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

| **Recommendations made by the Medicines, Formulary, and Guidelines Group at their meeting on:** | 18 June 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** |
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| AccuChek Instant blood glucose meters, test strips and AccuChek FastClix lancets  For use in T2DM patients who will benefit from the AccuChek FastClix lancet system | Inclusion of Roche AccuCheck Instant on HNY blood glucose meter formulary, along with corresponding FastClix Lancets, as alternative option to GlucoFix Tech GK in Type 2 diabetes.  Meter and test strips comparable price to other meters on the formulary.  Associated lancet system: Safer sharps use for patients with impaired vision unable to see needles/lancets as changed via a drum which contains 6 lancets all encapsules within the device reducing risk of needle stick injuries. Pertinent for paediatric cases and use in schools. Offers an alternative for paediatric patients or adults requiring a safer needle system. | To add to AccuChek Instant Meter and strips and AccuChek FastClix lancets to HNY Blood Glucose Meter Formulary as an option. | Updated NHSE Commissioning recommendations June 2025 are now available. These guidelines include AccuChek FastClix lancets but not the meter or test strips. | The AccuChek BGTS are similar in price to products already on the HNY Blood Glucose Meter Formulary:  AccuCheck Instant Meter  AccuChek Instant test strips - £5.95 (per 50 strips)  AccuChek FastClix lancets - £5.90 (per 204 lancets)  Existing Formulary comparison  GlucoFix Tech GK Meter  GlucoFix Tech Sensor £5.95 (per 50 strips)  Glucoject Lancets extra - £5.50 (per 200 lancets)  No additional costs related to integration of new device into formulary | Approx 800 patients across the ICB are currently prescribed. No expected increase, any increase seen would result in reduction in GlucoFix Tech prescribing. |
| Anthelios Sunscreen Lotion SPF50+  Uvistat Suncream SPF 50  For SEVERE photo-dermatoses ONLY | **To align the NY&Y formularies with Humber's position while also providing clearer definition of conditions eligible for prescribed sunscreens.** | Amber Specialist Initiation | Prescription sunscreen for SEVERE photodermatoses only. The primary care dermatology society (PCDS) defines photodermatoses conditions which only happen as a result of light. This is distinct from photoaggravated conditions which would not be covered by this guidance. | July 2025 DM&D  Uvistat Suncream SPF 50  £10.09 / 125ml  Anthelios Sunscreen Lotion SPF50+  £12.50 / 250ml |  |
| HNY Guidelines for Pharmacological Management of Overactive Bladder Syndrome /Mixed Urinary Incontinence in Adult Women in Primary Care | **To provide HNY ICB guidance and align formularies.**  **Please see also the separate consultation on a treatment guideline, available at** [**https://humberandnorthyorkshire.org.uk/area-prescribing-committee-apc/apc-consultations/**](https://humberandnorthyorkshire.org.uk/area-prescribing-committee-apc/apc-consultations/)**.** | Solifenacin Tablets Green 1st line  Trospium IR and MR Green 1st line in elderly / cognitive impairment (1)  Tolterodine IR tablets Green 2nd line (tablets) (2)  Tolterodine MR capsules Green 3rd line (capsules) (3)  Transdermal oxybutynin patch 3.9mg/24hours Green with guideline (4)  Vibegron tablets Green with guideline 1st (5)  Mirabegron tablets Green with guideline 1st line (5)  Desmopressin (Noqdirna®) Oral lyophilisate Amber SR (6)  Duloxetine 20mg BD or 40mg BD Green 2nd line for stress urinary incontinence | Notes;   1. Trospium IR tablets are more cost-effective than MR capsules 2. (NOT suitable in elderly / cognitive impairment) 3. (NOT suitable in elderly / cognitive impairment) Only use if side effects with tolterodine IR that don't respond to dose reduction. 4. (Only use if intolerant of oral anticholinergic choices) 5. If anticholinergics contraindicated/ unacceptable side effects/ at least 2 were not effective. 6. (This is in-line with existing RAG rating for other oral desmopressin formulations) |  |  |

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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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| [**TA753: Cenobamate for treating focal onset seizures in epilepsy (update)**](https://www.nice.org.uk/guidance/ta753)  **6 May 2025**  **Commissioning: ICB** | No change to RAG status required.  Humber: amber 2 (specialist initiation)  NY&Y: amber – (specialist initiation or recommendation) | May 2025: The wording in recommendation 1.1 has been updated to address concerns raised by the clinical community that restricting starting treatment in a tertiary care setting has resulted in inequitable access to the treatment.  Guidance now recommends that: “treatment is started by a healthcare professional with expertise in epilepsy, after which treatment can be continued in primary care.” | NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than approximately £8,800 per 100,000 population.  This is because cenobamate is a further treatment option, the overall cost of treatment will be similar and NICE do not think practice will change substantially as a result of this guidance.  Primary care prescribing data suggests there is already prescribing in primary care (approx. 1,600 items in HNY in financial year 2024/25). | Short-term clinical evidence shows that cenobamate reduced the number of seizures and also increases how many people stop having any seizures. These benefits may result in capacity benefits from a reduction in administration and management costs. |
| 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   * [**TA1059: Brentuximab vedotin in combination for untreated stage 3 or 4 CD30-positive Hodgkin lymphoma**](https://www.nice.org.uk/guidance/ta1059) * [**TA1060: Osimertinib with pemetrexed and platinum-based chemotherapy for untreated EGFR mutation-positive advanced non-small-cell lung cancer**](https://www.nice.org.uk/guidance/ta1060) * [**TA1062: Erdafitinib for treating unresectable or metastatic urothelial cancer with FGFR3 alterations after a PD-1 or PD-L1 inhibitor**](https://www.nice.org.uk/guidance/ta1062) * [**TA1063: Capivasertib with fulvestrant for treating hormone receptor-positive HER2-negative advanced breast cancer after endocrine treatment**](https://www.nice.org.uk/guidance/ta1063) * [**TA1064: Dostarlimab with platinum-based chemotherapy for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency**](https://www.nice.org.uk/guidance/ta1064) * [**TA1065: Nivolumab plus ipilimumab for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency**](https://www.nice.org.uk/guidance/ta1065) | | | | |
| 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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| **RAG classifications for joint Humber and North Yorkshire ICB formulary** | | | |
| **Red** | Specialist prescribing only  The specialist initiates, continues and completes all ongoing monitoring. | **Amber specialist recommendation (Amber SR)**  Formerly known as Amber 1 in Humber | Does not need to be initiated by a specialist but can be recommended by a specialist to general practice.  No ongoing arrangements between specialist and general practice. General practice can refer back to specialist at any time in relation to medication query, if required. |
| **Amber shared care (Amber SCP)** | Specialist initiation with ongoing monitoring  Medicines that must be initiated by a specialist\*, and which require significant monitoring on an ongoing basis.  Full agreement to share the care of each specific patient must be reached under the shared care protocol (SCP) which must be provided to the primary care provider.  If a commissioned SCP is not available these must be treated as red. | **Green (with pathway/guideline)**  Formerly known as Amber 1 in Humber | Can be prescribed in primary care in line with a recommended approved pathway/guideline. |
| **Amber specialist initiation**  **(Amber SI)**  Formerly known as Amber 2 in Humber | Must be started by a specialist and remain with specialist until the patient is stable on the new medicine but can then be transferred to primary care (general practice) to continue prescribing without ongoing arrangements between specialist and general practice. General practice can refer back to specialist at any time in relation to medication query, if required. | **Green (no pathway/guideline)** | Medicines suitable for routine use within primary care and secondary care.  Can be prescribed in primary care, as per the wording on the formulary and considering both the drug SPC and BNF. |