

## North Yorkshire & York Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on the 2<sup>nd</sup> March 2022

### Classification of products:

- G** **Green drug** - Can be initiated and prescribed in all care settings **○**- Second line / alternative green drug
- ASR** **Amber Specialist Recommendation drug** - Can be recommended by a specialist for initiation in primary care
- ASI** **Amber Specialist Initiation drug** – Initiated by a specialist and transferred to primary care once the patient stabilised. In some cases there may be a further restriction for use outlined - these will be defined in each case.
- ASC** **Amber Shared Care drug** - These are specialist drugs which must be initiated by the specialist, but with the potential to transfer to primary care within written and agreed shared care protocols and according to the agreed process for transfer of care
- R** **Red drug** - Drugs that should remain under the total responsibility of the specialist. Usually considered as “hospital only” drugs
- BLACK Not Approved** - Drugs that have been considered by the APC or other approved body and are not approved for prescribing within North Yorkshire & York.
- GREY Not Reviewed** - Drugs that haven't been reviewed by the APC yet. This usually means that no application has been received or that an application is in progress. These drugs are not normally considered appropriate for prescribing in North Yorkshire & York.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
<b>1) Requests deferred from previous meetings</b>				
<b>Lurasidone 18.5 mg, 37 mg and 74 mg tablets</b>  For the treatment of schizophrenia in adults and adolescents aged 13 years and over.			✓	Deferred decision to get more information on potential patient numbers and cost impact for North Yorkshire and Vale of York CCGs given the big price differential to aripiprazole
<b>2) New Requests</b>				
<b>ENERZAIR® BREEZHALER® ENERZAIR® BREEZHALER® With sensor</b> 114 micrograms/ 46 micrograms/ 136 micrograms inhalation powder, hard capsules  For the maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta2 -agonist and a high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous year.	✓ <b>ASR</b>			The place in therapy is step 4 where the patient needs to be stepped up to high dose ICS with the addition of a LAMA which is where patients should be referred into secondary care. At present patients would be considered for ICS/LABA and spirva so this would have the advantaged of been a single inhaler and only has to be administered once a day.  It will also be used instead of Relvar 184/22 Ellipta when assessing concordance to inhaled therapies in those patients who have previously attended on a daily basis for directly observed therapy (DOTs) prior to being referred for consideration of a biological therapy at a tertiary centre. This inhaler is already been used by the tertiary centre at Hull and they also use it to assess adherence to treatment. So adding to our formulary allows this assessment to be done in advance of the patient attending the tertiary centre.  Decision will be review if price of inhaler plus sensor changes.

## DECISION SUMMARY

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
<b>3) New formulations &amp; extensions to use</b>				
Nil this month				
<b>5) Products considered by NICE</b>				
TA757: Cabotegravir with rilpivirine for treating HIV-1	✓ <b>R</b>			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA758: Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy	✓ <b>R</b>			The formulary will reflect the TAG – CCGs are the responsible commissioner. Expected to prescribe by Trusts with specialist narcolepsy clinics only.
TA759: Fostamatinib for treating refractory chronic immune thrombocytopenia	✓ BLACK for this indication			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA760: Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer	✓ <b>R</b>			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA761: Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection	✓ <b>R</b>			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia (updated)	✓ <b>ASC</b>			The formulary will reflect the TAG – CCGs are the responsible commissioner
<b>6) Appeals against earlier decisions by the APC</b>				
None				
<b>7) Miscellaneous formulary decisions by the APC</b>				
Duloxetine for depression	✓ <b>G</b>			Approved change from GREEN from AMBER SI to match TEWV Depression Guidelines and Safe Transfer of Prescribing Guidelines.
Risperidone 1mg/ml oral solution	✓ <b>ASI</b>			Approved adding the Risperidone 1mg/ml oral solution to the formulary with a note to use in preference to orodispersible tablets.

The following guidelines were presented to and approved at the March 2022 meeting of the APC:

- TEWV Anxiety Guidelines - updated
- TEWV Safe transfer of prescribing guidance - updated

## DECISION SUMMARY

The following shared care guidelines were presented to and approved at the March 2022 meeting of the APC:

- TEWV Risperidone LAI SCG
- TEWV Guanfacine SCG – updates around pregnancy

Other documents presented to and approved at the March 2022 meeting of the APC:

- TEWV Medicines Optimisation - Interactive Guide for External Stakeholders

The APC also confirmed the following arrangements with regard to Compassionate Use/Free of Charge Schemes:

- If the free of charge scheme is for a drug which would normally be NHSE commissioned then it should be approved by the Trust D&T. (e.g. most Cancer drugs).
- If the free of charge scheme is for a drug which would normally be CCG commissioned then it should be approved at the next available meeting of the APC or via email if deemed urgent.