

North Yorkshire & York Area Prescribing Committee

Wednesday 3rd July 2024
2pm – 4pm, virtual meeting via Microsoft Teams

Present

Name	Job Title	Organisation	Voting Member	Mar 2024	Apr 2024	May 2024	June 2024	July 2024
Ken Latta	Head of Medicines Optimisation	North Yorkshire Place	Y	Y	Rachel Ainger	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 William Ovenden	GP	City of York Place	Y	Y	Y	Y	Y	Y
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Y	Sara Moore	Y	Y	Y Until 3.25pm
Dr Joanna Cunnington	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	Y	Y	Y	Y	Y Until 3pm
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	From 2.50pm	Apols	From 2.22pm	X	X
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Y	Y	Y	Y	Y	Y
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y	Y	Chris Williams	Until 3pm	From 3pm	Y Until 3.25pm
Angela Hall	Public Health representative	North Yorkshire County Council	Y	Kurt Ramsden	Kurt Ramsden	Kurt Ramsden	Kurt Ramsden	Kurt Ramsden until 3pm
Alison Levin	Finance representative	North Yorkshire Place	Y	Apols	Apols	Y	Apols	Apols
Hazel Mitford	Lay/patient representative		Y	Y	Apols	Y	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	From 3.05pm	X	From 3.11pm	From 3pm	Apols
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	Apols	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	Apols	Apols	Y	Apols	Y Until 3pm
Dr Jane Raja	LMC Representative		N	Y	Y	Y	Y	Y
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	N	From 3.15pm	Y	Apols	Apols	Y

The meeting was quorate with 8 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**

Laura Angus, Alison Levin

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 5th June 2024**

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

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

- Tirbanibulin ointment – *still awaiting review by Humber APC. NY&Y APV has provided to IPMOC all the information including updated costings as requested from it.*

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

TA937 and TA958

Not Trusts still awaiting confirmation of funding for these NICE TAs from ICB so Trusts are not yet using even though these TAs have had ICB Exec approval. A meeting of Trusts with the ICB so far as not brought a resolution as yet to what the escalation mechanism is for secondary care provided ICB funded drugs for ICB sign off.

ACTION:

- **KW/SP to pick this issue up again with ICB Chief Pharmacy Officer/ Director of Pharmacy and Medicines Optimisation plus Trust finance colleagues.**

6. **Action log**

Cytisine (cystinicline) 1.5mg Tablets

No update provided for this meeting.

HDFT Vitamin B12 Guidelines

Final approved version now received by APC secretariat so will be circulated after this meeting.
ITEM NOW CLOSED.

Dapafliflozin & Empagliflozin - Prescribing information for patients with heart failure

Final approved version now received by APC secretariat so will be circulated after this meeting.
ITEM NOW CLOSED.

Update for Crohn's & Ulcerative colitis pathway

Still awaiting feedback from HDFT. Expected for next APC meeting.

Opioid substitution treatment pathway: for patients no longer able to take oral maintenance methadone in last days/weeks of life

Final approved version now received by APC secretariat so will be circulated after this meeting. ITEM NOW CLOSED.

Formulary Updates Approved at June 2024 APC

Noted that single NY&Y formulary replacing the current separate Y&S and HDFT is due to go live in July 2024. So these formulary updates will be added to the new formulary website. ITEM NOW CLOSED.

Outstanding actions from previous APC meetings

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 and will be picked up once across HNY ICB. Modelling what currently occurs in Harrogate to see if this could be adopted across the ICB including reviewing the variation in RAG status to see if a common harmonised RAG position could be arrived at.

Subcutaneous sodium valproate in palliative care

Second clinical check of guideline by HDFT still needed before can be presented for APC approval. This is in progress.

Proton pump inhibitors in syringe driver guidance (update)

Second clinical check of guideline by HDFT still needed before can be presented for APC approval. This is in progress.

NY&Y Hydroxycarbamide SCG

On today's agenda.

ICB process for IFRs for ICB commissioned drugs

LA has picked this up with the ICB and further information awaited.

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. Not going to be possible to have a single HNY ICB SCG for hydroxychloroquine because Humber Trusts not in a position to adopt national guidance on eye monitoring currently.

Part 2 – Governance

7. NY&Y APC guidelines on defining RAG status - review

NY&Y APC guidelines on defining RAG status were approved by NY&Y APC in July 2021 with a review date of August 2023.

Following on from the June 2024 APC discussions around the RAG status of smoking cessation drugs the APC discussed and agreed to amend the wording of the RED classification to state: "Medicines for secondary care/specialist commissioned service use only. The responsibility for initiation and monitoring treatment should rest with an appropriate secondary care/specialist commissioned service clinician. The drug should be supplied by secondary care/specialist commissioned service for the duration of the treatment course. Primary care prescriber initiation or continuation of treatment is not recommended."

This therefore allows the formulary to reflect more accurately the status of drugs, such as those from stop smoking services, as RED to reflect how their provision is commissioned i.e. commissioned from a specialist service.

ACTION:

- **RDTC to circulated final updated approved version.**

Part 3 – Mental Health

8. TEWV D&T Summary May 2024

Circulated for information.

Part 4 – Formulary issues

9. Appeals against previous APC decisions

Nil this month.

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

- TA967: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over
- TA970: Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments
- TA974: Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma
- TA975: Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 25 years and under
- TA977: Dabrafenib with trametinib for treating BRAF V600E mutation-positive glioma in children and young people aged 1 year and over
- HST31: Setmelanotide for treating obesity and hyperphagia in Bardet-Biedl syndrome

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:

- TA972: Sirolimus for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over (terminated appraisal)
- TA976: Trastuzumab deruxtecan for treating HER2-mutated advanced non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal)
- TA978: Zanubrutinib with obinutuzumab for treating relapsed or refractory B-cell follicular lymphoma after 2 or more treatments (terminated appraisal)
- TA616: Cladribine for treating relapsing–remitting multiple sclerosis (update)
- TA312: Alemtuzumab for treating highly active relapsing–remitting multiple sclerosis (update)
- TA127: Natalizumab for the treatment of adults with highly active relapsing–remitting multiple sclerosis (update)

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:

- TA973: Atogepant for preventing migraine - Add to formulary as an AMBER SI drug in this indication, with link to TA973. First 12 weeks to be given in secondary care then review before transfer to primary care. It is the same price in both primary and secondary care. Although atogepant may not add additional resource impact, this group of medicines is likely to have an impact on primary care prescribing budgets and services as will result in move of drug spend from secondary care where injectable receptor

antagonists are currently provided to the primary care drug budget as this is an oral agent with no PAS scheme.

Noted that approved by NICE for episodic and chronic migraine. Rimegapant is approved for episodic migraine only.

YSFT – except 50-60 patients per year to be started on atogepant.

HDFT – not expecting numbers of patients to increase as their experience with Rimegepant to date is that injectables are more effective.

Referred to IPMOC for final approval due to cost impact on primary care.

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

- TA155: Ranibizumab and pegaptanib for the treatment of age-related macular degeneration (update)
- TA283: Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion (update)
- TA298: Ranibizumab for treating choroidal neovascularisation associated with pathological myopia (update)

Medicines Safety MHRA Drug Safety Update – May 2024

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

ACTION:

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

11. Other formulary issues

Chapter 4 - CNS chapter formulary alignment

The next chapter of the formulary that has been harmonized across NY&Y was presented to and approved by the APC subject to:

- Pitolisant and sodium oxybate – requires review of RAG status for those patients from North Yorkshire under South Tees Trust as is commissioned in the NENC for adults with narcolepsy.
- Melatonin – position reflects current SCGs in NY&Y but will review if application received for products licensed since those SCGs were written.
- OST to be listed as RED not AMBER SR to reflect currently commissioning arrangements.
- Duloxetine – status reflects current position within TEWV guidelines for anxiety and depression so fits AMBER SR status. Some discussion around changing this to GREEN. Agreed to discuss outside of APC and if necessary bring a RAG review proposal to a future meeting of the APC.

ACTION:

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

12. New Drug Applications

Nil this month.

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

Hydrocarbamide

Following the May 2024 NY&Y APC the changes requested to the draft presented for approval have now been made.

Local changes made to the RDTC template are:

- Section 4 - Insert time period when transfer of monitoring and prescribing to primary care will take place - normally after at least 12 weeks and with satisfactory investigation results for at least 4 weeks.
- Section 6 - Change frequency of monitoring by GP from every 8-12 weeks to usually every 3-4 months, although up to every 8 weeks may be required in some patients.
- State patients requiring monitoring more frequently than every 4 weeks will be monitored by the specialist team.
- Section 7 - Specify hydroxycarbamide 500mg capsules are first choice formulation for all patients.
- Section 10 - action when platelets less than $100 \times 10^9/L$ (RDTC version states <80) to reflect local practice.
- Section 13 – local contact details added.

The APC discussed and agreed that it could not approve the SCG as it stands because:

- Discussion at APC lent towards this being a RED drug. It is currently treated as RED in HDFT and this is unlikely to change.
- Noted in YSFT is shared care but secondary care do all monitoring currently, so does this really fit with true model of shared care.
- Frequency of ongoing monitoring needs to be evidence based. SCG locally says 3 to 4 months by SPS/RDTC SCG template/National SCG template says 8-12 weeks.
- 4 weekly monitoring is too frequent for primary care and generally LMC would only accept monitoring for a shared care drug at 3 monthly frequency.

The APC agreed to defer a decision to find out the proportion of patients on the drug who are on 3-monthly monitoring to inform a decision on whether this drug should be shared care or not. If this proportion is low then this drug is probably not suitable for shared care.

ACTION:

- **JC to find out the proportion of patients on the drug who are on 3-monthly monitoring to inform a decision on whether this drug should be shared care or not.**

HNY ICB Shared care protocol: Valproate medicines for patients of child-bearing potential

An updated HNY ICB Shared care protocol: Valproate medicines for patients of child-bearing potential was presented to the APC for approval. It has been updated to reflecting the regulatory changes from January 2024 on the prescribing of oral valproate medicines. Further updates will be required in the future around use in men which new MHRA guidance on use in men becomes available.

The APC noted that the points raised at its June 2024 have been addressed by the authors. However the APC still do not feel it was in a position to approve this SCG because it has not been through the TEWV D&T. The TEWB D&T is due to meet at the end of July 2024. The APC was also keen to ensure that South Tees were in a position to adopt for their patients from North Yorkshire, and their rep at APC was not able to confirm this at the meeting. Linked to this suggested linking with the work in the NENC to see if they had an plans for a similar SCG

ACTION:

- **RDTC to feedback decision of July 2024 APC to authors.**

15. NY&Y Guideline for use – Use of aspirin in pregnancy to reduce the risk of pregnancy complications (including pre-eclampsia and fetal growth restriction)

This guidance was first developed by YSFT to improve access to aspirin for eligible women in pregnancy. One issue is that midwives (particularly those in the community) are not prescribers. There have been problems with timely access at York and are therefore updating the guidance for primary care which had expired and have also developed a primary care advice form to facilitate communication. HDFT have confirmed they are happy to adopt this guidance. Both YSFT and HDFT are exploring using a PDG so community midwives which are not prescribers can provide the first supply.

LMC confirmed in this instance happy with midwife recommending prescribing for eligible patients to the GP because essentially the midwives whilst not prescribers themselves are flagging to the GP that patient fits NICE criteria for the drug and then for GP to decide if to prescribe.

The updated guideline was approved by the APC subject to:

- Correcting typos relating to PGD.

ACTION:

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

Part 6 – Other items of business

16. Updated information in HNY BGTS Formulary document

An updated HNY BGTS document was presented to the APC.

The blood glucose formulary was approved in September 2023, there are no changes to the formulary choices however this update includes supplementary information to support general practice.

The update includes information on:

- General prescribing tips for healthcare professionals
- Safety needles and the current choices that district nurses are trained to use across the 6 places.
- BGTS requirements for drivers using CGM devices.
- Type 2 Diabetes – who should test.

The updated version was approved by the APC subject to:

- Page 4 – last bullet point under type 2 diabetes missing the word “care”.
- Add gestational diabetes to column on patient cohorts rather than the meter recommendations column.

ACTION:

- **FM to make suggested changes and circulate the final approved version.**

17. Topiramate - introduction of new safety measures, including a Pregnancy Prevention Programme

The MHRA Drug Safety Update from June 2024 with the new safety measures, including a Pregnancy Prevention Programme for topiramate was circulated to APC members for information.

The APC noted that this will be picked up ICB Medicines Safety Group who will discuss local implementation plus a review of the RAG status and indications on the local formulary.

Noted also that the Trust Medicines Safety Groups are also looking at this and producing SOPs to support implementation within their Trusts.

This will have a particular impact on neurology around the management of migraine.

ACTION:

- **LA to take to ICB Medicines Safety Group.**

Part 7 – Standing items (for information only)

18. IPMOC minutes – May 2024

Circulated for information.

19. TEWV D&T minutes – January 2024 and March 2024

Circulated for information.

20. York & Scarborough Trust Drug and Therapeutics Committee minutes – since March 2024

Not yet available.

21. **Harrogate Trust Medicines and Therapeutics Group minutes – March 2024**
Circulated for information.
22. **West Yorkshire ICS APC Minutes – since March 2023**
Not yet available.
23. **Humber APC minutes – May 2024**
Circulated for information.
24. **Humber APC decisions & recommendations – May and June 2024**
Circulated for information.
25. **RDTC Monthly Horizon scanning – June 2024**
Circulated for information.
26. **NENC Medicines Committee decision Summary – June 2024**
Circulated for information.

Any Other Business

Nil

Date and time of next meeting

Wednesday 4th September 2024, 2pm – 4.30pm, virtual meeting via Microsoft Teams
(August 2024 meeting cancelled due to number of apologies received)