

North Yorkshire & York Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on the 5th October 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 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.

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Product	Decision			Comments/notes
	Approved	Refused	Deferred	
1) Requests deferred from previous meeting				
Diazoxide for Chronic Intractable hypoglycaemia			✓	Decision: deferred till November 2022 APC.
TA807: Roxadustat for treating symptomatic anaemia in chronic kidney disease			✓	Decision: deferred till November 2022 APC to get more information on local cost impact.
2) New Requests				
Nil this month				
3) New formulations & extensions to use				
Nil this month				
5) Products considered by NICE				
TA812: Pralsetinib for treating RET fusion-positive advanced non-small-cell lung cancer	✓ BLACK for this indication			The formulary will reflect the TAG – NHS England is the responsible commissioner.

DECISION SUMMARY

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TA813: Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis	✓ R			The formulary will reflect the TAG – ICS is the responsible commissioner for adults, and NHSE is the responsible commissioner for paediatrics
TA815: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs	✓ R			The formulary will reflect the TAG – ICS is the responsible commissioner.
TA816: Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA817: Nivolumab for adjuvant treatment of invasive urothelial cancer at high risk of recurrence	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA818: Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA819: Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA820: Brolucizumab for treating diabetic macular oedema	✓ R			The formulary will reflect the TAG – ICS is the responsible commissioner.
TA821: Avalglucosidase alfa for treating Pompe disease	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.

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	Approved	Refused	Deferred	
6) Appeals against earlier decisions by the APC				
None				
7) Miscellaneous formulary decisions by the APC				
Tecovirimat as a Treatment for Patients Hospitalised due to Monkeypox Viral Infection	✓ R			Decision: The formulary will reflect the national commissioning policy – NHS England is the responsible commissioner. Noted tertiary centre treatment provided by Hull or Leeds.
Bicalutamide RAG status	✓ ASR			Decision: change from Amber SI to Amber SR approved for prostate cancer. This gives flexibility for the GP to initiate both the cyproterone/ bicalutamide on their recommendation as well as the LHRH analogue.
Cyproterone RAG status	✓ ASR			Decision: change from Green to Amber SR approved for prostate cancer suppression of flare with initial LHRH analogue therapy. This is to match RAG status for Bicalutamide.

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

- NY&Y APC Lipid Guidelines – updated to include icosapent ethyl
- NY& APC Biologics Pathway for Psoriatic Arthritis – updated

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

- Nil this month.

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

- Nil this month.

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

- Nil this month.