NHS North Yorkshire and York Area Prescribing Committee

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Summary of decisions made regarding new product requests considered at a meeting of the Committee on the 1st May 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				
None				
3) New formulations & extensions to use				
None				
5) Products considered by NICE				
TA954: Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA955: Dupilumab for treating moderate to severe prurigo nodularis	✓ BLACK			The formulary will reflect the TAG – ICB is the responsible commissioner.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
TA957: Momelotinib for treating myelofibrosis-related splenomegaly or symptoms	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA958: Ritlecitinib for treating severe alopecia areata in people 12 years and over	✓ R			The formulary will reflect the TAG – ICB is the responsible commissioner. Note: Referred to IPMOC due to financial impact / commissioning implications
TA959: Daratumumab in combination for treating newly diagnosed systemic amyloid light-chain amyloidosis	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA960: Satralizumab for preventing relapses in neuromyelitis optica spectrum disorders (terminated appraisal)				The formulary will reflect the TAG – NHS England is the responsible commissioner. Received for information
TA961: Sebelipase alfa for treating lysosomal acid lipase deficiency that is not Wolman disease (terminated appraisal)				The formulary will reflect the TAG – NHS England is the responsible commissioner. Received for information
TA962: Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA965: Human alpha1-proteinase inhibitor for treating emphysema (terminated appraisal)				The formulary will reflect the TAG – NHS England is the responsible commissioner. Received for information
TA878: Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 (update)	✓ R			The formulary will reflect the TAG – ICB is the responsible commissioner. Note: Referred to IPMOC due to financial impact /commissioning implications.

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
6) Appeals against earlier decisions by the APC				
None				
7) Miscellaneous formulary decisions by the APC				
Tadalafil 5mg daily for erectile dysfunction	✓ G			Evidence is that daily tadalafil is as effective as PRN. If patients require to have more than 1 tablet per week, the 5mg daily preparation becomes more cost effective, and is more cost effective than the other treatment options (Vardenafil and Avanafil). No longer included NHSE items of low clinical value guidance. **Decision:** to change the RAG status of the tadalafil 5mg daily preparation from Black to Green but only if patients do not have a significant response to the PRN preparations. The 2.5mg strength should remain black.
New CGM Sensors – FreeStyle Libre 2+ & DexcomOne+	✓ ASR			Abbot have introduced a newer version of their CGM sensor to replace Freestyle Libre 2. The manufacturers of Dexcom are introducing an updated version of Dexcom One. **Decision:** approve onto the formulary with new patients to be prescribed FSL2+/DexcomOne Plus and transition existing FSL2/DexcomOne patients as and when necessary

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

- NY&Y Heart Failure medicines management pathway – updated to reflect latest NICE TAs for SGLT2i.
- NY&Y Formulary Chapter 7: Obstetrics, Gynaecology and Urinary Tract Disorders.
- NY&Y Subcutaneous Levetiracetam in Palliative and End of Life Care (Adults)

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

- Nil

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

- NY&Y Modafinil SCG

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

- NY&Y Hydroxycarbamide SCG