

North Yorkshire & York Area Prescribing Committee

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

Present

Name	Job Title	Organisation	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
Ken Latta	Head of Medicines Optimisation	North Yorkshire Place	Y	Chris Ranson	Y	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	Apols	Y	Apols	Y
Dr Shaun O'Connell	GP Lead for Acute Service Transformation	City of York Place	Y	Apols	Apols	Apols	Y
Dr William Ovenden	GP	City of York Place	Y	Y	Apols	Y	Y
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Apols	Y	Apols	Y	Y
Dr Ben Walker	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	Y	Apols	Y	Y
Stuart Parkes	Chief Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	David Preece	Y	Y	Y
Dr Chris Hayes	Consultant and D&T Chair	York & Scarborough Teaching Hospitals NHS Foundation Trust	Apols	Y	Y	X	Y (from 3pm)
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Apols	Y	Y	X	Y
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y	Chris Williams	Y (till item 8)	Y	Apols
Angela Hall	Public Health representative	North Yorkshire County Council	X	Y (Till 3pm)	Kurt Ramsden	Apols	Kurt Ramsden
Anita Dobson	Public Health representative	City of York Council	Apols	Y	Apols	Y	Y (till 3.15pm)
Alison Levin	Finance representative	North Yorkshire Place	Apols	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Kathryn Shaw-Wright
Hazel Mitford	Lay/patient representative		Y	Y	Y	Y	Y (Till 3pm)
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	Susan Broughton	Y	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	Apols	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	Y	Apols	Y	Apols
Dr Sally Tyrer	LMC Representative		X	X	X	X	X
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Apols	Y	X	Apols

In attendance

Barry Ingram – RDTC – sharing papers on screen via MS Teams

The meeting was quorate with 12 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 Shaun O'Connell.

Part 1

1. Apologies for absence and Quoracy Check

Richard Morris, Sara Moore, Chris Williams, Ian Dean

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 5th October 2022 (+outcome of HNY IMOC)

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

4. Outcome of Items Referred to October 2022 IMOC

It was confirmed that the HNY IMOC has approved the recommendations from the October APC meeting.

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

Nil matter arising

AOB – date for January 2023 APC, sodium valproate SCG consultation, APC role in approving devices/technology.

6. Action Log

Bicalutamide RAG status

JC to confirm doses and bring amended letter to GPs to December 2022 APC.

NYY APC Lipid Guidelines – updated

On today's agenda.

GLP1 - current supply issues

RDTC to share with KL/CR/FM guidance from Primary Care Diabetes Society on managing current supply issues with semaglutide and dulaglutide – completed post-meeting. ITEM NOW CLOSED.

Formulary Updates Approved at October 2022 APC

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

RDTG 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

RDTG/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)

Feedback from cardiac network on today's agenda.

Hydrocortisone MR (Efomdy®)

On today's agenda.

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.

Diazoxide for Chronic Intractable hypoglycaemia

On today's agenda.

Glucagon prefilled pen (Ogluo®)

On today's agenda.

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

Work on NY&Y SCG progressing.

Melatonin YSTHFT Shared care

Still to progress paper due to current work pressures.

Part 2 – Governance

7. Governance

Nil this month.

Part 3 – Mental Health

8. Nil this month.

9. Appeals Against Previous APC Decisions

None received.

10. Formulary NICE TAs and MHRA Drug Safety Update – September 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:

- TA823: Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer
- TA825: Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis

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:

- TA822: Melphalan for haematological diseases before allogeneic haematopoietic stem cell transplant (terminated appraisal)

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:

- TA824: Dexamethasone intravitreal implant for treating diabetic macular oedema
- TA829: Upadacitinib for treating active ankylosing spondylitis

The ICB commissioned 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:

- TA826: Vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis (terminated appraisal)

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 – September 2022)

The group noted the drug safety updates for September 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

Glucagon prefilled pen (Ogluo®)

RDTG have checked and this product has not been considered by other APCs in the UK as yet. The RTDC a formulary tool for its stakeholders to support decision making by APCs was presented to the APC. This suggests that Ogluo® may be appropriate in some individuals but would likely not be appropriate for routine selection over other similar products such as GlucaGen Hypokit.

GlucaGen Hypokit costs £11.52 per 1 vial (1mg). Ogluo costs £73.00 per pre-filled syringe. Whilst Ogluo® is more than 6-fold the cost of GlucaGen Hypokit, there may be a subset of patients for whom it is more appropriate to provide a pre-filled syringe rather than powder and solvent for solution. Routine prescribing of Ogluo® where the needs of the patient can be met with GlucaGen Hypokit would not be an appropriate use of NHS resources due to the cost difference.

GlucaGen Hypokit may require compounding for a half-dose (i.e., 0.5mg delivered from the 1mg product) for younger children; the lower-strength pre-filled syringe for Ogluo® may be beneficial in this age group if there are concerns regarding speed and accuracy of preparation and administration of GlucaGen/GlucaGen Hypokit.

The National Patient Safety Team have confirmed would need to construct a free text search looking for 'glucagon' OR 'glucagen' AND 'hypoglycaemia' – that is doable. However, likely get a lot of incidents where a patient suffered a hypoglycaemic episode and was treated with glucagon, which is not what you're looking for. What APC are looking for is where the hypoglycaemia was not treated effectively due to an underdose of glucagon. This would require the staff member reporting an incident to make a cognitive link between an ongoing hypoglycaemic episode and a potential underdose of glucagon, because the person administering left residue in the vial or syringe, or because of some form of poor technique. National Patient Safety Team not convinced this will get reported, and even less so if the glucagon was administered in the patient's home before being sent to A&E. They could try refining the search by adding additional search terms to pick up issues around 'underdosing' or 'technique' etc., but still not convinced there will be many reports. Of course, just because may

not find any reports, does not mean the issues are not occurring, just that they are not being recognised and reported.

The APC discussed that may be place for Olugo® in a more defined cohort of patients who may benefit more from the perceived advantages this product brings over Glucagen® but this has not presented in the application.

The APC refused the formulary application on basis of significant cost difference over current Glucagen® product and no defined cohort of patients who been benefit the most presented in the application. This decision is based on the evidence submitted to date to the APC by the applicant.

ACTION:

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

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.

The APC discussed and approved as AMBER SC drug following feedback from clinicians that this RAG status was appropriate to address questions around monitoring and responsibility for this.

ACTION:

- **KW/SM/JC to develop shared care guideline to be presented to future APC for approval.**

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. However, the SMC had previously rejected this drug.

Feedback from the endocrinologists was given to the APC but this was not presented in writing with all the supporting evidence/application.

The APC agreed to ensure correct governance around decision making need an updated written submission from endocrinologists to the APC answering the questions raised at Aug 2022 APC. Formulary decision is therefore deferred until this is received.

ACTION:

- **RDTG to draft response to endocrinologists requesting an updated written submission from endocrinologists to the APC answering the questions raised at Aug 2022 APC.**

The APC was reminded and agreed that is a decision-making group based on the evidence that is submitted to.

13. Roxadustat NICE TA – local costings

Feedback from local clinicians at YSFT is that use of Roxadustat is anticipated to be low at present. They estimate 5 patients. This is because other agents are on the horizon e.g. daprodustat more likely to be used as daily dose which would be likely to have better compliance. Publication by NICE however not expected until June 23.

NICE estimate is that by year 5 number for Vale of York would be 67 patients and in North Yorkshire 77 patients.

A verbal update on the confidential costings was given to the APC based on 5 patients.

The APC therefore approved the addition of Roxadustat to the formulary as RED drug in line with the NICE TA noting the cost estimate provide by YSFT falls within the delegate authority of the APC.

ACTION:

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

14. Drugs for POTS (ivabradine, fludrocortisone, desmopressin, midodrine, pyridostigmine)
Feedback from the Cardiac Network was presented to the APC. It was agreed that no further role for APC at this stage.

15. Rituximab for the treatment in acute Thrombotic Thrombocytopenic Purpura (TTP) and elective therapy to prevent TTP relapse

Agreed that the formulary will reflect the national commissioning policy – NHS England is the responsible commissioner.

Agreed to add to the formulary as RED drug.

ACTION:

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

16. Compassionate Use/Free of Charge Scheme Requests

Nil this month.

17. RMO Update

Nil this month.

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

18. Shared Care Guidelines for Approval

- **Lanthanum**
- **Sevelamer**

This has been developed to support RAG status approved at previous meeting (July 2022 APC). GP to prescribe and renal team to monitor. Specialists are responsible for the monitoring as monitoring of Calcium plus Phosphate is monitoring of disease rather than adverse effects.

The renal shared care guidelines for Lanthanum and Sevelamer were presented to and approved by APC subject to the following amendments:

- Specialist to have responsibility for reporting ADRs via Yellow Cards in addition to GPs.
- Section 10 – implies GP doing monitoring so requires some modification
- Section 11 – add to patient responsibilities need to inform specialist/GP if pregnant or planning to become pregnant.
- Update box at top referring to CCGs and change to ICB/places.

It was noted that YSFT renal team provide satellite clinics at Harrogate so patients in North Yorkshire and York are under their care.

Discussion also took place on implementation/adoption of the transfer of and acceptance of shared care letter appendices in North Yorkshire & York. Use of these letters is not current practice but noted Humber already use something similar. Further work across the ICB is needed on this, including consultation with all stakeholders

ACTION:

- **JC/SAL to update the formulary websites once amendments to SCGs are made.**
- **LA/KL to look at implementation/adoption of the transfer of and acceptance of shared care letter appendices in North Yorkshire & York, and report back to a**

future APC meeting.

19. Guidance for Families and Carers of Palliative Patients Who May Be at Risk of Bleeding

This leaflet has been developed to support relatives who are supporting palliative patients who may be at risk of catastrophic bleeding in the home setting.

The leaflet has been adapted from a similar information sheet developed by Leeds Teaching Hospitals NHS Trust (with permission) and is based on best practice guidance within the Palliative Care Formulary: Edition 7 (2020)

Living with the risk of bleeding and caring for a family member or friend who may be at risk of bleeding can be frightening. The information leaflet is intended to help families know what to do in the event of a bleed and who they can contact for support. It complements compassionate conversations which have been led by a healthcare professional with the requisite knowledge and skills around these complex scenarios

The leaflet covers:

- Preparation for families
- Rationale, side effects and use of buccal midazolam in an event of bleeding
- Emergency contacts in event of a bleed

It is intended this leaflet is available for families across North Yorkshire and York localities.

The leaflet was approved by the APC subject to confirmation in leaflet of licensing status of midazolam.

ACTION:

- **KL to contact author for confirmation in leaflet of licensing status of midazolam.**

20. Biologics Pathway for Axial Spondyloarthritis (Ankylosing Spondylitis) & Non-Radiographic Axial Spondyloarthritis - updated

The updated Biologics Pathway for Axial Spondyloarthritis (Ankylosing Spondylitis) & Non-Radiographic Axial Spondyloarthritis was presented to and approved by the APC. It has been updated to reflect latest NICE guidance TA829 Upadacitinib for treating active ankylosing spondylitis: to use as an option for treating active ankylosing spondylitis placed tumour necrosis factor (TNF)-alpha inhibitors.

ACTION:

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

21. NY&Y Lipid Pathway

Final version with suggested amendments from October 2022 APC presented to and approved by the APC.

The ongoing issues with access to inclisiran were discussed and noted that work underway nationally to address this.

ACTION:

- **CR to publish and circulate final version.**

Part 6 – Other Items of Business

22. Freestyle Libre 1 discontinuation Dec 2022

The APC noted that Freestyle Libre 1 is being discontinued by the end of December 2022. FSL2 will remain available and all remaining patients on FSL1 should be switched to FSL2 as soon as possible.

ACTION:

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

Part 7 – Standing Items (for information only)

23. **TEWV D&T Minutes – September 2022**
Not yet available.
24. **York & Scarborough Trust Drug and Therapeutics Committee Minutes – since July 2022**
Not yet available.
25. **Harrogate Trust Medicines and Therapeutics Group Minutes – September 2022**
Circulated for information.
26. **County Durham & Tees Valley APC Minutes – September 2022**
Not yet available.
27. **West Yorkshire & Harrogate ICS APC Minutes – since April 2022**
Not yet available.
28. **Humber APC Minutes – September 2022**
Circulated for information.
29. **Humber APC Decisions & Recommendations – October 2022**
Circulated for information.
30. **RDTC Monthly Horizon scanning – October 2022**
Circulated for information.

Any Other Business

NY&Y APC 4th January 2023

Suggestion that meeting be cancelled or re-arranged. Members asked to respond to email confirming if they are able to attend.

HNY Consultation on Adoption of National Shared Care Guideline for Valproate

A system wide consultation has opened on the adoption of the national shared care protocol for sodium valproate in people of childbearing potential. Views are sought from across the system, a summary of information and a feedback form are available from IMOC Consultations page of ICB website. This consultation will run until 5th December 2022. Please can you encourage submission into this consultation from across your sectors and groups.

APC Role in Approving Devices/Technology

Due to time constraints item deferred to full agenda item at December 2022 APC meeting.

Date and time of next meeting

Wednesday 7th December 2022, 2pm – 4.30pm, Virtual Meeting via Microsoft Teams