NHS
North East and
North Cumbria

Recommendations from October 2022 Medicines Committee

Summary of decisions made regarding new product requests and formulary amendments approved at a meeting of the ICB Executive Committee on Tuesday 13th December 2022

Recommendations with significant financial/commissioning impact

NICE Technology Appraisal/Guidance/Drug	Date published	Current formulary status or pathway/ guidance relevance	Decision
TA791: Romosozumab for treating severe osteoporosis **Commissioning: ICS/CCG, tariff-excluded** Romosozumab is recommended as an option for treating severe osteoporosis in people after menopause who are at high risk of fracture, only if: • they have had a major osteoporotic fracture (spine, hip, forearm or humerus fracture) within 24 months (so are at imminent risk of another fracture) and • the company provides romosozumab according to the commercial arrangement.	25th May 2022	*Not currently listed.*	Add to formulary as a RED drug in this indication, with link to TA791.
TA807: Roxadustat for treating symptomatic anaemia in chronic kidney disease **Commissioning: ICS, tariff-excluded** Roxadustat is recommended as an option for treating symptomatic anaemia associated with chronic kidney disease (CKD) in adults only if: • they have stage 3 to 5 CKD with no iron deficiency and • they are not on dialysis at the start of treatment and • the company provides roxadustat according to the commercial arrangement.	13th July 2022	*Not currently listed.*	Add roxadustat to formulary as a RED drug, with link to TA807.

Key for Recommended RAG status: Not Approved (DNP), Green – suitable for prescribing in primary care; Specialist Initiation/Recommendation – should be started or recommended by a specialist but suitable for ongoing prescribing in primary care; Shared Care – suitable for prescribing under an agreed shared care protocol; or Red – not suitable for prescribing in primary care.

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NICE Technology Appraisal/Guidance/Drug	Date published	Current formulary status or pathway/ guidance relevance	Decision

<u>TA805: Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides</u>
Commissioning: ICS
Icosapent ethyl is recommended as an option for reducing the risk of cardiovascular events in adults. It is recommended if they have a high risk of cardiovascular events and raised fasting triglycerides (1.7 mmol/litre or above) and are taking statins, but only if they have:
• established cardiovascular disease (secondary prevention), defined as a history of any of the following:
  ○ acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation)
  ○ coronary or other arterial revascularisation procedures
  ○ coronary heart disease
  ○ ischaemic stroke
  ○ peripheral arterial disease, and
• low-density lipoprotein cholesterol (LDL-C) levels above 1.04 mmol/litre and below or equal to 2.60 mmol/litre.
	13th July 2022	*Not currently listed.*	Add icosapent ethyl to formulary as a GREEN drug, with link to TA805.

Key for Recommended RAG status: Not Approved (DNP), Green – suitable for prescribing in primary care; Specialist Initiation/Recommendation – should be started or recommended by a specialist but suitable for ongoing prescribing in primary care; Shared Care – suitable for prescribing under an agreed shared care protocol; or Red – not suitable for prescribing in primary care.

Recommendations from October 2022 Medicines Committee

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Recommendations without significant financial/commissioning impact

NICE Technology Appraisal/Guidance/Drug	Date published	Current formulary status or pathway/ guidance relevance	Decision
TA803: Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs **Commissioning: ICS, tariff-excluded** Risankizumab, alone or with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to disease-modifying antirheumatic drugs (DMARDs) or who cannot tolerate them. It is recommended only if they have: • peripheral arthritis with 3 or more tender joints and 3 or more swollen joints • moderate to severe psoriasis (a body surface area of at least 3% affected by plaque psoriasis and a Psoriasis Area and Severity Index [PASI] score greater than 10) • had 2 conventional DMARDs and at least 1 biological DMARD. Risankizumab is recommended only if the company provides it according to the commercial arrangement.	13th July 2022	Listed as RED drugs for other indications.	Add risankizumab to formulary as a RED drug, with link to TA803.

Key for Recommended RAG status: Not Approved (DNP), Green – suitable for prescribing in primary care; Specialist Initiation/Recommendation – should be started or recommended by a specialist but suitable for ongoing prescribing in primary care; Shared Care – suitable for prescribing under an agreed shared care protocol; or Red – not suitable for prescribing in primary care.

Recommendations from October 2022 Medicines Committee

Recommendations from the NENC Area Prescribing Committees approved at December 2022 meeting of the North East & North Cumbria ICB Executive Committee.

	Recommendations from the APC
North of Tyne APC	13c NoTGNC APC-Decision-Summa
Sunderland and South Tyneside APC	13d STS APC recommendation sum 13g STS APC recommendation sum
County Durham and Tees APC	13e CD&Tees Valley APC Decision Summa

Key for Recommended RAG status: Not Approved (DNP), Green – suitable for prescribing in primary care; Specialist Initiation/Recommendation – should be started or recommended by a specialist but suitable for ongoing prescribing in primary care; Shared Care – suitable for prescribing under an agreed shared care protocol; or Red – not suitable for prescribing in primary care.