

North Yorkshire & York Area Prescribing Committee

Wednesday 7th December 2022
2pm – 4.30pm, virtual meeting via Microsoft Teams

Present

Name	Job Title	Organisation	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
Ken Latta	Head of Medicines Optimisation	North Yorkshire Place	Chris Ranson	Y	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	Apols	Y	Apols	Y	Y
Dr Shaun O'Connell	GP Lead for Acute Service Transformation	City of York Place	Apols	Apols	Apols	Y	Y
Dr William Ovenden	GP	City of York Place	Y	Apols	Y	Y	Y
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Apols	Y	Y	Y
Dr Ben Walker	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	Apols	Y	Y	Y
Stuart Parkes	Chief Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	David Preece	Y	Y	Y	Y
Dr Chris Hayes	Consultant and D&T Chair	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	Y	X	Y (from 3pm)	Y
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Y	Y	X	Y	Y
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Chris Williams	Y (till item 8)	Y	Apols	Y (till item 9)
Angela Hall	Public Health representative	North Yorkshire County Council	Y (Till 3pm)	Kurt Ramsden	Apols	Kurt Ramsden	Kurt Ramsden
Anita Dobson	Public Health representative	City of York Council	Y	Apols	Y	Y (till 3.15pm)	Apols
Alison Levin	Finance representative	North Yorkshire Place	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Jo Horsfall
Hazel Mitford	Lay/patient representative		Y	Y	Y	Y (Till 3pm)	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	Susan Broughton	Y	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	Apols	Y	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	Apols	Y	Apols	Y
Dr Sally Tyrer	LMC Representative		X	X	X	X	X
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	Apols	Y	X	Apols	X

In attendance

Nil

The meeting was quorate with 13 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

Anita Dobson.

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 2nd November 2022 (+ outcome of HNY IMOC)

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

4. Outcome of items referred to November 2022 IMOC

Nil from November 2022 APC meeting as all within financial threshold of APC.

Items referred to IMOC previously still awaiting confirmation of scheme of delegation for decision-making by IMOC.

5. Matters arising not on the agenda & declarations of AOB

Nil matters arising.

AOB – nil submitted.

6. Action log

Diazoxide for chronic intractable hypoglycaemia

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

Hydrocortisone MR (Efomdy®)

On today's agenda.

Shared Care Guidelines for approval

Lanthanum and sevelamer SCGs in process of being updated on formulary websites. ITEM NOW CLOSED.

LA/KL to look at implementation/adoption of the transfer and acceptance of shared care letter appendices in North Yorkshire & York, and report back to a future APC meeting.

Guidance for families and carers of palliative patients who may be at risk of bleeding

KL has contacted author for confirmation in leaflet of licensing status of midazolam and this will

be added to leaflet. ITEM NOW CLOSED.

Formulary updates approved at November 2022 APC

JC/SAL have updated Y&S and Harrogate formularies. Note: icosapent ethyl has not been updated as still needs sign off from IMOC. ITEM NOW CLOSED.

Outstanding actions from previous APC meetings

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

Been agreed with local authorities that this action can now be closed. Agreed that it is not necessary to align medicines formularies between local authorities due to differences in commissioning arrangements. ITEM NOW CLOSED.

County Durham & Tees Valley APC Cinacalcet SCG

RDTC has discussed with KL differences in monitoring in Cinacalcet SCG between CD&T and NY&Y outside of the meeting. The CD&T SCG has now been amended to match HDFT in terms of monitoring requirements for GPs. Y&S SCG states all monitoring done by specialist. Differences between HDFT and YSFT to be picked up as local guidelines come up for review. ITEM NOW CLOSED.

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 delegation approved by ICB.

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. Awaiting ICB reorganisation to complete.

Bicalutamide RAG status

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

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. Noted TEWV SCG currently undergoing review and will come to next APC for comment.

Part 2 – Governance

7. Medical devices commissioning and formulary position

There has been a recent email discussion around approval process for CGM devices recently added to drug tariff and APC role in approving these. This is as a result in general discussion on role of APC in relation to medical devices.

NYY APC terms of reference state: "The Area Prescribing Committee will be responsible for the clinical decision-making and advice in relation to prescribing and medicine management in services commissioned by Humber and North Yorkshire Integrated Care Board (ICB) in North Yorkshire and York, and provided by Harrogate & District NHS Foundation Trust (HDFT), York & Scarborough Teaching Hospitals NHS Foundation Trust (YSFT), South Tees Hospitals NHS Foundation Trust (STHFT), Tees Esk and Wear Valley NHS Foundation Trust (TEWVFT), North Yorkshire County Council and City of York Council, and all general practice members in North Yorkshire and York. This will allow safe and equitable access to medicines across North Yorkshire and York." Nothing further on medical devices is included in the current APC terms of reference.

Previous Y&S MCC approved a formulary position and commissioning policy for various medical devices prescribable in primary care in April 2019. In this the RDTC summarised the current local position for each medical device, if there was one, and reviewed the current evidence base for each of the medical devices.

The APC discussed and agreed that if device is available to prescribe in the Drug Tariff and if this affects the primary care prescribing budget, that the APC should have a view, in conjunction with other specialists as required, and escalate to IMOC if needed. We probably also need to agree whether any impact on secondary care and expectations. Exceptions to this are appliances (e.g., stoma, continence, stockings) and wound management products which are reviewed by other groups and covered by their own locally agreed formularies.

The APC approved the adoption of the previous Y&S MCC formulary position and commissioning position on medical devices with amendments as suggested. Further work to be undertaken next year to review and update which medical devices are commissioned locally in primary care.

ACTION:

- **RDTC to make amendments to previous Y&S MCC formulary position as suggested and publish.**
- **RDTC to review previous MCC commissioning positions on individual medical devices in Q1 2023/24.**

Part 3 – Mental Health

8. TEWV D&T Feedback November 2022

Circulated for information.

Part 4 – Formulary Issues

9. Appeals against previous APC decisions

None received.

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

- TA827: Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy
- TA830: Pembrolizumab for adjuvant treatment of renal cell carcinoma
- TA833: Zanubrutinib for treating Waldenstrom's macroglobulinaemia
- TA836: Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy
- TA837: Pembrolizumab for adjuvant treatment of resected stage 2B or 2C melanoma

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:

- TA831: Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate 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:

- TA828: Ozanimod for treating moderately to severely active ulcerative colitis
- TA835: Fostamatinib for treating refractory chronic immune thrombocytopenia – subject to sign off from the IMOC due to potential cost impact

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

- TA832: Relugolix–estradiol–norethisterone acetate for treating moderate-to-severe symptoms of uterine fibroids

The following NICE TAs were received for information:

- TA834: SQ HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (terminated appraisal)

Medicines Safety (MHRA Drug Safety Update – October 2022)

The group noted the drug safety updates for October 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

Nil this month.

12. New Drug Applications

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.

Following November 2022 APC, written feedback to the questions raised by the APC has now received and this was presented to the APC.

After discussion, including assessment of the potential cost impact the APC approved as an AMBER Specialist Initiation drug, as follows:

- In adolescents, it is second line to normal HC as not recommended to use prednisolone in this age group. Would be under guidance of specialist - likely in those with poor control or compliance issues.
- In adults with CAH would use hydrocortisone first-line; if patients are unwell on this then tend to try prednisolone. If patients have poor control or develop adrenal rests - tend to try them on BD prednisolone e.g., 5mg in the morning and 1mg in the evening (to try and avoid the morning ACTH surge). Efomdy® could be used in specialist cases of CAH after discussion at endocrine MDT – particularly in patients with poor control who have not done well on prednisolone or who are struggling with adrenal rests or fertility issues.

ACTION:

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

5-aminolaevulinic acid (5-ALA) – Alacare®

The APC discussed the application from YSFT. Requested as a RED drug for single use treatment of mild actinic keratosis lesions with a maximum diameter of 1.8cm on the face and scalp (hairless areas). Photosensitiser for photodynamic therapy. Will be used for anatomical sites where current method of application (Metvix) is difficult to apply and secure, potentially reducing delivery and efficacy.

The APC agreed to approve as a RED drug. It was noted that there was little or no cost impact to this decision in primary care, and Trust happy to accept costs within their budgets.

ACTION:

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

Tostran® gel for delayed puberty

The APC discussed the application from HDFT. Requested for delayed puberty in boys (unlicensed indication) – Tostran is not indicated for use in children and has not been clinically evaluated in males under 18 years of age. For use as an alternative to injection if patients do not wish to have injections/needle phobic patients.

This is standard treatment for children with delayed puberty.

Feedback from YSFT is that the decision to treat delayed puberty for Scarborough and York patients is made in conjunction with the tertiary Leeds paediatric endocrine team. The majority of patients are happy to have the IM testosterone injections for puberty induction which this application is for; it is a fairly infrequent injection and generally only has to be given for a limited period. The testosterone gel needs to be applied daily and the patient/family need to understand the method of application. However, it offers patients and families choice in the treatment.

NY&Y estimate five patients per year. £28.63 per 60g pack (approx. 4 months' treatment at 10mg daily). First supply to be given in secondary care and may last full four months, so may be no impact on primary care.

The APC agreed to approve as AMBER SI drug.

ACTION:

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

13. Criteria for choice of advanced CGM rather than prescribable CGM or FGM for adults with Type 1 diabetes

Draft ICS criteria for use of rtCGM and isCGM was presented to the APC for comments.

Been advised that for children they are just adopting new NICE guidance rather than writing a separate but referenced document. In addition, the attached draft also states that another group excluded is women with type 1 diabetes who are pregnant as they should be offered advanced CGM in line with NICE guideline NG3.

The APC asked why this was on the APC agenda today. It was explained this was to ask APC for any additional information required by the committee from paediatrics and obstetrics ready for when the final guidance comes to the committee for approval.

The APC agreed there was no need for further discussion today. The ICS Diabetes Steering Group will make a recommendation to the APC (including on Dexcom One), which will need be escalated to the IMOC for decision due to financial impact.

APC sympathized with clinicians as to the length of time this process was taking given NICE guidance was published in March 2022 and was keen that is be presented for approval without too much further delay.

14. Ozanimod NICE TA828 and pathway

The updated Biologics Pathway for severe active Crohn's & moderate-to-severe ulcerative colitis was presented to and approved by the APC. It has been updated to reflect latest NICE guidance TA829.

Ozanimod will be a third-line option and will be used for patients either refractory or not suitable for infliximab and adalimumab (and other biologics). (See attached pathway.)

Ozanimod is an oral sphingosine phosphate modulator so a novel mode of action.

Patients require an ECG to rule out cardiac disease before starting treatment due to the potential for ozanimod to cause bradyarrhythmias.

Estimated patient numbers are 3-4 per annum in Y&S and 2-3 in Harrogate

It is anticipated that the medicine is delivered through homecare.

ACTION:

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

15. Fostamatinib NICE TA835

Agreed that the formulary will reflect NICE TA835 Fostamatinib in chronic refractory immune thrombocytopenia, published in October 2022.

Fostamatinib will be placed in the pathway as a fourth-line option after steroids, rituximab, eltrombopag/romiplostim in line with the NICE guidance.

Previous experience has shown that some patients stop treatment due to side effects, including hepatotoxicity, neutropenia, and increased blood pressure. Patients are monitored intensively by the haematologists.

Estimated patient numbers are 4-5 per annum in Y&S and 3-4 in Harrogate.

Agreed to add to the formulary as RED drug subject to sign off by the IMOC as costs above the financial threshold of the APC.

ACTION:

- **JC/SAL to update the formulary websites once approved at December 2022 IMOC.**

16. Compassionate use/free of charge scheme requests

Nil this month.

17. RMOC update

Nil this month.

Part 5 – Shared Care and Guidelines (non-mental health)

18. Shared care guidelines for approval

Nil this month.

19. Subcutaneous – furosemide protocol

Previous version approved by York and Scarborough Medicines Commissioning Committee. Updated and adopted by Harrogate. The updated version was approved by the APC.

Noted that these patients are usually under the care of the palliative care teams who will advise GPs on dose adjustments as necessary.

ACTION:

- **JC to circulate final approved version.**

20. Vulval treatment advice proforma – HDFT

This form was devised in early 2022 to allow specialist nurses on the Women's Unit to recommend treatments for vulval conditions for patients seen in their nurse-led clinic. This was in conjunction with the pharmacy department who agreed this would be instead of PGDs for the various treatments. This would allow specialist nurses to recommend treatments to GPs when there was no doctor present in the Women's Unit.

It was noted that YSFT have not been consulted and APC prefers to not have a two-tier system as documents are presented for approval or existing ones come up for review.

If decided after consultation with YSFT that only for HDFT use, then should be approved for use by HDFT D&T not the APC.

ACTION:

- **SR/JC to consult with YSFT on adoption before APC makes a decision on approval.**

Part 6 – Other Items of Business

21. COPD rescue packs – winter planning

Circulated for information. Approved by NY&Y Medicines Management senior team earlier this

month.

A potential error was raised and this will be looked at the authors, with changes made as necessary.

22. NYCC Medicines Commissioning Policy and Procedure Nov 22

The Policy is an updated version of one which has previously been to APC for assurance and comment.

The updates are to reflect the change from CCG to ICB, and no other significant changes. Noted that local authorities maintain their own formulary for the things they pay for.

NYCC are seeking APC expertise to clarify if the policy is fit for purpose from an APC perspective.

There were no comments raised at the meeting from the APC, but NY&Y Medicines Management Team were happy to review the policy and support any formulary applications going forward.

Part 7 – Standing Items (for information only)

23. TEVV D&T Minutes – September 2022

Circulated for information.

24. York & Scarborough Trust Drug and Therapeutics Committee Minutes – September and November 2022

Circulated for information.

25. Harrogate Trust Medicines and Therapeutics Group Minutes – since September 2022

Not yet available.

26. County Durham & Tees Valley APC Minutes – September 2022

Circulated for information.

27. West Yorkshire & Harrogate ICS APC Minutes – since April 2022

Not yet available.

28. Humber APC Minutes – November 2022

Circulated for information.

29. Humber APC Decisions & Recommendations – November 2022

Circulated for information.

30. RDTC Monthly Horizon scanning – November 2022

Circulated for information.

31. NHSE Specialised Commissioning – New Policies and Technology Appraisals – November 2022

Circulated for information.

Any Other Business

Supply issues

Ongoing supply issues, particularly for critical medicines, were discussed by the APC. Agreed no role for APC as national issue that is well known and groups such as PSNC, DHSC and SPS are looking at continually, and looking at causes which are multi-factorial.

Date and time of next meeting

Wednesday 1st February 2023, 2pm – 4.30pm, virtual meeting via Microsoft Teams

