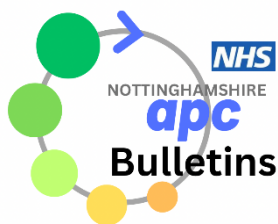


Nottinghamshire Area Prescribing Committee

Annual Report 2024-25



*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

APC annual report 202425

1. Introduction

The Nottinghamshire Area Prescribing Committee (APC) works collaboratively with a number of different stakeholders across Nottinghamshire as well as regionally and nationally 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.

2. Key Achievements in 2024-25

- a) 42 medicines were reviewed as part of horizon scanning and 71 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.
- b) 17 new medicine requests for inclusion in the formulary were considered. Four of these submissions were following a positive NICE TA.
- c) 76 guidelines/shared care protocols/other prescribing documents were approved, 6 of which were new documents (see Appendix 2 for full details).
 - i. Development or updating guidelines includes reviewing national guidance, liaising with local specialists, consulting with relevant stakeholders as well as the production of the document.
- d) 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 PERT.
- e) 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 17 antimicrobial guidelines this year as well as developing one new guideline.
- f) We have continued to support the Medicines Optimisation efficiencies agenda by;
 - i. 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)
 - ii. Undertaking horizon scanning activities to guide prescribers on new medicines/licenced indications
 - iii. Continued adherence to the Integrated Care Board (ICB) financial mandate thresholds.
- g) Continued work with patient representatives has ensured patient views are considered in making APC decisions. This has included the production and updating of three patient guides/leaflets.
- h) The team delivered ten podcast episodes last year, including CKD, pharmacogenomics, benzodiazepines deprescribing and cultural awareness.

3. Financial implications for the Nottinghamshire healthcare economy of APC decisions

The APC has approved for use medicines 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*	37	Difficult to predict
Cost neutral or unknown	9	NA
Savings	6	£ 68,500
Cost pressure	12	£ 233670

***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.

3.1 Savings

Potential savings of over £68,000 to the ICB prescribing budget have been identified from APC recommendations. Most of this saving potential has come from the inclusion of cost-effective budesonide suppositories and the addition of Vibegron onto the formulary and encouraged first line use. However, such savings are difficult to predict as they are dependent on implementation such as switches and implementation at source by the initiating specialists.

3.2 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 given a stricter place in therapy or more restrictions than the submitting clinician requests.
- 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.

The most significant example this year was the restriction of higher doses of tirzepatide which are significantly more expensive with poor evidence to support use.

3.3 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.

3.4 Cost pressure

Decisions made by the APC during 2024-25 resulted in a potential cost pressure of £233,670. However, of this £57,000 was the result of published NICE TAs which the ICB are mandated to implement. There were four positive NICE TAs reviewed via the APC, with the NICE costing tools showing a potential impact of between £15,000 and £32,000 each 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.

4. Challenges faced by the APC

- a) The APC has again struggled this year to recruit members from community pharmacy, public health, and to obtain medical representation from NUH
- b) 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.
- c) 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.
- d) 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.
- e) 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.
- f) 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.
- g) 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. Reduced capacity within that team as well as increased workload has also proved to be a significant challenge.

5. Information Technology and website challenges and developments

- a) 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.
- b) In the past year, the APC website was visited by approximately 45,000 users from within the United Kingdom and approximately another 2,000 from around the globe, including United States, Ireland, Canada, India and Australia. About 20,000 of these users are returning users. We continue to see an average of 600 users per day Monday to Friday. The most searched for pages seem to be the Guidelines and Formularies and the Antimicrobial guidelines ones, followed closely by the general Search page and the Home page of the website. 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.
- c) The team has continued to maintain the APC website to standards during 2024-25 by:
 - i. Improving the search function to help find documents or information about certain medicines quickly.
 - ii. Improving the latest pages updates and latest files updates sections.
 - iii. 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.
 - iv. Accessibility checking of all new and updated documents with the aim of moving the entire APC website content into a more accessible format.

6. Future Priorities for 2025-26

The ICB faces significant changes through the management cost reductions during 2025/26. The APC will strive to adapt in line with new working and governance arrangements whilst continuing to maintain robust processes for decision making around medications and prescribing.

We 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.

We will also;

- a) Encourage and support Patient and Public Involvement in reviewing new medicines, revising treatment pathways, and creating local formularies.
- b) Continue to monitor the work of NHSE and adapt our ways of working to fit with that agenda.
- c) Assess the needs of the developing neighbourhoods, Integrated Care System (ICS) and Primary Care Networks (PCNs) locally and will adapt accordingly.

7. 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 2024/25**

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	Y	Y	Y	Y	x	Y	Y	Y	Y	Y	Y	Y
Tanya Behrendt.	Senior Medicines Optimisation Pharmacist													
Nicola Jay	Deputy Medical Director													
Nicola Graham	Senior Transformation Manager													
Deborah Storer	Medicines Information Manager and D&T Pharmacist	Nottingham University Hospitals NHS Trust	Y	Y	Y	Y	x	Y	Y	Y	Y	Y	Y	Y
Tim Hills	Assistant Head of Pharmacy													
Dr David Kellock	Consultant in Sexual Health and SFHT DTC Chair	Sherwood Forest Hospitals NHS Foundation Trust	Y	Y	Y	Y	x	Y	Y	N	Y	Y	Y	Y
Mark Clymer	Assistant Chief Pharmacist													
Steve Haigh	Medicines Information & Formulary Pharmacist													
Dr David Wicks	GP (Mid Notts)	NHS Nottingham & Nottinghamshire ICB	N	Y	N	N	x	N	Y	Y	Y	Y	Y	Y
Dr Asifa Akhtar	GP (South PBP)		N	Y	Y	Y	x	Y	Y	Y	Y	Y	Y	Y
Vacancy	GP (City)													
Dr Jenny Moss-Langfield	GP	Local Medical Committee and NHS Nottingham & Nottinghamshire ICB	Y	N	Y	Y	x	Y	Y	Y	Y	Y	Y	Y
Dr Khalid Butt	GP		N	Y	N	Y	x	Y	Y	N	Y	Y	N	Y

Georgina Dyson	Advanced Nurse Practitioner	CityCare ICB	Y	Y	Y	N	x	Y	Y	Y	Y	Y	Y	Y
Jacqui Burke		NHS Nottingham & Nottinghamshire ICB												
Shelly Herbert														
Beth Rushton	PCN pharmacist representative	Nottinghamshire locality	N	Y	Y	Y	x	Y	Y	Y	Y	Y	Y	N
Jo Flemming	Specialist Clinical Pharmacist (pain)													
Fatima Malik														
Kuljit Nandhara	Deputy Chief Pharmacist, Head of Pharmacy Mental Health Services	Nottinghamshire Healthcare NHS Trust	Y	Y	Y	Y	x	Y	Y	Y	Y	Y	Y	Y
Hannah Sisson	Principal Pharmacist – Adult Mental Health Community Teams													
John Lawton	Clinical Pharmacy Services Manager													
Susan Hume	Advanced Podiatrist													
Ann Whitfield	Patient Representative's	Representatives for the local population	Y	Y	Y	Y	x	Y	Y	Y	Y	Y	Y	Y
Katie Sanderson														

The August meeting was cancelled due to the APCTeam and the APC members having annual leave

Appendix 2 – 2024-25 APC RATIFIED DOCUMENTS

Meeting Date	Title	SCP / Guideline	Update or new
		/ Other	
May-24	GnRH analogues position statement	other	update
	Asthma self management plan	other	update
	COPD self management plan	other	update
	Acute Exacerbation of COPD antimicrobial	guideline	update
	Bronchiectasis self management plan	other	update
	Prescribing Policy	other	update
	Methotrxate for dermatological conditions	SCP	update
	Emollient formulary	formulary	update
	Azathioprine in children	SCP	update
	Vitamin D - prescribing guidelines for adults	guideline	update
	Vitamin D - prescribing guidelines for children	guideline	update
	Vitamin D - patient information leaflet	information sheet	update
	Riluzole	SCP	update
	Management of Type 2 Diabetes in young adults	guideline	new
	Information and guidance on prescribing in Transgender Health	other	update
Jun-24	MRSA guideline antimicrobial	guideline	update
	Scabies guideline antimicrobial	guideline	update
	Odansetron for IBS for diarrhoea predominant Irritable Bowel Syndrome	information sheet	new
Jul-24	Acne	guideline	update
	Dermatophyte infection of the scalp antimicrobial	guideline	update
	Infected eczema antimicrobial	guideline	update
	Herpes Simplex antimicrobial	guideline	update
	Bupropion for depression	guideline	update
	Anticoagulants in AF - generic rivaroxaban	guideline	update
	Palliative care in end stage heart failure pocket book	other	update
	Headache pathway	other	update
	COPD guidelines	guideline	update
	How to minimise the environmental impact of inhalers (PR)	guideline	update
	Hypertriglyceridaemia guidelines	guideline	update
	Antipsychotics information sheet	information sheet	update
	Clozapine information sheet	information sheet	update
	Fludrocortisone for orthostatic hypotension	information sheet	update
	Parkinsons Disease information sheet	information sheet	update
	Palliative care pocket book & EoL guidance	guideline	update
	Take home Naloxone	information sheet	update
	Alvertine/Simethicore (SimAlvia) & IBS guideline	guideline	update
	Transgender guidance update	other	update
Sep-24	CKD	guideline	new
	Sore Throat antimicrobial	guideline	update
	Splenectomised antimicrobial	guideline	update
	Varicella Zoster antimicrobial	guideline	update
	Warfarin prescribing guideline	guideline	new
	Benzodiazepines and Z-hypnotics, Prescribing and Deprescribing.	guideline	update
	IBD Methotrexate	SCP	update
	Agomelatine	information sheet	update
	Hypothyroidism in pregnancy	guideline	New
	Transgender guidance	other	update
Nov-24	Clinical pathway for use of SGLT2i and T2DM	other	update
	Insect Bites and stings antimicrobial	guideline	update
	Wound infection antimicrobial	guideline	update
	Clostridioides Difficile antimicrobial	guideline	update
	Vitamin B12	guideline	update
	Guidelines on the management of sleeping difficulties in childhood	guideline	update
	Osteoporosis guidelines	guideline	update
	Terms of Reference - delegated authority to shortlife Task & Finish groups appendix	other	new
	Lithium prescribing	guideline	update
Jan-25	Hidradentis Suppurativa antimicrobial	guideline	update
	Dermatopyte of nail antimicrobial	guideline	update
	Amiodarone	SCP	update
	DOACs for Deep Vein Thrombosis (DVT) & Pulmonary Embolism (PE)	guideline	update
	Enoxaparin information sheet	information sheet	update
	Gastroprotection	guideline	update
Feb-24	Heart Failure guidelines	guideline	update
	Barrier preparations formulary	formulary	update
	Acne prescribing	guideline	update
	Heart Failure Quick Reference Prescribing Guide	guideline	new
Mar-24	Meningitis antimicrobial	guideline	update
	Splenectomy antimicrobial	guideline	update
	Amiodarone	SCP	update
	Modafinil	information sheet	update
	Irritable Bowel Syndrome Guidelines	guideline	new
	Preferred list of BGTS meters	guideline	update
	Continence formulary update	formulary	update
	VTE management in pregnancy treatment and prophylaxis	guideline	update
	Clonidine for tics	information sheet	update
	MAOI in patients with periods of Dyskinesia	guideline	update
	ADHD adults methylphenidate	SCP	update
	ADHD adults dexamfetamine	SCP	update
	ADHD adults lisdexamfetamine	SCP	update
	ADHD adults atomoxetine	SCP	update
	Process for developing and ratifying APC Guidelines	other	new

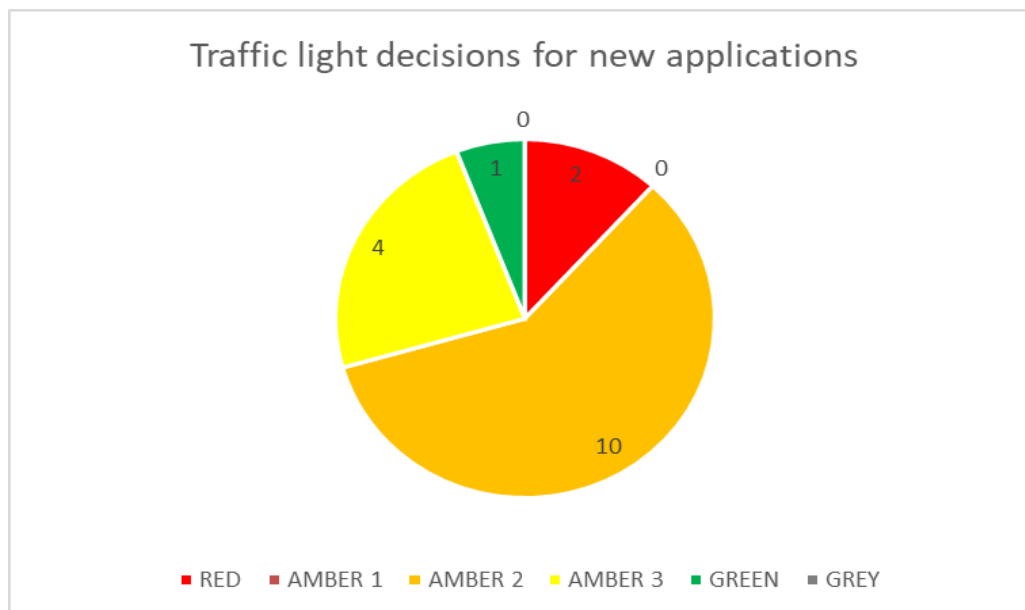
Nottinghamshire Area Prescribing Committee (APC) Annual Formulary Management Summary 2024/25



1. Medication submissions & recommendations.

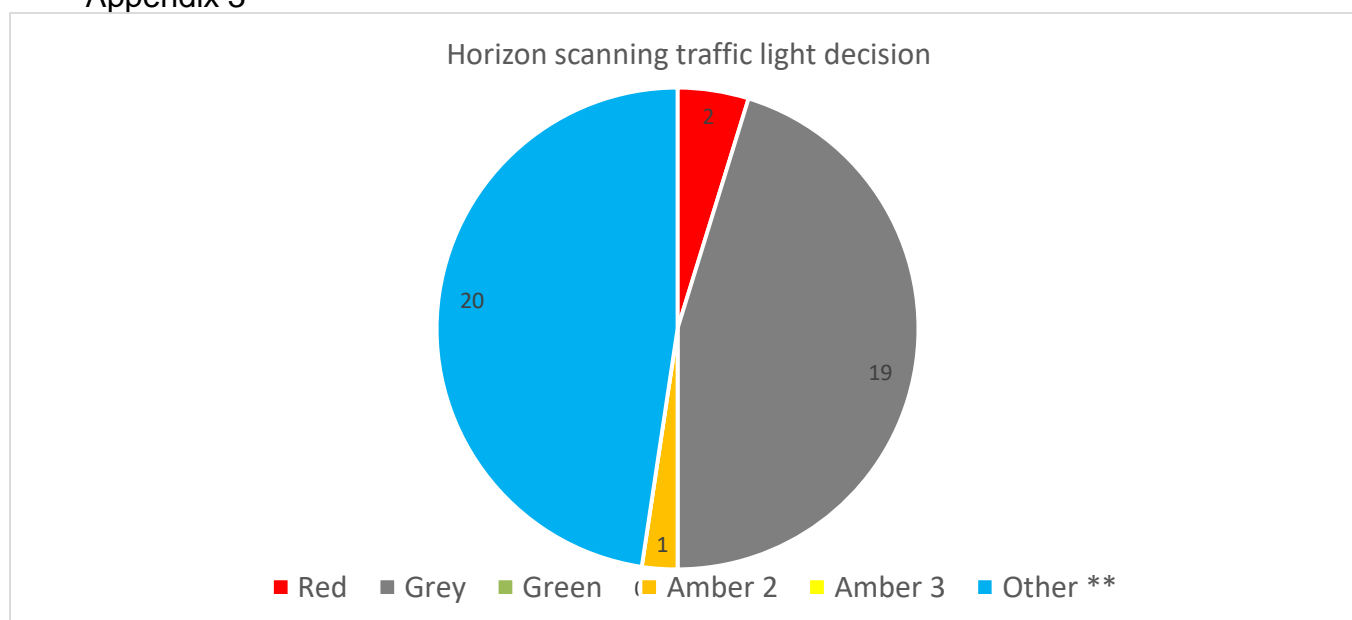
1.1. Traffic light decisions made by the APC for new applications and/or indications 2024/25

The APC received 17 new medicine requests for Joint Formulary consideration by the APC members; the traffic light decisions agreed upon are presented here. Three items had been deferred from the previous year and have been included in the chart below.



1.2. Horizon scanning

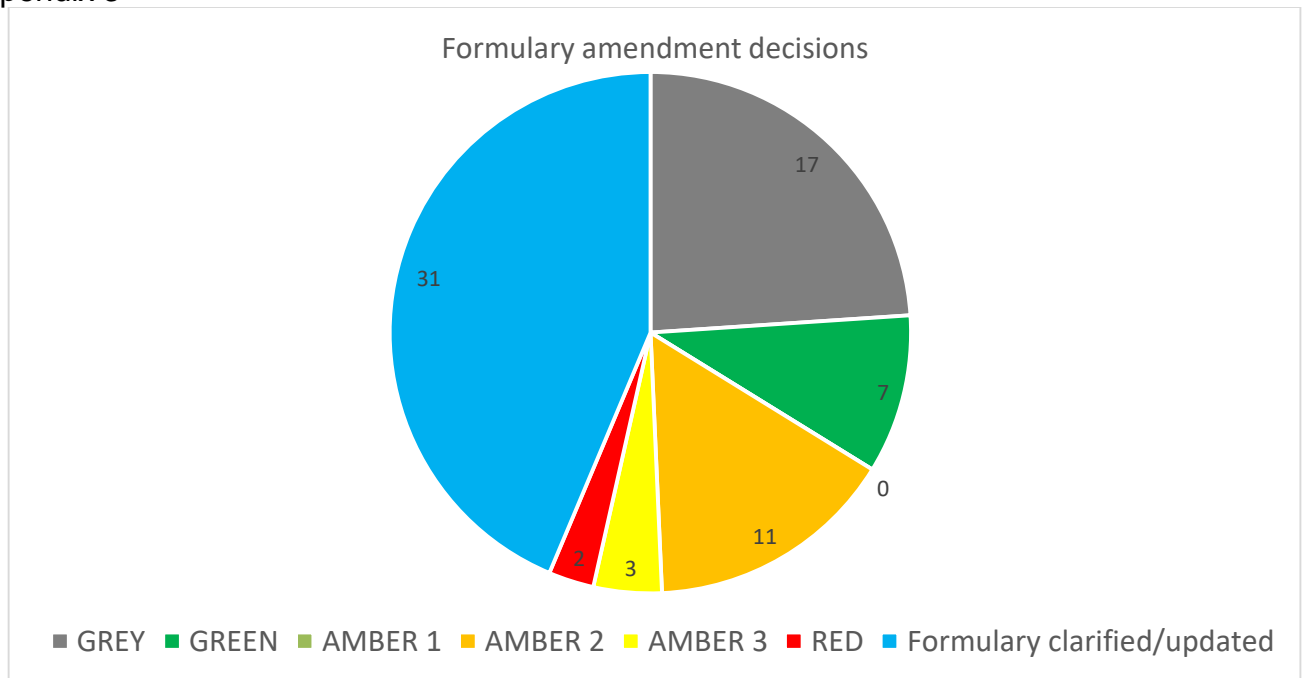
- a) The APC reviews all new medicines or new indications for existing formulary medications that might impact prescribing across the interface. This way, the introduction of any new medicine is managed in a considered and effective manner, focusing on the health needs of the local patient population.
- b) A total of 42 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.



** Represent items that required a Joint Formulary amendment without a classification decision.

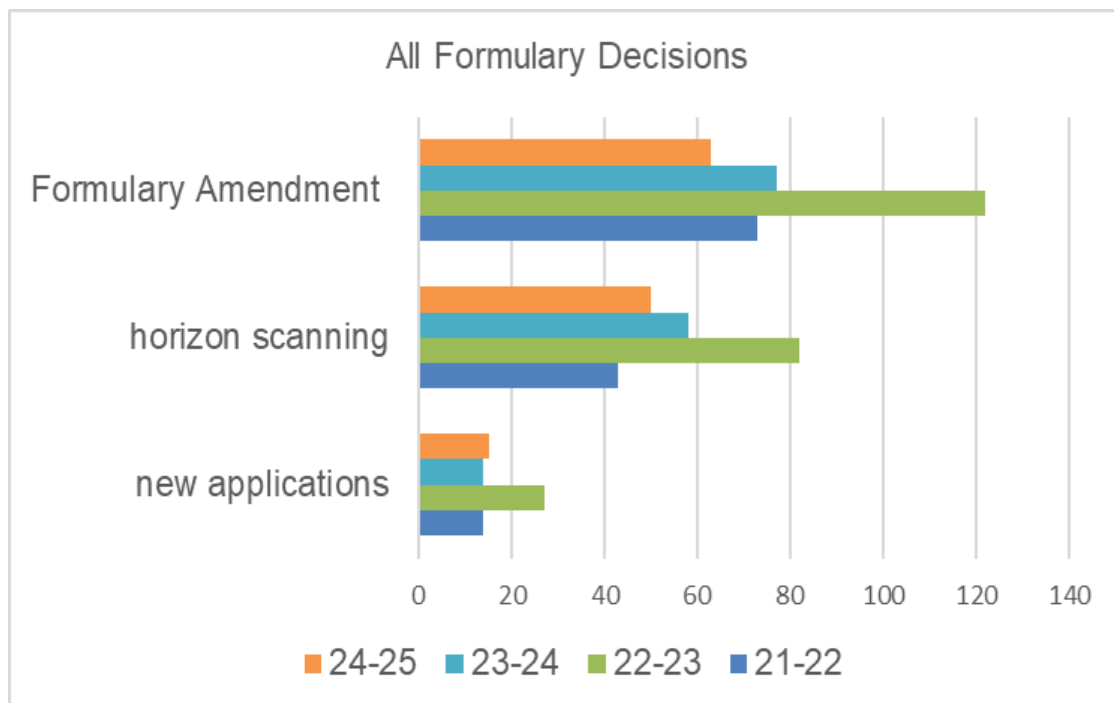
1.3. Formulary Amendments

- a) 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.
- b) Several formulary amendments arose from the Interface team's formulary maintenance data collection sheet, the data collection sheet can be completed by any member of the Medicines Optimisation Team.
- c) The formulary clarified/updated takes into account discussion where no traffic light changes are made, but the formulary entry was amended in some other significant way.
- d) In addition to the entries discussed, items are amended or verified by the interface team as part of the Joint Formularies' continuous maintenance. Such amendments are considered minor and therefore do not require a formal discussion; these slight formulary amendments are documented for noting at the APC meetings.
- e) 71 suggested amendments required discussions by the APC members, and the decisions concerning traffic light changes are shown in the chart below:



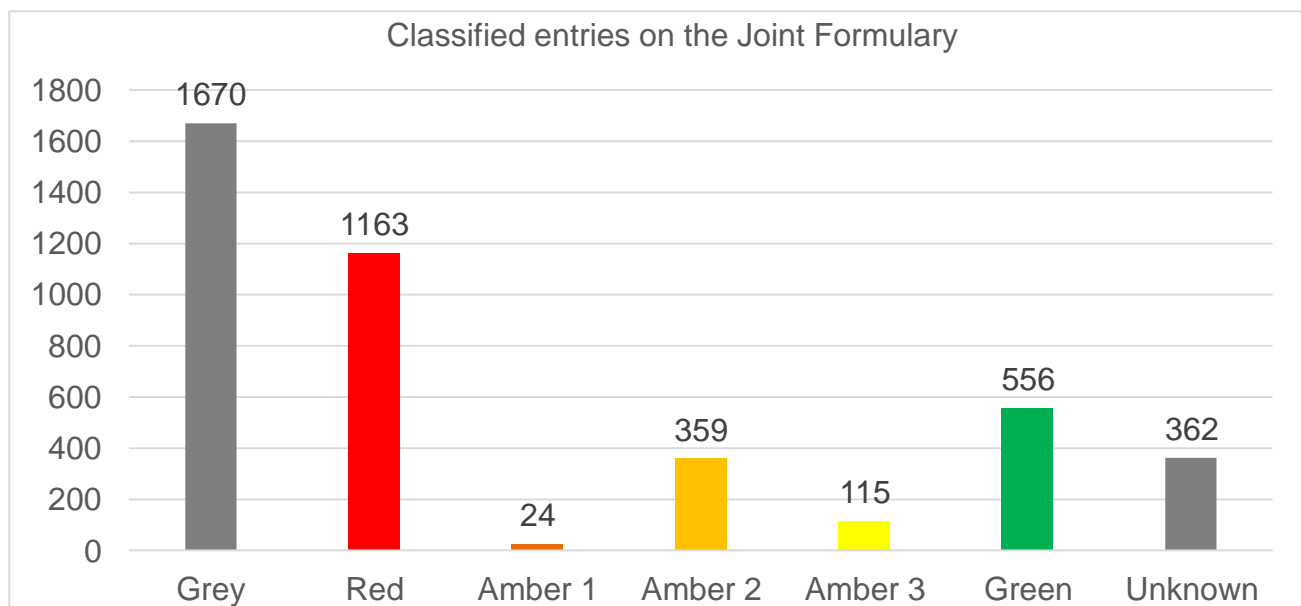
2. Comparison of all formulary decisions made from 21/22 through to 24/25

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 twelve months. This large increase was thought to have been part of the post-COVID-19 catch-up response, as classification decisions have now plateaued out to a level more in line with the 21/22 year.



3. Classifications on the formulary

There are 4249 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:



4. Challenges Faced by the Formulary management team

- a) As pharmaceutical costs increase, the APC joint formulary team are under increased pressure to ensure that decisions made do not fall outside the threshold agreed within the ICB's delegated authority
- b) The joint formulary meeting does not have a medical consultant representative from Nottingham University Hospitals (NUH); this continues to present challenges for work when consultant input is required.
- c) During 23/24 the APC website moved to a different server due to future-proofing the website, which unfortunately and unexpectedly broke several hyperlinks within the Joint Formulary. To future-proof the Joint Formulary, a rolling review of all entries has been implemented.
- d) The Wound Care Formularies, require annual cross-checking to ensure that the Joint Formulary information is correctly aligned to the individual wound care formularies in Primary and Secondary Care.

5. Future Priorities of the APC Formulary Work

- a) To facilitate communication between service providers to ensure the key formulary updates are communicated across the interface.
- b) To ensure patient representation when reviewing new medicines and revising treatment pathways and formularies.
- c) To adapt and develop work in response to any national changes.
- d) To support the APC members in making evidence-based formulary decisions, ten-minute learning slots will be facilitated regularly at the Joint Formulary meeting.
- e) 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.
- f) The Joint Formulary is undergoing a comprehensive review to ensure all hyperlinks function correctly, prices are current, and the information remains clear, concise, and relevant. So far, 4,220 entries have been reviewed, resulting in 279 required actions. This process will continue to ensure that both Primary and Secondary Care users have access to accurate and up-to-date medicine information
- g) 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.
- h) To incorporate Equality, Quality and Inequality Assessments (EQIAs) or Equality Impact Assessments (EIAs) within the decision-making process.
- i) Continue to work with the Secondary Care Trusts across the Nottingham and Nottinghamshire footprint to enable patients to have equality of service for the medical decisions made.

Apendix 4 - financial implications of APC decisions 2024-25

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-24	Cytisine	Smoking Cesation	RED	New submission	no	cost pressure to trusts, potential cost pressure to providers of smoking services	£0	
	Zoladex LA	Breast Cancer	Amber 2	Formulary amendment	no	cost neutral but reduced activity and capacity costs due to the longer acting formulation	£0	overall cost neutral compared to other brands
	Zolendronic acid	Osteoporosis	RED	review of licensed vs unlicensed doses	no	Cost saving for the trusts and the community FLS where this is used	£0	
	Simalvia	Gastroeterology	Amber 2	New submission	no	cost neutral	£0	overall cost neutral compared to other brands
	Bibecfo inhaler	Respiratory	Green	Formulary amendment	no	Cost saving compared to Fostair but neutral compared to Luforbec	£0	
	Ivermectin	Microbiology	Amber 2	Formulary amendment	no	Cost pressure to primary care of suply moving from the trusts	£45,000	
Jun-24	Atogepant	Neurology	Amber 2	New submission	Yes	Cost pressure	£15,000	NICE cost predictions, taking into account the numbers already captured for rimegepant
	Opicapone	Parkinsons Disease	Amber 2	New submission	no	cost pressure	£26,000	predicted numbers of 78 compared to comparator product
	Trixeo Inhaler	Respiratory	Green	New submission	no	Cost neutral	£0	overall cost neutral compared to other brands
	Tirzepatide higher doses	Diabetes	Amber 2 restricted	Formulary amendment	no	cost avoidance	£0	Hard to predict likely avoided cost impact
	Freestyle Libre Plus and Dexcom One +	Diabetes	Amber 3	Formulary amendment	no	Cost neutral	£0	equivalent to previous version
	prostaglandin analogue PF eye drop section	Ophthalmology	Amber 2	Formulary amendment	no	Cost neutral	£0	equivalent to branded versions
Oct-24	Antipsychotics	Huntingtons	Amber 2	New submission	no	cost neutral	£0	reflection of current practice
	Freestyle Libre 3	Diabetes	Amber 2	New submission	no	Cost pressure	£82,000	approx 75 patients. However a saving of £100,000 to the trust procurement will be released
	Vibegron	Urology	Amber 2	New submission	yes	cost saving	£42,000	compared to mirabegron for 50% switch
	Latanoprost-netarsudil	Ophthalmology	Amber 2	New submission	Yes	Cost pressure	£12,000	as pre NICE costing tool
	Azathioprine 50mg/5ml	Gastroeterology	Amber 1	Formulary amendent	no	cost pressure		Hard to estimate as could be a saving compared to unlicensed products
	Budesonide supps	Gastroeterology	Amber 2	Horizon scanning	no	cost saving	£25,000	50% uptake compared to prednisolone
Dec-24	Calcifediol	Endocrinology	Amber 2	Formulary submission	no	cost pressure	£4,770	based on numbers predicted by the service, use instead of colecalciferol
	Deflazocort	Paediatrics	Amber 2	Formulary submission	no	cost pressure	£2,800	for approx 10 patients as an alternative to prednisolone
	Heylo	Gastroeterology	RED (Stoma service only) - prescribing is against primary care budget	New submission	no	cost pressure	£50,000	based on numbers predicted by the service
	Relugolix	Prostate Cancer	Amber 2	New submission	Yes	cost pressure	£30,000	as pre NICE costing tool
	Trimetazidine	Cardiology	GREY	Formulary amendment	no	cost saving	£1,500	reduction of prescribing in previous 12 months
	Liraglutide biosimilars	Diabetes	Amber 2	Horizon scanning	no	cost saving		difficult to predict until uptake known
Feb-25	Antipsychotics	depression	Amber 2	New submission	no	cost neutral	£0	reflection of current practice
	Trifarotene cream	dermatology	Green	New submission	no	cost neutral	£0	similar price to alternatives
	Amantadine	MS	Amber 2	New submission	no	cost pressure	£10,500	approx 75 patients
	Modafanil	MS	Amber 2	New submission	no	cost pressure	£600	approx 25 patients
						cost saving	£68,500	
						cost pressure	£233,670	