

North Yorkshire & York Area Prescribing Committee

Wednesday 6th April 2022
2pm – 4.30pm, virtual meeting via Microsoft Teams

Present

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

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

In attendance

Barry Hogan – RDTTC – sharing papers on screen via MS Teams

The meeting was quorate with 11 out of 17 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.

It was noted that Peter Hall had stepped down as YSTHFT D&T Chair and hence APC due to clinical commitments. The APC wish to note its thanks for all his work supporting APC and MCC previously. A replacement clinician to APC from YSTHFT is currently being sought in addition to Chris Hayes the new D&T chair.

Part 1

1. Apologies for absence and Quoracy Check

Kathryn Shaw-Wright, Tim Rider, Kurt Ramsden, Ben Walker

2. Declarations of Interest

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:

Shaun O’Connell - undertaken a non-promotional, non-product survey for Novo Nordisk recently. Nothing specific on the agenda today relating to Novo Nordisk

Chris Ranson - item 20: Glaucoma pathway – wife works at HDFT as an optometrist and as part of her role she does do Glaucoma clinics. Non-voting member so no need to exclude from decision making on this item.

3. Minutes of Previous APC & Decision Summary of Meeting Held 2nd March 2022 (+outcome of VoY CCG exec)

The minutes of the March 2022 APC were approved as true and accurate record.

It was confirmed that the VoY CCG CE committee has approved the recommendations from the March 2022 APC Meeting.

TA753 – Cenobamate

It was confirmed post March meeting that YSTHFT fulfil all the requirements for a tertiary service except having surgery on site, hence felt that YSTHFT could initiate Cenobamate as per the agreed formulary position in line with the NICE TA.

NICE have also responded as to what they define as a tertiary service regards the requirements in the Cenobamate TA753. NICE state they define a tertiary service as a specialist care delivery unit, to which people may be referred from secondary care in this TA.

The NICE definition of 'specialist' (as used in this guideline), is:

For adults: a medical practitioner with training and expertise in epilepsy. For children and young people: a paediatrician with training and expertise in epilepsy.

On that basis agreed that YSTHFT is meeting NICE's stated definition of a tertiary service and hence is able to initiate Cenobamate.

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

Nil

5. Action Log

TEWV Medicines Optimisation – Interactive Guide for External Stakeholders

Link to TEWV Medicines Optimisation – Interactive Guide for External Stakeholders to APC website has been done and is in process of being communicated to primary care. Link has also been added to start of chapter 4 of formularies. ITEM NOW CLOSED.

TEWV Safe transfer of prescribing guidance – updated

Link to TEWV Safe transfer of prescribing guidance on APC website – still to be actioned as not updated on TEWV website.

TEWV Risperidone LAI SCG

JEC/SAL to update the formulary websites once approved by VoY CCG – still to be actioned as not updated on TEWV website.

TEWV Guanfacine SCG

JEC/SAL to update the formulary websites once approved by VoY CCG – still to be actioned as not updated on TEWV website.

TEWV Anxiety Guidelines – updated

JEC/SAL to update the formulary websites once approved by VoY CCG – still to be actioned as not updated on TEWV website.

CR to add link to TEWV Anxiety Guidelines on APC website – still to be actioned as not updated on TEWV website.

Formulary NICE TAs and MHRA Drug Safety Update – January 2022 – plus Duloxetine, Risperidone oral liquid, Enerzair breezhaler

Formulary website now updated. ITEM NOW CLOSED.

Compassionate Use/Free of Charge Scheme Requests

On today's agenda. ITEM NOW CLOSED.

Draft NICE TA - dapagliflozin in chronic kidney disease

On today's agenda. ITEM NOW CLOSED.

YFT Guidelines for Management of Oral Candida

JEC has linked with Susan Broughton re reviewing this section in primary care antimicrobial guidelines. ITEM NOW CLOSED.

Outstanding Actions from Previous APC Meetings

Formulary NICE TAs and MHRA Drug Safety Update – December 2021 – plus Disulfiram, Acamprosate, Pancrex V, Nutrizym

Formulary website now updated. ITEM NOW CLOSED

Formulary status of alcohol dependence drugs for VoY CCG - Acamprosate and Disulfiram
FM still to discuss with York Council and NYCC harmonizing RAG status for alcohol dependence drugs agrees North Yorkshire & York. Noted that differing contract lengths so may take some time to review.

Lurasidone New Drug Application

On today's agenda.

Recommended Standardised Formulations in Paediatric Cardiology following discharge from Leeds Teaching Hospitals NHS Trust

NY&Y Medicines Safety Group have discussed. Suggested that Newcastle and Y&H need to standardise, so they use the same strengths of furosemide and captopril. But agreed not for APC to resolve and maybe needs NHSE involvement. Agreed item now closed from an APC perspective. ITEM NOW CLOSED.

Historic Actions Carried Over from June 2021 MCC meeting

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

Awaiting final guidance and SCG template from RMOC. In the meantime, preparation work continues to progress in North Yorkshire and York.

Melatonin YSTHFT Shared care

Still to progress paper due to current work pressures.

Part 2 – Governance

6. Terms of Reference – updated April 2022

The NY&Y APC Terms of Reference have been updated to make reference to APC role around approving Free of charge schemes.

The March 2022 APC confirmed the following arrangements with regard to Compassionate Use/Free of Charge Schemes:

- If the free of charge scheme is for a drug which would normally be NHSE commissioned, then it should be approved by the Trust D&T/MTG. (e.g. most Cancer drugs).
- If the free of charge scheme is for a drug which would normally be CCG commissioned, then it should be approved at the next available meeting of the APC or via email if deemed urgent.

The APC approved this change with the addition of clarification that Trusts to approve at their risk any individual patient requests for CCG commissioned drugs that are clinically urgent and cannot wait till the next APC meeting. This would be on an individual patient basis rather than for a cohort of patients. This decision would then be ratified at the next APC and the position for a cohort of similar patients agreed going forwards.

ACTION:

- **RDTC to make amendment to clarify process for urgent requests.**
- **RDTC to circulate and published updated version of NY&Y APC ToR.**

7. RMOC Free of Charge Scheme Policy

The NY&Y APC agreed to adopt the RMOC Free of charge (FOC) medicines schemes Policy as local policy when accessing FoC scheme requests.

This includes using Appendix 1: Free of Charge (FOC) Supply – Request for approval template, when FoC schemes are submitted to the APC for approval.

It was noted that RMOC was due to review in January 2022 but as not this has not happened so

this document is still current.

8. Requests for Inclusion of AOB Items After Papers Have Been Sent Out

Going forward the APC professional secretary will liaise with co-chairs as to whether any AOB items received after the papers are sent out are accepted on to the agenda. Where possible any items received after the papers are sent out will be deferred to the next meeting so that a proper paper can be submitted for full discussion with all the supporting information.

Part 3 – Mental Health

9. Nil this month

Part 4 – Formulary Issues

10. Appeals Against Previous APC Decisions

None received.

11. Formulary NICE TAs and MHRA Drug Safety Update – February 2022 & early March 2022

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

- TA763: Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable
- TA765: Venetoclax with Azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable
- TA766: Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma
- TA767: Ponesimod for treating relapsing–remitting multiple sclerosis
- TA770: Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer
- TA772: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies
- HST17: Odevixibat for treating progressive familial intrahepatic cholestasis

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:

- TA762: Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (terminated appraisal)
- TA771: Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (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:

- TA764: Fremanezumab for preventing migraine
- TA768: Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs
- TA769: Palforzia for treating peanut allergy in children and young people - It was noted that this decision would need sign off from both NY and VoY CCGs as above the level of delegated decision making of the APC.

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

- TA773 Empagliflozin for treating chronic heart failure with reduced ejection fraction
- TA775 Dapagliflozin for treating chronic kidney disease - It was noted that this decision

would need sign off from both NY and VoY CCGs as above the level of delegated decision making of the APC.

Medicines Safety (MHRA drug safety update – February 2022

The group noted the drug safety updates for February 2022. The links are to be added to the relevant sections of the formulary.

ACTION:

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

12. Other Formulary Issues

Liothyronine 5mcg, 10mcg and 20mcg capsules

The APC discussed and approved addition of Liothyronine 5mcg, 10mcg and 20mcg capsules to the formulary with a note to use in preference to tablets on the basis of cost.

ACTION:

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

Phosphate Binders – review of RAG status

The discussed changing phosphate binders (i.e. Sucroferric, sevelemer and lanthanum) from RED to AMBER SC for use in patients with chronic renal failure not on dialysis. This mirrors the formulary status in Leeds. It was noted that is AMBER SI for this indicated in County Durham & Tees, and Hull.

Concerns around the cost impact on primary care were expressed and noted these drugs are commissioned with the current NHSE Block Contract. The costs of monitoring and who does the monitoring also need to be considered.

It was agreed to discuss outside of the APC and come back to a future APC with a proposal and options for the APC to make a decision.

ACTION:

- **JC/CR/KL/LA/FM todiscuss outside of the APC and come back to a future APC with a proposal and options for the APC to make a decision.**

13. New Drug Applications

Lurasidone

Information from TEWV on potential patient numbers and cost impact for North Yorkshire and Vale of York CCGs was presented to the APC.

In the last 12 months, only one non-formulary application to prescribe lurasidone for a psychotic condition has been approved in the NYY locality of the Trust (covering the two CCG areas). A second application was rejected. [For comparison, only one application was approved in the CDTV APC area of the Trust in the same period].

NTAGs positive recommendation will remove the non-formulary application process within the Trust to initiate lurasidone for this indication in line with NTAGs criteria. This may increase prescriber interest in utilising this option for cases where current formulary antipsychotics have not been effective and/or tolerated, and where new or worsened adverse metabolic effects are to be avoided due to co-morbidities (e.g. diabetes, cardiovascular disease). If addition to the formulary with the proposed AMBER status is approved by APC, prescribing of lurasidone will be able to transfer to primary care in line with the agreed arrangements for other antipsychotics.

The potential number of patients that NTAGs criteria would apply to is difficult to estimate because there is no published data directly comparing lurasidone with aripiprazole. The key NTAG criteria that supports a switch to lurasidone in patients who have experienced or are at risk of metabolic adverse effects (notably weight gain) is “not responded to or not tolerated aripiprazole”, because such patients must have been treated with aripiprazole before lurasidone can be considered. Anecdotally, the most common reason for aripiprazole not being tolerated is

akathisia, with a reported incidence in the product information for Abilify of 1-10% (common). Based on primary care prescribing data for July-September 2021, it is estimated that 750 patients are currently prescribed aripiprazole across the two CCGs. Therefore, it may be estimated that between 7 and 75 patients will be switched to lurasidone due to intolerance of aripiprazole. However, based on the very low rate of lurasidone prescribing in the Trust currently, it is anticipated that the number of patients commenced on lurasidone in the first-year post approval will not exceed 20.

The APC discussed and agreed to approve lurasidone as an AMBER SI drug as an option only for the treatment of schizophrenia in adults and adolescents aged 13 years and older meeting the following criteria:

- require antipsychotic treatment, and
- have not responded to or not tolerated aripiprazole, and
- where the patient does not fulfil the treatment resistance criteria as outlined in NICE Clinical Guideline 178 for the initiation of prescribing of clozapine,
- and who fulfil one of the following criteria:
 - Clinically significant weight gain on other antipsychotics (defined as greater than or equal to 5% gain in weight from baseline after a month of treatment)
 - Presence of a clinical condition that make avoidance of weight gain and metabolic adverse effects of particular importance, e.g. diabetes, cardiovascular disease
 - Patients with a prolonged QTc interval

It was noted that this decision would need sign off from both NY and VoY CCGs as above the level of delegated decision making of the APC.

It was also agreed that TEWV would report back to the APC every 6 months on uptake and patient numbers prescribed lurasidone.

ACTION:

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

Oestriol 0.03mg pessary (Imvaggis®)

The APC discussed this formulary application received from HDFT.

It was noted that creams should remain the 1st line treatment option as cheaper than pessaries. It was agreed in principle that should be approved as a GREEN drug as more cost-effective alternative to Vagifem® for local treatment of vaginal symptoms of estrogen deficiency in postmenopausal women. However, it was noted that YFT clinicians had not yet been consulted so a decision was deferred until the May 2022 APC for this to take place.

ACTION:

- **JC/CR to seek views from YSTHFT on approving this formulary application as requested by HDFT.**
- **CR to update local guidelines as necessary.**

14. Compassionate Use/Free of Charge Scheme Requests

Nil this month.

15. NTAG Update

A verbal update on the February 2022 NTAG meeting was given.

- Infliximab subcutaneous injection (Remsima SC ®) – Recommended as an option during Covid-19 Pandemic. To be reviewed again once ICS structures and Tariff arrangements confirmed post-pandemic.
- Alfapump® device for the treatment of ascites due to Liver Cirrhosis – Reviewed and no changes made.
- Pitolisant (Wakix®) for the treatment of narcolepsy with or without cataplexy in adults – Reviewed and added reference to NICE TA for Solriamfetol. No other changes made.

- i-Port Advance® for use in children and adults with Type 1 diabetes – Reviewed and no changes made. Remains not approved for use in Type 2 diabetes.
- Ulipristal (Ellaone®) for post-coital (up to 120 hours) contraception – Reviewed and added links to FSRH Guidance. No other changes made.
- Actipatch® for management of localised musculoskeletal pain – Reviewed and no changes made that not recommended.
- Solriamfetol for narcolepsy in adults – Superseded NICE TA available

16. Leeds/West Yorkshire APC Update

Nil this month.

17. RMO Update

Nil this month.

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

18. Shared Care Guidelines for Approval

Nil this month.

19. County Durham & Tees Valley APC Cinacalcet SCG

The new version of County Durham & Tees Valley APC Cinacalcet SCG was presented to the APC primarily for information as will apply to those North Yorkshire patients receiving care from South Tees Trust.

However, differences in the monitoring requirements for GPs with the current York and Harrogate Cinacalcet SCGs were highlighted and it was felt that there was need to ensure consistency for North Yorkshire.

It was noted that no RMO Cinacalcet SCG is currently planned.

It was agreed that GM and KL would pick this issue up outside of the APC and if necessary, bring back to the APC at the next meeting.

ACTION:

- **RDT/KL to pick differences in monitoring in Cinacalcet SCG between CD&T and NY&Y outside of the meeting.**

20. Glaucoma Pathway

The APC approved an updated Glaucoma Pathway to include Simbrinza® eye drops as an additional treatment option. Also added reference to NICE pathway and use of selective laser trabeculoplasty as a non-drug treatment offered 1st in clinic as per NICE.

ACTION:

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

21. Migraine Pathway:

The APC approved an updated local migraine pathway to reflect NICE TA764 – Fremanezumab now also recommended for episodic migraine.

ACTION:

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

Part 6 – Other Items of Business

22. APC update re liraglutide (Saxenda) in NY tier 3 weight management

The APC noted that following a period of extensive review and a successful bid for national funding, North Yorkshire CCG is pleased to announce that a Tier 3 Specialist Weight Management Service is now available to all adult patients within the CCG footprint and is open

for referrals of appropriate patients. The expansion of the service, which has previously only been available to Hambleton, Richmondshire and Whitby patients, is accompanied by the release of updated Tier 3 and Tier 4 weight management commissioning policies, which conclude the policy harmonisation work that has been ongoing since the merging of the three former CCGs.

The Tier 3 service is designed to support adults with severe obesity and complex needs who require a more individualised approach than previous tiers of support have been able to offer them. It forms the third step of the wider weight management pathway and should be preceded by community-based programmes such as:

Part 7 – Standing Items (for information only)

- 23. TEWV D&T Minutes – January 2022**
Circulated for information.
- 24. York & Scarborough Trust Drug and Therapeutics Committee Minutes – since Nov 2021**
Not yet available.
- 25. Harrogate Trust Medicines and Therapeutics Group Minutes – January and February 2022**
Circulated for information.
- 26. Hull and East Riding Prescribing Committee (HERPC) minutes – since November 2021**
Not yet available.
- 27. County Durham & Tees Valley APC Minutes – November 2021**
Circulated for information.
- 28. West Yorkshire & Harrogate ICS APC Minutes – since October 2021**
Not yet available. Last meet January 2022 as December 2021 meeting cancelled.
- 29. NE Lincolnshire APC Minutes – January 2022**
Circulated for information.
- 30. RDTTC Monthly Horizon scanning – March 2022**
Circulated for information.

Any Other Business

Nil this month.

Date and time of next meeting

Wednesday 4th May 2022, 2pm – 4.30pm, Virtual Meeting via Microsoft Teams