

North Yorkshire & York Area Prescribing Committee

Wednesday 2nd March 2022
2pm – 4.30pm, virtual meeting via Microsoft Teams

Present

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

In attendance

Laura Tweddle – pharmacist - South Tees Hospitals NHS Foundation Trust

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 Tim Rider.

Part 1

1. Apologies for absence and Quoracy Check

Laura Angus, Richard Morris, Sally Tyrer, Angela Hall, Ben Walker

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 2nd February 2022 (+outcome of VoY CCG exec)

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

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

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

Nil

AOB =YFT oral antifungal choice for oral candidiasis

5. Action Log

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

JEC/SAL to update the formulary websites once approved by VoY CCG.

TA753: Cenobamate

Confirmed YFT have been on a secondary rather tertiary tariff but providing a tertiary service in all but name for many years.

The APC agreed to be pragmatic and it was felt that so long as there is consultation with tertiary specialists when initiating drugs that NICE says should be started in tertiary centres then, rather than make patients wait for actual consultations themselves with tertiary centres then YFT can initiate such drugs.

YFT are currently applying for Tertiary centre status. YFT also exploring potential reclassification for tertiary status associated with cenobamate with NICE if necessary.

KL has discussed with NICE what constitutes a tertiary centre, with no clear reply yet.

APC agreed formulary RAG status is clear and is not dependent on YFT being a tertiary centre, it is the AMBER Specialist Initiation by an epilepsy specialist that is important. Item therefore closed from an APC perspective.

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.

Lurasidone New Drug Application

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

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

CR/FM continue to look into updating Optimise Rx with Leeds Recommended Standardised Formulations in Paediatric Cardiology. Risk is around different strengths of the same drug potentially being used by Newcastle vs Yorkshire & Humber.

Still to take to NY&Y Medicines Safety Group.

Have confirmed that if Newcastle and Hull Paediatric Cardiology use the same strengths of these oral solutions. Hull use the same as Leeds as it is Yorkshire & Humber guidance, but Newcastle use different strengths of furosemide and captopril.

Outstanding Actions from Previous APC Meetings

Formulary NICE TAs and MHRA Drug Safety Update – November 2021 – plus Danazol

Formulary websites now updated. ITEM NOW CLOSED.

Cardiovascular Formulary Review

Work in progress to update the Y&S formulary website with agreed aligned changes in the Cardiovascular chapter of the formulary. 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 YFT Shared care

Still to progress paper due to current work pressures.

Part 2 – Governance

6. Nil this month.

Part 3 – Mental Health

7. **TEWV Drug & Therapeutics Committee Feedback – January 2022**

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

8. **TEWV Medicines Optimisation – Interactive Guide for External Stakeholders**

A new “Medicines Optimisation - interactive guide” has been created and was presented to and approved by the APC. The guide will aid primary care navigate the full range of TEWV medicines guidance available to support their practice. A live updated version will be maintained on the TEWV website.

ACTION:

- **CR to add link to TEWV Medicines Optimisation – Interactive Guide for External Stakeholders to APC website.**
- **CR/FM to communicate link to document to primary care.**
- **JEC/SAL to add link to document to start of chapter 4 of formularies.**

9. **TEWV Safe transfer of prescribing guidance – updated**

An updated version was presented to and approved by the APC.

Changes:

- updated to reflect the roles of embedded PCN / practice mental health specialists

ACTION:

- **CR to add link to TEWV Safe transfer of prescribing guidance on APC website.**

10. **TEWV Risperidone LAI SCG**

A new TEWV Risperidone LAI SCG was presented to and approved by the APC. This completes the set of long-acting antipsychotic injections SCGs and the monitoring is no different to the other antipsychotic LAIs.

ACTION:

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

11. **TEWV Guanfacine SCG**

An updated TEWV Guanfacine SCG was presented to and approved by the APC. It has been updated to include further guidance on avoiding use in pregnancy and managing the risks of pregnancy in females of child bearing potential.

ACTION:

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

12. **TEWV Anxiety Guidelines – updated**

The updated TEWV Anxiety Guidelines were presented to and approved by the APC. These have been updated to include a link to information on managing propranolol toxicity.

ACTION:

- **JC/SAL to update the formulary websites once approved by VoY CCG.**
- **CR to add link to TEWV Anxiety Guidelines on APC website.**

Part 4 – Formulary Issues

13. **Appeals Against Previous APC Decisions**

None received.

14.. **Formulary NICE TAs and MHRA Drug Safety Update – January 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:

- TA757: Cabotegravir with rilpivirine for treating HIV-1
- TA760: Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer
- TA761: Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection

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:

- TA759: Fostamatinib for treating refractory chronic immune thrombocytopenia

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:

- TA758: Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy – noted that would normally expect prescribing to be only by commissioned specialist narcolepsy clinics.

It was also noted that TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (updated) required no change to the current formulary status of sodium zirconium cyclosilicate.

Medicines Safety (MHRA drug safety update – January 2022

The group noted the drug safety updates for January 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 CCG.**

10. **Other Formulary Issues**

Duloxetine for depression – change to GREEN from AMBER SI

The APC approved a change to GREEN from AMBER SI to match TEWV Depression Guidelines and Safe Transfer of Prescribing Guidelines.

ACTION:

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

Risperidone oral liquid

There is a new Optimise Rx message directing prescribers away from using expensive risperidone orodispersible tablets and to use the 1mg/1ml oral solution if required. As a result the APC considered adding the Risperidone 1mg/ml oral solution to the formulary with a note to use in preference to orodispersible tablets.

TEWV have no concerns re adding the oral solution to the formulary. TEWV would not want the orodispersible tablets removing as they still have a place. Still use them quite a bit in in-patients as it is easier to confirm adherence at a meds round with a tablet than what might be a very small volume of liquid. TEWV also had dosing errors with the liquid, much less likely with the orodispersible tablets. TEWV aim to avoid discharging patients on orodispersible tablets and would be happy to tighten up on this to avoid unnecessary costs in primary care, either by switching back to standard tablets or prescribing the oral solution instead if there is a genuine swallowing difficulty.

The APC approved adding Risperidone oral liquid to the formulary as addition to orodispersible tablets as an AMBER SI drug.

ACTION:

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

11. **New Drug Applications**

Lurasidone

Item deferred to April 2022 APC to get more information on potential patient numbers and cost impact for North Yorkshire and Vale of York CCGs.

Energair breezhaler

Indacaterol acetate/glycopyrronium bromide/mometasone furoate (Energair® Breezhaler®) is indicated as a maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta2-agonist and a high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous year.

The place in therapy is step 4 where the patient needs to be stepped up to high dose ICS with the addition of a LAMA which is where patients should be referred into secondary care. At present patients would be considered for ICS/LABA and spiriva so this would have the advantaged of been a single inhaler and only has to be administered once a day.

It will also be used instead of Relvar 184/22 Ellipta when assessing concordance to inhaled therapies in those patients who have previously attended on a daily basis for directly observed therapy (DOTs) prior to being referred for consideration of a biological therapy at a tertiary centre. This inhaler is already been used by the tertiary centre at Hull and they also use it to assess adherence to treatment. So adding to our formulary allows this assessment to be done in advance of the patient attending the tertiary centre.

Concerns were expressed around approving use of sensor. Could to lead to waste, and also need to be clear about who should issue the sensor.

It was noted that this inhaler costs less than using constituent drugs in other devices.

The APC discussed and agreed to approve as an AMBER SR drug. This decision will be reviewed if the price of sensor plus inhaler changes. It was agreed to put a message on GP systems that sensor should only be issued once, and confirm outside of APC who is responsibility to provide the initial inhaler plus sensor.

ACTION:

- **JC/SAL to update the formulary websites once approved by VoY CCG.**
- **CR to add a message to GP systems that sensor should only be issued once.**

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

Mobocertinib

Noted that Harrogate Trust had approved for one patient via NHSE approved Early Access Scheme ahead of a NICE TA expected in October 2022.

Clarify process for NHSE Early Access Scheme drugs ahead of a NICE TA vs Free of Charge Scheme drugs

Harrogate Trust have asked that APC clarify the APC role around free of charge / early access scheme medicines i.e. do they all need to come to APC for approval before Trusts sign up to them.

Noted that APC had discussed IFR requests at August 2021 but never this issue.

The APC discussed and agreed 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 Terms of Reference will be updated at the next APC meeting to reflect this. The APC will also consider adopting the RMOC guidance on Free of Charge Schemes as local policy for

assessing/considering such schemes.

ACTION:

- **RDTC to update APC ToR and bring to April 2022 APC.**
- **RDTC to bring RMOC FoC Guidance to April 2022 APC for local adoption.**

18. NTAG Update

Nil this month.

19. Leeds/West Yorkshire APC Update

Nil this month – noted latest approved minutes in Part 7.

Noted new Humber APC in process of being set-up and plan is for us to work closely with them to align decisions and reduce duplication of effort.

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. DOAC choices in non valvular AF and VTE

The current YFT pathways for VTE and AF have been updated. It was agreed that YFT should approve these pathways for their internal use.

Work is underway to produce guidance for primary care following the national procurement exercise for DOACs which will come to APC for approval once available.

The following points were raised in discussion:

- National procurement deal and new GP contract pushes use of Edoxaban.
- Concerns expressed around what happens with national procurement deal comes to an end.
- No head to head trials comparing DOACs.
- NY&Y not made a decision at yet on a preferred DOAC.
- Need to consider clinical evidence to inform choice for a particular patient not just cost.
Noted that RDTC hope to publish something to support this as soon as possible.

Part 6 – Other Items of Business

23. Draft NICE TA - dapagliflozin in chronic kidney disease

NICE guidance is expected on the 9th March. To reduce delays in implementation seeking views from the CCG in terms of the support required from secondary care.

When full NICE guidance is published, estimated costs should be available in the audit tool Recommendation and next steps if appropriate.

It was felt that GPs are already very familiar with prescribing SGLT2i. However, one question was who will be responsible for adjusting other diabetic medication if patient is on SGLT2i for CKD and has diabetes.

It was agreed to ask YFT renal team for their perspective on this TA to inform discussion at next APC meeting.

ACTION:

- **JEC to ask renal team for their perspective on this TA to inform discussion at next APC meeting.**

24. Reporting to the UK COVID-19 Antivirals Pregnancy Registry

This MHRA Drug Safety Update published in February 2022 was received for information by the

APC.

Part 7 – Standing Items (for information only)

25. **TEWV D&T Minutes – November 2021**
Circulated for information.
26. **TEWV Medicines Optimisation – Interactive Guide (complete version for TEWV staff)**
Circulated for information.
27. **York & Scarborough Trust Drug and Therapeutics Committee Minutes – since Nov 2021**
Not yet available.
28. **Harrogate Trust Medicines and Therapeutics Group Minutes – December 2021**
Circulated for information.
29. **Hull and East Riding Prescribing Committee (HERPC) minutes – November 2021**
Circulated for information.
30. **County Durham & Tees Valley APC Minutes – November 2021**
Not yet available.
31. **West Yorkshire & Harrogate ICS APC Minutes – October 2021**
Circulated for information.
32. **RDTIC Monthly Horizon scanning – February 2022**
Circulated for information.

Any Other Business

YFT Guidelines for Management of Oral Candida

The YFT Guidelines for Management of Oral Candida are currently being updated. One of the proposed changes which would affect primary care as a formulary amendment is the addition of a new section on treatment of oral candida. The Trust would currently tend to use nystatin as 1st line topical but the proposal in this new section is to recommend the use of miconazole gel 1st line.

- o If the infection is mild and localized, prescribe topical antifungal treatment for 7 days.
 - Offer miconazole oral gel first-line.
 - If miconazole is unsuitable, offer nystatin suspension.
- o If the infection is extensive or severe infection, consider one of the following:
prescribe oral fluconazole 50 mg a day for 7 days.

This reflects guidance published by NICE in the clinical knowledge summary.

Current primary care antimicrobial guidelines do not have a section on oral candida.

This change was supported by the APC and noted that miconazole gel is available over the counter so little or no cost impact expected.

These guidelines will now go through YFT approval process as for YFT internal use.

ACTION:

- **JEC to link with Susan Broughton re reviewing this section in primary care antimicrobial guidelines.**

Date and time of next meeting

Wednesday 6th April 2022, 2pm – 4.30pm, Virtual Meeting via Microsoft Teams