## **Humber Area Prescribing Committee**

Summary of decisions made regarding new product requests considered at a meeting of the Committee on October

## **Classification of products:**

<b>GREEN</b> Medicines suitable for routine use within primary care and Secondary care. May be initiated within primary care within their licensed indication, in accordance with nationally recognised formularies <b>AMB 1</b> Specialist recommendation: These medicines are considered suitable for GP prescribing following specialist initiation: These medicines are considered suitable for GP prescribing following specialist initiation: These medicines are considered suitable for GP prescribing following specialist initiation, including titration of dose and assessment of efficacy. These medicines may also have an APC approved guideline to aid GPs in further prescribing. <b>AMB SCP</b> AMBE SHARE CARE PROTOCOL- 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 which must be provided to the GP. If a commissioned shared care is not available in CCG/place then these drugs must be treated as red drug (hospital only). <b>REED</b> Red-Hospital initiation and continuation only <b>REED</b> Red-Hospital initiation and continuation only <b>REED</b> Red-Hospital initiation and continuation only <b>REED</b> Red-Hospital from the appropriate commissioned provider. <b>INR</b> Not routinely commissioned <b>Product</b> Approved Refused Deferred <b>Comments/notes NIR NIR</b> Requests <b>REED Recent Record From previous meetings NIR RED RED Record From Previous meetings NIR RED Record From Previous meetings Record From Previous meetings Record From Previous meetings RIE RED RED</b>	Status	Descript	tion						
following specialist recommendation or via an APC approved prescribing guideline.         i       AMB 2         Specialist initiation: These medicines are considered suitable for GP prescribing following specialist initiation, including titration of dose and assessment of efficacy. These medicines may also have an APC approved guideline to aid GPs in further prescribing.         i       AMB 2         AMB SCP       AMBER SHARE CARE PROTOCOL- 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 which must be provided to the GP. If a commissioned shared care is not available in CCG/place then these drugs must be treated as red drug (hospital only).         i       RED         Red-Hospital initiation and continuation only         i       GREY         GREY       Not routinely commissioned         Product       Decision Refused         Approved       Deferred         Comments/notes       nil         nil       Deferred         2) New Requests       Repuests         Roxadustat       RED       The formulary will reflect the TAG – ICS is the	GREEN	within primary care within their licensed indication, in accordance with nationally recognised							
<ul> <li>specialist initiation, including titration of dose and assessment of efficacy. These medicines may also have an APC approved guideline to aid GPs in further prescribing.</li> <li>AMB SCP AMBER SHARE CARE PROTOCOL- 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 which must be provided to the GP. If a commissioned shared care is not available in CCG/place then these drugs must be treated as red drug (hospital only).</li> <li>RED Red-Hospital initiation and continuation only</li> <li>GREY GREY- NON FORMULARY (As agreed by Area Prescribing Committee)</li> <li>PURPLE To be supplied from the appropriate commissioned provider.</li> <li>NR Not routinely commissioned</li> <li>Product Approved Refused Deferred Deferred</li> <li>1) Requests deferred from previous meetings</li> <li>nil</li> <li>2) New Requests</li> <li>Roxadustat RED</li> <li>The formulary will reflect the TAG – ICS is the</li> </ul>	AMB 1								
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PURPLE   To be supplied from the appropriate commissioned provider.       Image: Not routinely commissioned     Product   Approved   Refused   Deferred     Comments/notes     Image: Not routinely commissioned     Product   Approved   Refused   Deferred     Comments/notes     Image: Not routinely commissioned     Product   Approved   Refused   Deferred     Comments/notes     Image: Note Refused from previous meetings     nil     2) New Requests   Roxadustat     Ref           The formulary will reflect the TAG – ICS is the	RED	Red-Hospital initiation and continuation only							
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Product       Decision Approved       Comments/notes         1) Requests deferred from previous meetings       nil         1) Requests       2) New Requests         Roxadustat       RED	PURPLE	To be supplied from the appropriate commissioned provider.							
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nil     Image: Second state       2) New Requests     Image: Second state       Roxadustat     RED       The formulary will reflect the TAG – ICS is the	Produ	ct				Comments/notes			
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Roxadustat     RED     The formulary will reflect the TAG – ICS is the	nil								
	2) New Requests								
	Roxadustat		RED						

Product	Approved	Decision Refused	Deferred	Comments/notes		
Gefapixant	RED			Private prescriptions only from HUTH under chronic cough clinic		
3) New formulations & extensions to use						
Triptorelin 6 monthly (Decapeptyl®)	AMB 1			For new initiations from NLAG.		
4) Products consid	lered by N	IICE				
TA803: Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs	RED			The formulary will reflect the TAG – ICS is the responsible commissioner		
TA805: Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides			Y	Decision on classification deferred until application and updated place in therapy		
TA807: Roxadustat for treating symptomatic anaemia in chronic kidney disease	RED			The formulary will reflect the TAG – ICS is the responsible commissioner		
TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis	RED			The formulary will reflect the TAG – ICS is the responsible commissioner for adults and NHSE is the responsible commissioner for paediatrics		

Product	Approved	Decision Refused	Deferred	Comments/notes
TA815: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs	RED			The formulary will reflect the TAG – ICS is the responsible commissioner
TA820: Brolucizumab for treating diabetic macular oedema	RED			The formulary will reflect the TAG – ICS is the responsible commissioner
TA809: Imlifidase for desensitisationtreatment beforekidney transplant in people with chronic kidney disease	RED			The formulary will reflect the TAG – NHSE is the responsible commissioner Neither HUTH or NLAG are commissioned to provide this
TA810: Abemaciclibwith endocrinetherapy for adjuvanttreatment of hormonereceptor-positive,HER2-negative, node-positive early breastcancer at high risk ofrecurrence	RED			The formulary will reflect the TAG – NHSE is the responsible commissioner
HST21: Setmelanotide for treating obesity caused by LEPR or POMC deficiency	RED			The formulary will reflect the HST – NHSE is the responsible commissioner Neither HUTH or NLAG are commissioned to provide this service
TA808: Fenfluramine for treating seizures associated with Dravet syndrome	RED			The formulary will reflect the TAG – NHSE is the responsible commissioner HUTH is commissioned for this in adults
TA813: Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors	RED			The formulary will reflect the TAG – NHSE is the responsible commissioner

Product	Approved	Decision Refused	Deferred	Comments/notes
TA816: Alpelisib with fulvestrant for treating hormone receptor- positive, HER2- negative, PIK3CA- mutated advanced breast cancer	RED			The formulary will reflect the TAG – NHSE is the responsible commissioner
TA818: Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma	RED			The formulary will reflect the TAG – NHSE is the responsible commissioner
TA819: Sacituzumab govitecan for treating unresectable triple- negative advanced breast cancer after 2 or more therapies	RED			The formulary will reflect the TAG – NHSE is the responsible commissioner
<u>TA821:</u> <u>Avalglucosidase alfa</u> <u>for treating Pompe</u> <u>disease</u>				The formulary will reflect the TAG – NHSE is the responsible commissioner
5) Appeals against earlier decisions by the APC				
None				
6) Miscellaneous formulary decisions by the APC				
Posaconazole	RED			

The following guidelines were presented to and approved at the October 2022 meeting of the APC:

Inclisiran Amber 1 guidance

• Lipid guidance

The following Green+ drug information leaflets were presented to and approved at the October 2022 meeting of the APC:

• Nil

The following shared care guidelines were presented to and approved at the October 2022 meeting of the APC:

Dementia SCF Hull and East Riding only

Other documents presented to and approved at the October 2022 meeting of the APC:

• Joint formulary chapter 2