# North Yorkshire & York Area Prescribing Committee

## Wednesday 2nd August 2023
## 2pm – 4.30pm, virtual meeting via Microsoft Teams

### Present

| Name | Job Title | Organisation | Voting Member | Apr 2023 | May 2023 | Jun 2023 | Jul 2023 | Aug 23 |
|---|---|---|---|---|---|---|---|---|
| Ken Latta | Head of Medicines Optimisation | North Yorkshire Place | Y | Y | Y | Y | Y | Rachel Ainger |
| Dr Tim Rider | GP Prescribing Lead | North Yorkshire Place | Y | Y | Y | Apols | Y | Y |
| Laura Angus | Head of Medicines Optimisation and Interim Chief Pharmacist at Humber, & North Yorkshire ICS | City of York Place | Y | Fasial Majothi | Y | Y | Y (note Chris Ranson held voting rights) | Y (note Chris Ranson held voting rights) |
| Dr Shaun O'Connell | GP Lead for Acute Service Transformation | City of York Place | Y | Apols | Apols | Apols | Apols | Apols |
| Dr William Ovenden | GP | City of York Place | Y | Y | Apols | Y | Y | Y |
| Kate Woodrow | Chief Pharmacist | Harrogate and District NHS Foundation Trust | Y | Y | Y | Sara Moore | Y | Apols |
| Dr Ben Walker (till Feb 2023) | Consultant and D&T Chair | Harrogate and District NHS Foundation Trust | Y | Victoria Millson | Apols | X | X | X |
| Stuart Parkes | Chief Pharmacist | York & Scarborough Teaching Hospitals NHS Foundation Trust | Y | Jane Crewe | Y | Y | Y | Y |
| Dr Chris Hayes | Consultant and D&T Chair | York & Scarborough Teaching Hospitals NHS Foundation Trust | Y | Apols | X | X | Y (from i2.40pm) | Y (from 2.25pm) |
| Tracy Percival | Formulary Pharmacist | South Tees Hospitals NHS Foundation Trust | Y | Y | Y | Y | Apols | Y |
| Richard Morris | Deputy Chief Pharmacist | Tees, Esk and Wear Valleys NHS Foundation Trust | Y | Apols | Y | Apols | Apols | Chris Williams |
| Angela Hall | Public Health representative | North Yorkshire County Council | Y | Kurt Ramsden | Kurt Ramsden | Apols | Kurt Ramsden | Kurt Ramsden |
| Anita Dobson | Public Health representative | City of York Council | Y | Resigned | | | | |
| Alison Levin | Finance representative | North Yorkshire Place | Y | Apols | Jo Horsfall | Jo Horsfall | Jo Horsfall | Jo Horsfall |
| Hazel Mitford | Lay/patient representative | | Y | Apols | Y | Y | Y | Y |
| Gavin Mankin (Professional Secretary) | Principal Pharmacist Medicines Management | Regional Drug & Therapeutics Centre, Newcastle | N | Y | Y | Y | Y | Dan Newsome |
| Chris Ranson | Lead Medicines Management Pharmacist: Commissioning and Formulary | North Yorkshire Place | N | Y | Y | Y | Y | Y |
| Faisal Majothi | Medicines Optimisation Pharmacist | City of York Place | N | See above | Y | Y | Apols | Y |
| Jane Crewe | Formulary Pharmacist | York & Scarborough Teaching Hospitals NHS Foundation Trust | N | See above | Y | Y | Y | Y |
| Sara Abbas-Llewelyn / Emily Parkes | Formulary Pharmacist | Harrogate and District NHS Foundation Trust | N | Sara Abbas-Llewelyn | Sara Abbas-Llewelyn | Sara Abbas-Llewelyn | Sara Abbas-Llewelyn | Apols |
| Ian Dean | LPC Representative | | N | Y | Apols | Y | Apols | Y |
| Dr Sally Tyrer | LMC Representative | | N | X | Jane Raja | Jane Raja | Jane Raja | Jane Raja |
| Sara Moore | Deputy Chief | Harrogate and District | N | Y | Apols | See | Apols | Y |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Pharmacist | NHS Foundation Trust | | | | above | | (2.15pm) |

The meeting was quorate with 9 out of 12 currently appointed voting members (or their deputies) in attendance and 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, Richard Morris (Chris Williams attended) and Ken Latta.

The APC noted that Laura Angus is now the ICB Chief Pharmacist for HNY and longer aligned to York. Therefore, she will no longer have voting rights at NY&Y APC; these will be transferred to another appropriate person when agreed. For today's meeting, Chris Ranson will deputise in terms of voting rights for the medicines optimisation representative from York.

The meeting was quorate

**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 on 6th July 2023**

The minutes of the July 2023 APC were approved as a true and accurate record.

**4. Outcome of items referred to July 2023 IPMOC**

Nil referred.

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

AOB

**6. Action log**

<u>NG18: Diabetes (type 1 and type 2) in children and young people: diagnosis and management (update) - May 2023</u>

KL to flag to ICB need to review CGM policy in light of updated to NICE NG18 around use in children and young people with type 2 diabetes – *no update available.*

SP/KW to flag NICE NG18 updates re liraglutide, dulaglutide, or empagliflozin to arrive a consensus on updating the formulary. – *no update available.*

<u>New Drug Applications - Tirbanibulin (Klisyri®▼, Almirall) 10mg/g ointment</u>

On today's agenda.

IQoro® medical device
RDTC to add to APC Medical Devices commissioning document to come to September 2023 APC.

Prostate letters – Bicalutamide face to face and remote
JC to go back to urology to ask of single letter can be adopted or that secondary care initiate both the bicalutamide and the LHRH analogue. To also confirm if a two week delay in starting bicalutamide is clinical significant and removing the word "immediately" from the letter to manage patient interactions with GP practice.

Formulary Updates Approved at July 2023 APC
JC/SAL have updated Y&S and Harrogate formularies. ITEM NOW CLOSED.

**Outstanding actions from previous APC meetings**
Diazoxide for chronic intractable hypoglycaemia
KW/SM/JC to develop shared care guideline to be presented to next APC for approval**.**

Medical Devices Commissioning and Formulary Position
RDTC currently reviewing previous MCC commissioning positions on individual medical devices and will circulate an updated draft for comment before presenting at September 2023 APC for approval.

Oral minoxidil for androgenic alopecia
ICB policy alignment group have confirmed they will review this particular policy across the ICB when the NICE TA for baricitinib is published. Agreed no further action for item for APC until this policy is reviewed by the ICB.

Guidelines for recognition and management of non-IgE cow's milk allergy in children – partial update
An update to this guideline was presented which provided clarity with regard to which symptoms would be considered severe and for whom rechallenge should not be considered. The APC approved this amendment.

Hydroxychloroquine and chloroquine retinopathy: Recommendations on monitoring 16 December 2020 – updated RCOphth guidelines
Work on adopting national shared care template is ongoing in NY&Y.

**Part 2 – Governance**

**7.** Nil this month.

**Part 3 – Mental Health**

**8.** Nil this month.

**Part 4 – Formulary issues**

**9. Appeals against previous APC decisions**
None received.

**10. Formulary NICE TAs and MHRA Drug Safety Update – June 2023**
The drugs in the following TAs to be reflected in the formulary as RED drugs in the relevant chapters with links to the TAs:

- TA893: Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute

lymphoblastic leukaemia in people 26 years and over
- TA895: Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy
- TA896: Bulevirtide for treating chronic hepatitis D
- TA897: Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma
- TA898: Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer
- TA903: Darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer
- TA904: Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer

The drugs in the following TAs to be reflected in the formulary as BLACK drugs in the relevant chapters with links to the TAs:
- TA894: Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma

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

The NHSE-commissioned drugs in the following TAs were received for information:
- TA901: Cemiplimab for treating recurrent or metastatic cervical cancer (terminated appraisal)

The drugs in the following TAs which are ICB-commissioned to be reflected in the formulary as RED drugs in the relevant chapters with links to the TAs:
- TA905: Upadacitinib for previously treated moderately to severely active Crohn's disease
- TA907: Deucravacitinib for treating moderate to severe plaque psoriasis

The drugs in the following TAs which are ICB-commissioned to be reflected in the formulary as AMBER SI drugs in the relevant chapters with links to the TAs:
- TA902: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction

The drugs in the following TAs to be reflected in the formulary as BLACK drugs in the relevant chapters with links to the TAs:
- TA900: Tixagevimab plus cilgavimab for preventing COVID-19

The ICB-commissioned drugs in the following TAs were received for information:
- TA899: Esketamine for treating major depressive disorder in adults at imminent risk of suicide (terminated appraisal)

**Medicines Safety MHRA Drug Safety Update – June 2023**
The group noted the drug safety updates for June 2023. The links are to be added to the relevant sections of the formulary.

**ACTION:**
- **JC/SAL to update the formulary websites.**
- **TA902 dapagliflozin for HFpEF exceeded the threshold for APC approval and will be presented to IPMOC for ratification. An updated pathway for HF was requested to support transfer of prescribing to primary care for this indication.**

**11. Other formulary issues**

Melatonin

The team at York and Scarborough have raised concern around the commissioning of melatonin on several occasions. There is no access to a specialist sleep service in York and the only means families have access to melatonin at the moment is via the shared care arrangement.

The paediatricians are not however specialist in this area and to stabilize children on medication and undergo annual follow up is not the best use of out patient clinics. The rationale for requesting an alternative status for melatonin is

- There are now licensed formulations of melatonin.
- There is no ongoing drug monitoring of the drug which is the usual rationale for shared care. TEWV have specified in the shared care the height and weight should be measured annually by the specialist if not done recently. This is not a listed recommendation in the SPC and the paediatricians do not feel this is necessary.
- Melatonin is approved at Y&S for use in adults for patients with rapid eye movement (REM) sleep behaviour (RBD) in Parkinson's Disease. For this indication it is Amber specialist recommendation and not shared care.

It was acknowledged that the version of the TEWV shared care that came for final approval in July stated at the top the following; which was not on the original version, "Melatonin for patients within Child & Adolescent Mental Health". It was argued that therefore a separate shared care for paediatric services would needed. This would also cover used in a potentially wider group of children than the TEWV shared care

The APC was asked to consider a change of status of melatonin, to Amber specialist initiation with a GP information available to support drug holidays and deprescribing.

It was recognized that the transfer of prescribing of melatonin is an issue which requires regular discussion, however a piece of work to qualify the issues surrounding this medicine has not yet been completed and further discussion was unlikely to result in a decision at this meeting. It was raised that a nurse-led service running in Harrogate will launch in the next 2 weeks, and it aims to review and deprescribe melatonin.

**ACTION:**

- **APC to reconsider request to amend melatonin status when the paper from NY&Y MO team is available**

## 12. New Drug Applications

Tirbanibulin (Klisyri®▼, Almirall) 10 mg/g ointment

Requested for field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp in adults.

It has equal efficacy to 5-fluorouracil and imiquimod. Offers advantage of short duration of therapy (5 days) which will improve compliance. In applicant's practice approximately 10 to 20% of patients taking 5-fluorouracil do not complete the course due to the inflammatory reaction. This means that they go on to use a dermatology clinic slot. Imiquimod is also a long length of treatment and can occasionally cause systemic flulike illness and can exacerbate some pre-existing inflammatory diseases. Topical diclofenac is expensive, poor efficacy, very long duration of treatment (90 days).

The APC noted the costs and benefits when compared to other options and concerns of cost impact in primary care if this replaced use of other options e.g. Efudix® where the cost impact is estimated at £160k per year, particularly as short duration of treatment will be very attractive to patients. It was noted that if used in place of diclofenac then there is a cost saving but that Solaraze is used much less often than Efudix.

The APC was happy with the evidence base but before it could make a decision it wanted to know:

- Place in therapy and which product should be used when
- Will just secondary care prescribe this or is the expectation that primary care also prescribe
- Can Diclofenac be removed from the treatment pathway

**ACTION:**

- **RDTC to confirm with applicant, place in therapy by request for a pathway/guideline, and that use by primary care is preferable to reduce**

**requirements for referral to secondary care**

**13. Compassionate use/free of charge scheme requests**
Nil this month.

**14. Rimegepant (NICE TA 906)**
NICE TA 906 was published in July 2023

- Rimegepant is recommended as an option for preventing episodic migraine in adults who have at least 4 and fewer than 15 migraine attacks per month, only if at least 3 preventative treatments have not worked.
- Stop rimegepant after 12 weeks of treatment if the frequency of migraine attacks does not reduce by at least 50%.
- If people with the condition and their clinicians consider rimegepant to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, use the least expensive. Take account of administration costs, dosage, price per dose and commercial arrangements.

Rimegepant is the first oral agent in this treatment space with other agents being SC injections self-administered by patients and an IV medicine administer in a medical day-unit setting. It is proposed that patients are given the option of the oral agent or a SC agent in discussion with their specialist. The evidence from meta-analysis in the NICE TA indicated equivalent or slightly less efficacy with Rimegepant than calcitonin gene-related peptides (CRGP)

The NICE TA for use of Rimegepant in acute migraine has been postponed to later in the year but was not approved in the draft published earlier in the year.

In terms of commissioning neurology specialist would recommend to position rimegepant at AMBER Specialist Initiation and then transfer to GP if the 12 week review, which is done via telephone and a headache diary, shows the treatment has met the NICE criteria for continuation. There is no requirement for blood test monitoring so it is not proposed that a shared care guideline is required. This is backed up by the information in the NICE TA which recommends a secondary care initiation followed by primary care continuation if effective.

There is no homecare offering available for Rimegepant and the primary care price is equivalent to the secondary care price, so there is no financial reason to keep prescribing in secondary care. Based on costs of comparative treatments and 50% of patients opting for rimegepant there is likely to be a system saving but at the expense of ICB medicines budgets, estimated at £212k per year.

The APC were supportive of the application for rimegepant as AMBER SI as an option for it's NICE approved indication, but requested further information on the long-term management of patients receiving treatment from primary care. Specifically what mechanisms will be in place to enable timely review if required, potentially years into the future.

**ACTION:**
- **SM and SP to discuss with specialists and feedback to APC.**

**15. Formulary harmonisation - Chapter 12: Ear, Nose and Oropharynx**
The Ear, Nose and Oropharynx section of the formulary is the sixth BNF chapter to be aligned across North Yorkshire.
The proposed changes were approved by the APC.

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

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

**16. Shared care guidelines for approval**

Diazoxide for treating intractable hypoglycaemia for adult patients within (Endocrinology)

A draft shared care guideline for the management of intractable hypoglycaemia with severe symptoms from a variety of causes. This has been developed by Y&S FT but is yet to receive comment from H&DFT.
The APC noted that there is no routine monitoring for primary care, only ad hoc urate testing if gout was suspected. Primary care representatives were cautious of accepting shared care where it was not clear how the primary care prescriber would get assurance that the blood tests taken by secondary care were acceptable, before issuing a prescription. Primary care stated they would prefer a shared care arrangement by which the GP practice took the necessary bloods.
Comments requested that in line with the standard template the responsibilities of each party to the shared care are set out at the start of the document, that there are some typographical errors to correct in section 5, and that there was no information on when in the pathway the prescribing would be passed to primary care. It was also stated that there may be dose changes requested by the specialist to be actioned by the primary care prescriber, the above make this medicine less suitable for shared care.

**ACTION:**

- **SM to ensure Harrogate trust input is provided to the document**
- **JC to address comments made**
- **Return to APC for further discussion**

**17. HNY Type 2 Diabetes Algorithm Final**

The approved new HNY Type 2 Diabetes Algorithm policy was circulated for information. This was approved at the July 2023 IPMOC meeting.

**ACTION:**

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

**18. Biologics Pathway for Psoriasis**

An updated biologics pathway for psoriasis to reflect updated NICE TA907: Deucravacitinib was presented to and approved by the APC.

**ACTION:**

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

**Part 6 – Other items of business**

**19. HNY ICB CGM policy**

The approved new HNY continuous glucose monitoring policy was circulated for information.

**20. Guidance on managing seizures in palliative patients**

This leaflet has been developed for relatives who are supporting palliative patients who may be at risk of seizures in the home setting. The leaflet has been adapted from a previous HDFT information leaflet and is based on best practice guidance within the Palliative Care Formulary: Edition 8 (2022)

The leaflet was approved by the APC.

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

**21. IPMOC minutes – May 2023**
Circulated for information.

**22. TEWV D&T minutes – March 2023**
Not yet available.

**23. York & Scarborough Trust Drug and Therapeutics Committee minutes – May 2023**
Circulated for information

**24. Harrogate Trust Medicines and Therapeutics Group minutes – since September 2022**
Not yet available.

**25. West Yorkshire ICS APC Minutes – since March 2023**
Not yet available.

**26. Humber APC minutes – June 2023**
Circulated for information.

**27. Humber APC decisions & recommendations – June 2023**
Circulated for information.

**28. RDTC Monthly Horizon scanning – July 2023**
Circulated for information.

**29. NENC Medicines Committee decision Summary – August 2023**
Not yet available.

**Any Other Business**
Nil

Formulary applications received for September 2023 meeting
The APC have received the following formulary applications to date for the September 2023 APC meeting:

- Nil to date.

**Date and time of next meeting**
Wednesday 6th September 2023, 2pm – 4.30pm, virtual meeting via Microsoft Teams