

SUMMARY OF RECOMMENDATIONS FOR HNY-WIDE CONSULTATION

Recommendations made by the Medicines, Formulary, and Guidelines Group at their meeting on:	18 December 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
Fentanyl sublingual tablets (Abstral®) for use in palliative care	Immediate-release fentanyl preparations are currently specialist recommendation on both NY&Y and Humber formularies. Use is now expected by at least one acute trust, which may result in a small amount being seen in primary care	Amber specialist initiation*, and annotated for use in palliative care only.	Decision intended to harmonise position across the ICB with the intended use for this medicine.	Likely to be low – selected patients only and for a finite period of time	None expected
Dienogest 2mg tablets for endometriosis	Evidence suggests dienogest is effective for management of endometriosis. Current treatment options are hormonal treatment (including COCs, POPs, IUS, progesterone implants and injections), GnRH analogues, and surgery. GnRH analogues are only licensed for a six-month treatment course.	Amber specialist initiation*, as a second-line option alongside GnRH analogues, after failure of initial hormonal treatment and analgesia, and on the recommendation of a gynaecologist.	The group noted that patients with endometriosis are a diverse group, and giving multiple options second-line is important to ensure there are suitable options for all patients.	Dienogest costs £266.50 per patient per year, compared to £213.67 for norethisterone and £420-£450 for a six month course of GnRH analogues 90-100 patients per year are expected between York, Scarborough and Harrogate. Patient numbers are not known for Humber.	Use of dienogest may lead to reduction in number of appointments for administration of injections.
Oral immunotherapy (Acarizax®, Grazax® and Itulazax®) for the treatment of allergen-specific rhinitis and conjunctivitis in adult and paediatric service	Seasonal allergy immunotherapy is currently provided by hospital clinics. These medicines have been treated as RED previously, to allow immunologists to gain experience in their use. This goal has been achieved, so this request is intended to improve patient access and experience.	Amber specialist initiation*, to be started by the specialist immunology team Follow-up and review will be by the specialist team, with no monitoring required by primary care. Clinic letters will detail the follow-up plan.	If patients do not attend for follow-up the Primary Care team will be informed by the specialist, including advice on whether the repeat prescriptions should be stopped until further review.	None expected since patients are already treated; however, there will be a transfer of costs to primary care prescribing budgets. There are currently 70 patients receiving sublingual immunotherapy from hospitals in HNY, at a cost of £975 per patient per year, or an anticipated £68,235 per annum impact to the primary care prescribing budget.	None expected.

NICE Technology Appraisals and Guidance

NICE Technology appraisal or guidance	Status and formulary position assigned	Notes on decision	Cost impact	Commissioning / service implications
There were no appraisals for ICB-commissioned medicines this month				
<p>The following NHSE-commissioned medicines received positive NICE appraisals. They will be assessed by provider trusts once all necessary information is available, and if added to the HNY formulary they will have a status of RED</p> <ul style="list-style-type: none"> • TA1012: Avapritinib for treating advanced systemic mastocytosis • TA1014: Alectinib for adjuvant treatment of ALK-positive non-small-cell lung cancer • TA1015: Teclistamab for treating relapsed and refractory multiple myeloma after 3 or more treatments • TA1016: Elafibranor for previously treated primary biliary cholangitis • TA1017: Pembrolizumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer • TA1018: Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis • TA1019: Crovalimab for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over • TA1020: Eplontersen for treating hereditary transthyretin-related amyloidosis 				
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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RAG classifications for joint Humber and North Yorkshire ICB formulary			
Red	<p>Specialist prescribing only</p> <p>The specialist initiates, continues and completes all ongoing monitoring.</p>	<p>Amber specialist recommendation (Amber SR)</p> <p>Formerly known as Amber 1 in Humber</p>	<p>Does not need to be initiated by a specialist but can be recommended by a specialist to general practice.</p> <p>No ongoing arrangements between specialist and general practice. General practice can refer back to specialist at any time in relation to medication query, if required.</p>
Amber shared care (Amber SCP)	<p>Specialist initiation with ongoing monitoring</p> <p>Medicines that must be initiated by a specialist*, and which require significant monitoring on an ongoing basis.</p> <p>Full agreement to share the care of each specific patient must be reached under the shared care protocol (SCP) which must be provided to the primary care provider.</p> <p>If a commissioned SCP is not available these must be treated as red.</p>	<p>Green (with pathway/guideline)</p> <p>Formerly known as Amber 1 in Humber</p>	<p>Can be prescribed in primary care in line with a recommended approved pathway/guideline.</p>
Amber specialist initiation (Amber SI)	<p>Must be started by a specialist and remain with specialist until the patient is stable on the new medicine but can then be transferred to primary care (general practice) to continue prescribing without ongoing arrangements between specialist and general practice. General practice can refer back to specialist at any time in relation to medication query, if required.</p>	<p>Green (no pathway/guideline)</p>	<p>Medicines suitable for routine use within primary care and secondary care.</p> <p>Can be prescribed in primary care, as per the wording on the formulary and considering both the drug SPC and BNF.</p>
Formerly known as Amber 2 in Humber			