

## North Yorkshire & York Area Prescribing Committee

Wednesday 1<sup>st</sup> May 2024  
2pm – 3.20pm, virtual meeting via Microsoft Teams

### Present

Name	Job Title	Organisation	Voting Member	Dec 2023	Feb 2024	Mar 2024	Apr 2024	May 2024
Ken Latta	Head of Medicines Optimisation	North Yorkshire Place	Y	Y	Y	Y	Rachel Ainger	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 William Ovenden	GP	City of York Place	Y	Y	Y	Y	Y	Y
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Apols	Y	Y	Sara Moore	Y
Dr Joanna Cunnington	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	Y	Y	Y	Y	Y
Dr Chris Hayes	Consultant and D&T Chair	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	X	Y	From 2.50pm	Apols	From 2.22pm
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Y	Y	Apols	Y	Y	Y
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y	Until 3.08pm	Apols	Y	Chris Williams	Until 3pm
Angela Hall	Public Health representative	North Yorkshire County Council	Y	Kurt Ramsden	Apols	Kurt Ramsden	Kurt Ramsden	Kurt Ramsden
Alison Levin	Finance representative	North Yorkshire Place	Y	Jo Horsfall	Jo Horsfall	Apols	Apols	Y
Hazel Mitford	Lay/patient representative		Y	X	Y	Y	Apols	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	From 3.36pm	From 3.15pm	From 3.05pm	X	From 3.11pm
Faisal Majothi	Medicines Optimisation Pharmacist	City of York Place	N	Y	Y	Y	Y	Y
Jane Crewe	Formulary Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	N	Y	Y	Y	Apols	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	Apols	Y
Dr Jane Raja	LMC Representative		N	Y	Y	Y	Y	Y
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	N	Apols	Apols	From 3.15pm	Y	Apols

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, 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*

### 3. **Minutes of previous APC & decision summary of meeting held on 3<sup>rd</sup> April 2024**

The minutes of the April 2024 APC were approved as a true and accurate record.

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

- TA937: Targeted-release budesonide for treating primary IgA nephropathy – *still awaiting ICB Executive sign off. Humber APC been asked to provide details on their local cost impact ahead of submitting to ICB Executive*
- TA942: Empagliflozin for treating chronic kidney disease– *still awaiting ICB Executive sign off. Submission to ICB Executive in progress.*
- Tirbanibulin ointment: *on today's agenda.*
- NY&Y Iron deficiency pathway and Ferric Maltol: *IPMOC requested review by Humber APC.*

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

Nil

### 6. **Action log**

NY&Y APC need for clinical guideline/shared care guideline approval checklist

RDTTC have shared final approved version of NY&Y APC guideline approval checklist. ITEM NOW CLOSED.

NY&Y Clinical decision-making tool for embolism prophylaxis for patients with non-valvular atrial fibrillation (updated)

Final approved version has been circulated. ITEM NOW CLOSED.

NY&Y Heart Failure medicines management pathway

On today's agenda. Version approved at last NY&Y APC had additional changes in that APC were not aware of.

Formulary Updates Approved at April 2024 APC

JC/SAL have updated Y&S and Harrogate formularies. ITEM NOW CLOSED.

**Outstanding actions from previous APC meetings**

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.

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

On today's agenda.

Subcutaneous sodium valproate in palliative care

Second clinical check of guideline still needed before can be presented for APC approval.

Levetiracetam syringe driver guidance (update)

On today's agenda.

Proton pump inhibitors in syringe driver guidance (update)

JC still to find another pharmacist to do a second clinical of guideline to support subcutaneous sodium valproate in palliative care so that it can be presented for approval at NY&Y APC.

Y&H A Guide to Symptom Management in Palliative Care

Been approved now by IPMOC and Palliative Care Network have been informed. ITEM NOW CLOSED.

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. Single HNY ICB APC and formulary**

Results of survey of APC members across HNY circulated for information. No further updates on plans been circulated at this stage.

Discussed that need some clarity on what the actual aim of this workstream is and concerns expressed that will it actually save money. All clear that this workstream needs to address inequality in access to medicines as a priority.

**Part 3 – Mental Health**

**8. TEWV D&T Summary – March 2024**

Circulated for information.

**9. TEWV Safe Transfer of Prescribing Guidance – updated**

Update of existing TEWV document circulated for information. It has been re-formatted to make it easier to navigate. This guidance is primarily aimed at internal users within TEWV but is accessible to primary care from the TEWV website.

## Part 4 – Formulary issues

### 10. Appeals against previous APC decisions

Nil this month.

### 11. Formulary NICE TAs and MHRA Drug Safety Update – March 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:

- TA954: Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments
- TA957: Momelotinib for treating myelofibrosis-related splenomegaly or symptoms
- TA959: Daratumumab in combination for treating newly diagnosed systemic amyloid light-chain amyloidosis
- TA962: Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy

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

The following TAs which are NHSE-commissioned were received for information:

- TA960: Satralizumab for preventing relapses in neuromyelitis optica spectrum disorders (terminated appraisal)
- TA961: Sebelipase alfa for treating lysosomal acid lipase deficiency that is not Wolman disease (terminated appraisal)
- TA965: Human alpha1-proteinase inhibitor for treating emphysema (terminated appraisal)

The drugs in the following TAs published in March 2024 which are ICB commissioned to be reflected in the formulary as RED drugs in the relevant chapters with links to the TAs:

- TA958: Ritlecitinib for treating severe alopecia areata in people 12 years and over - Note: Referred to IPMOC due to financial impact / commissioning implications
- TA878: Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 (update) - Note: Referred to IPMOC due to financial impact / commissioning implications

The drugs in the following TAs published in March 2024 which are ICB commissioned to be reflected in the formulary as BLACK drugs in the relevant chapters with links to the TAs:

- TA955: Dupilumab for treating moderate to severe prurigo nodularis – not recommended by NICE

### Medicines Safety MHRA Drug Safety Update – March 2024

The group noted the drug safety updates for March 2024. The links are to be added to the relevant sections of the formulary.

#### ACTION:

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

### 12. Other formulary issues

#### Tirbanibulin

Following the APC recommendation from March 2024 APC to change from RED to GREEN which was escalated to the IPMOC because the potential cost impact on primary care they have asked for further cost impact. Also needs to be discussed by Humber APC.

The APC noted the updated NY&Y financial impact assessment that has been prepared and supported this going forward to IPMOC.

#### ACTION:

- **RDTG/CR to provide updated cost impact assessment to IPMOC.**

Chapter 7 - Obstetrics, Gynaecology and Urinary-Tract Disorders – formulary alignment

The next chapter of the formulary that has been harmonized across NY&Y was presented to and approved by the APC. This was subject to the RAG status of NuvaRing® being changed to GREEN from AMBER SI because it can easily be prescribed in primary care as does not require specialist initiation, and not clear why was classed as AMBER SI in the first place.

A change a RAG status for Tadalafil 5mg daily tables from BLACK to GREEN was also approved by the APC as no included in NHSE guidance on items of low clinical value not to be prescribed in primary care.

**ACTION:**

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

**13. New Drug Applications**

Nil this month.

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

Nil this month.

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

**15. Shared care guidelines for approval**

NY&Y Modafinil SCG

An updated NY&Y SCG to include the new indication of fatigue associated with MS approved at Dec 2023 NY&Y APC was presented to and approved by the APC.

**ACTION:**

- **JC to circulate final approved version.**
- **JC/SAL to update the formulary websites.**

**NY&Y Hydroxycarbamide SCG**

A reviewed and updated NY&Y SCG was presented to the APC based on recently reviewed version from the RDTC.

The haematology team at both sites are happy with the RDTC/national version although Harrogate noted a difference locally in the threshold for action on platelets (<100 not <80) and York have a similar threshold in the current shared care (<100). The RDTC/national values match those in the SPS drug monitoring monograph for hydroxycarbamide, and British Society of Haematology guidance for sickle cell disease. It was agreed to confirm with local clinicians as to wish values they wish to go with.

It was noted that HDFT generally treat hydroxycarbamide as RED drug for all indications.

It was also noted that the local LES only currently covers monitoring of hydroxycarbamide for psoriasis and not other indications. To date all haematology patients are monitored by secondary care so if this to change with primary care doing both the prescribing and monitoring this will need to be clearly communicated to all as part of the implementation of this SCG.

A question was also raised about practicalities in primary care of 2 weekly monitoring for patients on high doses. The feeling of the APC was that such patients would therefore be deemed unstable and therefore not suitable for shared care so should be retain in secondary care.

It was agreed not approve the SCG but to confirm the following before bringing back to the next APC:

- Confirm cut-off values with local specialists for neutrophils and platelets
- Confirm the intention is that going forward primary care will asked to prescribe and monitor for haematology patients.
- Confirm if dermatology happy to adopt this SCG.
- Update cover sheet to make it clear what changes the APC has approved compared to the RDTC version.
- Confirm that patients requiring 2 weekly monitoring would be retained in secondary care.

**ACTION:**

- **JC to take forward above actions and make necessary amendments before returning SCG to next APC for approval.**
- **RDTG to confirm rationale for 2 weekly monitoring for patients on high doses.**

**16. NY&Y Heart Failure medicines management pathway**

Out with the meeting there have been a number of e mails around the pathway as changes had been made to the version that came to the last APC which were beyond those expected. The pathway has therefore been reviewed again and the number of changes reduced (changes from current pathway described below and highlighted in red on the pathway).

Further changes will be proposed at a later date as part of a wider consultation. It was felt important to get the main changes agreed so the pathway at least supports NICE guidance on treatment of patients with preserved /mildly reduced ejection fraction and addition of empagliflozin.

A version with the following changes to current approved version was presented to and approved by the APC:

1. Change in pathway name, from LVSD medicines management pathway to HF medicines management pathway.
2. Table separating management for HF with preserved/reduced ejection fraction and management of HF with reduced ejection fraction
3. Pillar 1 describing prescribing considerations when initiating a licensed SGLT2 inhibitor, in line with NICE TA 902, 929. eGFR cut off using that of empagliflozin (20ml/min) as slightly high than that of dapagliflozin (15ml/min). Note previous version had a 30mL/min.
4. All previous mentions of dapagliflozin now states dapagliflozin/empagliflozin.
5. Additional recommendations when prescribing in the elderly, considering frailty, falls risk and monitoring of U&Es if treatment initiated.
6. Bottom box describing use of loop diuretics, additional recommendation to review fluid status before stopping any diuretics in patients with hyponatraemia.
7. Change wording “refer to Cardiology” to “obtain advice from cardiology”.

**ACTION:**

- **JC to circulate final approved version.**
- **JC/SAL to update the formulary websites.**

**17. Subcutaneous Levetiracetam in Palliative and End of Life Care (Adults)**

The final version which has now had a second pharmacy clinical check was presented to and approved by the APC.

**ACTION:**

- **JC to circulate final approved version.**
- **JC/SAL to update the formulary websites.**

**Part 6 – Other items of business**

**18. New CGM Sensors – FreeStyle Libre 2+ & DexcomOne+**

New forms of Freestyle libre and Dexcom ONE are now available

A paper was presented to the APC which explains the new functions and proposed some options for APC in terms of what needs to happen now with the formulary.

The APC discussed and agreed to approve onto the formulary with new patients to be prescribed FSL2+/DexcomOne\_ and transition existing FLS2/DexcomOne patients as and when necessary.

**ACTION:**

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

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

19. **IPMOC minutes – March 2024**  
Circulated for information.
20. **TEWV D&T minutes – January 2024**  
Circulated for information.
21. **York & Scarborough Trust Drug and Therapeutics Committee minutes – since February 2024**  
Not yet available.
22. **Harrogate Trust Medicines and Therapeutics Group minutes – since September 2022**  
Latest minutes will be circulated with June 2024 APC papers.
23. **West Yorkshire ICS APC Minutes – since March 2023**  
Not yet available.
24. **Humber APC minutes – March 2024**  
Circulated for information.
25. **Humber APC decisions & recommendations – March 2024**  
Circulated for information.
26. **RDTC Monthly Horizon scanning – April 2024**  
Circulated for information.
27. **NENC Medicines Committee decision Summary – April 2024**  
Circulated for information.

**Any Other Business**

ICB process for IFRs for ICB commissioned drugs

A question was raised around what the process is for IFRs for drugs which are ICB commissioned in no financial redress to Trust flows as a result. LA agreed to pick this up with the ICB. It was felt by Trust representatives that funding for IFRs should be outside of the block contract.

**ACTION:**

- **LA to pick this up with the ICB.**

**Date and time of next meeting**

Wednesday 5<sup>th</sup> June 2024, 2pm – 4.30pm, virtual meeting via Microsoft Teams