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**SUMMARY OF RECOMMENDATIONS FOR HNY-WIDE CONSULTATION**

| **Recommendations made by Medicines Formulary Group at their meeting on:** | 19 March 2025 |
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| **Local Recommendations** |

| **Drug and indication** | **Rationale / criteria** | **Status and formulary position proposed** | **Notes on decision** | **Cost impact** | **Commissioning / service implications** |
| --- | --- | --- | --- | --- | --- |
| **Ivermectin for scabies** | The previous RAG status was due to no licensed product being available which is no longer the case. | Change from Red to Green (with guideline)  It is proposed that the ICB adopts the national Primary Care Dermatology Society clinical guideline for management of scabies; <https://www.pcds.org.uk/clinical-guidance/scabies> which sets out the place in therapy for Ivermectin. | The PCDS guideline states discussion with / referral to a dermatologist should be considered in the following cases:   * Diagnostic uncertainty / failure to respond to adequate treatment of the patient and contacts * An outbreak in a nursing or other care home. | This is not a new application but a change in RAG status of the drug Ivermectin from RED to green (with guideline).  The cost of the drug is the same within both primary and secondary care (Drug Tariff March 2025; 4 tablets = £55) so there will be no increase in spend to the system | At present the RAG status for this drug is Red which means that the patient needs to be referred into secondary care to access this treatment. It would be more appropriate for this to be available within primary care as this drug does not warrant specialist input. The previous RAG status was due to no licensed product been available which is no longer the case. This change means that patients will receive more timely treatment and reduce unnecessary workload on dermatology departments. |
| **Budesonide suppositories** | This formulary application is to add budesonide 4mg suppositories to formulary as an alternative to 5mg prednisolone suppositories (where a suppository formulation is the most appropriate treatment option.) | **Align formularies;**  Budesonide suppositories  Amber SR first line  Prednisolone suppositories  Amber SR second line | Prednisolone 5mg suppositories are used twice a day, using a suppository in the morning can be impractical for patients. Budesonide 4mg suppositories are licensed to be used once daily (at night) are more acceptable for patients. | Cost saving;  Prednisolone 5mg suppositories are used twice a day, costing £50.27 / day.  Budesonide 4mg suppositories are licensed to be used once daily and cost £6.60 / day. | No change to current service. |

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| **NICE Technology Appraisals and Guidance** |

| **NICE Technology appraisal or guidance** | **Status and formulary position assigned** | **Notes on decision** | **Cost impact** | **Commissioning / service implications** |
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| There were no appraisals for ICB-commissioned medicines this month |  |  |  |  |
| 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  [**TA1036: Elacestrant for treating oestrogen receptor-positive HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment**](https://www.nice.org.uk/guidance/ta1036)  [**TA1037: Pembrolizumab for adjuvant treatment of resected non-small-cell lung cancer**](https://www.nice.org.uk/guidance/ta1037)  [**TA1038: Selpercatinib for advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over**](https://www.nice.org.uk/guidance/ta1038)  [**TA1039: Selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over**](https://www.nice.org.uk/guidance/ta1039)  [**TA1040: Olaparib for treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy**](https://www.nice.org.uk/guidance/ta1040)  [**TA1041: Durvalumab with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer**](https://www.nice.org.uk/guidance/ta1041)  [**TA1042: Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer**](https://www.nice.org.uk/guidance/ta1042)  **[TA1043: Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection](https://www.nice.org.uk/guidance/ta1043)**  [**TA1044: Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over**](https://www.nice.org.uk/guidance/ta1044) | | | | |
| 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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