

**SUMMARY OF DECISIONS**

| **Recommendations made by HNY APC subgroups** | **February 2025** |
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| **Approved by: HNY APC** | **5th March 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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| Fentanyl sublingual tablets (Abstral®) for use in palliative care | **Amber specialist initiation (Amber SI)**  Formerly known as Amber 2 in Humber  And annotated for use in palliative care only. | Immediate-release fentanyl preparations are currently specialist recommendation on both NY&Y and Humber formularies. | Cost implications likely to be low – selected patients only and for a finite period of time  No commissioning / service implications expected | Approve addition to formulary |
| Dienogest 2mg tablets for endometriosis | **Amber specialist initiation (Amber SI)**  Formerly known as Amber 2 in Humber  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.  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. | 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. | Approve addition to formulary |
| Hydroxychloroquine Shared Care Protocol | **Amber Shared Care**  **(Amber SCP)** | The group noted that the ICB should address the commissioning of ophthalmology services, to facilitate implementation of the SCP. | In section 5, it sets out the responsibility for referral to retinopathy screening service lies with the specialist but it is the expectation that there is a need for an annual audit funded through the 'Near Patient Testing for Amber Drugs within primary care Local enhanced service. This will allow assurance to make sure no patient fall through the net.  Commissioned ophthalmology services need to be in place for the SCP to be implemented; development of these services is underway. | Approve Shared Care Protocol |

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| None this month |  |  |  |  |

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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 – February 2025 |  |  | Approved |  |
| 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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