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 6th March 2024

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				
None				
2) New Requests				
Subcutaneous sodium valproate in palliative care	✓ ASR			Unlicensed route of administration. **Decision:** approved as an AMBER SR drug because requires specialist input to assess need for drug, assess benefit, and to provide advice on dosing/administration. RED drug classification would not be in best interest for palliative patients in terms of accessing a supply or prescribing of this drug at short notice. Palliative care developing a guideline to support safe prescribing and administration.
3) New formulations & extensions to use				
None				
5) Products considered by NICE				
TA944: Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA945: Treosulfan with fludarabine before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases (terminated appraisal)				The formulary will reflect the TAG – NHS England is the responsible commissioner. Received for information.
TA946: Olaparib with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA947: Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA948: Ivosidenib for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
HST30: Sebelipase alfa for treating Wolman disease	✓ 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				
Diazoxide for Chronic Intractable hypoglycaemia	✓ R			**Decision:** approved change from AMBER Shared care to RED as whilst developing a shared care guideline agreed more appropriate for RED RAG status given specialist nature of this drug and indication. Felt condition more appropriate for specialist to manage rather than GP.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
Tirbanibulin ointment – request to review RAG status	✓ G			Requested changed in RAG status from RED to GREEN for field treatment of non-hyperkeratotic, non hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp in adults. **Decision:** approved for use patients in the community who have only 1 or 2 actinic keratosis that require treating and could be treated in 5 days with tirbanibulin rather than 30 days with Efudix. This will also prevent GPs referring him to dermatology for cryotherapy when patients declined to have Efudix. To be used as per Primary Care Dermatology Society Guidance for Actinic Keratosis.
Ferric Maltol	✓ G			**Decision:** approved a change from AMBER SR to GREEN but to only to be prescribed in line with the guideline. This would then avoid unnecessary referrals into secondary care before a trial of ferric maltol has been tried. The overall aim would be to reduce the number of referrals and iron infusions required but this is yet to be proven. The APC recommends a further audit at 6-12 months to assess whether it has resulted in a reduction in iron infusions.

The following documents/guidelines were presented to and approved at the March 2024 meeting of the APC:

- NY&Y Iron deficiency pathway (new)
- HNY ICS inhaler equivalence table (new)
- NY&Y Levetiracetam syringe driver guidance (updated)

The following guidelines were presented to and recommended for approval to the HNY IPMOC at the February 2024 meeting of the APC:

- Nil

The following shared care guidelines were presented to and approved at the March 2024 meeting of the APC:

- Nil

The following documents/guidelines were presented to the March 2024 meeting of the APC for comment:

- NY&Y Sodium Valproate subcutaneous guidance in palliative care.
- NY&Y Proton pump inhibitors in syringe driver guidance in palliative care