

## SUMMARY OF RECOMMENDATIONS FOR HNY-WIDE CONSULTATION

Recommendations made by the Medicines, Formulary, and Guidelines Group at their meeting on:	20 November 2024
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### Local Recommendations

Drug and indication	Rationale / criteria	Status and formulary position proposed	Notes on decision	Cost impact	Commissioning / service implications
<b>Bupropion for treatment of resistant depression</b> (unlicensed indication)	Bupropion is licensed in this indication in other countries, and patients entering the UK from abroad occasionally present to primary care requesting continuation of treatment. It is also an option in secondary care pathways, for patients requiring augmentation.	Amber specialist initiation: must be started by a specialist and remain with the specialist until the patient is stable, but can then be transferred to primary care.  Formulary entry to include clear annotation that this is an unlicensed indication.	An information sheet to support primary care prescribing is in development. Additional support for primary care will be available via advice and guidance in the first instance.	At a dose of 150-300mg daily, the cost per person is £251-£452 per patient per year. Patient numbers are expected to be low, but stakeholders are invited to raise at consultation if there is reason to expect a larger cohort	May reduce pressure on secondary care services slightly, where primary care is able to continue prescribing for new patients entering HNY from other areas or abroad who are established and stable on treatment, and do not require review.

### NICE Technology Appraisals and Guidance

NICE Technology appraisal or guidance	Status and formulary position assigned	Notes on decision	Cost impact	Commissioning / service implications
<a href="#"><u>TA1009: Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension</u></a> <b>2<sup>nd</sup> October 2024</b> <b>Commissioning: ICS</b> Latanoprost–netarsudil is recommended as an option for reducing intraocular pressure (IOP) in adults with primary open-angle glaucoma or ocular hypertension when a prostaglandin analogue alone has not reduced IOP enough, only if: <ul style="list-style-type: none"> <li>they have then tried a fixed-dose combination treatment and it has not reduced IOP enough, or</li> <li>a fixed-dose combination treatment containing beta-blockers is unsuitable.</li> </ul>	Amber specialist recommendation: does not need to be initiated by a specialist but can be recommended by a specialist to primary care.		NICE estimates that the eligible population is currently around 264 per 100,000 population, rising to 277 per 100,000 by year 5. Uptake of latanoprost-netarsudil is expected to be around 3% in year 1, rising to 14% by year 5.  The annual cost of treatment is £146 per person. Comparators cost between £54 and £210 per person. The drug cost in HNY is expect to be around £7k in year 1, rising to £36k in year 5, including savings from reductions in other treatments. The majority of this impact is due to population growth and not additional drug costs.	There are no service capacity impacts expected; latanoprost-netarsudil is an additional treatment option.

NICE Technology appraisal or guidance	Status and formulary position assigned	Notes on decision	Cost impact	Commissioning / service implications
All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.				

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