

## North Yorkshire & York Area Prescribing Committee

Wednesday 5<sup>th</sup> October 2022  
2pm – 4.30pm, virtual meeting via Microsoft Teams

### Present

Name	Job Title	Organisation	May 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022
Ken Latta	Head of Medicines Optimisation	North Yorkshire Place	Y	Y	Chris Ranson	Y	Y
Dr Tim Rider	GP Prescribing Lead	North Yorkshire Place	Y	Y	Y	Y	Y
Laura Angus	Head of Medicines Optimisation and Interim Chief Pharmacist at Humber, & North Yorkshire ICS	City of York Place	Y	Y	Apols	Y	Apols
Dr Shaun O'Connell	GP Lead for Acute Service Transformation	City of York Place	Y	Y	Apols	Apols	Apols
Dr William Ovenden	GP	City of York Place	Apols	Y	Y	Apols	Y
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Apols	Apols	Y	Apols	Y
Dr Ben Walker	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	Y	Y	Apols	Y
Stuart Parkes	Chief Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	Y	David Preece	Y	Y
Dr Chris Hayes	Consultant and D&T Chair	York & Scarborough Teaching Hospitals NHS Foundation Trust	X	Apols	Y	Y	X
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Y	Apols	Y	Y	X
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y	Y	Chris Williams	Y (till item 8)	Y
Angela Hall	Public Health representative	North Yorkshire County Council	X	X	Y (Till 3pm)	Kurt Ramsden	Apols
Anita Dobson	Public Health representative	City of York Council	Y (Till 3.30pm)	Apols	Y	Apols	Y
Alison Levin	Finance representative	North Yorkshire Place	Kathryn Shaw-Wright	Apols	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Kathryn Shaw-Wright
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 Place	Y	Y	Susan Broughton	Y	Y
Faisal Majothi	Medicines Optimisation Pharmacist	City of York Place	Y	Y	Y	Y	Y
Jane Crewe	Formulary Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	Y	Apols	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	Y	Y	Apols	Y
Dr Sally Tyrer	LMC Representative		Apols	X	X	X	X
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Y Kate Woodrow	Apols	Y	X

				from 4.55pm			
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### **In attendance**

The meeting was quorate with 10 out of 15 currently appointed voting members (or their deputies) 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**

Shaun O'Connell, Laura Angus, Angela Hall, Kurt Ramsden

#### **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:**

*Nil declared.*

#### **3. Minutes of Previous APC & Decision Summary of Meeting Held 7<sup>th</sup> September 2022 (+outcome of HNY IMOC)**

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

NICE TA814 – it was noted paediatric patients are not currently treated at York or Harrogate.

Antimicrobial Guidance – it was raised that YSFT and HDFT do not support moving to the PHE Guidance as suggested because their labs do not support tests for some of the antimicrobials, and do not agree with some of the choice e.g. co-amoxiclav. They feel the content of the NY guidelines is more reflective of what we should be using even though they are out of date. After discussion agreed to continue with the interim proposal is to remove the old version and direct users to the current PHE version but which warnings around the use of broad-spectrum antimicrobials e.g. co-amoxiclav. The NY&Y Antimicrobial group will be re-established as priority to update local guidelines.

#### **4. Outcome of Items Referred to September 2022 IMOC**

It was confirmed that the HNY IMOC has approved the recommendations from the September APC meeting with the exception of TA805 Icosapent ethyl which has been referred to the ICB as the IMOC as not delegated authority.

#### **5. Matters Arising Not on The Agenda & Declarations of AOB**

AOB – current GLP-1 supply issues to be discussed.

#### **6. Action Log**

##### **Current vacancies in membership and non-attendance.**

Work ongoing by Medicines Management Team to seek new members to fill current gaps in APC membership and follow-up non-attendance.

Sacubitril/Valsartan

Medicines Management Team have communicated change in RAG status of Sacubitril/Valsartan to primary care. ITEM NOW CLOSED.

NY&Y APC Formulary Application Form – updated

Approved form has been circulated to stakeholders and added to APC website. ITEM NOW CLOSED.

Diazoxide for Chronic Intractable hypoglycaemia

Still to get further information on ongoing monitoring.

Glucagon prefilled pen (Ogluo®)

RDTc have checked and this product has not been considered by other APCs in the UK as yet. The RTDC are producing a formulary tool for its stakeholders to support decision making by APCs.

LA checking if MSO Network, MHRA and national patient safety alert system are aware of any critical incidents with current glucagon product.

Agreed to bring RDTc tool to next APC meeting for final decision.

Formulary Updates Approved at September 2022

JC/SAL have now updated the Y&S and Harrogate formularies. ITEM NOW CLOSED.

**Outstanding Actions from Previous APC Meetings**

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

Work still in progress.

County Durham & Tees Valley APC Cinacalcet SCG

RDTc still to discuss with /KL differences in monitoring in Cinacalcet SCG between CD&T and NY&Y outside of the meeting.

North Yorkshire and York APC – Updated Terms of Reference and Scheme of Delegation

RDTc/LA to work further on tidying up language in NY&Y APC Terms of Reference and bring to future APC once IMOC Terms of Reference and scheme of delegated approved by ICB.

Drugs for POTS (ivabradine, fludrocortisone, desmopressin, midodrine, pyridostigmine)

No update available

Hydrocortisone MR (Efomdy®)

Decision deferred at August 2022 APC to fully appraise evidence around diurnal variation and steroid sparing effect. Noted AWMSG approved this drug in September 2022 and their appraisal will be brought to next APC. BW still waiting to hear back from endocrinologists on questions raised at August 2022 APC.

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

National SCG template was published in July 2022. Needs discussion how national SCG might be adopted locally and noted this work is underway for NY&Y. Noted no prescribing of chloroquine locally currently and as such is not on the local formulary.

Melatonin YSTHFT Shared care

Still to progress paper due to current work pressures. Noted that YSFT have no capacity to provide a service for children and adolescents, and so no mechanism to share care for this group of patients in the geography YSFT cover. HDFT looking to put a service in place. Also noted that TEWV current updating their SCG to include the newly licensed products.

## Part 2 – Governance

7. **Governance**  
Nil this month.

## Part 3 – Mental Health

8. **TEWV Management of Bipolar disorder under 18s**  
Final version approved by TEWV D&T circulated for information.  
It was suggested that when next updated to make clearer at top of page 1 that prescribing should only be done in secondary care for this group of patients.

## Part 4 – Formulary Issues

9. **Appeals Against Previous APC Decisions**  
None received.
10. **Formulary NICE TAs and MHRA Drug Safety Update – August 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:
- TA813: Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors
  - TA816: Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer
  - TA817: Nivolumab for adjuvant treatment of invasive urothelial cancer at high risk of recurrence
  - TA818: Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma
  - TA819: Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies
  - TA821: Avalglucosidase alfa for treating Pompe disease

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:

- TA812: Pralsetinib for treating RET fusion-positive advanced non-small-cell lung cancer

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

The ICB commissioned drugs in the following TAs to be reflected in the formulary as RED drugs for this indication in the relevant chapters with links to the TAs:

- TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis
- TA815: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs
- TA820: Brolucizumab for treating diabetic macular oedema

There was nothing to refer to IMOC this month as all fall within the delegated authority of the APC.

## Medicines Safety (MHRA drug safety update – August 2022)

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

**ACTION:**

- **JC/SAL to update the formulary websites.**

**11. Other Formulary Issues**

Bicalutamide RAG status

Urologists at Y&S are asking for review of the RAG status of the drugs used prior to starting a LHRH analogue for prostate cancer. They have specifically asked whether bicalutamide can be changed from Amber SI to Amber SR.

The issues are:

- They have no control over when the GP can start the first injection of the LHRH analogue.
- Some of the consultations are now being done virtually which makes it more difficult to issue prescriptions or the cyproterone/bicalutamide.

They want the flexibility for the GP to initiate both the cyproterone/ bicalutamide on their recommendation as well as the LHRH analogue.

It also makes no sense for cyproterone to be Green and bicalutamide to be Amber SI for the same indications and unlikely a GP would initiate cyproterone pre LHRH analogue therapy without specialist input

All the drugs should be amber specialist recommendation, and this was approved by the APC. This does not stop any clinician starting the drugs if they want to but allows the GP to initiate everything on the specialist's recommendation and work out the timings

**ACTION:**

- **JC/SAL to update the formulary websites.**
- **JC confirm doses and bring amended letter to GPs to November 2022 APC.**

**12. New Drug Applications**

Diazoxide for Chronic Intractable hypoglycaemia

A request from HDFT to add diazoxide tablets for Chronic Intractable hypoglycaemia to the formulary was presented the APC in September 2022. It was noted that is already on the Y&S formulary for this indication but does not have a RAG status.

At September 2022 APC it was agreed to defer a decision to the next APC as more information on ongoing monitoring is required.

Noted that currently supply problem with licensed product so are using the unlicensed product.

**ACTION:**

- **KW to get further information on ongoing monitoring for Nov 2022 APC.**

**13. Tecovirimat as a Treatment for Patients Hospitalised due to Monkeypox Viral Infection**

Tecovirimat is now available in the NHS under a UK-wide clinical policy statement as a treatment for symptomatic patients hospitalised due to a severe or complicated monkeypox infection.

It was agreed to add to the formulary as RED drug with a note that only available from tertiary centre e.g. Leeds and Hull.

**ACTION:**

- **JC/SAL to update the formulary websites.**

**14. Roxadustat NICE TA – local costings**

Still to action and will come back to November 2022 APC.

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

Nil this month.

**16. RMO Update**

Nil this month.

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

**17. Shared Care Guidelines for Approval**

Nil this month.

**18. NYY APC Lipid Guidelines – updated**

At the last APC meeting in August, NICE TA805 Icosapent ethyl in management of hyperlipidemia was presented to be added to formulary. This has triggered a review of the existing lipid management guidelines and updated to include Icosapent ethyl. This has been added within the treatment pathway on page 2 and a separate appendix 4 written to provide more detail about the drug itself.

The updated NYY APC Lipid Guidelines were presented to and approved by the APC subject to the following amendments:

- Page 5 – Add Icosapent ethyl to the statin intensity table.
- Page 16 – arrow missing
- Page 2 – flowchart is not clear re differences between options for primary and secondary prevention.

General concerns were also expressed about the usability of the guideline by GPs and the workload for GPs in managing these patients.

The pathway has also been shared with colleagues from the Humber APC.

It was noted that NICE TA805 Icosapent ethyl is still awaiting financial sign off from the ICB as IMOC as not delegated authority currently, and this TA is approaching the end of the 90-day implementation period.

**ACTION:**

- **CR to make changes and publish final approved version.**
- **KL/CR to chase up financial sign off from the ICB for NICE TA805 Icosapent ethyl as approaching the end of the 90-day implementation period.**

**19. Biologics Pathway for Psoriatic Arthritis – updated**

The updated Biologics Pathway for Psoriatic Arthritis was presented to and approved by the APC. It has been updated to reflect latest NICE guidance TA803 Risankizumab.

**ACTION:**

- **JC/SAL to update the formulary websites.**

**Part 6 – Other Items of Business**

**20.** Nil this month.

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

**21. TEWV D&T Minutes – May 2022**

Circulated for information.

**22. York & Scarborough Trust Drug and Therapeutics Committee Minutes – since July 2022**

Not yet available.

23. **Harrogate Trust Medicines and Therapeutics Group Minutes – July 2022**  
Circulated for information.
24. **County Durham & Tees Valley APC Minutes – July 2022**  
Circulated for information.
25. **West Yorkshire & Harrogate ICS APC Minutes – since April 2022**  
Not yet available.
26. **Humber APC Minutes – June + August 2022**  
Circulated for information.
27. **Humber APC Decisions & Recommendations – September 2022**  
Circulated for information.
28. **RDTc Monthly Horizon scanning – September 2022**  
Circulated for information.

#### **Any Other Business**

##### GLP1 - current supply issues

The APC noted the current national supply issues with semaglutide and dulaglutide which are the most commonly prescribed GLP-1s.

##### **ACTION:**

- **RDTc to share with KL/CR/FM guidance from Primary Care Diabetes Society on managing current supply issues with semaglutide and dulaglutide.**

##### **Date and time of next meeting**

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