times.

It was agreed needs further consideration by local Trusts as to if they will adopt this guidance before the NY&Y Medicines Safety Group issue any guidance to primary care.

## **22. Recommended Standardised Formulations in Paediatric Cardiology following discharge from Leeds Teaching Hospitals NHS Trust**

Following the reporting of incidents where patients have received a change in medication strength and have therefore been given the wrong dose by parents, Leeds have produced a list of commonly used drugs and their preferred strengths. These are the preparations that will be dispensed on discharge from Leeds and they are keen to keep consistency across the Network for the patients to minimise drug errors. Of note, Leeds would recommend tablets as a first line for children over 3 years.

The Leeds Paediatric Cardiology recommended formulation would be to prescribe the following:\*

- Furosemide oral solution 50mg / 5ml
- Spironolactone oral suspension Drug Tariff Special Order 50mg / 5ml
- Captopril oral solution 25mg / 5ml
- Propranolol oral solution 50mg / 5ml
- Atenolol oral solution 25mg / 5ml
- Flecainide oral suspension Drug Tariff Special Order 25mg / 5ml

The APC discussed and agreed to defer a decision on updating relevant drug strengths on formulary to confirm that other tertiary centres in the North of England, which NY&Y patients may attend (e.g. Newcastle and Hull), use the same strengths. Also some work to be done to see if messages to check the strength can be put in OptimiseRx.

### **ACTION:**

- **CR/FM to look into updating Optimise Rx with Leeds Recommended Standardised Formulations in Paediatric Cardiology.**
- **LA/KL to take to NY&Y Medicines Safety Group.**
- **CR to confirm if Newcastle and Hull Paediatric Cardiology use the same strengths of these oral solutions.**

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

#### **23. TEWV D&T Minutes – September 2021**

Circulated for information.

#### **24. York & Scarborough Trust Drug and Therapeutics Committee Minutes – November 2021**

Circulated for information.

#### **25. Harrogate Trust Medicines and Therapeutics Group Minutes – October 2021**

Circulated for information.

#### **26. Hull and East Riding Prescribing Committee (HERPC) minutes – September 2021**

Not yet available.

#### **27. County Durham & Tees Valley APC Minutes – November 2021**



Not yet available.

**28. West Yorkshire & Harrogate ICS APC Minutes – since June 2021**

Not yet available.

**29. RDTC Monthly Horizon scanning – December 2021 & January 2022**

Circulated for information.

**Any Other Business**

Update on Formulary Applications for POTs

There five drugs coming in a formulary application from YFT. It was agreed to circulate to APC members prior to the meeting to see if members have any questions to which the answers could be provided at the meeting.

Update on Sodium Zirconium

The APC noted that the primary care rebate scheme has now scrapped by the company and the price has been lowered instead. Sodium Zirconium has therefore been added to the formulary as AMBER Shared Care with the supporting shared care guideline as previously agreed.

**Date and time of next meeting**

Wednesday 2<sup>nd</sup> March 2022, 2pm – 4.30pm, Virtual Meeting via Microsoft Teams