

Nottinghamshire Area Prescribing Committee

Annual Report 2023-24



*The Nottinghamshire APC is a partnership committee with clinical representation from;

- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospitals Foundation Trust
- Nottinghamshire Healthcare Trust (including Health Partnerships)
- Nottingham CityCare
- NHS Nottingham and Nottinghamshire ICB

EXECUTIVE SUMMARY

The Nottinghamshire Area Prescribing Committee (APC) works collaboratively with a number of different stakeholders* across Nottinghamshire to make recommendations on the safe, clinical and cost-effective use of medicines. We have been doing this successfully since 2007 and continue to maintain strong engagement with our member organisations, producing well defined and robust prescribing resources to support our prescribers. These resources include two fully interactive, live websites: www.nottinghamshireformulary.nhs.uk and www.nottsapc.nhs.uk which provide a large array of guidelines, formularies and prescribing information sheets to assist our Primary and Secondary Care clinicians and their patients in making prescribing decisions.

Key Achievements in 2023-24

- We have had 12 quorate meetings, as per the committee Terms of Reference.
- 58 medicines were reviewed as part of horizon scanning and 77 formulary entries reviewed and discussed as part of formulary maintenance. In addition to this, the team make minor amendments to numerous entries outside of meetings on a daily basis.
- 14 new medicine requests for inclusion in the formulary were considered. 8 of these submissions were following a positive NICE TA.
- 62 guidelines/shared care protocols/other prescribing documents were approved, 12 of which were new documents (see Appendix 2 for full details).
 - Development or updating guidelines includes reviewing national guidance, liaising with local specialists, consulting with relevant stakeholders as well as the production of the document.
- We have contributed to the patient safety agenda by keeping abreast of and acting on patient safety alerts. Of particular significance this year have been the safety alerts around medicines shortages such as ADHD and GLP1s.
- We have supported antimicrobial stewardship by ensuring that our antimicrobial guidelines are frequently reviewed and updated in line with national guidance and local resistance patterns. This has supported Nottinghamshire in being recognised nationally for antimicrobial stewardship achievement. This has included the review and updating of 13 antimicrobial guidelines this year as well as developing one new guideline.
- We have continued to support the Quality, Innovation, Productivity and Prevention (QIPP) agenda by;
 - Maintaining the Nottinghamshire Joint Formulary to ensure a live, accessible resource for prescribers (See Appendix 3 for further information on the outputs of the APC Formulary meetings)
 - Undertaking horizon scanning activities to guide prescribers on new medicines/licenced indications
 - Continued adherence to the Integrated Care Board (ICB) financial mandate thresholds.
- Continued work with patient representatives has ensured patient views are considered in making APC decisions. This has included the production and updating of 3 patient guides/leaflets.

Financial implications for the Nottinghamshire healthcare economy of APC decisions

The APC has approved for use medicines for use that fall within the Nottinghamshire ICB's agreed delegated authority with regard to financial budget unless prior consultation and approval have been sought. Decisions made by the APC have continued to support the ICB's challenging efficiency targets for making savings on the prescribing budget. Cost implications quoted are for a full 12 months, (See Appendix 4 for full details.)

Type of implication	Number of decisions	Cost implication to primary care
Cost avoidance*	2	£2800
Cost neutral or unknown	4	NA
Savings	7	£800,000
Cost pressure	22	£1,484,200

***Mainly via rejection of formal submissions; cost avoidance through horizon scanning and adding new agents as GREY is not always possible to predict.**

Cost savings, despite being highlighted as potential savings, require capacity within Primary Care to deliver on such savings through active switches. This capacity has been vastly reduced with increased workload pressures and changing priorities for Primary Care.

Savings

Potential savings of over £800K to the ICB prescribing budget have been identified from APC recommendations. Most of this saving potential has come from the inclusion of cost-effective enoxaparin brands and the addition of generic sitagliptin onto the formulary and encouraged first line use and reclassification of insulin biosimilars to increase uptake. However, such savings are difficult to predict as they are dependent on implementation such as switches and implementation at source by the initiating specialists.

Cost avoidance

Cost avoidance occurs when:

- a medicine (either a new medicine or clinical indication) is not accepted onto the formulary or is given a 'grey' or 'grey awaiting submission' classification, or
- a medicine is included in the formulary with a clear place in therapy which limits its use and therefore potential financial impact.

Most cost avoidance comes from thorough and regular horizon scanning to manage entry of new products onto the formulary, often assigning them a grey classification.

Cost neutral

An assessment of these decisions suggests that they were in general cost neutral for the Nottinghamshire Health Community, for example, where a new product is priced the same as an existing one which it will replace.

Cost pressure

Decisions made by the APC during 2023-24 resulted in a potential cost pressure of £1,484,200. However, of this £985,000 was the result of published NICE TAs which the ICB are mandated to implement. There were 8 positive NICE TAs reviewed via the APC, with the NICE costing tools showing a potential impact of between £25,000 and £650,000 per year for the Nottinghamshire Health Community.

NICE TAs are mandated; however, the APC still has a responsibility to highlight the cost implications for the Health Community and to assess the most appropriate place in therapy and setting for use.

Challenges faced by the APC

The APC has again struggled this year to recruit members from community pharmacy, public health, and to obtain medical representation from NUH. However, PCN pharmacist representation has been successfully recruited. We continue to have fewer GP representatives compared to previous years due to the City locality prescribing lead post not being refilled.

Development and subsequent implementation of Shared Care Protocols for Amber 1 medicines has proved challenging for several years due to the increasing financial challenges and workload within Primary Care. We have engaged with commissioning colleagues in order to understand the issues and look to agree a way forward, however so far, no progress has been made and the APC have been unable to develop any new, clinically appropriate shared care protocols due to this barrier. Furthermore we have been unable to adopt the national templates for some medications, risking inequity for patients compared to other ICS areas.

This will continue to be a challenge to the APC in terms of maintaining up to date resources to provide assurances to Primary and Secondary Care that patients are being managed appropriately, and we will continue to flag this as an issue.

A particular challenge has been the volume of significant medicine shortages which continues to be problematic. The APC have kept abreast of the situation and supported work to produce collaborative guidance for clinicians and patients whilst maintaining up to date information on the formulary.

There have been a number of NICE TAs published this year with significant associated costs. As these TAs are mandatory this has considerably affected the balance of financial implications of the APCs decision making.

It has not been possible to implement some NICE TAs due to lack of available services locally, leaving the ICS non-compliant. This has been flagged on the ICB risk register.

The ICB Medicines Optimisation Interface team facilitate most of the guideline development and maintenance work. A significant challenge to this has been the lack of engagement from some specialities to support the clinical oversight of such guidelines. Furthermore, wider Primary Care engagement and input is also challenging to obtain leading to delays in completion of work.

The APC has delegated authority to make decisions with a predicted financial impact of up to £80k per year to Primary Care, this threshold was increased to £100k in December 2023. However, with medicines becoming ever more expensive, this threshold has been exceeded already. There was no clear ICB/S process for seeking approval for such decisions and it took some time to work through an agreed pathway, causing delayed access to treatment for patients. More complex scenarios where a guideline update has resulted in a significant financial pressure has required a full business case to be submitted to the ICB Service Change Review Group.

Information Technology and website challenges and developments

The ICB Medicines Optimisation Interface Team consists of pharmacists and a pharmacy technician. With limited training and background knowledge of web design, the team manages and maintains the APC website.

Our website sees an average of 600 hits daily, approximately 450 are returning users and the additional 150 hits are from new users. Furthermore, as the whole site is in the public domain, it is essential that this is kept up to date, accessible and adherent to ICB corporate standards.

There has been some significant work during 2023-24 in this area, which the team have successfully managed, including:

- Transfer of the entire APC website content onto an updated platform with minimal disruption to users.
- The development and successful production of a number of podcasts to support dissemination of APC outputs. This work achieved a highly commended award from PrescQIPP
- The movement of the APC bulletin from a publisher document onto the web-based Sway programme to ensure that the content is in a more accessible format.
- Accessibility checking of all new and updated documents with the aim of moving the entire APC website content into a more accessible format.

Future Priorities for 2024-25

Two APC members have been nominated to be part of the newly formed Medicines Optimisation Regional Advisory Group (MORAG). This group aims to support APCs in making consistent and equitable decisions and the Nottingham APC welcomes the opportunity to influence that work.

We also plan to continue to grow our networks with other APC and formulary teams across the local area to offer mutual support, consistent outputs and reduce duplication.

The Interface team have nominated a communications and engagement lead who will develop a plan to improve dissemination of APC outputs and ensure clinicians from all sectors are fully informed of guideline and prescribing changes. This will include live lunch and learn webinars and bespoke communications for provider trusts.

The committee will conduct a training needs analysis which will inform an education plan for 2024-25. This aims to ensure that all members are fully up to date with regard to their skills and knowledge of critical appraisal, making evidence-based decisions and being part of an effective committee.

We will also;

- Encourage and support Patient and Public Involvement in reviewing new medicines, revising treatment pathways, and creating local formularies.
- Continue to monitor the work of NHSE and adapt our ways of working to fit with that agenda.

- Assess the needs of the developing Integrated Care System (ICS) and Primary Care Networks (PCNs) locally and will adapt accordingly.
- Maintain appropriate membership and aim to encourage new members, particularly clinicians from Secondary Care.
- Maintain an up to date and user-friendly joint formulary and continue to promote its content.
- Continue to maintain relevant and up to date medicines guidance for use across the Health Community

The APC will continue to work at an ICS level and strive to include stakeholders from all representative organisations. We plan to develop a consultation area on the APC website to allow better engagement from a wider variety of stakeholders who may wish to comment on guidelines which are being updated.

Acknowledgements

The APC would like to thank all who have either worked with us to produce documents or who have taken part in any consultation the APC has carried out. They are too numerous to mention individually but they make a significant contribution to the working of the APC.

The committee would specifically like to thank the ICB Medicines Optimisation Interface team whose hard work and dedication continues to drive the work of the APC.

Appendix 1 – APC GUIDELINE and FORMULARY COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION 2023/24

Name of Representative	Role within Organisation	Organisation	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
			Laura Catt	Prescribing Interface Advisor	NHS Nottingham & Nottinghamshire ICB	√	√	√	√	√	√	√	√	√
Tanya Behrendt.	Senior Medicines Optimisation Pharmacist													
Deborah Storer (usually formulary)	Medicines Information Manager and D&T Pharmacist	Nottingham University Hospitals NHS Trust	√	√	√	√	√	√	√	√	√	√	√	√
Tim Hills (usually guideline)	Assistant Head of Pharmacy													
Dr David Kellock	Consultant in Sexual Health and SFHT DTC Chair	Sherwood Forest Hospitals NHS Foundation Trust	√	√	√	x	√	√	√	√	√	√	√	√
Mark Clymer (MC)	Assistant Chief Pharmacist													
Steve Haigh	Medicines Information & Formulary Pharmacist													
Dr David Wicks	GP (Mid Notts)	NHS Nottingham & Nottinghamshire ICB	√	√	x	√	√	√	√	√	√	√	√	√
Dr Asifa Akhtar	GP (South PBP)			√	√	√	√	x	√	x	√	√	√	√
Vacancy	GP (City)			Position vacant										
Dr Jenny Moss-Langfield (usually guidelines)	GP	Local Medical Committee and NHS Nottingham & Nottinghamshire ICB	√	x	√	√	√	√	√	√	√	√	√	√
Dr Khalid Butt (usually formulary)	GP			x	x	x	√	√	√	x	x	√	x	x
Georgina Dyson	Advanced Nurse Practitioner	CityCare ICB	√	√	√	√	√	√	√	√	√	√	x	x

Beth Rushton Ankish Patel	PCN pharmacist representative Head of PCN Workforce	Nottingham West PCN Nottingham City GP Alliance	√	√	x	√	x	√	√	√	√	√	√	√
Kuljit Nandhara	Deputy Chief Pharmacist, Head of Pharmacy Mental Health Services	Nottinghamshire Healthcare NHS Trust	√	√	√	√	√	√	√	√	√	√	√	√
Hannah Godden	Principal Pharmacist – Adult Mental Health Community Teams													
John Lawton	Clinical Pharmacy Services Manager													
Susan Hume	Advanced Podiatrist													
Ann Whitfield Katie Sanderson	Patient Representative's	Representatives for the local population	√	√	√	√	√	√	√	√	√	√	√	√

No GP representation for the City GPs
 May no representation by the LMC
 June no representation from PCN
 July no representation from SFHT
 Oct the meeting was not quorate from agenda item 5 for GP representation.
 February no representation from CityCare
 March no representation from CityCare

Appendix 2 – 2023-24 APC guidelines meeting RATIFIED DOCUMENTS

Meeting Date	Title	SCP /Guideline/ Information sheet/ Other	Update or new
May-23			
	Cinacalcet	Guideline	Update
	Liothyronine	Guideline	New
	Antimicrobial Appendices	Guideline	Update
	Antimicrobial to retire	Guideline	Update
	Diabetic foot ulcer	Guideline	Update
	Eradication of H.pylori	Guideline	Update
	Leg ulcers and pressure sores	Guideline	Update
	Mastitis and breast abscess	Guideline	Update
	MRSA	Guideline	Update
	Otitis Media	Guideline	Update
	Testosterone in children	Information sheet	Update
	Narcolepsy	Information sheet	Update
	SGLT2i in CKD pathway	Other	New
	Parkinsons Disease Apomorphine	Information sheet	Update
	Parkinsons Disease Apomorphine	Shared Care Protocol	Update
	APC Framework	Other	Update
	Antipsychotics	Other	Update
	Headache pathway	Other	Update
	Off label and unlicensed prescribing	Other	Update
	Opioid deprescribing in non-cancer pain	Other	Update
	Biosimilar FAQ's	Other	New
Jul-23			
	Management of Psoriasis	Other	Update
	Nausea and Vomiting in Pregnancy	Other	Update
	Preferred Prescribing list	Other	Update
	Rheumatology – Shared Care	Other	Update
	Actinic (Solar) Keratosis – pathway	Other	Update
	Chlamydia	Guideline	Update
	Splenectomy	Guideline	Update
	CKD and SGLT2s	Other	Update
	Narcolepsy	Guideline	Update
	Testosterone Leaflet	Other	New
	BPSD	Other	Update
Sep-23			
	Anticoagulants in AF	Guideline	Update
	Oral Nutritional Supplements	Guideline	Update
	Meningitis	Guideline	Update
	Vaginal Candidiasis	Guideline	Update
	Auto-Immune Hepatitis Shared Care Protocol	Other	Update
	Testosterone	Information Sheet	Update
	Unlicensed Specials	Other	Update
	Principles for Specifying Brand Names on the Joint Formulary	Other	Update
Nov-23			
	Rheumatology x 6	Shared Care Protocol	Update
	Ferric Maltol Guidance	Guideline	New
	Palliative Care Pocketbook	Other	Update

Appendix 2 – 2023-24 APC guidelines meeting RATIFIED DOCUMENTS

	Lamotrigine	Information sheet	Update
	Heart Failure	Guideline	New
	Position statement glucose products for hypoglycaemia	Other	New
Jan-24			
	Daridorexant	Information sheet	New
	Infant feeds for premature infants	Guideline	Update
	Enoxaparin	Information sheet	Update
	Nausea and Vomiting in pregnancy	Guideline	Update
	Nitrazepam for Children with Epilepsy	Information sheet	New
	ADHD in children and young people	Shared Care Protocol	Update
	Dementia Medicine	Information sheet	Update
	Spiroonactone - Acne Antimicrobial	Guideline	New
	Framework for Managing Medicines across the Nottinghamshire ICS	Other	Update
Mar-24			
	Drospirenone	Information sheet	New
	Conjunctivitis	Guideline	Update
	Human and Animal Bites	Guideline	Update
	Dermatology	Shared Care Protocol	Update
	Irritable Bowel Disease	Shared Care Protocol	Update
	Finerenone	Guideline	New
	Neuroinflammatory conditions	Shared Care Protocol	New
	Neuroinflammatory conditions patient information leaflet	Other	New
	Unlicensed Specials Database	Other	Update
	Strong Opioid patient information Leaflet	Other	Update

Appendix 3

NOTTINGHAMSHIRE APC Formulary Management ANNUAL REPORT 2023-24

Introduction

The Nottinghamshire Area Prescribing Committee (APC) was divided into APC Guideline and APC Formulary decision-making groups in April 2023. This division allowed the APC team to plan work areas to improve efficiency; team members were allocated either guidelines or formulary as their lead area. While the division works exceptionally well for managing workload capacity and delivery due to the complexity of the decision-making process surrounding medicines, team members occasionally needed to be present at both meetings to offer their clinical advice.

Six APC Formulary meetings were held in the 2023/24 financial year, with good attendance from all the member organisations involved.

The APC formulary work includes:

- Making evidence-based recommendations for the inclusion or exclusion of medicines, medical devices, wound care products and dietary products on the Nottinghamshire Joint Formulary.
- Completing horizon scanning and informing the APC of any changes to product licenses that could impact local treatment guidelines or pathways.
- Completing horizon scanning and raising awareness of new medications and appliances that could affect current treatment pathways and impact patient care or have a financial impact on the prescribing budget.
- Predicting the financial impact for the Nottinghamshire Health Community before agreeing to introduce new products to the formulary.
- Developing, maintaining, and making recommendations to the APC and the ICB on guidelines and treatment pathways where these include medicines and would impact the Nottinghamshire Joint Formulary.
- Ensuring that decisions meet the Integrated care system's (ICSs) plan for delivering joined-up health and care services to improve the lives of people who live and work in the geographical location.
- Ensuring that communication between different professional groups across Primary and Secondary care happens and that local medicines guidelines are aligned with agreed current practice.

Appendix 3

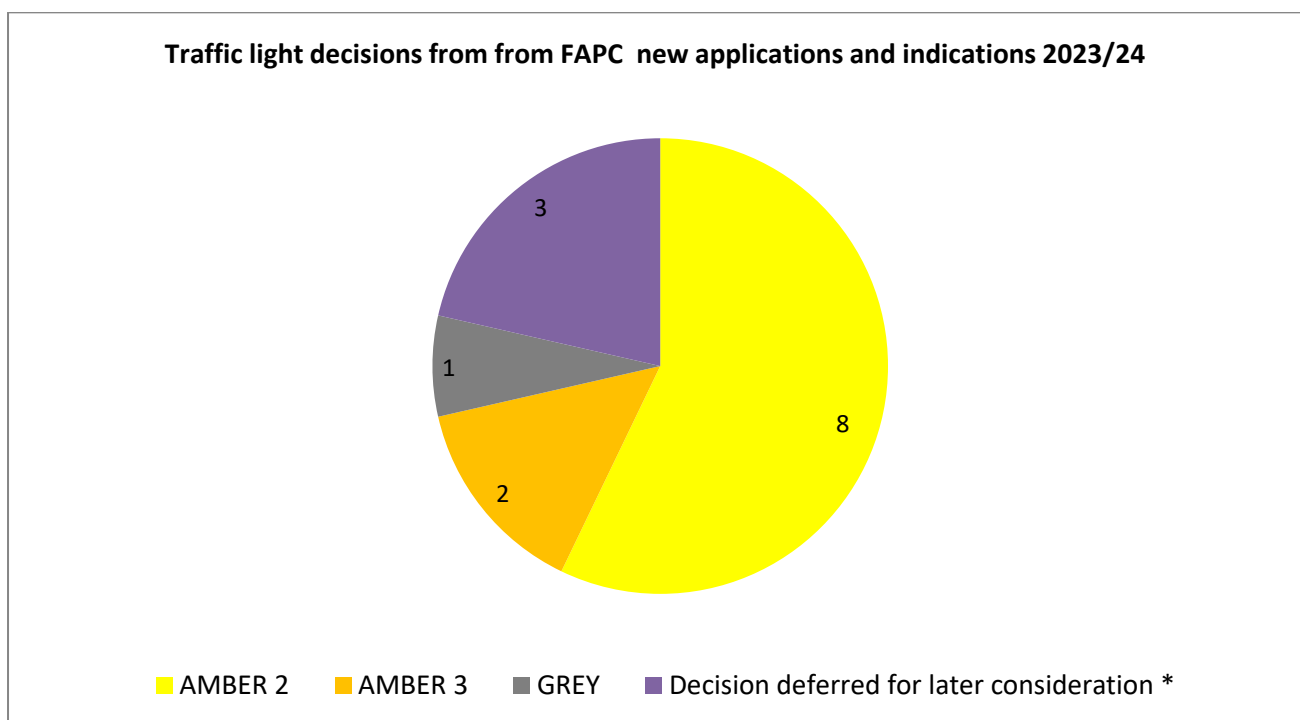
Medication submissions & recommendations.

Traffic light decisions made by the APC for new applications and/or indications 2023/24.

The APC considers requests for new medicines submitted by Primary or Secondary Care which are to be prescribed across the interface. The process comprises an independent review of the evidence by the Specialist Interface and Formulary Pharmacists (SIFP). The findings are then presented to the committee for discussion to support informed decision-making by the APC members.

When more clarification is required regarding a treatment pathway, such as the implementation details or where the predicted financial impact for Primary and/or Secondary Care needs to be calculated, the decision is deferred until all parties are satisfied with the outcome.

The APC received 14 new medicine requests for Joint Formulary consideration by the APC members; the traffic light decisions agreed upon are presented here.



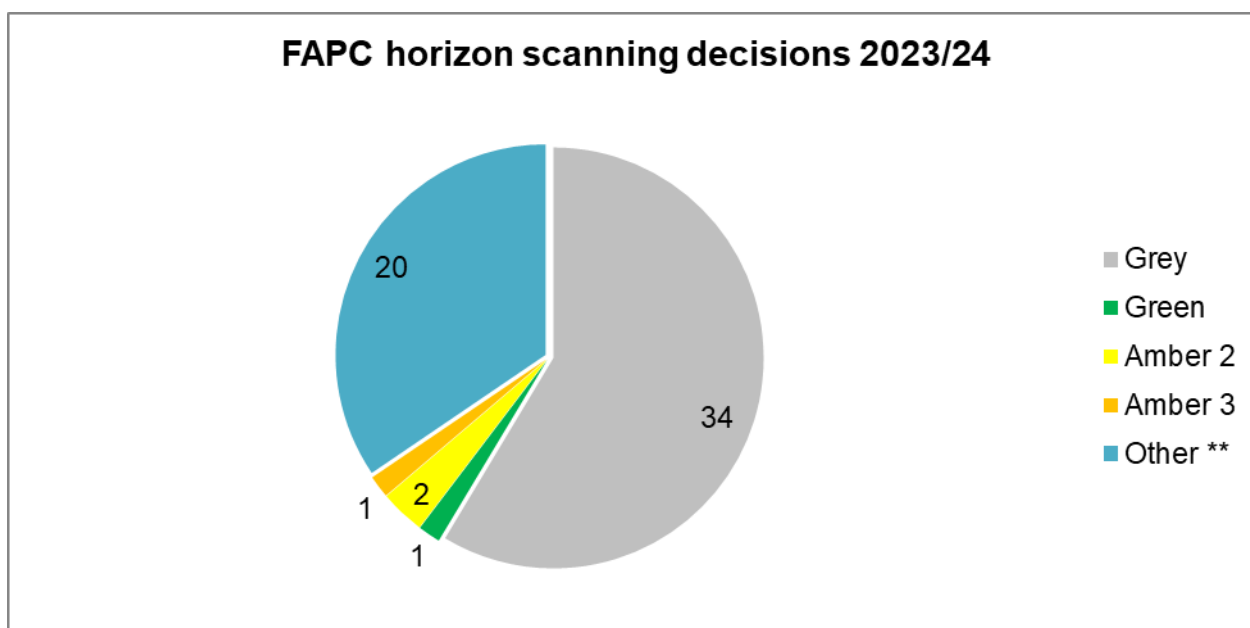
* Items entitled 'deferred' in the graph represent items that will conclude within the next financial year.

Appendix 3

Horizon scanning

The APC reviews all new medicines or new indications for existing formulary medications that might impact prescribing across the interface. This way the introduction of any new medicine is managed in a considered and effective manner which considers the health needs of the local patient population.

A total of 58 new medicines were reviewed through the horizon scanning process at the APC formulary meetings in the past year. As part of this process new medications or newly licensed indications are assigned a traffic light classification, and the clinical guidelines are scrutinised to ensure that the decisions made do not impact any current guidelines. Where decisions are likely to have an impact on a guideline the guideline(s) in question will be reviewed by a member of the APC Interface team.



** Items entitled 'Other' in the graph below represent items that required some Joint Formulary amendment without a classification decision.

Appendix 3

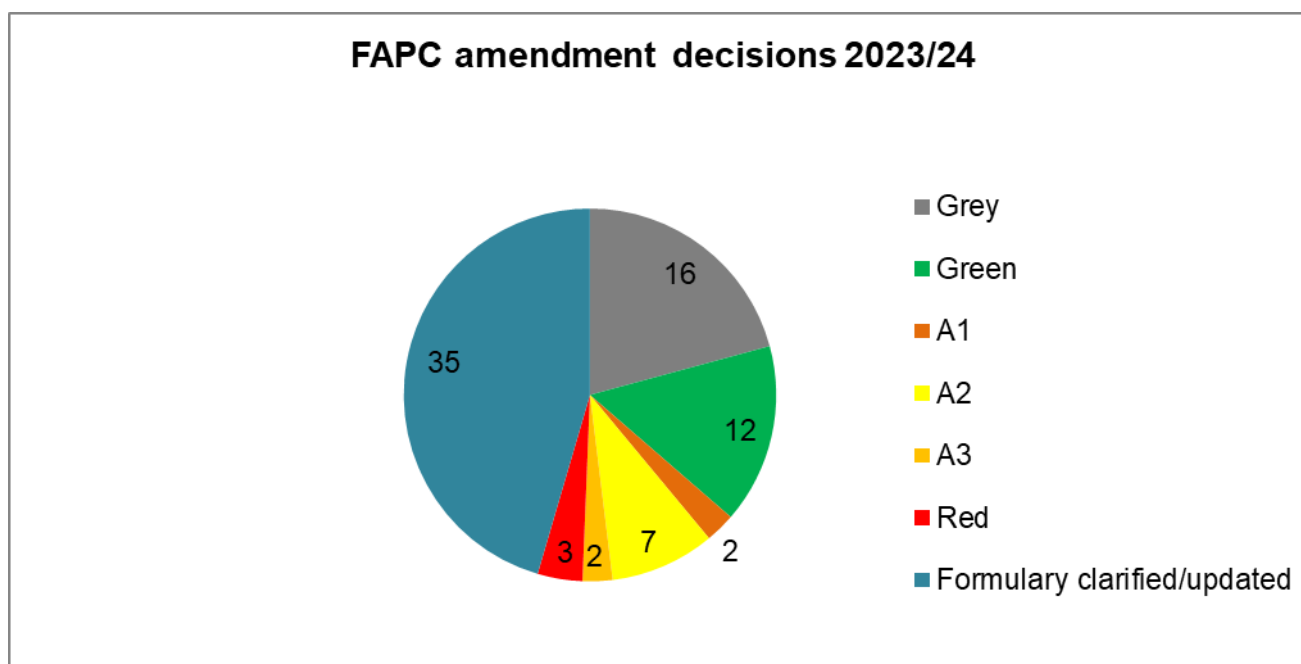
Formulary Amendments

The APC formulary team collates and discusses any suggested amendments to the Joint Formulary; these amendments might include clarification of wording, acting upon discontinuations or price changes, or adding and amending pertinent safety guidelines or pathway messages.

Several suggested amendments arise from the Interface team's formulary maintenance work, from practice-based pharmacists or Secondary Care colleagues.

77 suggested amendments required discussions by the APC members.

The decisions concerning traffic light changes are shown in the chart below:



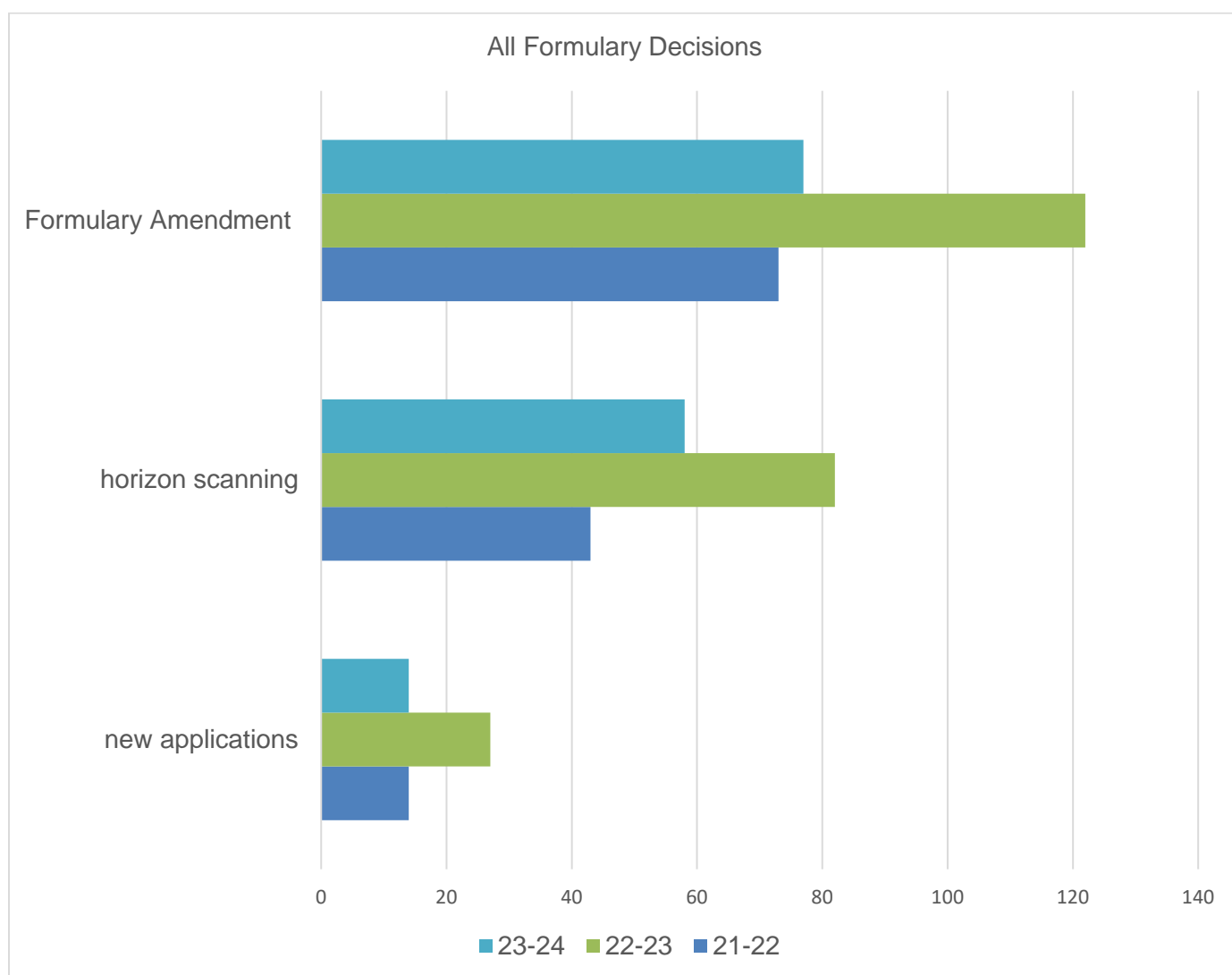
The formulary clarified/updated relates to no traffic light changes made but the formulary entry was amended in some other significant way.

As well as those entries discussed, numerous entries are amended by the team on a daily basis as part of continuous maintenance. Such amendments are considered minor and therefore not requiring formal discussion; instead, these are noted at the next APC meeting.

Appendix 3

Comparison of all formulary decisions made 21/22 to 23/24

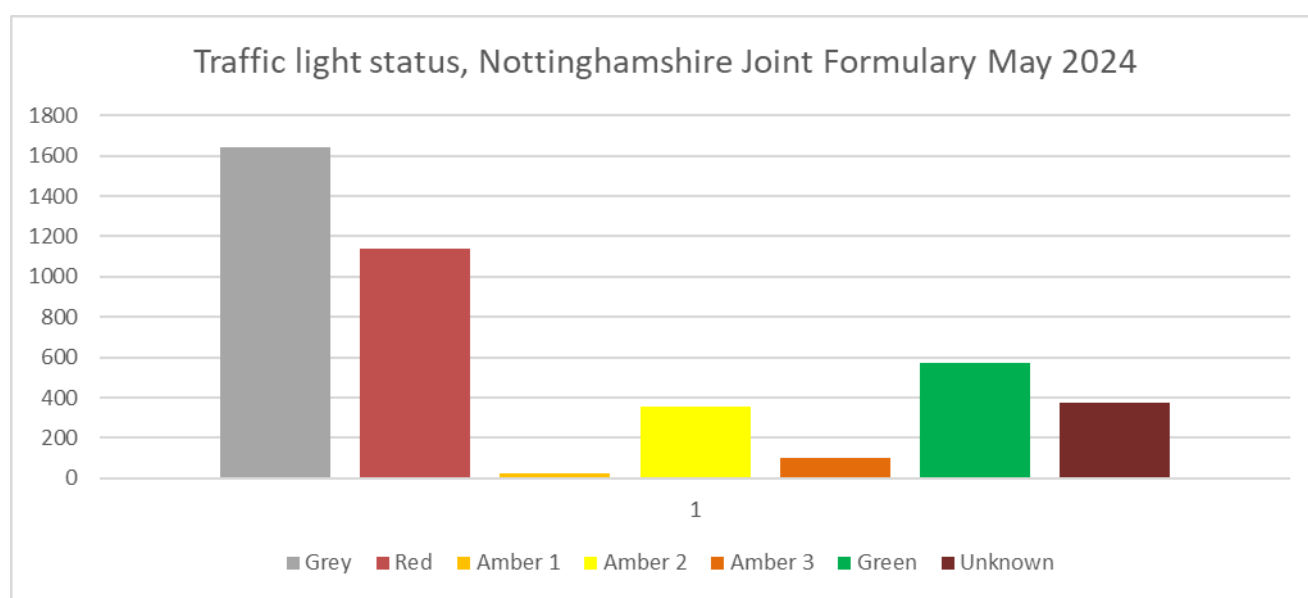
The APC previously saw a significant increase in formulary decision recommendations during 22/23 where the number of decisions rose by 86.9% across the three areas compared to the previous 12 months. This large increase is speculated to have been part of the post-COVID-19 catch up response, as classification decisions have now reduced showing only a 14% increase on the 21/22 level.



Appendix 3

Classifications on the formulary

There are 4215 entries on the formulary with a traffic light classification assigned. The graph below is a representation of the current classifications of medications on the Nottinghamshire formulary:



Challenges Faced by the Joint Formulary Group

- As the cost of pharmaceuticals increases, the APC is under increased pressure to ensure that decisions made do not fall outside the threshold agreed within the ICB's delegated authority. As there is no clear process for financial approval, this has led to significant delays in implementing some of the decisions made by the APC.
- As in previous years, there have been some delays around implementation of formulary decisions arising from a lack of services i.e., the allergy clinic and tier 3 weight management service.
- During 2023/24 the interface team lost the Specialist Interface & Formulary Pharmacist for NUH, this has continued to impact numerous work streams where NUH Specialist input has been required. Furthermore, the expert skills of critical appraisal and independent review of submissions have therefore decreased within the team.

Appendix 3

- To counter some of the reduction in the team's capacity, the Specialist Interface Pharmacist for SFH increased their hours temporarily allowing the formulary amendments, horizon scanning and guidelines to be reviewed and completed on time.
- During 23/24 the APC website moved to a different server due to future-proofing the website this unfortunately and unexpectedly broke several hyperlinks within the formulary which the team had to work urgently to correct.
- Complex, specific formularies such as the County Wound Care Formulary information requires cross checking to ensure information is matched to the information contained in the Joint Formulary. This has been a significant piece of work this year.

Future Priorities of the APC Formulary Work

1. To facilitate communication between service providers, building on this collaboration to ensure key formulary updates are communicated, striving for equitable access to medications across the Nottingham and Nottinghamshire ICS.
2. To ensure patient representation when reviewing new medicines and revising treatment pathways and formularies.
3. To adapt and develop work in response to any national changes which may occur.
4. To support the APC members in making evidence-based formulary decisions, a training needs analysis will be conducted and refresher sessions on critical appraisal skills will be facilitated.
5. To contribute to [Delivering a 'Net Zero' National Health Service](#) by recognising the carbon footprint as part of the formulary decision-making process when considering new medicines and appliances.
6. The entire Joint Formulary will undergo a review to ensure that hyperlinks are working, prices are in date and the information is clear, concise, and relevant for the users.
7. The CityCare wound management formulary is still undergoing a review, once this has been completed the items will need cross-checking against the current formulary items and the Joint Formulary will need updating with agreed terminology.
8. To offer engagement and support to the Primary Care Networks (PCNs) and GP practices and support them to deliver high-quality care by ensuring that all clinicians and non-medical prescribers (NMPs) have knowledge of and can access the Joint formulary.

Appendix 4 - financial implications of APC decisions 2023-24

Meeting Date	Drug	Indication	TL Class'n	Type of class'n	NICE TA	Overall cost implications for the Nottinghamshire Health Community (Cost pressure, cost neutral, saving, cost avoidance)	Quantify financial impact primary care (annual)	prediction based on?
Apr-23	Theolox Duo	dry eyes	Grey	Re submission	no	cost avoidance		
	Selenium	deficiency	Amber 2	New submission	no	cost pressure	£500	approx 5 patients
	prasugrel	cardiology	Amber 2	formulary amendment	no	cost pressure	£4,330	for approx 20 patients per year
	Semaglutide	Weight management	Non compliant	New submission	yes	cost pressure		non compliant with TA due to lack of service
	Finerenone	diabetes	Amber 2	New submission	yes	cost pressure	£25,000	NICE costing tool
	sitagliptin generic	diabetes		formulary amendment	no	cost saving	£600,000	windfall saving from generic being promoted
Jun-23	Tirbanibulin	Dermatology	Amber 3	New submission	no	cost pressure	£10,000	approx 800 patients compared to alternative
	Pancrease HL	Gastroenterology	Amber 2	New submission	no	cost pressure	£7,000	approx 4 patients per year
	Lurasidone	Mental health	Amber 2	Formulary amendment	no	cost pressure	£25,000	movement of 50% patients from secondary to primary care
	Paliperidone TEVA	Mental health	Amber 2	Formulary amendment	no	cost neutral		generic prescribing in primary care already
	NRT products	Public Health		Formulary amendment	no	cost saving	£15,000	10% reduction in prescribing
	SLO milkshake	Deitetics	Grey	Formulary amendment	no	cost avoidance	£2,800	removal from formulary and stopping current prescribing
	Acetylcysteine effervescent	respiratory	green	Formulary amendment	no	cost saving	£6,000	10% switch from carbocysteine liquid
	Soprabec	respiratory	green	Formulary amendment	no	cost saving	£14,000	10% switch from Clenil
Aug-23	intranasal naloxone	Adiction services		New submission	no	cost neutral		reflective of current practice
	Dapaglifloxin	Cardiology	Amber 2	New submission	Yes	cost pressure	£160,000	NICE costing prediction in year 1 for 340 patients
	Rimegepant	migraine prevention	Amber 2	New submission	Yes	cost pressure	£500,00	compared to High cost drug options for 30 patients
Oct-23	Ivabradine	cardiology	Amber 2	New submission	no	cost pressure	£4,500	approx 65 predicted patients on 7.5 mg dose
	Cyclogest	Pre term birth	Amber 2	New submission	no	cost pressure	£3,500	predicted numbers from trusts
	Nitrazepam	paediatrics	Amber 2	New submission	no	cost pressure	£375	15 patients on tablets
	Ferric maltol	heamatology	Amber 3	New submission	no	cost pressure	£64,000	predicted numbers from trusts
	Cenobamate	neurology	Red to amber 2	formulary amendment	no	cost pressure	£95,000	predicted numbers from trusts
	Inhixa	Heamatology	Amber 2	formulary amendment	no	cost saving	£125,000	50% switch to cost effective Arovi brand
Dec-23	glucose gel	diabetes	Green to Grey	formulary amendment	no	cost saving	£30,000	deprescribing of 60%
	Gepretix	gynaecology	Green	horizon scanning	no	cost saving	£10,000	20% switch from mre costly brand
	Cyclogest	Treatened miscarriage	Amber 2	New submission	no	cost pressure	£130,000	predicted numbers from trusts
	Spirolactone	dermatology	amber 3	New submission	no	cost pressure	£10,000	average predicted patient numbers
	Ticagralor	Stroke	Amber 2	New submission	no	cost pressure	£95,000	predicted numbers from trusts
	Rimegepant	Migraine treatment	Amber 2	New submission	yes	cost pressure	£100,000	NICE cost predictions
	Terzepatide	diabetes	Amber 2	New submission	yes	cost pressure	£650,000	50% use in place of current GLP1s
	Daridorexant	insomnia	Amber 3	New submission	yes	cost pressure	£103,000	NICE costing prediction in year 1
	Drospirenone	gynaecology	Green	New submission	no	cost pressure	£2,000	50 patients predicted
Feb-24	Travoprost PF	ophthalmology	Amber 2	formulary amendment	no	cost neutral		
	Ondansetron	IBS	Red to amber 2	formulary amendment	no	cost pressure	£5,000	approx 50 patients
	Empagliflozin	CKD	Amber 3	New submission	yes	cost neutral		cost captured as per dapagliflozin