NHS
North Yorkshire and York
Area Prescribing Committee

North Yorkshire & York Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on the 7th September 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 have not 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 meeting				
Nil this month				
2) New Requests				
Diazoxide for Chronic Intractable hypoglycaemia			✓	**Decision:** deferred to get more information on ongoing monitoring.
Biologic treatments for pityriasis rubra pilaris	✓ R			**Decision:** Adalimumab, Secukinumab, Ustekinumab, Risankizumab, and Guselkumab approved as Unlicensed indication for pityriasis rubra pilaris (PRP) in line with the presented pathway
3) New formulations & extensions to use				
Nil this month				
5) Products considered by NICE				
TA803: Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs	✓ R			The formulary will reflect the TAG – ICS is the responsible commissioner.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA805: Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides	✓ G			The formulary will reflect the TAG – ICS is the responsible commissioner.
TA806: Belimumab for treating lupus nephritis (terminated appraisal)	✓ BLACK for this indication			The formulary will reflect the TAG – ICS is the responsible commissioner.
TA807: Roxadustat for treating symptomatic anaemia in chronic kidney disease			✓	Decision deferred to get information on local cost impact.
TA808: Fenfluramine for treating seizures associated with Dravet syndrome	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA809: Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA810: Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA811: Duvelisib for treating relaped or refractory chronic lymphocytic leukaemia after 2 or more treatments (terminated appraisal)	✓ BLACK for this indication			The formulary will reflect the TAG – NHS England is the responsible commissioner.
HST21: Setmelanotide for treating obesity caused by LEPR or POMC deficiency	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
6) Appeals against earlier decisions by the APC				
None				

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
7) Miscellaneous formulary decisions by the APC				
Faricimab (NICE TA 799 and 800) and Ranibizumab biosimilar	✓ R			**Decision:** NICE TA 799 and 800 for faricimab in wet Age related macular degeneration (wAMD) and Diabetic Macular Oedema (DMO) were published in June 2022 Faricimab has the advantage of having a potentially longer duration of effect which may mean increased intervals between injections. It may be given 16 weekly after an initial loading phase. This is particularly positive given the current capacity constraints in ophthalmology. In liaison with ophthalmologists in both Trusts, initially it is proposed to be used for patients on 4-6 weekly injections of Eylea (aflibercept) and Lucentis (ranibizumab). After clinicians have gained experience it is proposed to investigate using for new initiations. The NHSE Commissioning Recommendations following the procurement of medical retinal vascular medicines have also been published. In terms of implementation locally it is planned that patients on Lucentis are switched to biosimilar ranibizumab, it is proposed that this commences from September 2022. The ophthalmologists do not feel it is clinical appropriate to either switch patients from Eylea to biosimilar ranibizumab or start new initiations on biosimilar ranibizumab.
Fidaxomicin (Dificlir® 40mg/ml granules for oral suspension	✓ ASR			**Decicsion:** formulary status changed to AMBER SR from AMBER SI the same as fidaxomicin ablets as that is what was intended.

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

- NY&Y Biologic treatments for pityriasis rubra pilaris.
- NY&Y Moderate to severe atopic dermatitis Advanced Therapies Pathway

The following guidelines were presented to and recommended for approval to the HNY IMOC at the September 2022 meeting of the APC:

- Nil this month.

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

- Nil this month.

The following documents were presented to and approved at the September 2022 meeting of the APC:

- NY&Y APC Formulary Application Form - updated