

North of Tyne, Gateshead and North Cumbria **Area Prescribing Committee**

Summary of decisions made regarding new product requests considered at a meeting of the Committee on Tuesday 5th April 2022.

Classification of products:

R = 'RED' drugs for hospital use only

A = 'AMBER' drugs suitable for use under Shared Care arrangements G+ = 'GREEN PLUS – Drugs normally recommended or initiated by hospital specialist, but where the provision of an information leaflet may be appropriate to facilitate continuing treatment by GPs. Many of these information sheets are in the process of development.

G = 'GREEN' – Drugs where initiation by GPs is appropriate.

Product	Approved	Refused	Deferred	Notes
None	••			
2) New Requests				
Product	Approved	Refused	Deferred	Notes
Buprenorphine prolonged-release injection (Buvidal®)	2			Buprenorphine prolonged-release injection (Buvidal®) is a long acting buprenorphine preparation for the treatment of opioid dependence when used within a framework of medical, social and psychological treatment. It allows weekly or monthly injections therefore avoiding the need for daily supervised visits. Treatment is intended for use in adults and adolescents aged 16 years or over in accordance with RMOC and NTAG guidance including some criteria relating to the communication and documentation of use to avoid inadvertent overdose or patients deliberately seeking out extra doses.
Chloroprocaine 10mg/ml & 20mg/ml (Ampres®	R			Chloroprocaine 10mg/ml & 20mg/ml has been requested for use in spinal nerve and peripheral blocks on the grounds that it is a shorter acting anaesthetic, which allows discharge of patients quicker. Due to its short duration of action it was felt it would have a very niche role. Approval was given but will be reviewed on receipt of an audit one year after approval.

Intra-ocular triamcinolone	Intracinol	Triesence	Triesence and Intracinol are
40mg/ml			preparations of triamcinolone 40mg/ml
Intracinol & Triesence	\checkmark	\checkmark	for intra-ocular use both of which are
			preservative free. The preservative in
	R		Kenalog® (benzyl alcohol) is thought to
	_		be associated with serious adverse
			effects. Intracinol® is licensed in the UK
			as a medical device whereas
			Triesence® is an unlicensed import from
			the USA. The Triesence preparation is
			also significantly more expensive than
			the Intracinol and is not currently
			available for import. Intracinol is on the
			Moorfields Formulary.
			The committee approved the formulary
			inclusion of Intracinol but refused the
			addition of Triesence

3) New formulations & extensions to use

Product	Approved	Refused	Deferred	Notes
None				
4) NHS England Spec	ialised Serv	vices comm	unications	noted and endorsed by APC
SSC2323 NICE Technology daratumumab in combination stem cell transplant is suital	on for untreated	The formulary will reflect the SSC position		
SSC2324 NICE Technology Appraisal Final Appraisal Determination: pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer.				The formulary will reflect the SSC position
SSC2325 Specialised Com Appraisals that are due to b March 2022.	e commission	ed during Janu	ary 2022 to	The formulary will reflect the SSC position
SSC2326 NICE Technology Appraisal Guidance: Risdiplam for treating spinal muscular atrophy.				The formulary will reflect the SSC position
SSC2329 NICE Technology pembrolizumab for treating lymphoma after stem cell tra	relapsed or ref	ractory classic	al Hodgkin	The formulary will reflect the SSC position
SSC2333 Early Access to Medicines Scheme – asciminib indicated for the treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukaemia in chronic phase (Ph+ CML-CP) without T315I mutation previously treated with two or more tyrosine kinase inhibitors.			The formulary will reflect the SSC position	
SSC2334: National Orbis Drug Access Arrangements – atezolizumab monotherapy for adjuvant treatment following complete resection for adult patients with Stage II to IIIA (7th edition of the UICC/AJCC-staging system) non-small cell lung cancer whose tumours have PD-L1 expression on ≥ 50% of tumour cells and whose disease has not progressed following platinum-based adjuvant chemotherapy			The formulary will reflect the SSC position	
SSC2335: Palivizumab passive immunisation against Respiratory Syncytial Virus (RSV) in at-risk pre-term infants (2021/22 Season)				The formulary will reflect the SSC position
SSC2336: Early Access to Medicines Scheme – asciminib indicated for the treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukaemia in chronic phase (Ph+ CML-CP) without T315I mutation previously treated with two or more tyrosine kinase inhibitors			The formulary will reflect the SSC position	
SSC2337: NICE Technology Appraisal Guidance: Crizanlizumab for preventing sickle cell crises in sickle cell disease (TA743)			The formulary will reflect the SSC position	
SSC2338: NICE Technolog treating primary hyperchole (TA733)				The formulary will reflect the SSC position

SSC2339: Early Access to Medicines Scheme – Voxelotor in the	The formulary will reflect t	he SSC
treatment of haemolytic anaemia due to sickle cell disease (SCD) in adults and paediatric patients 12 years of age and older as monotherapy or in combination with hydroxycarbamide	position	
SSC2340 NICE TA FAD: nivolumab with ipilimumab for untreated advanced renal cell carcinoma	The formulary will reflect t position	he SSC
SSC2341 is regarding NICE Technology Appraisal: Nintedanib for treating progressive fibrosing interstitial lung diseases (TA747).	The formulary will reflect t position	he SSC
SSC2342 is a Specialised Commissioning Update on future NICE Appraisals that are due to be commissioned during April 2022 to May 2022.	The formulary will reflect t position	he SSC
SSC2343 NICE Technology Appraisal: dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency	The formulary will reflect t position	he SSC
SSC2348 NICE Technology Appraisal Final Appraisal Determination: tucatinib with trastuzumab and capecitabine for treating HER2- positive advanced breast cancer after 2 or more anti-HER2 therapies.	The formulary will reflect t position	he SSC
SSC2351 NICE Technology Appraisal sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer.	The formulary will reflect t position	he SSC
5) Products considered by NICE		
NICE reference	Formulary position	RAG status
HST17 Odevixibat for treating progressive familial intrahepatic cholestasis – highly specialised technologies	The formulary will reflect the NICE position	R
TA759 <u>Fostamatinib for treating refractory chronic immune</u> <u>thrombocytopenia</u> Negative appraisal	The formulary will reflect the NICE position	N/A
TA760 <u>Selpercatinib for previously treated RET fusion-positive</u> advanced non-small-cell lung cancer.	The formulary will reflect the NICE position	R
TA761 Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection	The formulary will reflect the NICE position	R
TA762 Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (terminated appraisal)	The formulary will reflect the NICE position	N/A
TA763 Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable TA764 Fremanezumab for preventing migraine	The formulary will reflect the NICE position The formulary will reflect	R
TA764 <u>Premanezumab for preventing migraine</u> TA765 <u>Venetoclax with azacitidine for untreated acute myeloid</u>	the NICE position	R
Ieukaemia when intensive chemotherapy is unsuitable TA766 Pembrolizumab for adjuvant treatment of completely resected	the NICE position The formulary will reflect	R
stage 3 melanoma TA767 Ponesimod for treating relapsing–remitting multiple sclerosis	the NICE position The formulary will reflect	R
TA768 Upadacitinib for treating active psoriatic arthritis after	the NICE position The formulary will reflect	R
inadequate response to DMARDs TA769 Palforzia for treating peanut allergy in children and young	the NICE position The formulary will reflect	R
<u>people</u> TA770 Pembrolizumab with carboplatin and paclitaxel for untreated	the NICE position The formulary will reflect	R
metastatic squamous non-small-cell lung cancer TA771 Daratumumab with bortezomib, melphalan and prednisone for	the NICE position The formulary will reflect	R
untreated multiple myeloma (terminated appraisal) TA772 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies	the NICE position The formulary will reflect the NICE position	N/A
TA773 Empagliflozin for treating chronic heart failure with reduced ejection fraction	The formulary will reflect the NICE position	G+
TA774 Lenalidomide for relapsed or refractory mantle cell lymphoma (terminated appraisal)	The formulary will reflect the NICE position	R
TA775 Dapagliflozin for treating chronic kidney disease	The formulary will reflect the NICE position	G

	oride for treating	The formulary will reflect the NICE position	N/A		
<u>sleepiness caused by obstructive sleep apnoea</u> - negative appraisal. TA777 <u>Solriamfetol for treating excessive daytime sleepiness caused</u>			The formulary will reflect		
by obstructive sleep apnoea - Negative appraisal			the NICE position	N/A	
TA778 Pegcetacoplan for treating paroxysmal nocturnal			The formulary will reflect		
haemoglobinuria			the NICE position	R	
TA779 Dostarlimab for pre				The formulary will reflect	R
endometrial cancer with h	igh microsatellit	the NICE position			
repair deficiency					
6) Northern (NHS) T	reatment Adv	visory Grou	ıp (N-TAG)		
i-Port Advance® for use ir		dults with Type	e 1 diabetes -	The formulary will reflect th	he N – TAG
reviewed & no changes m			owed 9 pc	position	
Infliximab subcutaneous in changes made	ijection (Remsir	11a SC (8)- 1ev		The formulary will reflect the position	IIE IN – TAG
Actipatch® for manageme	ent of localised n	nusculoskeleta	l pain -	The formulary will reflect the	he N – TAG
reviewed & no changes m				position	
Alfapump® device for asc		cirrhosis pain	- reviewed &	The formulary will reflect the	he N – TAG
no changes made.		•		position	
Pitolisant (Wakix®) for the				The formulary will reflect the	he N – TAG
cataplexy in adults - updated to reference NICE TA for Solriamfetol				position	
Ulipristal (EllaOne®) for post-coital contraception: Updated data				The formulary will reflect the	he N – TAG
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10) Miscellaneous decisions by the APC	
Dapagliflozin 5mg tablets	The formulary entry will be updated to reflect the loss of licence for Type 1 diabetes.
TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia	RAG Status to be changed to from RED to Green plus to reflect the updated TAG
Estradiol 0.06% gel (Oestrogel®)	Formulary to be updated as not added when first approved

Formulary review – inhalers

The main purpose of the review was to encourage the use of dry powder inhalers (DPI) over pressurised metered dose inhalers (pMDI). The propellants used in pMDIs have a high carbon footprint. DPIs are now first choice for all of the different inhaler classes. Note: DPIs unless stated

SABA	Comment
Salbutamol Easyhaler®	First Choice*
Salbutamol Accuhaler®	Alternative First Choice*
Terbutaline Turbohaler®	
Salbutamol generic – pMDI**	To remain on Formulary*
Airomir® Autohaler – pMDI	
Salamol® Easi-breathe - pMDI	Alternative for patients
	hypersensitive to lactose or milk
	protein

LABA	Comment
Formoterol Turbohaler®	First choice *
Salmeterol Accuhaler®	Second choice*
Salmeterol – pMDI	Third choice*

LAMA	Comment
Glycopyronnium (Seebri Breezhaler®)	These inhalers have the same weight
Umeclidinium (Incruse Ellipta®)	on the formulary
Aclidinium (Eklira Genuair®)	
Tiotropium (Handihaler®)	For existing COPD patients only and those unable to use the other LAMA devices. Consideration should be given to switching at next review, providing adequate training / counselling is provided in device use
Tiotropium (Respimat®) - pMDI	Asthma: Step 4 of BTS/SIGN guidelines. Treatment should be stopped if not effective.

LABA/LAMA	Comment
Glycopyronium/indacaterol (Ultibro Breezhaler®)	First Choice
Umeclidinium/vilanterol (Anoro Ellipta®)	Second Choice
Aclidinium/formoterol (Duaklir Genuair®)	Alternative Second Choice
Glycopyrronium/formoterol (Bevespi Aerosphere® - pMDI) NEW	Add as First Choice pMDI*
Tiotropium/olodaterol (Spiolto Respimat® - pMDI)	Second choice pMDI*

ICS	Comment
Budesonide Easyhaler®	First choice*
Budesonide Turbohaler®	Alternative First Choice*
Beclometasone Easyhaler®	Second Choice*
Beclometasone QVAR® Easibreath - pMDI	
Beclometasone QVAR® - pMDI	Remove from formulary*
Beclometasone QVAR® Autohaler - pMDI	
Beclometasone Clenil Modulite® - pMDI**	Third choice

ICS/LABA	Comment
Budesonide/formoterol (DuoResp Spiromax®)	First Choice
Budesonide/formoterol (Symbicort Turbohaler®)	First Choice - Second line
Fluticasone furoate/vilanterol (Relvar Ellipta®)	Second Choice
Beclometasone/formoterol (Fostair® Nexthaler)	Third Choice
Fluticasone/Salmeterol (Seretide Accuhaler®)	Remove*
Beclometasone/formoterol (Fostair®) pMDI	First Choice pMDI*
Beclometasone/formoterol (Luforbec®) pMDI NEW	This is equivalent to the Fostair
	pMDI - agreed to add as an
	option*
Fluticasone/Salmeterol (Flutiform®)	Remove from formulary*
Fluticasone/Salmeterol (Flutiform K inhaler®) NEW	Not to be added to formulary*
Mometasone/Indacaterol (Atectura Breezhaler®) NEW	Add to formulary - Asthma
	only*

ICS/LABA/LAMA	Comment
Fluticasone furoate/Vilanterol/Umeclidinium (Trelegy	First Choice
Ellipta®)	
Beclometasone dipropionate/ Formoterol/ Glycopyrronium	Add to formulary - Second
(Trimbow® NEXThaler) NEW	Choice*
Budesonide/Formoterol/glycopyronnium (Trixeo	Add to formulary as First
Aerosphere® pMDI) NEW	Choice pMDI*
Beclometasone dipropionate/ Formoterol/ Glycopyrronium	Second Choice pMDI*
Trimbow®) pMDI	
Mometasone furoate/indacaterol/ glycopyrronium bromide	Add to formulary - Asthma
(Enerzair Breezhaler®) NEW	only*

*New recommendation

** to support patients with inspiratory effort insufficient for DPIs and/ or reduce local oral mucosal side effects – preferably should be used with a spacer