

**SUMMARY OF DECISIONS**

| **Recommendations made by HNY APC subgroups** | **March 2025** |  |
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| **Approved by: HNY APC** | **2nd April 2025** |
| **Reviewed by: CPC**NB: HNY APC is a decision-making group. Decisions are submitted to CPC for information.  | *pending* |
| **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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| [**TA1022: Bevacizumab gamma for treating wet age-related macular degeneration**](https://www.nice.org.uk/guidance/ta1022)04 December 2024 Commissioning: ICS, 30-day TA, tariff-excluded  | Add to formulary as a RED drug, with links to TA1022.    | Updated NHSE commissioning recommendations for wet AMD are expected in 2025. Place in therapy for this medicine will be influenced by those recommendations.   | Cost: Low impact expected. Place in therapy will determine the exact impact and will be reviewed once NHSE commissioning recommendations are available.  Commissioning / Service: None expected; bevacizumab gamma is another treatment option for an existing population.  | Approve addition to formulary |
| [TA1026: Tirzepatide for managing overweight and obesity](https://www.nice.org.uk/guidance/ta1026)23 December 2024 Commissioning: ICS For the funding variation cohort identified: 90 days in specialist weight management settings, 180 days in non-specialist settingsTirzepatide is a further treatment option and is the first GLP-1 receptor agonist to be recommended for use outside a specialist weight management setting. It is recommended for use in all settings.  | Interim RED status to facilitate prescribing in specialist services during the initial implementation period.   Formulary entry to be annotated: “tirzepatide for management of overweight and obesity will be provided by specialists only during the initial implementation period from March 2025. Please note that services are at capacity and referrals should not be made purely to access medicines. Preparations for primary care implementation are underway.”  | The RAG and formulary status for implementation in primary care are under review now that NHSE commissioning recommendations have been published; advice will be published as soon as possible.  | Additional information is required to estimate the cost impact of tirzepatide, including the NHS England commissioning guidance, cost of commissioned services, and proportion of patients accessing services. The anticipated costs of implementing the recommendation exceed the budget impact test of £20 million in England in each of the first 3 years.  NHS England requested a delay of 6 months to the funding requirement for all eligible patients. Considering the responses from the consultation, NICE recommends mandated funding of tirzepatide: * within 3 months from final guidance publication for all patients accessing specialist weight management services at that time and subsequently, since these services and the associated wraparound care is already established
* must be made available from 6 months of final guidance publication for a phased introduction of delivery to eligible cohorts, at a minimum, in line with NHS England's interim commissioning policy, since NICE accepts that it will take time for commissioners to establish effective services in primary care.
 | Approve addition to formulary |

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| **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** |
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| **Medicines for management actinic keratosis**   | * 3% Diclofenac with HA (Solaraze) – GREEN, and annotate: less cost effective than topical fluorouracil
* 5% Fluorouracil (5-FU) (Efudix) - GREEN
* 5% Imiquimod (Aldara) – AMBER SPECIALIST RECOMMENDATION
* 0.5% 5-FU+10% salicylic acid (Actikerall) - GREEN
* 3.75% Imiquimod (Zyclara) – AMBER SPECIALIST RECOMMENDATION
* Tirbanibulin 10mg/g (Klisyri) – GREEN
 | Formulary section to be annotated: All medications to be used in line with PCDS pathway - Actinic (Solar) Keratosis Primary Care Treatment Pathway <https://www.pcds.org.uk/files/general/AK-Pathway-2022-Update-web-1.pdf>   | Cost: None expected; medicines are already in use for an existing patient cohort | Approve addition to formulary |
| **Sodium chloride 0.9% solution** for injection 2ml, 5ml, 10ml, 20ml ampoules for use as a diluent  | GREEN when used for palliative care  | Current RED status for intravenous sodium chloride is a barrier to care for patients receiving palliative care.   | Cost: Acquisition cost may be slightly higher in primary care; however, a green status will simplify the treatment pathway and is likely to reduce demands on staff time and improve patient care.  Commissioning / Service: None expected  | Approve addition to formulary |
| **Sodium chloride 0.9% solution** for injection 2ml, 5ml, 10ml, 20ml ampoules for use as a flush    | GREEN when used as a flush  | Current RED status for intravenous sodium chloride is a barrier to care for patients receiving palliative care.  | Cost: Acquisition cost may be slightly higher in primary care; however, a green status will simplify the treatment pathway and is likely to reduce demands on staff time and improve patient care. Commissioning / Service: None expected  | Approve addition to formulary |
| **Sodium chloride 0.9% solution** 500ml & 1000 ml bags for use in hypodermoclysis | AMBER Specialist Initiation (SI) (in line with Palliative Care or Virtual Ward MDT care plan)  | Current RED status for intravenous sodium chloride is a barrier to care for patients receiving care in line with locally agreed guidelines.  | Acquisition cost may be slightly higher in primary care; however, a AMBER SI status will simplify the treatment pathway and is likely to reduce demands on staff time and improve patient care. Commissioning / Service: None expected  | Approve addition to formulary |
| **Shared care protocols x8** | Shared care protocols for:* Amiodarone
* Azathioprine & mercaptopurine
* Dronedarone
* Leflunomide
* Methotrexate
* Mycophenolate mofetil and mycophenolic acid
* Riluzole
* Sulfasalazine
 | All documents are based on those developed nationally and published by NHSE, updated regionally by RDTC, and adapted locally for implementation within HNY.  | It is acknowledged that in some localities implementation of these documents will represent a significant change in practice, as they move to true shared care. | Approved for publication |
| **HNY APC RAG Status Definitions and shared care principles** | Three documents: * RAG status definitions - long version
* RAG status definitions - short version
* What Good Looks Like - Principles for Sharing of Care Relating to Prescribing of Medication
 |  | None expected | Approved for publication |

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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 – March 2025 |  |  | Approved |  |
| 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  * TA1021: Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer
* TA1023: Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments
* TA1025: Ublituximab for treating relapsing multiple sclerosis
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| 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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