

**SUMMARY OF DECISIONS**

| **Recommendations made by HNY APC subgroups** | **May 2025** |  |
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| **Approved by: HNY APC** | **4th June 2025** |
| **Reviewed by: CPC**  NB: HNY APC is a decision-making group. Decisions are submitted to CPC for information. | Scheduled for July meeting |
| **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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| **Ivermectin oral tablets** for scabies | **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 previous RED RAG status was due to no licensed product being available which is no longer the case.  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.   Consultation feedback and MFG decision was that Public Health / IPC would be more appropriate to involve for outbreak in a nursing or other care home. Dermatology to be involved when there is diagnostic uncertainty or treatment failure. | This is not a new application but a change in RAG status.  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 Red RAG status 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. This change means that patients will receive more timely treatment and reduce unnecessary workload on dermatology departments. | Approved |
| **Donepezil, galantamine, rivastigmine and memantine** for management of dementia | **Amber Specialist Recommendation**  In line with [NICE NG 97 Dementia: assessment, management and support for people living with dementia and their carers | Guidance | NICE](https://www.nice.org.uk/guidance/ng97/) "For people with an established diagnosis of Alzheimer's disease who are already taking an AChE inhibitor, primary care prescribers may start treatment with memantine without taking advice from a specialist clinician. | These were previously Amber SCF in Humber and already Amber SR in NY&Y. A specialist can be any clinician with a specialism and access to accurate diagnostic tests.  This decision aligns the formulary status across HNY | In areas where these drugs were shared care, the funding will be used for those drugs that meet the criteria within the new enhanced service.  As part of the Local Enhanced Service (LES) review for General Practice – Medicines Related Shared Care, dementia drugs were reviewed and it was determined that these drugs did not meet the specified criteria to warrant inclusion. Monitoring of dementia is covered by QoF | Approved |
| **Continuous Glucose Monitoring (CGM) devices:**  **Freestyle Libre 2** and **Freestyle Libre 2+**  **DexcomOne and DexcomOne +**  for eligible insulin-treated type 2 diabetes patients in line with NICE NG28 | **Green**  For T2DM patients who meet the criteria of NG28 <https://www.nice.org.uk/guidance/ng28/>  NICE NG 28: Type 2 diabetes in adults: management. Published: 02 December 2015. Last updated: 29 June 2022    (To remain Amber Specialist Initiation for other patient groups) | To enable primary care to initiate CGM for eligible insulin-treated type 2 diabetes patients in line with NICE criteria and Local Enhanced Service (LES) for diabetes care. | The ICB already commission CGM in this patient group in line with NICE NG28 <https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/07/Continuous-Glucose-Monitoring-Policy-003.pdf>.  The Local Enhanced Service (LES) for diabetes care aims to improve the management of Type 2 Diabetes within primary care settings, one optional module focuses on CGM. | Approved |
| **Budesonide suppositories for acute ulcerative colitis limited to the rectum (ulcerative proctitis)** | **Align formularies;**   * Budesonide suppositories: Amber SR, first line * Prednisolone suppositories: Amber SR, second line | 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.)  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. | Approved |
| **HNY asthma pathways** for 2-5 year olds, 5-11 year olds, and 11 years & over. | Published pathways available at <https://humberandnorthyorkshire.org.uk/locations/high-quality-asthma-care/>. | The asthma guidelines for children and adults have been updated to align with the recently updated NICE guidelines.  The guidelines have been developed in collaboration with clinicians from primary, secondary and community care across HNY, in addition to ICB Programme Managers. | Long-term savings expected through optimisation of treatment, which is anticipated to reduce exacerbations and healthcare resource utilisation. The revised guideline is fully aligned with the recently published BTS, NICE, SIGN guideline, development of which included former health economic assessment. | Approved |

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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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| **Fusidic 2% acid cream (Fucidin®)**  **For impetigo** | **Green with guideline**  PCDS [Impetigo](https://www.pcds.org.uk/clinical-guidance/impetigo) guidelines - for use second line after hydrogen peroxide 1% cream | Formulary alignment across ICB | None | | | Approved |
| **Hydrocortisone acetate 1% / Fusidic acid 2% cream (Fucidin H®)**  **For use in infected eczema** | **Green with guideline**  Hydrocortisone is classed as a mild corticosteroid. A single treatment course should not normally exceed 2 weeks. | Formulary alignment across ICB.  When used in infected eczema, PCDS [Atopic eczema](https://www.pcds.org.uk/clinical-guidance/atopic-eczema) advises combined steroid/antibiotic preparations are not used on a regular basis, and the strength of steroid should be determined by the age of the patient, site and severity. | None | | | Approved |
| **Betamethasone valerate 0.1% / Fusidic acid 2% cream  (Fucibet®)**  **For use in infected eczema** | **Green with guideline**  Betamethasone is classed as a potent corticosteroid. A single treatment course should not normally exceed 2 weeks | Formulary alignment across ICB.  When used in infected eczema, PCDS [Atopic eczema](https://www.pcds.org.uk/clinical-guidance/atopic-eczema) advises combined steroid/antibiotic preparations are not used on a regular basis, and the strength of steroid should be determined by the age of the patient, site and severity. | None | | | Approved |
| **Lymecycline 408mg capsules**  **Each capsule contains 408 mg of Lymecycline equivalent to 300 mg tetracycline base**    **For rosacea and acne** | **Green with guideline**    **Rosacea**  Primary Care Dermatology Society [ttps://www.pcds.org.uk/files/general/Rosacea\_Treatment\_2019-web.pdf](https://www.pcds.org.uk/files/general/Rosacea_Treatment_2019-web.pdf)   Inflammatory Rosacea: Doxycycline 40mg listed as first line tetracycline, with lymecycline as an alternative.    **Acne**  NICE [Scenario: Primary care management | Management | Acne vulgaris | CKS | NICE;](https://cks.nice.org.uk/topics/acne-vulgaris/management/primary-care-management/) | Formulary alignment across ICB | None | | | Approved |
| **Pregabalin MR (Misabri PR) for neuropathic pain** | **Not routinely commissioned**  These drugs have been formally considered by the APC and are not recommended for prescribing due to, e.g. safety/cost. | High cost compared to immediate-release preparations with minimal clinical advantage over immediate-release preparations, therefore considered less suitable for prescribing. | High cost compared to immediate-release preparations. Assigning a not commissioned status is expected to prevent inappropriate prescribing. | Approved | | |

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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 – May 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   * TA1036: Elacestrant for treating oestrogen receptor-positive HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment * TA1037: Pembrolizumab for adjuvant treatment of resected non-small-cell lung cancer * TA1038: Selpercatinib for advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over * TA1039: Selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over * TA1040: Olaparib for treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy * TA1041: Durvalumab with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer * TA1042: Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer * TA1043: Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection * TA1044: Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over * TA1048: Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after first-line chemoimmunotherapy when a stem cell transplant is suitable * TA1049: Blinatumomab with chemotherapy for consolidation treatment of Philadelphia-chromosome-negative CD19-positive minimal residual disease-negative B-cell precursor acute lymphoblastic leukaemia * TA1050: Fenfluramine for treating seizures associated with Lennox–Gastaut syndrome in people 2 years and over | | | | |
| 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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