

**SUMMARY OF DECISIONS**

| **Recommendations made by HNY APC subgroups** | **April 2025** |  |
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| **Approved by: HNY APC** | **7th May 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** | **APC decision** |
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| **Aerobika Oscillating positive expiratory pressure (OPEP) device** | AMBER Specialist Initiation (SI)\* \*Training and the first device will be supplied by the Hospital | Primary care to prescribe replacement devices only in the event of breakage or when the device starts to "fail". Aerobika requires replacement after 12 months | The cost impact of introducing a different device is minimal as patients would otherwise be prescribed Acapella or Flutter. Will be an alteration of how the device is currently provided in South Tees who currently use this as Amber Specialist Recommendation.  | Approve addition to formulary |
| **Doxylamine and pyridoxine (Xonvea)** for nausea and vomiting in pregnancy | GREEN Presented as a treatment option alongside other established (off-label) options | This is the only licensed treatment for hyperemesis in pregnancy. It Is included in RCOG guidelines.[The Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum (Green‐top Guideline No. 69) - Nelson‐Piercy - 2024 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library](https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.17739) | Estimates of cost per patient approx. £211 per patientApprox 14,000 pregnancies per annum over the ICB.  As a crude estimate the Y&S team predict 1-2% of pregnant women might end up needing it i.e. 140 – 280 over the whole ICB. Cost could therefore be in the region of £30,000 - £60,000, although other potential costing impacts are detailed in the application. | Approve addition to formulary |
| **Naltrexone for gambling that harms.**Any prescription of Naltrexone for gambling disorder is off-license | Red – for use by specialist gambling service only[NG248: Gambling-related harms: identification, assessment and management](https://www.nice.org.uk/guidance/ng248)  | NICE recommends that naltrexone should be started by, or under the supervision of, an appropriately qualified and experienced specialist.  [A national prescribing guideline is available.](https://urlsand.esvalabs.com/?u=https%3A%2F%2Fwww.southernhealth.nhs.uk%2Fdownload_file%2Fview%2F3186%2F917&e=9f250c40&h=377ba38c&f=y&p=n)  | Naltrexone costs approximately £500 per person per 6 months.   | Approve addition to formulary |
| **Lipid management pathway** | Align RAG status with the pathway: Atorvastatin - Green Rosuvastatin - Green Ezetimibe - Green Bempedoic acid 180mg and Ezetimibe 10mg - Green (with pathway/guideline) Bempedoic acid - Green (with pathway/guideline) Icosapent Ethyl - Green (with pathway/guideline) Inclisiran - Green (with pathway/guideline) Alirocumab injection - Red Evolucumab injection - Red  | The pathway is aligned with national guidance, other than placing oral options ahead of injectable options in secondary prevention, and allowing atorvastatin 20mg as a starting dose. The Health Innovation Network have designed an e-lipid interactive pathway to support this piece, which will be supported by an educational package. The pathway is aligned with national work done on inclisiran, including NICE technology appraisal guidance, NHSE publications, and the updated GP contract.  | Inclisiran is centrally funded by NHSE, as set out in [Funding and Supply of inclisiran (March 2025)](https://www.england.nhs.uk/long-read/funding-supply-inclisiran-leqvio/#:~:text=It%20is%20stated%20that%20inclisiran,the%20local%20ICB%20drugs%20budget). There is a reimbursement to GP practices of £60 (previously £50) which is charged to the local ICB prescribing budget, but this is lower than the acquisition cost of inclisiran (£1987 per syringe) There were 1,462 items prescribed in the last 12 months, so the total additional budget impact may be around £14,620 assuming prescribing rates remain similar. This had already been approved via the LES review, although inclisiran has now been removed from the LES. | Approve publication of the pathway |

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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** | **APC decision** |
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| **Cytisinicline (cytisine) tablets** for smoking cessation and reduction of nicotine craving in those who are willing to stop smoking | REDTo be used as part of a smoking cessation service.May be initiated in secondary care, providing patients are also referred to a smoking cessation service for wraparound care | NICE Guideline NG209: Tobacco: preventing uptake, promoting quitting and treating dependence section 1.12.2 states: "Ensure the following are accessible to adults who smoke…cytisinicline" | Commissioned as part of Smoking Cessation services by local authorities. | Approve addition to formulary |
| [**NICE TA878: Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19**](https://www.nice.org.uk/guidance/ta878/) **(updated)**1st May 2025Commissioning: ICB | REDFormulary to be updated to align with the updated NICE TA: as an option for treating COVID‑19 in adults, only if they:* do not need supplemental oxygen for COVID‑19 and
* have an increased risk for progression to severe COVID‑19, as defined in [section 5](https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-to-severe-COVID19).
 | Following a change in the acquisition cost of Paxlovid, NICE updated TA878 because Paxlovid is no longer cost-effective in all of the indications previously included.  | None expected from this change. May prevent additional costs due to inappropriate prescribing. Note that there will be a cost impact due to the end of the commercial arrangement which had previously reduced the cost of Paxlovid. The NHS price will now be £829 per course vs. £2.50 previously. There were 408 prescriptions in the last 12 months, so the net impact may be around £337,000 for the ICB if prescribing remains flat. The impact of the change in eligibility on number of prescriptions is not known | Approve amendment 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 – April 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  * TA1027: Tebentafusp for treating advanced uveal melanoma
* TA1030: Durvalumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer
* TA1031: Vamorolone for treating Duchenne muscular dystrophy in people 4 years and over
* TA1034: Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours
* TA1035: Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease
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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. |

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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