North Yorkshire & York Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on the 1st March 2023.

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				
2) New Requests				
Morphine Sulphate in intrasite gel (or metronidazole gel) for painful wounds in palliative care	✓ R			Unlicensed indication and product. **Decision:** approved as RED drug because requires specialist input to assess need for drug, assess benefit, and to administer the drug safely. Ready made product is not easily available in primary care. RED drug classification includes prescribing and use by Palliative Care team.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Omeprazole, Pantoprazole, and Esomeprazole injection for Subcutaneous infusion in palliative care	✓ R			Unlicensed route of administration. In the past s/c ranitidine might have been considered but this is no longer available hence the need to consider using s.c proton pump inhibitors when the oral route is not possible and iv is not suitable. **Decision:** approved as RED drug because requires specialist input to assess need for drug, assess benefit, and to administer the drug safely. Injectable form of drug is also not readily available in primary care. RED drug classification includes prescribing and use by Palliative Care team. Choice of agent will depend upon location of patient i.e. in patient or community setting, whether it is necessary and practical to have a second syringe driver, Having more than one agent also allows flexibility if there are supply issues.
Beclometasone dipropionate and formoterol fumarate dihydrate MDI **Brand name: Luforbec MDI (100/6mcg and 200/6mcg strength)**	✓ G			**Requested for Asthma and COPD (note that the high strength 200/6 inhaler is only licensed for asthma). To replace Fostair MDI on the formulary as cheaper.** **Decision:** approved. The plan is for Luforbec MDI to replace Fostair MDI on the formulary and within the present treatment guidelines when an MDI is appropriate. There will be a continued focus to review existing patients on MDIs and to offer patients DPIs where appropriate.
3) New formulations & extensions to use				
Nil this month				
5) Products considered by NICE				
TA855: Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA856: Upadacitinib for treating moderately to severely active ulcerative colitis	✓ R			The formulary will reflect the TAG – ICS is the responsible commissioner.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA857: Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA858: Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA859: Angiotensin II for treating vasosuppressor-resistant hypotension caused by septic or distributive shock (terminated appraisal)				The formulary will reflect the TAG – ICS is the responsible commissioner. Received for information.
TA860: Maribavir for treating refractory cytomegalovirus infection after transplant	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
6) Appeals against earlier decisions by the APC				
None				
7) Miscellaneous formulary decisions by the APC				
Nil this month				

The following guidelines were presented to and approved at the March 2023 meeting of the APC:

- Biologics Pathway for Axial Spondyloarthritis (Ankylosing Spondylitis) & Non-Radiographic Axial Spondyloarthritis

The following guidelines were presented to and recommended for approval to the HNY IPMOC at the March 2023 meeting of the APC:

- Nil this month.

The following shared care guidelines were presented to and approved at the March 2023 meeting of the APC:

- Valproate medicines for patients of child-bearing potential

The following documents/guidelines were presented to the March 2023 meeting of the APC for comment:

- TEWV Depression medication algorithm
- TEWV Melatonin prescribing / shared care guidelines
- TEWV Guidance on prescribing psychotropics in child-bearing potential