

North Yorkshire & York Area Prescribing Committee

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

Present

Name	Job Title	Organisation	Voting Member	Apr 2024	May 2024	June 2024	July 2024	Sep 2024
Ken Latta	Head of Medicines Optimisation	North Yorkshire Place	Y	Rachel Ainger	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 William Ovenden	GP	City of York Place	Y	Y	Y	Y	Y	Apols
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Sara Moore	Y	Y	Y Until 3.25pm	Y
Dr Joanna Cunnington	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Y	Y	Y	Y	Y Until 3pm	Apols
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	Apols	From 2.22pm	X	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	Chris Williams	Until 3pm	From 3pm	Y Until 3.25pm	Y
Angela Hall	Public Health representative	North Yorkshire County Council	Y	Kurt Ramsden	Kurt Ramsden	Kurt Ramsden	Kurt Ramsden until 3pm	Kurt Ramsden
Alison Levin	Finance representative	North Yorkshire Place	Y	Apols	Y	Apols	Apols	Apols
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	Y
Laura Angus	Chief Pharmacist at Humber, & North Yorkshire ICS	HNY ICM	N	X	From 3.11pm	From 3pm	Apols	
Faisal Majothi	Medicines Optimisation Pharmacist	City of York Place	N	Y	Y	Y	Y	X
Jane Crewe	Formulary Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	N	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	Y	Apols	Y Until 3pm	Y Until 2.45pm
Dr Jane Raja	LMC Representative		N	Y	Y	Y	Y	Y
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	N	Y	Apols	Apols	Y	Y

The meeting was quorate with 9 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, Joanna Cunnington, Alison Levin, William Ovenden

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 3rd July 2024

The minutes of the July 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. It is listed on the new NY&Y formulary as GREEN drug and is being prescribed in primary across NY&Y.*
- TA973 - Atogepant for preventing migraine – *following July 2024 IPMOC awaiting sign off from ICB Place Directors. No further update available for this meeting. YSFT have started to use as a RED drug whilst awaiting ICB approval as an AMBER SI drug for GPs to prescribe.*

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

Duloxetine – RAG status for depression and anxiety

Following discussion at July 2024 NY&Y APC confirmed RAG status for both indications as GREEN as per TEWV guidelines. Previously listed as GREEN for depression but AMBER SI for anxiety.

ACTION:

- **CR to update the formulary website.**

6. Action log

TA937 and TA958

Note Trusts still awaiting confirmation of funding for these NICE TAs from ICB.

HDFT are doing a being piece of work looking at their compliance with all NICE TAs.

HDFT are using ritlecitinib as per TA958 as a RED drug pending finance approval from ICB to ensure they are NICE TA compliant.

NY&Y APC guidelines on defining RAG status - review

RDTC have circulated final updated approved version. ITEM NOW CLOSED.

Hydroxycarbamide Shared care guidelines for approval

HDFT now have some feedback but no other update on action from last APC available.

ACTION:

- **KW/SP to pick up outside of APC and progress to come back to next APC meeting.**

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

On today's agenda.

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

Final approved version now received post July 2024 APC so will be circulated. ITEM NOW CLOSED.

Updated information in HNY BGTS Formulary document

RDTC to circulate final approved version with July 2024 APC Decision Summary after September 2024 APC meeting. ITEM NOW CLOSED.

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

Has been taken to ICB Medicines Safety Group. Item now closed from APC perspective at this stage.

Formulary Updates Approved at July 2024 APC

Formulary website has been updated. ITEM NOW CLOSED.

Outstanding actions from previous APC meetings

Melatonin prescribing paper

No further update available.

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.

ICB process for IFRs for ICB commissioned drugs

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

Cytisine (cystinicline) 1.5mg Tablets

Noted now approved in NENC on basis of same information presented to NY&Y APC. Updated NICE guidance not expected til April 2025.

Noted ongoing challenges across HNY re differences in commissioning positions for smoking cessation between local authorities, which requires resolution so that a consistent position can be reached across HNY.

Update for Crohn's & Ulcerative colitis pathway

Still awaiting feedback from HDFT and this is in progress.

Hydroxychloroquine and chloroquine retinopathy: Recommendations on monitoring 16 December 2020 – updated RCOphth guidelines

Expect NY&Y SCG to come to October 2024 APC meeting following consultation with Trusts.

Part 2 – Governance

7. **New HNY APC Terms of reference**

The draft terms of reference for the new HNY APV which will replace the current NY&Y and Humber APCs have been circulated to APC members for comments by 11.9.24. Plan is for current APCs to finish in October 2024 and new APC to start meeting from November 2024.

Noted need to ensure terms of reference include TEWV and South Tees Trust – this has already been fed back.

ACTION:

- **APC members to submit any comments on draft HNY APC ToR by 11.9.24.**
- **LA to bring update version for ratification to APC prior to approval by ICB.**

Part 3 – Mental Health

8. **TEWV D&T Summary July 2024**

Circulated for information.

9. **Bupropion for depression – change of formulary status and information sheet to support transfer of prescribing**

In NENC ICS, the formulary status of bupropion for resistant depression was recently harmonised to GREEN+. In light of this, TEWV seeking support for the equivalent formulary status to apply across the whole TEWV footprint, i.e. for bupropion to have a status of AMBER-SI on the NY&Y formulary for resistant depression.

An information sheet has been developed to support transfer of prescribing from specialist to primary care – this is yet to be fully ratified in NENC ICS, but once it has been, and should the above proposal be supported, it would be re-badged to support transfer of prescribing from TEWV to primary care in North Yorkshire and York.

The APC noted that is licensed in the USA for this indication. TEWV would not expect patients moving to NY&Y from the USA already on this medication to be referred to them for review unless patient was unstable as would consider AMBER SI initiation has already happened in the USA

The NY&Y APC discussed and approved a change to the formulary status of bupropion for resistant depression from RED to AMBER-SI. It also approved the draft information sheet to support appropriate transfer of prescribing to primary care subject to the information about total daily/divided doses being clarified.

ACTION:

- **CR to update the formulary website.**
- **RM to circulate final approved version of bupropion for depression information sheet once approved in NENC.**

Part 4 – Formulary issues

10. **Appeals against previous APC decisions**

Nil this month.

11. **Formulary NICE TAs and MHRA Drug Safety Update – June and July 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:

- TA979: Ivosidenib with azacitidine for untreated acute myeloid leukaemia with an IDH1 R132 mutation

- TA981: Voxelotor for treating haemolytic anaemia caused by sickle cell disease
- TA984: Tafamidis for treating transthyretin amyloidosis with cardiomyopathy
- TA985: Selective internal radiation therapy with QuiremSpheres for treating unresectable advanced hepatocellular carcinoma
- TA988: Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis
- TA989: Etranacogene dezaparovec for treating moderately severe or severe haemophilia B

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

The drugs in the following TAs to be reflected in the formulary as BLACK drugs in the relevant chapters with links to the TAs:

- TA983: Pembrolizumab with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma
- TA992: Trastuzumab deruxtecan for treating HER2-low metastatic or unresectable breast cancer after 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:

- TA980: Nivolumab for adjuvant treatment of completely resected melanoma at high risk of recurrence in people 12 years and over (terminated appraisal)
- TA982: Baricitinib for treating juvenile idiopathic arthritis in people 2 years and over (terminated appraisal)
- TA987: Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma (terminated appraisal)

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:

- TA986: Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over
- TA990: Tenecteplase for treating acute ischaemic stroke

DG59: CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack – highlighted this new guidance to APC and need to link with regional pharmacogenomics pharmacy team around implementation. No further action for APC at this stage.

Medicines Safety MHRA Drug Safety Update – June and July 2024

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

ACTION:

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

12. Other formulary issues

Formulary Chapter 14 harmonisation

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

The following items have been added/ changed in the formulary:

- Cholera vaccine (Dukoral®): change from non formulary to green as this is one of the travel vaccines free of charge on the NHS and has always been available.
- Meningococcal group B Vaccine (Bexsero®) – this has been added as green. This vaccine is already available through the national childhood vaccination programme in 2015.
- Poliomyelitis vaccine live (oral): this has been added as green as this has always been

available on the NHS for travel purposes.

- Polysaccharide Typhoid Vaccine (Typhim Vi®) injection: this is proposed to be added as green as this has always been available on the NHS for travel purposes.
- Varicella-Zoster vaccine (Shingrix®): This has been added as green and replaces Zostavax as part of the national vaccination programme.
- RSV vaccination (Abrysvo®): Propose to add this as Green as this has been added to the national vaccination programme for pregnant women and people aged 75years-79 years.

ACTION:

- **CR to update the formulary website.**

RSV Vaccine

Approved for addition to the formulary as a GREEN drug to support the new national respiratory syncytial virus (RSV) vaccination programme.

ACTION:

- **CR to update the formulary website.**

13. New Drug Applications

Viscose garments

The APC discussed the formulary application received for viscose garements.

Viscose garments (e.g. Skinnies Viscose) appear to be being prescribed by GPs following requests from paediatric dermatology but we do not have a formal NY&Y formulary/commissioning position on them. Issue was picked up in relation to North Yorkshire patients who go to STHFT so hence why asked STHFT to submit a formulary application.

Not on radar of Trust pharmacies as in most Trusts these products will not go via Trust pharmacy. But are primary care colleagues are asking for a formulary/commissioning position steer on this.

There appear to be four viscose product ranges in the Drug Tariff: Clinifast , Comfifast, Skinnies® and Tubifast®. Clinifast® and Comfifast ® are the least expensive brands based on garment price.

NICE guidance on the management of atopic eczema in under 12-year-olds discusses the use of bandages and medicated dressings. The evidence base was found to be either lacking, or of poor quality with some conflicting results. However, the guideline development group did feel there was a role for these treatments in some cases, and made the following recommendation: whole-body dry bandages (including tubular bandages and garments) should not be used as first-line treatment for atopic eczema in children and should only be initiated by a healthcare professional trained in their use.

Feedback from HDFT is that occasionally use the garments namely CliniFast. Their use of garments did go down after the 2017 CLOTHES study. Although we are not able to directly extrapolate the study for silk garments on to viscose garments, the CLOTHES study did not demonstrate any advantage to using silk garments in children with eczema. HDFT always ask the GP to prescribe with no reported issues.

The APC discussed and agreed to add viscose garments to the formulary as AMBER SI to reflect current historical prescribing practice. It noted that no additional cost impacted is expected over current spend/use.

ACTION:

- **CR to update the formulary website.**

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

Azathioprine/Mercaptopurine

A new NY&Y SCG for Azathioprine/Mercaptopurine in adults in non-transplant indications was presented to the APC. It based on the latest template from the RDTC.

Local changes made to the RDTC template are:

- Section 2 - addition of vasculitis as an indication under Renal Medicine (was already listed as an indication under Rheumatology).
- Section 6 - Transfer of monitoring and prescribing to primary care is normally after at least 8 weeks, and when the patient's dose has been optimised and with satisfactory investigation results for at least 8 weeks.
- Section 13 – local contact details added.

The APC agreed to defer this agenda as no feedback has yet been received from HDFT and to confirm YSFT/HDFT happy to follow BSR cut offs of <1.6 for neutrophils, <150 platelets as YSFT currently used <2 and <140 respectively.

ACTION:

- **SM to seek comments/feedback from HDFT.**
- **JC to confirm what cut offs should be used locally for neutrophils and platelets.**

HNY ICB Shared care protocol: Valproate medicines for patients of child-bearing potential
Catherine Smith in attendance for this item.

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.

Since the July 2024 NY&Y APC confirmed that TEWV D&T happy to adopt this SCG and wish to adopt across TEWV. South Tees Trust confirmed have no plans for a shared care agreement for valproate, and unless there is a push for the whole of the North East and North Cumbria ICB (NENC ICB) or a national directive, are not keen to agree to a selective shared care agreement for North Yorkshire patients. The NENC do not have plans for a shared care document as such and are following the national move towards using the roles and responsibilities document instead which essentially covers many of the same aspects of the HNY SCG. The APC noted the challenge for South Tees Trust in having different process for their North Yorkshire patients compared to the NENC patients, so as it stands North Yorkshire GPs will not get a shared care guideline for valproate for their patients under South Tees Trust .

The APC noted that Humber APC had approved the HNY SCG at their meeting today.

The NY&Y APC agreed to approve this SCG noting that North Yorkshire GPs will not get a shared care guideline for valproate for their patients under South Tees Trust. This SCG will now go to IPMOC for final sign off and hosting on the ICB website.

ACTION:

- **Catherine Smith to take to IPMOC for final sign off.**
- **CR to link from NY&Y formulary to ICB website where this SCG will be hosted.**

Part 6 – Other items of business

16. Generic prescribing of eye preparations for HNY population - final guidance

This guidance was presented and approved by the APC.

The guidance requests prescribers across Humber and North Yorkshire Integrated Care System

to typically prescribe topical eye medication using generic drug names. The guidance has been consultation with relevant stakeholders given the opportunity to comment/respond.

Data analysis for glaucoma products alone indicates a saving potential of £266K per annum across primary care in HNY. Additional savings exist in other eye drops and ointments, and will be pursued, but these are less easily calculated.

The MMT/MOT estimate that 60% of this could be changed by the end of 2024/25, through available ICB resources, aiming to minimise workload and disruption for GP practices. Not asking GP practices to do this work, instead ICB will provide to support to the work.

The ask is that secondary care Trusts also follow this guidance and both YSFT plus HDFT agreed to promote within their organisations.

ACTION:

- **KL to circulate final approved version.**
- **SP/KW to promote guidance within YSFT and HDFT.**

17. GP collective action

General discussion took place on the impact of GP collective action to date across NY&Y, and also potential future impact. Agreed to bring specific issues around medicines back to APC as they arise if needed.

Part 7 – Standing items (for information only)

18. IPMOC minutes – June 2024 + July 2024

Circulated for information.

19. TEWV D&T minutes – May 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 – May 2024

Circulated for information.

22. West Yorkshire ICS APC Minutes – since March 2023

Not yet available.

23. Humber APC minutes – June + July 2024

Not yet available.

24. Humber APC decisions & recommendations – July 2024

Circulated for information.

25. RDTC Monthly Horizon scanning – July 2024

Circulated for information.

26. NENC Medicines Committee decision Summary – August 2024

Not yet available

Any Other Business

New NY&Y netformulary website

The APC noted that the new combined NY&Y netformulary website went live this week replacing the previous separate Y&S and Harrogate netformulary websites. The old sites now link the new site.

Date and time of next meeting: Wednesday 2nd October 2024 2pm – 4.30pm via MS Teams
(n.b. this will be the last meeting of the NY&Y APC before it is replaced by the new HNY APC in November 2024)