


Recommendations made by HNY APC subgroups	January 2025	
Approved by: HNY APC	8 <sup>th</sup> January 2025	
Reviewed by: CPC NB: HNY APC is a decision-making group. Decisions are submitted to CPC for information.	24 <sup>th</sup> January 2025	
<p>The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE's technology appraisals. When NICE recommends a treatment 'as an option', the NHS must make sure it is available within 90 days (unless otherwise specified) of its date of publication. This means that, if a patient has a disease or condition and the doctor responsible for their care thinks that the technology is the right treatment, it should be available for use, in line with NICE's recommendations.</p>		

## DECISIONS WITH A FINANCIAL OR COMMISSIONING IMPACT

Drug and indication	Status and formulary position assigned	Notes on decision	Cost impact and commissioning / service implications	Recommendation from HNY APC
<p><a href="#">TA999: Vibegron for treating symptoms of overactive bladder syndrome</a> 4<sup>th</sup> September 2024 <b>Commissioning: ICS, 30 day TA</b> Vibegron is recommended as an option for treating the symptoms of overactive bladder syndrome in adults. It is only recommended if antimuscarinic medicines are not suitable, do not work well enough or have unacceptable side effects.</p>	<p>Add to formulary as a GREEN (with guideline) drug in this indication, alongside mirabegron, with links to TA999</p> <p>Both NY&amp;Y and Humber OAB guidelines are due for review and will be added to the APC subgroup workplan.</p>	<p>IPMOC October meeting approved a decision made by NY&amp;Y APC to add to formulary as green, alongside mirabegron.</p> <p>Not reviewed by Humber APC. Mirabegron is green and second choice in Humber.</p>	<p>NICE expect the resource impact of implementing the recommendations in England will be around £1,000 per 100,000 population in year 1, increasing to £6,000 per 100,000 population in year 5. This increase is largely driven by population growth, not drug costs. The patent for mirabegron will not expire in the next 2 years.</p> <p>Vibegron (£26.68 per pack of 30 tablets) is slightly cheaper than mirabegron (£29.00 per pack of 30 tablets).</p>	<p>Approve addition to formulary</p>

## DECISIONS WITHOUT A FINANCIAL OR COMMISSIONING IMPACT

Drug and indication	Status and formulary position assigned	Notes on decision	Cost impact and commissioning / service implications	Recommendation from HNY APC
<p><a href="#">TA1004: Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion</a></p> <p><b>11<sup>th</sup> September 2024</b></p> <p><b>Commissioning: ICS, tariff-excluded, 30-day TA</b></p> <p>Faricimab is recommended, within its marketing authorisation, as an option for treating visual impairment caused by macular oedema after central or branch retinal vein occlusion in adults. It is only recommended if the company provides it according to the commercial arrangement.</p>	<p>On formulary in Humber and NY&amp;Y as a RED drug per NICE TAs 799 (DMO) and 800 (wet AMD).</p> <p>Retain RED status and update formulary with links to TA1004.</p>		<p>Review ophthalmology pathways to determine place in therapy. Visual impairment caused by macular oedema after retinal vein occlusion is usually treated with anti-VEGF treatments aflibercept and ranibizumab. Faricimab is another treatment option that works in a similar way to aflibercept and ranibizumab and would be offered to the same population.</p> <p>A cost comparison by NICE suggests faricimab has similar costs and overall health benefits to aflibercept. In addition, a majority of people currently have aflibercept for this condition, particularly people starting treatment. So faricimab is recommended as an additional treatment option.</p> <p>The list price of faricimab is £857 for 1 vial of 120 mg per 1 ml solution for injection (excl VAT). The company has a commercial arrangement which makes faricimab available to the NHS with a discount. The size of the discount is commercial in confidence.</p> <p>The availability of biosimilars could lead to significant financial implications. Ranibizumab is already available as a biosimilar. A biosimilar of aflibercept is expected in 2025.</p>	<p>Approve addition to formulary</p>

## DECISIONS FOR INFORMATION ONLY

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact
HNY APC minutes – November 2024			Approved	
HNY APC minutes – December 2024			Approved	

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact
<b>NHSE-commissioned NICE TAs</b>				
<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"> <li>• TA1000: Iptacopan for treating paroxysmal nocturnal haemoglobinuria</li> <li>• TA1001: Zanubrutinib for treating marginal zone lymphoma after anti-CD20-based treatment</li> <li>• TA1002: Evinacumab for treating homozygous familial hypercholesterolaemia in people 12 years and over</li> <li>• TA1003: Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over</li> <li>• TA1005: Futibatinib for previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement</li> <li>• TA1007: Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer</li> <li>• TA1008: Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments</li> </ul>				
<p>All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.</p>				

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