

North Yorkshire & York Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on the 2nd October 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.

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Product	Decision			Comments/notes
	Approved	Refused	Deferred	
1) Requests deferred from previous meeting				
Ivabradine 5mg & 7.5mg fludrocortisone, and midodrine for Postural orthostatic tachycardia syndrome (unlicensed indication)	✓ ASI			Decision: approved as AMBER SI drugs.
Desmopressin and pyridostimine for Postural orthostatic tachycardia syndrome (unlicensed indication)		✓		Decision: applications refused due to weak evidence base and unclear rationale for use.
2) New Requests				
Drospirenone (Slynd®)	✓ G			Decision: approved as AMBER SI drug for use as additional oral progesterone only pill. This will primarily be used for patients who prefer a progesterone oral contraceptive and who would otherwise struggle to take a POP within the 3-hour or 12-hour window for a missed pill.
Trixeo Aerosphere® inhaler			✓	Decision: deferred and to consider as part of a full review of local COPD pathway. Requested as an alternative option for Moderate to severe COPD in those who are not adequately treated by a combination of an ICS/LABA or LAMA/LABA.

DECISION SUMMARY

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	Approved	Refused	Deferred	
3) New formulations & extensions to use				
None				
5) Products considered by NICE				
TA991: Abaloparatide for treating osteoporosis after menopause	✓ R			The formulary will reflect the TAG – ICB is the responsible commissioner.
TA993: Burosumab for treating X-linked hypophosphataemia in adults	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA994: Enzalutamide for treating non-metastatic prostate cancer after radical prostatectomy or radiotherapy (terminated appraisal)				The formulary will reflect the TAG – NHS England is the responsible commissioner. Received for information.
TA995: Relugolix for treating hormone-sensitive prostate cancer	✓ ASI			The formulary will reflect the TAG – ICB is the responsible commissioner. Decision referred to IPMOC because of financial impact.
TA996: Linzagolix for treating moderate to severe symptoms of uterine fibroids	✓ ASI			The formulary will reflect the TAG – ICB is the responsible commissioner.
TA997: Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
TA998: Risankizumab for treating moderately to severely active ulcerative colitis	✓ R			The formulary will reflect the TAG – ICB is the responsible commissioner.
TA999: Vibegron for treating symptoms of overactive bladder syndrome	✓ G			The formulary will reflect the TAG – ICB is the responsible commissioner.

DECISION SUMMARY

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
6) Appeals against earlier decisions by the APC				
None				
7) Miscellaneous formulary decisions by the APC				
Methenamine hippurate	✓ G			Decision: approved for NY&Y formulary for the prophylaxis and long term treatment of recurrent uncomplicated urinary tract infections. Already on formulary in Harrogate for this indication but not York & Scarborough. Review position when NG118 is updated and if supported make an ICB wide decision.
Freestyle Libre 3	✓ ASI			Decision: Freestyle Libre 3 will be reserved for those type 1 patients requiring a more accurate specialist CGM device, which will be determined by secondary care specialists. FreeStyle Libre 3 was only available via the hospital supply routes. Abbott has recently included FreeStyle Libre 3 in the appliances section of the Drug Tariff in January 2024. FreeStyle Libre 2+ and DexcomOne+ systems remain the sensors that meet the needs of the majority of people with diabetes eligible for a CGM device. Decision referred to IPMOC because of financial impact.
Hydrocortisone sodium phosphate injection	✓ G			Decision: add to formulary as a GREEN drug per NG243: Adrenal insufficiency: identification and management for use in emergency management kits.

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

- NY&Y Moderate to severe atopic dermatitis Advanced Therapies Pathway

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

- Nil

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

- Nil.

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

- Nil.