North Yorkshire & York Area Prescribing Committee

Wednesday 6th March 2024
2pm – 4pm, virtual meeting via Microsoft Teams

Present

Name	Job Title	Organisation	Voting Member	Sep 2023	Oct 2023	Dec 2023	Feb 2024	Mar 2024
Ken Latta	Head of Medicines Optimisation	North Yorkshire Place	Y	Y	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	Resigned		
Dr William Ovenden	GP	City of York Place	Y	Apols	Y	Y	Y	Y
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Y	Sara Moore	Apol	Y	Y
Dr Joanna Cunnington (from Sep 2023)	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	Y	Y	Y	Y	Y
Stuart Parkes	Chief Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	Apols (note Jane Crewe held voting rights)	Y	Y	Y	Y
Dr Chris Hayes	Consultant and D&T Chair	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	Y	X	X	Y	From 2.50pm
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Y	Y	Apols	Y	Apols	Y
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y	Y	From 3.30pm	Until 3.08pm	Apols	Y
Angela Hall	Public Health representative	North Yorkshire County Council	Y	Apols	Kurt Ramsden	Kurt Ramsden	Apols	Kurt Ramsden
Alison Levin	Finance representative	North Yorkshire Place	Y	Apols	Jo Horsfall	Jo Horsfall	Jo Horsfall	Apols
Hazel Mitford	Lay/patient representative		Y	Y	Y	X	Y	Y
Gavin Mankin (Professional Secretary)	Principal Pharmacist Medicines Management	Regional Drug & Therapeutics Centre, Newcastle	N	Y	Y	Y	Y	Y
Laura Angus	Chief Pharmacist at Humber, & North Yorkshire ICS	HNY ICM	N	Y	From 3.25pm	From 3.36pm	From 3.15pm	From 3.05pm
Faisal Majothi	Medicines Optimisation Pharmacist	City of York Place	N	Apols	Y	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	Apols	Y	Y	Apols

Dr Jane Raja	LMC Representative		N	Y	Y	Y	Y	Y
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	N	Y	Y	Apols	Apols	From 3.15pm

The meeting was quorate with 11 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.

Part 1

1. **Apologies for absence and quoracy check**
Sara Abbas-Llewelyn, Ian Dean, Jo Horsfall

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 7th February 2024**
The minutes of the February 2024 APC were approved as a true and accurate record.

4. **Outcome of items referred to February 2024 IPMOC**
   - TA937: Targeted-release budesonide for treating primary IgA nephropathy – still awaiting ICB Executive sign off.
   - TA942: Empagliflozin for treating chronic kidney disease– still awaiting ICB Executive sign off.

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

6. **Action log**
Riluzole shared care
All actions complete. ITEM NOW CLOSED.

HDFT Osteoporosis Guidelines – Full version and Flow chart – update
All actions complete. ITEM NOW CLOSED.

Y&H A Guide to Symptom Management in Palliative Care
Confirmed that palliative care teams in NY&Y (YSFT, HDFT and South Tees) have all been consulted in updating/preparing this guideline plus are happy to adopt.

ACTION:

- **LA to confirm IPMOC happy to approve and communicate IPMOC decision to Y&H Palliative Care Network so that they can disseminate final approved version of guideline.**

Formulary Updates Approved at Feb 2024 APC
JC/SAL have updated Y&S and Harrogate formularies. ITEM NOW CLOSED.

Outstanding actions from previous APC meetings
Diazoxide for chronic intractable hypoglycaemia
On today's agenda.

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. APC noted though that this work is starting to progress.

TA902: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction.
CH has discussed the heart failure pathway with Justin Ghosh. The issue was not with the new changes but that thought that NY&Y guideline should not say use an ACE inhibitor then Entresto later. However the pathway is in this way to fit with NICE guidelines (although they are a bit out of date and that now common cardiology practice to use Entresto directly without ACE-i first). Came to the conclusion that in the ACE inhibitor box to put an asterix and said that direct use of entresto without ACEi first was another acceptable strategy with specialist advice.
APC discussed the latest version of the guideline presented for approval and felt there was still some questions before it was in a position to approve.
Questions/queries raised:

- Need evidence base for recommendations in the guideline to be clear.
- Other guidelines seem to suggest a threshold of 35% not 40% for Entresto.

ACTION:

- **KL to discuss guideline and further queries raised at APC with CH with the aim of producing a version that will get NY&Y APC approval.**

TA 875: Semaglutide for managing overweight and obesity
Confirmed approved by ICB Exec. ITEM NOW CLOSED.

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
Changes requested have been made and await APC chair sign off.

Ferric maltol/oral iron
On today's agenda.

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. TEWV D&T Feedback January 2024
Circulated for information.

APC noted that the TEWV Psychotropic Monitoring Guidelines have been updated. Main changes are to formatting but now reflects CKS guidance on antipsychotic monitoring and brings in more routine monitoring for prolactin. Also standardises monitoring for antipsychotics rather than having an individualised drug approach.

Part 4 – Formulary issues

9. Appeals against previous APC decisions
Nil this month.

10. Formulary NICE TAs and MHRA Drug Safety Update – January 2024
The drugs in the following TAs to be reflected in the formulary as RED drugs in the relevant chapters with links to the TAs:

- TA944: Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer
- TA946: Olaparib with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer
- TA947: Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments
- TA948: Ivosidenib for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments

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:

- TA945: Treosulfan with fludarabine before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases (terminated appraisal)

Medicines Safety MHRA Drug Safety Update – January 2024
The group noted the drug safety updates for January 2024. 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
<u>Tirbanibulin ointment – request to review RAG status</u>
Request from Dr Ben Walker HDFT supported by dermatology at YSFT to change from RED to GREEN. It is almost been 6 months since we added tirbanibulin to the formulary. APC made the decision at that time that would review the RAG status with a potential to move from RED to GREEN.
It is included in PCDS pathway as an option alongside Efudix®. Local York guidelines appear to have been retired as past review date.
Dermatology at both HDFT and YSFT report having had very good results with Tirbanibulin, It is effective, easy to use and in our experience results in less inflammation and discomfort for the patient. Through using have learnt that it is not really suitable for secondary care but will be ideal

for primary care. This is because there is a very small amount of product in the sachets meaning that it can really only be used to treat 1 or 2 lesions.
In Dr Walker practice, and that of his colleagues, if going to treat 1 or 2 lesions will use cryotherapy as it is cheap and easy and effective. If want to treat a wide field, which is the more usual case, such as the entire forehead nose and cheeks will use Efudix®, because it comes in a big tube and can treat large areas. Therefore tirbanibulin has limited use in secondary care. Tirbanibulin will be very useful for GPs as they usually do not have cryotherapy. Therefore patients in the community who have only 1 or 2 actinic keratosis that require treating could be treated in 5 days with tirbanibulin rather than 30 days with Efudix®. This will also prevent GPs referring to dermatology for cryotherapy when patients decline to have Efudix®.

The APC agreed that the request for change seems reasonable and matches formulary status elsewhere in England.
Note though cost still may be a concern compared to other options, and being a five day course compared to Efudix® means will be probably be used in preference to Efudix®.

APC approved the change from RED to GREEN status and noted that due to the cost implications this would need to referred to IPMOC.

ACTION:

- **RDTC to include in recommendations to March 2024 IPMOC.**
- **JC/SAL to update the formulary websites once approved by IPMOC.**

12. New Drug Applications

Subcutaneous sodium valproate in palliative care

Requested for the treatment of patients with epilepsy who would normally be maintained on oral sodium valproate, and for whom oral therapy is temporarily not possible. In palliative or end of life patients if the s/c route is preferred over intravenous and the oral route is not possible. Most use would be in patients already established on oral valproate, but there may be exceptions and use in new patients (MHRA guidance would need to be followed in all situations except end of life).

The APC discussed the application and the evidence presented in the application form. The APC approved as an AMBER SR drug because requires specialist input to assess need for drug, assess benefit, and to provide advice on dosing/administration. RED drug classification would not be in best interest for palliative patients in terms of accessing a supply or prescribing of this drug at short notice.

The APC noted that palliative care developing a guideline to support safe prescribing and administration and agreed that this needs to two pharmacist clinical checks before it could be approved.

ACTION:

- **JC/SAL to update the formulary websites.**
- **SP to do a second clinical of guideline to support subcutaneous sodium valproate in palliative care so that it can be presented for approval at April 2024 NY&Y APC.**

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

Diazoxide shared care

The APC discussed and approved change from AMBER Shared care to RED as whilst developing a shared care guideline agreed more appropriate for RED RAG status given

specialist nature of this drug and indication. Felt condition more appropriate for specialist to manage rather than GP given GP concerns around dose adjustments plus monitoring. GPs felt they could not safely manage these patients in the context of this being used to manage hypoglycaemia. A shared care status also generally means that patient is on a stable dose and no dose adjustments are needed, and this may not be the case with diazoxide as dose may need adjustment based on patient continued response to therapy.

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

15. NY&Y Iron deficiency pathway

A paper was presented at the APC meeting in July 2023 which aligned the formulary status of Ferric maltol as amber SR across North Yorkshire and York which was approved. There was a further action to develop an iron deficiency treatment guideline to allow consideration and review of the RAG status of Ferric maltol to green (this original paper is included for information).

A task and finish group was set up including colleagues from across North Yorkshire and York to develop the guideline. It has also been shared wider with South Tees and Humber colleagues for comment.
In summary it sets out the following:
- Clinicians should exclude or simultaneously manage red flag causes of iron deficiency (see NICE CKS)
- Diagnostic trial of iron treatment should be considered in all patients while awaiting investigations.
- Trial up to 2 standard iron preparations in the first instance.
- If intolerance to two iron preparations Or insufficient response after 3 months of iron preparations then consider a trial of ferric maltol.
- If this is ineffective then patient should be referred for consideration of Iron infusion.

The guideline also provides more details information to support the prescribing of Ferric maltol. At present the consideration of whether to prescribe Ferric maltol is made by the specialist but the proposal is to make it GREEN but to only to be prescribed in line with the guideline. This would then avoid unnecessary referrals into secondary care before a trial of ferric maltol has been tried. The overall aim would be to reduce the number of referrals and iron infusions required but this is yet to be proven.

The APC noted the York is the highest prescriber of ferric maltol in the country and the possible reasons behind this were discussed by the APC.

The guideline has been subject to clinical check by the group that developed it.

The APC approved the NY&Y Iron deficiency pathway subject to:
- Adding information re use in pregnancy
- Adding that patients with heart failure are excluded from pathway was IV iron preferred in these patients rather than oral iron.
- Correct typo re ferrous fumerate strength on page 2.

The APC also approved a change of status for ferric maltol from Amber SR to GREEN recommends a further audit at 6-12 months to assess whether it has resulted in a reduction in iron infusions.

ACTION:
- **CR to make the changes around pregnancy and heart failure, and then circulate the final approved version.**

16. HNY ICS inhaler equivalence table

Following on from the approval of the ICB wide asthma treatment guidelines, the task and finish group have now to developed tools to support implementation.
A comparison table of inhaled corticosteroids by dose (adults) was presented to and approved by the APC. This will support clinicians when they need to step up and step down through the pathway and when consideration to change to alternative inhalers.
The document has been consulted on widely through the ICB respiratory network. There is already an equivalent document for children in existence.

ACTION:

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

17. Levetiracetam syringe driver guidance (update)

An updated version of this existing APC guidance was presented to and approved by the APC.
Noted that updates are the compatibility section and this has been lifted from the palliative care formulary.
The updated version has been consulted on with the palliative care team.

ACTION:

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

18. Proton pump inhibitors in syringe driver guidance (update)

A new guideline to support the RED formulary status of proton pump inhibitors in syringe drivers for use in palliative care was presented to the APC.
The APC agreed that this needs to two pharmacist clinical checks before it could be approved.

The APC also discussed and agreed that the RED RAG status was still appropriate for the reasons specified at the time of the original decision by the APC in March 2023.

ACTION:

- **JC to find another pharmacist to do a second clinical of guideline to support Proton pump inhibitors syringe driver use in palliative care so that it can be presented for approval at April 2024 NY&Y APC.**

Part 6 – Other items of business

19. Allergy reporting and documentation in primary care

A report and findings from an YSFT audit were presented to the APC for discussion. Request was that GPs in the locality regularly review the allergy information held for patients for accuracy and include information about intolerances, manifestations and severity where possible. The APC discussed and agreed that this is a big ask of primary care, and noted there are a lot of legacy issues within patient records/GP systems to contribute to some of the issues raised by the audit.
Other points raised in discussion:

- Difficult to have discussions with patients on difference between allergy and a side-effect.
- Difficult to de-label allergy status in primary care with patients.

The APC agreed that all that no further action for APC at this time due to the points raised by primary care.

Part 7 – Standing items (for information only)

20. IPMOC minutes – January 2024

Circulated for information.

21. TEWV D&T minutes – November 2023
Circulated for information.

22. York & Scarborough Trust Drug and Therapeutics Committee minutes – November 2023
Circulated for information.

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 – December 2023
Not yet available.

26. Humber APC decisions & recommendations – February 2024
Not yet available.

27. RDTC Monthly Horizon scanning – February 2024
Circulated for information.

28. NENC Medicines Committee decision Summary – February 2024
Circulated for information.

Any Other Business
NY&Y APC need for clinical guideline/shared care guideline approval checklist
It was suggested that an NY&Y APC clinical guideline/shared care guideline approval checklist would be useful to ensure good governance when APC asked to approve guidelines. Will also ensure that adequate clinical checks of the content of guidelines have take place before guidelines are presented to the APC for approval.
The APC agreed that the RDTC would draft a guideline approval checklist based on the one used by HDFT. The draft will be presented at the April 2024 APC for comment/approval.

ACTION:
- **RDTC to draft a guideline approval checklist based on the one used by HDFT. The draft will be presented at the April 2024 APC for comment/approval.**

ICB and Blueteq
APC noted that the ICB has now bought a license for Blueteq for all HNY acute trusts to use. A meeting as been arranged to discussed how this software might be used/implemented.

One formulary across the HNY ICB
The APC noted the email circulated proposing the development of a single formulary across the HNY ICB. The plan is work up a more robust paper for consultation with APCs and stakeholders about what this means. Concerns were expressed by some APC members about whether this was the right thing to do at this time and the time/resource that would be required which would impact on other work/priorities.

Date and time of next meeting
Wednesday 3rd April 2024, 2pm – 4.30pm, virtual meeting via Microsoft Teams