

**SUMMARY OF DECISIONS**

| **Recommendations made by HNY APC subgroups** | **January 2025** |
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| **Approved by: HNY APC** | **5th February 2025** |
| **Reviewed by: CPC**NB: HNY APC is a decision-making group. Decisions are submitted to CPC for information.  | March 2025 |
| **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.**For copies of current HNY APC minutes and decisions, please visit <https://humberandnorthyorkshire.org.uk/area-prescribing-committee-apc-minutes-from-meetings/>.  |

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| **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** |
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| **Bupropion for treatment of resistant depression (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 (Amber SI)** Formerly known as Amber 2 in Humber.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; current annual spend is <£3,000 annually. May reduce pressure on secondary care services slightly, where primary care is able to continue prescribing for new patients entering HNY who are established and stable on treatment, and do not require review. | Approve addition to formulary |

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| [**TA1009: Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension**](https://www.nice.org.uk/guidance/ta1009)**2nd October 2024****Commissioning: ICS**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:* they have then tried a fixed-dose combination treatment and it has not reduced IOP enough, or
* a fixed-dose combination treatment containing beta-blockers is unsuitable.
 | **Amber specialist recommendation (Amber SR)**Formerly known as Amber 1 in HumberDoes 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. | Approve addition to formulary |

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| **DECISIONS FOR INFORMATION ONLY** |

| **Drug and indication**  | **Rationale / criteria** | **Status and formulary position assigned** | **Notes on decision** | **Cost impact** |
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| HNY APC minutes – January 2025 |  |  | Approved |  |
| All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted. |

HNY APC Professional Secretariat Provided by:

Regional Drug and Therapeutics Centre

16/17 Framlington Place, Newcastle upon Tyne, NE2 4AB

Tel: **0191 213 7855** email: nuth.hnyapc@nhs.net visit: <https://humberandnorthyorkshire.org.uk/area-prescribing-committee-apc/>

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