

## North Yorkshire & York Area Prescribing Committee

Wednesday 7<sup>th</sup> February 2024  
2pm – 4pm, virtual meeting via Microsoft Teams

### Present

Name	Job Title	Organisation	Voting Member	Aug 23	Sep 2023	Oct 2023	Dec 2023	Feb 2024
Ken Latta	Head of Medicines Optimisation	North Yorkshire Place	Y	Apols	Y	Y	Y	Y
Dr Tim Rider	GP Prescribing Lead	North Yorkshire Place	Y	Y	Y	Y	Y	Y
Chris Ranson	Lead Medicines Management Pharmacist: Commissioning and Formulary – NY&Y	City of York Place	Y	Y	Y	Y	Y	Y
Dr Shaun O'Connell	GP Lead for Acute Service Transformation	City of York Place	Y	Apols	Apols	Apols	Resigned	
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	Apols	Y	Sara Moore	Apol	Y
Dr Joanna Cunnington (from Sep 2023)	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	X	Y	Y	Y	Y
Stuart Parkes	Chief Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	Y	Apols (note Jane Crewe held voting rights)	Y	Y	Y
Dr Chris Hayes	Consultant and D&T Chair	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	Y (from 2.25pm)	Y	X	X	Y
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Y	Y	Y	Apols	Y	Apols
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y	Chris Williams	Y	From 3.30pm	Until 3.08pm	Apols
Angela Hall	Public Health representative	North Yorkshire County Council	Y	Kurt Ramsden	Apols	Kurt Ramsden	Kurt Ramsden	Apols
Alison Levin	Finance representative	North Yorkshire Place	Y	Jo Horsfall	Apols	Jo Horsfall	Jo Horsfall	Jo Horsfall
Hazel Mitford	Lay/patient representative		Y	Y	Y	Y	X	Y
Gavin Mankin (Professional Secretary)	Principal Pharmacist Medicines Management	Regional Drug & Therapeutics Centre, Newcastle	N	Dan Newsome	Y	Y	Y	Y
Laura Angus	Chief Pharmacist at Humber, & North Yorkshire ICS	HNY ICM	N	Y	Y	From 3.25pm	From 3.36pm	From 3.15pm
Faisal Majothi	Medicines Optimisation Pharmacist	City of York Place	N	Y	Apols	Y	Y	Y
Jane Crewe	Formulary Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	N	Y	Y	Y	Y	Y
Sara Abbas-Llewelyn	Formulary Pharmacist	Harrogate and District NHS Foundation Trust	N	Apols	Apols	Apols	Apols	Apols
Ian Dean	LPC Representative		N	Y	Y	Apols	Y	Y

Dr Jane Raja	LMC Representative		N	Y	Y	Y	Y	Y
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	N	Y (2.15pm)	Y	Y	Apols	Apols

The meeting was quorate with 10 out of 13 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.

In attendance: Tracy Lamming – non-medical prescriber HDFT – observing.

## Part 1

### 1. Apologies for absence and quoracy check

Sara Abbas-Llewelyn, Tracy Percival, Richard Morris, Kurt Ramsden, Sara Moore

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 6<sup>th</sup> December 2023 plus January 2024 decision summary

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

The January 2024 decision summary was approved via email in lieu of full January 2024 APC meeting.

### 4. Outcome of items referred to September and October 2023 IPMOC

Name of NICE TA	Approved by ICB Exec?
TA919: Rimegepant for treating migraine	Yes
TA 918: Bimekizumab for treating axial spondyloarthritis	Yes
TA 916: Bimekizumab for treating active psoriatic arthritis	Yes
TA 920: Tofacitinib for treating active ankylosing spondylitis	Yes
TA 922: Daridorexant for treating long-term insomnia	Yes - Approved but with the caveat that it will not be an option for general practice to prescribe until the education/training has been completed by the prescriber. Currently, it is the choice of individual prescribers as to whether they undertake the training and education.

TA 924: Tirzepatide for treating type 2 diabetes	Yes
--	-----

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

Nil matters arising not on the agenda.

**6. Action log**

Modafinil for fatigue in MS – request to reconsider traffic light classification and follow up from October 2023 meeting

Actions still to progress.

HDFT Fragility Fracture – Secondary prevention Guidelines – update

Actions still to progress and KW agreed to pick these up within HDFT.

HDFT Osteoporosis Guidelines – Full version and Flow chart – update

On today's APC agenda.

Ferric maltol/oral iron

CR is currently drafting a pathway and will come back to a future APC meeting.

Formulary Updates Approved at Dec 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

JC has spoken HDFT and a revised version of the shared care guideline will come to the next APC meeting.

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.

Melatonin prescribing paper

NY MO team still to complete paper to submit to future APC outlining the current issues with melatonin prescribing for consideration alongside the request to change the status.

TA902: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction.

An updated HF guidance to support transfer of prescribing into primary care was circulated to the APC as a late paper for today's meeting. APC agreed to defer approval to ensure consultation with all cardiologists in NY&Y has taken place. APC agreed that as this was an update to existing NY&Y heart failure guidance to incorporate latest NICE TAs to still progress this local update ahead of any future ICB wide similar guidance being developed, as APC guidance could be updated more quickly.

**ACTION:**

- **CH to seek input/agreement from cardiologists in NY&Y in updating the NY&Y heart failure guidance.**

TA 875: Semaglutide for managing overweight and obesity

Was referred to October 2023 IPMOC as above the level of delegated authority of the APC. Awaiting confirmation that this NICE has now been approved by ICB Exec.

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**

Nil this month.

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

- TA935: Secukinumab for treating moderate to severe hidradenitis suppurativa
- TA939: Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer

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:

- TA940: Ravulizumab for treating generalised myasthenia gravis (terminated appraisal)
- TA941: Ravulizumab for treating AQP4 antibody-positive neuromyelitis optica spectrum disorder (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:

- TA937: Targeted-release budesonide for treating primary IgA nephropathy (the commissioner has been confirmed with NICE as being the ICB. This recommendation will be escalated to IPMOC due to the cost impact).

The drugs in the following TAs which are ICB-commissioned to be reflected in the formulary as GREEN drugs in the relevant chapters with links to the TAs:

- TA942: Empagliflozin for treating chronic kidney disease (this recommendation will be escalated to IPMOC due to the cost impact).

The ICB-commissioned drugs in the following TAs were received for information:

- TA938: Dupilumab for treating eosinophilic oesophagitis in people 12 years and over (terminated appraisal)

**Medicines Safety MHRA Drug Safety Update – December 2023**

The group noted the drug safety updates for December 2023. The links are to be added to the relevant sections of the formulary.

**ACTION:**

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

The APC noted that the updated NG238: Cardiovascular disease: risk assessment and

reduction, including lipid modification, will lead to an increase in use of ezetimibe. CR is working on an updated local lipid guideline with costings and will bring to a future APC meeting for approval.

The APC noted that TA943: Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes is being picked up the HNY ICB Diabetes Group and there is no role for approving this NICE TA for APCs as it not a medicine or device available on prescription.

#### 11. Other formulary issues

Nil this month.

#### 12. New Drug Applications

##### Riluzole orodispersible tablets

Riluzole 50mg tablets and 5mg/5mL oral liquid (restricted to use in those unable to take tablets) are on Formulary at York, and tablets only at Harrogate. Amber Shared care on both sites. Both formulations are licensed to extend life or the time to mechanical ventilation for patients with amyotrophic lateral sclerosis (ALS), a form of motor neurone disease (MND). Riluzole is recommended by NICE (TA20, 2001) as a treatment option for MND.

Riluzole 50mg orodispersible film (Emlif<sup>®</sup>) is a newly marketed formulation licensed for the treatment of ALS in adults at the same dose as existing formulations. A single film is placed on the tongue and allowed to dissolve. In the more advanced phases of the disease, dysphagia and dysphasia may lead to swallowing difficulties, necessitating the need for PEG tube administration and the use of liquid formulations.

The APC discussed and agreed that:

- Standard tablets would remain the formulation of choice in those who can safely swallow them. The orodispersible tablets would be an alternative option to oral liquid for those patients with swallowing difficulties unable to take tablets (whole or crushed). Not for enteral feeding tube administration.
- To add oral liquid and orodispersible tablets to the joint Harrogate/York Formulary as AMBER SCG drugs.

#### **ACTION:**

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

##### Colesevelam for pruritis with cholestatic liver disease

Colesevelam was reviewed in 2016 by the Y&S MCC as an alternative for itching associated with cholestatic liver diseases and the application was refused due to the weak evidence based. Colestyramine is often poorly tolerated and not adhered to due to its unpleasant taste. Despite colesevelam having a similar mode of action, there is still a lack of evidence to support its use. With only one small RCT not detecting a difference between colesevelam and placebo. This RCT has been examined again and the limitations are described in the main application. Colesevelam presents another simple to use treatment option, before prescribers have to consider more complex medicines such as rifampicin, naltrexone, sertraline, gabapentin or even pursue non-pharmacological measures such as plasmapheresis, naso-biliary drainage and even liver transplant.

After discussion the APC agreed to add colesevelam to the formulary for this indication as an AMBER SI drug to be initiated in liver clinic for 2 month trial to see if tolerated and effective. This was because:

- Included in the local tertiary centre at Leeds for this indication.
- Small numbers of patients
- May be better tolerated than cholestyramine.
- Agreed to review prescribing data in six months time.
- Is another option before moving on to more complex options.

#### **ACTION:**

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

**13. Compassionate use/free of charge scheme requests**

Nil this month.

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

**14. Shared care guidelines for approval**

Riluzole shared care

A reviewed and updated riluzole shared care guideline was presented to and approved by the APC subject to removing RDTG logo and adding NY&Y APC logo.

This is based on the new riluzole shared care template updated and reviewed by the RDTG on behalf of the ICBs in the north of England. It also now includes riluzole orodispersible tablets as an option.

**ACTION:**

- **RDTG to add NY&Y Logo and the letter templates for transfer of shared care.**
- **JC/SAL to update the formulary websites.**

**15. HDFT Osteoporosis Guidelines – Full version and Flow chart – update**

In light of the new NOGG guidance for Osteoporosis HDFT have updated their Trust Osteoporosis Guidelines Updated included simplified risk factor section and updated the treatment options in line with NOGG. Have included Romosozumab, a new anabolic treatment now available and approved for use by NICE. Romosozumab has been approved separately by the APC as per its current NICE TA. Noted that YSFT have been consulted.

The APC agreed that this guideline fell within its remit as whilst it covers primary prevention and GPs mainly manage secondary prevention, it contains aspects relevant to both primary and secondary care.

The updated version was approved by the APC for adoption across NY&Y subject to:

- Update logo to NY&Y APC logo to allow for use across NY&Y.
- Link to local Vitamin D guideline being updated.

**ACTION:**

- **RDTG to arrange for final version of guideline to be produced/circulated.**

**16. Y&H A Guide to Symptom Management in Palliative Care**

An updated guideline was presented to and approved by the APC to go to IPMOC on 21st February for final ratification and addition of HNY logos etc. This approval was subject to confirmation that palliative care teams in NY&Y have all been consulted in updating/preparing this guideline.

**ACTION:**

- **LA to confirm that palliative care teams in NY&Y have all been consulted in updating/preparing this guideline ahead of submitted to IMPOC for final ratification.**

**Part 6 – Other items of business**

**17. Bowel screening LMWH bridging**

The APC discussed a request to review the RAG status of dalteparin in the management of patients undergoing bowel screening who as a result of screening, require procedures that necessitate the suspension of warfarin therapy and short term replacement with low molecular weight heparins as a form of bridging treatment.

There is no specific RAG status for dalteparin for this precise indication though it is considered that this may fit within the RED category in the current formulary, i.e.:

- for pre- op and post op use as a temporary alternative to warfarin / DOAC when

indicated

In general, for patients having a procedure requiring warfarin suspension under a York/Scarborough consultant, the responsible consultant would provide an FP10 prescription for LMWH; the pre assessment nurses would advise on administration and a district nurse referral would be completed if the patient required assistance with this.

However a Trust consultant is not responsible for these bowel screening patients so would not be able to prescribe. This is because the bowel screening process is commissioned by NHSE and provided by the H&Y screening service which is hosted by HUTH. The service is mainly nurse led.

Current practice is for the GP to be asked to review and prescribe the LMWH if the patient requires bridging, however these requests are not always being accepted by GPs. The consultant who oversees the endoscopy bowel screening of the Scarborough cohort is a Hull Consultant with an honorary contract. They do not have a clinical caseload and have no current means of prescribing so there are situations where it is proving extremely challenging to get the dalteparin prescribed.

**The APC discussed and agreed that as with all LMWH bridging therapy this should be treated as RED drug.**

**ACTION:**

- **CR to feedback to Rachel Ainger.**

**18. HNY DOAC proposal**

Following NHSE England review and discussion with manufacturers, revised recommendations were published on 16th January 2024 as NHSE Commissioning Recommendations for National Procurement for DOACs Jan'24. These supersede the position issue in January 2022 National procurement for DOACs commissioning recommendations, which recommended providers to use edoxaban first line for NVAF.

The APC discussed and agreed with the proposal that in light of the new guidance from NHS England for DOACs for NVAF:

1. To use apixaban as the first line DOAC for NVAF (unless there is good clinical reason to choose another anticoagulant)
2. Patients currently on a DOAC for NVAF will not be adjusted to a different DOAC unless there are good clinical reasons to do so.

**ACTION:**

- **KL to take HNY DOAC proposal to February 2024 IPMOC for final sign off.**

**19. NatPSA – Shortage of GLP1s – January 2024**

The latest NatPSA – Shortage of GLP1s was circulated to APC members for information.

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

**20. IPMOC minutes – December 2023**

Circulated for information.

**21. TEWV D&T minutes – November 2023**

Not yet available.

**22. York & Scarborough Trust Drug and Therapeutics Committee minutes – since July 2023**

Not yet available.

**23. Harrogate Trust Medicines and Therapeutics Group minutes – since September 2022**

Not yet available.

24. **West Yorkshire ICS APC Minutes – since March 2023**  
Not yet available.
25. **Humber APC minutes – November 2023**  
Circulated for information.
26. **Humber APC decisions & recommendations – December 2023**  
Circulated for information.
27. **RDTC Monthly Horizon scanning – December 2023 and January 2024**  
Circulated for information.
28. **NENC Medicines Committee decision Summary – December 2023**  
Circulated for information.

### **Any Other Business**

#### Review of existing shared care guidelines

The APC noted that RDTC are reviewing and updating the previously published national shared care guidelines on behalf of the ICBs in the north of England. As these are published on the RDTC website the RDTC will share with JC/CR to go through the process of local adoption. It is not envisaged the clinical content will need to be changed when adopting the RDTC versions locally.

To date the RDTC have published the following reviewed and updated shared care guidelines:

- Riluzole
- Amiodarone
- Dronedarone
- Azathioprine/6-mercaptopurine

#### **ACTION:**

- **RDTC to share with JC/CR to go through the process of local adoption.**

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

Wednesday 6<sup>th</sup> March 2024, 2pm – 4.30pm, virtual meeting via Microsoft Teams