

## County Durham & Tees Valley Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Thursday 14<sup>th</sup> July 2022**

### Classification of products:

- G** **Green drug** - Can be initiated and prescribed in all care settings **○** - Second line / alternative green drug
- A** **Amber Specialist initiation / recommendation drug**. Can be recommended by a specialist for initiation in primary care; or be initiated by a specialist and transferred to primary care once the patient stabilised. In some cases there may be a further restriction for use outlined - these will be defined in each case.
- ASC** **Amber Shared Care drug** - These are specialist drugs which must be initiated by the specialist, but with the potential to transfer to primary care within written and agreed shared care protocols and according to the agreed process for transfer of care
- R** **Red drug** - Drugs that should remain under the total responsibility of the specialist. Usually considered as “hospital only” drugs
- X** **Not Approved** - Drugs that have been considered by the APC or other approved body and are not approved for prescribing within County Durham & Tees Valley.
- ⊘** **Not Reviewed** - Drugs that haven't been reviewed by the APC yet. This usually means that no application has been received or that an application is in progress. These drugs are not normally considered appropriate for prescribing in County Durham & Tees Valley.
- **Unclassed Drug** - Drugs that do not fall into one of the above categories

Product	Decision			Comments/notes
	Approved	Refused	Deferred	
<b>1) Requests deferred from previous meetings</b>				
None				
<b>2) New Requests</b>				
None				
<b>3) New formulations &amp; extensions to use</b>				
None				
<b>4) Products considered by NICE</b>				
<b>TA783: Daratumumab monotherapy for treating relapsed and refractory multiple myeloma</b>	✓ <b>R</b>			The formulary will reflect the TAG – NHS England is the responsible commissioner.
<b>TA784: Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer</b>	✓ <b>R</b>			The formulary will reflect the TAG – NHS England is the responsible commissioner.

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<b>TA785: Nivolumab with cabozantinib for untreated advanced renal cell carcinoma (terminated appraisal)</b>	✓ ✗			The formulary will reflect the TAG – NHS England is the responsible commissioner. (NICE unable to make a recommendation).
<b>TA786: Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies</b>	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
<b>TA787: Venetoclax with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable</b>	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
<b>HST19: Elosulfase alfa for treating mucopolysaccharidosis type 4A</b>	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
<b>TA788: Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy</b>	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
<b>TA789: Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations</b>	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
<b>TA791: Romosozumab for treating severe osteoporosis</b>	✓ R			The formulary will reflect the TAG – ICB is the responsible commissioner
<b>HST20: Selumetinib for treating symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over</b>	✓ R			The formulary will reflect the TAG – NHS England is the responsible commissioner.
<b>5) Appeals against earlier decisions by the APC</b>				
<b>None</b>				

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<b>6) Products considered by NTAG</b>				
<b>Budesonide orodispersible for Maintenance Treatment of Eosinophilic Oesophagitis</b>	✓ <b>A</b>			<p>The Northern (NHS) Treatment Advisory Group was requested to conduct an appraisal of and issue a recommendation regarding the use Budesonide orodispersible for maintenance treatment of eosinophilic oesophagitis. This was because the current NICE TA708 does not cover maintenance treatment just the initial 12-week treatment course. NTAG recommends budesonide orodispersible (Jorveza®) for the maintenance treatment of eosinophilic oesophagitis for patients with a long-standing disease history and/or high extent of oesophageal inflammation in their acute disease state.</p> <p>The duration of maintenance therapy is determined by the discretion of the treating gastroenterologist depending on severity of symptoms and response. The group recommends that budesonide orodispersible for maintenance treatment of eosinophilic oesophagitis should only be initiated by specialists but may be suitable for continuation of therapy in primary care.</p> <p><b>Decision:</b> The formulary will reflect the NTAG position. To remain RED for the induction of remission phase as per the NICE TA.</p>
<b>7) Miscellaneous decisions by the APC</b>				
<b>Denosumab Xgeva® Injection</b>	✓ <b>R</b>			<p>ICB Commissioned, tariff included drug.</p> <p><b>Decision:</b> confirmed as RED drug for prevention of skeletal related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with advanced malignancies involving bone OR Treatment of adults and skeletally mature adolescents with giant cell tumour of bone that is unresectable or where surgical resection is likely to result in severe morbidity.</p>
<b>Topical-testosterone-for-management-of-Low-libido-in-menopausal-women</b>	✓ <b>G</b>			<p>ICB Commissioned, tariff included drug.</p> <p>Been struggling to get a CD&amp;T formulary application for Topical-testosterone-for-management-of-Low-libido-in-menopausal-women for some time. Suggestion at FSG meeting in Feb 2022 to consider adopting North Yorkshire &amp; York APC guidance for Topical-testosterone-for-management-of-Low-libido-in-menopausal-women in County Durham &amp; Tees Valley in lieu of local formulary application.</p> <p><b>Decision:</b> Add Tostran 2% gel and Testim® tubes formulary as GREEN drugs. Note this unlicensed indication supported by NICE guidance and the British Menopause Society.</p>

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<b>Lixisenatide</b>	✓			ICB Commissioned, tariff included drug. <b>Decision:</b> To update the formulary to reflect the Discontinuation of Lixisenatide starter packs and 10microgram strength as of June 2022. Only the 20microgram strength remains available for existing patients. No new patients should be started on lixisenatide. To remain on the formulary for existing patients only. To list all GLP1s equally on the formulary.
<b>Metformin sachets</b>	✓ 			<b>Decision:</b> added to the formulary as more cost effective than oral liquid.

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

- Management of Hypomagnesaemia in Adults in Primary Care – updated
- Northern England Evaluation and Lipid Intensification Guideline (updated)
- Calculating Renal Function of DOACs – new APC guidance
- TEWV Prescribing drugs with potential to prolong QTc interval

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

- Nil this month

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

- CD&T APC Terms of Reference – reviewed to reflect new ICB
- CD&T APC Update on Valproate Safe Prescribing for GP practices
- NTAG Position Statement on Biosimilars
- NENC SGLT2i Top tips in T2DM
- NENC SGLT2i Top tips in Heart Failure
- NENC SGLT2i Top tips in Chronic Kidney Disease
- NENC Decision Aid for DOACs in AF