North Yorkshire & York Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on the 6th April 2022

Classification of products:

G **Green drug** - Can be initiated and prescribed in all care settings O- 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	
1) Requests deferred from previous meetings				
Lurasidone 18.5 mg, 37 mg and 74 mg tablets For the treatment of schizophrenia in adults and adolescents aged 13 years and over.	✓ **ASI**		✓	Approved as an option only for the treatment of schizophrenia in adults and adolescents aged 13 years and older meeting the following criteria: • require antipsychotic treatment, and • have not responded to or not tolerated aripiprazole, and • where the patient does not fulfil the treatment resistance criteria as outlined in NICE Clinical Guideline 178 for the initiation of prescribing of clozapine, and • who fulfil one of the following criteria: ○ Clinically significant weight gain on other antipsychotics (defined as greater than or equal to 5% gain in weight from baseline after a month of treatment) ○ Presence of a clinical condition that make avoidance of weight gain and metabolic adverse effects of particular importance, e.g. diabetes, cardiovascular disease ○ Patients with a prolonged QTc interval It is anticipated that the number of patients commenced on lurasidone in the first year post approval will not exceed 20.

Product	Decision: Approved	Decision: Refused	Decision: Deferred	Comments/notes
2) New Requests				
Oestriol 0.03mg pessary (Imvaggis®):			✓	A more cost-effective alternative to Vagifem® for local treatment of vaginal symptoms of estrogen deficiency in postmenopausal women. But decision deferred to confirm all stakeholders are happy to add to formulary.
3) New formulations & extensions to use				
Nil this month				
5) Products considered by NICE				
TA762: Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (terminated appraisal)	✓ BLACK for this indication			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA763: Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA764: Fremanezumab for preventing migraine	✓ R			The formulary will reflect the TAG – CCGs are the responsible commissioner. Now also approved for chronic as well as episodic migraine.
TA765: Venetoclax with Azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA766: Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA767: Ponesimod for treating relapsing–remitting multiple sclerosis	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA768: Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs	✓ R			The formulary will reflect the TAG – CCGs are the responsible commissioner.

DECISION SUMMARY

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA769: Palforzia for treating peanut allergy in children and young people	✓ R			The formulary will reflect the TAG – CCGs are the responsible commissioner. Expected to prescribe by Trusts with commissioned specialist food allergy clinics only. To be confirmed where these clinics are.
TA770: Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA771: Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (terminated appraisal)	✓ BLACK for this indication			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA772: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
HST17: Odevixibat for treating progressive familial intrahepatic cholestasis	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA773 Empagliflozin for treating chronic heart failure with reduced ejection fraction	✓ **ASR**			The formulary will reflect the TAG – CCGs are the responsible commissioner.
TA775 Dapagliflozin for treating chronic kidney disease	✓ G			The formulary will reflect the TAG – CCGs are the responsible commissioner. If using in Type 2 Diabetes – please advise patients to discontinue temporarily if there is a risk of dehydration (e.g., vomiting, diarrhoea or on holiday in a hot climate and there is limited access to water). SGLT2i should NOT be prescribed to people with type 1 diabetes unless under the direction of a diabetologist.
6) Appeals against earlier decisions by the APC				
None				

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
7) Miscellaneous formulary decisions by the APC				
Liothyronine 5, 10 and 20 microgram capsules	✓ **ASR**			Approved to add to the formulary with a note to use in preference to tablets on the basis of cost.

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

- Glaucoma Pathway: updated to include Simbrinza® eye drops as an additional treatment option. Also added reference to NICE pathway and use of selective laser trabeculoplasty as a non-drug treatment offered 1st in clinic as per NICE.
- Migraine Pathway: updated to reflect NICE TA764 – Fremanezumab now also recommended form episodic migraine.

The following shared care guidelines were presented to and received for information at the April 2022 meeting of the APC:

- Nil this month.

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

- NY&Y APC Terms of Reference – updated to make reference to Free of Charge Schemes
- RMOC Free of Charge Schemes Policy – approved for local adoption