# County Durham & Tees Valley
# Area Prescribing Committee

Summary of decisions made regarding new product requests considered at a meeting of the Committee on **Thursday 8th September 2022**

## Classification of products:

G **Green drug** - Can be initiated and prescribed in all care settings O- 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

✕ **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 | |
| **1) Requests deferred from previous meetings** | | | | |
| **None** | | | | |
| **2) New Requests** | | | | |
| **Potassium 50mmol in 50ml Pre-filled syringe (Theatres)**<br><br>**Commissioning: ICB, in tariff** | ✓ R | | | The proposed product is a pre-filled 50mmol in 50ml syringe complies with NPSA 01, is an equivalent concentration to that used in current practice and is compatible with "smart" syringe infusion pumps utilised within the theatre department.<br><br>**Decision:** approved as Potassium replacement for use in theatres only. |
| **Fentanyl 100mg in 2mLvia intranasal route**<br><br>**Commissioning: ICB, in tariff** | ✓ R | | | Over the last few years the supply chain of diamorphine has been very fragile.In paediatrics diamorphine was routinely used via the nasal route as an analgesic. CDDFT have developed a drug protocol to enable fentanyl to be used as an alternative, via the nasal route.<br><br>**Decision:** approved. |
| **3) New formulations & extensions to use** | | | | |
| **None** | | | | |

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| **4) Products considered by NICE** | | | | |
| **TA792 Filgotinib for treating moderately to severely active ulcerative colitis** | ✓ R | | | The formulary will reflect the TAG – ICB is the responsible commissioner |
| **TA793 Anifrolumab for treating active autoantibody-positive systemic lupus erythematosus (terminated appraisal)** | ✓ ✗ | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. (NICE unable to make a recommendation). |
| **TA794 Diroximel fumarate for treating relapsing–remitting multiple sclerosis** | ✓ R | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. |
| **TA795 Ibrutinib for treating Waldenstrom's macroglobulinaemia Commissioning: NHSE Ibrutinib is not recommended, within its marketing authorisation, for treating Waldenstrom's macroglobulinaemia in adults who have had at least 1 previous therapy** | ✓ ✗ | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. (NICE did not recommend). |
| **TA796 Venetoclax for treating chronic lymphocytic leukaemia** | ✓ R | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. |
| **TA797 Enfortumab vedotin for previously treated locally advanced or metastatic urothelial cancer (terminated appraisal)** | ✓ ✗ | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. (NICE unable to make a recommendation). |
| **TA798 Durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation** | ✓ R | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. |
| **TA799 Faricimab for treating diabetic macular oedema** | ✓ R | | | The formulary will reflect the TAG – ICB is the responsible commissioner |
| **TA800 Faricimab for treating wet age-related macular degeneration** | ✓ R | | | The formulary will reflect the TAG – ICB is the responsible commissioner |
| **TA801 Pembrolizumab plus chemotherapy for untreated, triple-negative, locally recurrent unresectable or metastatic breast cancer** | ✓ R | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. |
| **TA802 Cemiplimab for treating advanced cutaneous squamous cell carcinoma** | ✓ R | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. |
| **TA803 Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs** | ✓ R | | | The formulary will reflect the TAG – ICB is the responsible commissioner |

DECISION SUMMARY

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|---|---|---|---|---|
| | Approved | Refused | Deferred | |
| **TA804 Teduglutide for treating short bowel syndrome** | ✓ R | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. |
| **TA805 Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides** | ✓ R | | | The formulary will reflect the TAG – ICB is the responsible commissioner |
| **TA806 Belimumab for treating lupus nephritis (terminated appraisal)** | ✓ ✗ | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. (NICE unable to make a recommendation). |
| **TA807 Roxadustat for treating symptomatic anaemia in chronic kidney disease** | ✓ R | | | The formulary will reflect the TAG – ICB is the responsible commissioner – formulary application pending re cost impact |
| **TA808 Fenfluramine for treating seizures associated with Dravet syndrome** | ✓ R | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. |
| **TA809 Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease** | ✓ R | | | The formulary will reflect the TAG – ICB is the responsible commissioner |
| **TA810 Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence** | ✓ R | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. |
| **TA811: Duvelisib for treating relaped or refractory chronic lymphocytic leukaemia after 2 or more treatments (terminated appraisal)** | ✓ ✗ | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. (NICE unable to make a recommendation). |
| **HST21 Setmelanotide for treating obesity caused by LEPR or POMC deficiency** | ✓ R | | | The formulary will reflect the TAG – NHS England is the responsible commissioner. |
| **5) Appeals against earlier decisions by the APC** | | | | |
| **None** | | | | |
| **6) Products considered by NTAG** | | | | |
| Nil this month. | | | | |
| **7) Miscellaneous decisions by the APC** | | | | |
| **Ivermectin 1% Cream – change in formulary position**<br><br>**Commissioning: ICB, in tariff** | ✓ G | | | **Decision:** approved changing as first line therapy option for the topical treatment of inflammatory lesions of papulopustular rosacea in adults<br>Both NICE CKS and PCDS recommend as first line treatment for a type of Rosacea |

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| **Tacrolimus and Pimecrolimus topical therapies – RAG status review**<br><br>**Commissioning: ICB, in tariff** | ✓<br>**A** | | | GPs in Tees Valley requesting a change to GREEN.<br><br>**Decision**: to remain as AMBER Specialist Initiation in line with NICE TA e.g. initiated only by physicians (including general practitioners) with a special interest and experience in dermatology. NICE TA82 – suggests It is recommended that treatment with tacrolimus or pimecrolimus be initiated only by physicians (including general practitioners) with a special interest and experience in dermatology, and only after careful discussion with the patient about the potential risks and benefits of all appropriate second-line treatment options |
| **Metolazone – RAG status review**<br><br>**Commissioning: ICB, in tariff** | ✓<br>**A** | | | Request from STHFT to review RAG status now that a licensed preparation is available. Current formulary status = RED. Unlicensed to be used under the advice of cardiology.<br><br>Note: Xaqua® tablets are not interchangeable with other metolazone preparations; bioavailability is up to approximately two-fold higher for Xaqua® compared with other oral metolazone preparations.<br><br>**Decision:** Approved change from RED to AMBER Specialist Initiation only to be used on advice from cardiology. Metolazone needs to be prescribed by brand particularly if using licensed preparation (Xaqua®) to ensure correct product is dispensed.<br>May be limited availability of licensed preparation(Xaqua®) so community pharmacies may struggle to get hold of.<br>Patients should not be switched to licensed product without input of cardiology. |
| **Fidaxomicin (Dificlir®) 40mg/ml granules for oral suspension**<br><br>**Commissioning: ICB, in tariff** | ✓<br>**A** | | | **Decision:** approved. A new liquid formulation of fidaxomicin. It is licensed for oral administration and also for administration via feeding tubes AMBER SI |
| **Fosfomycin sachets – review of RAG status**<br><br>**Commissioning: ICB, in tariff** | ✓<br>**G** | | | The current status as specialist initiation does not encourage the consideration of fosfomycin for empirical treatment, even though this is an option in the NICE guidance.<br><br>**Decision:** approved the change of Fosfomycin from AMBER Specialist Initiation to GREEN (second line) |
| **Dihydrocodeine Tartrate 30mg Tablets** | ✓<br>**R**<br>Except on advice of pain team | | | CCG Commissioned, tariff included drug.<br><br>CDTV pain guidance states that dihydrocodeine is not recommended for regular use (either alone or in combination with paracetamol as co-dydramol) in acute pain as it has a shorter half-life, and the effects are more likely to lead to abuse. Codeine is the preferred weak opioid analgesic.<br><br>**Decision:** agreed to the exception that can be prescribed and continued on the advice for the pain team. |

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| **Liothyronine tablets – clarification of local commissioning position on the formulary**<br><br>**Commissioning: ICB, in tariff** | ✓ | | | **Decision:** agreed to clarify wording on formulary to include the following wording from the CD&T DNP *Grey List: Exception: The British Thyroid Association (BTA) advise that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction. In these circumstances, where levothyroxine has failed and in line with BTA guidance, endocrinologists providing NHS services may recommend liothyronine for individual patients after a carefully audited trial of at least 3 months duration of liothyronine. Liothyronine is used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test. In these situations, it is appropriate for patients to obtain their prescriptions from the centre undertaking the treatment and not be routinely obtained from primary care prescriber.*<br><br>Plus, state GPs can be asked to continue therapy by the endocrinologist if a trial of a least three months is successful. |
| **Adult Asthma Guideline - changes with regard to Flutiform MDI and Khaler and Trimbow pMDI 172/5/9**<br><br>**Commissioning: ICB, in tariff** | ✓<br>G | | | Putting high strength Trimbow pMDI, 172/5/9 on guidelines and formulary increases the options for adults who need a higher strength inhaled corticosteroid component in a single combination inhaler which will support adherence.<br><br>Removal of Flutiform pMDI supports greener respiratory prescribing as the propellent within the Flutiform pMDI is a very powerful greenhouse gas.<br><br>Removal of Flutiform Khaler will reduce the chance of confusion if Flutiform pMDI is removed from guidelines and formulary<br><br>**Decision:** changes approved. |

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

- County Durham Osteoporosis Guideline (reviewed and updated)
- NENC Palliative Care Guidelines (reviewed and updated)
- Regional Gender Dysphoria Guideline – minor amendment
- CD&T APC - Topical testosterone for management of Low libido in menopausal women
- County Durham DVT Pathway – review date Aug 2022 –extended the review date for a further 12 months.

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

- Nil this month

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

- Updated CDTV Guidance on Seven Day Prescriptions
- County Durham & Darlington Dressing Formulary