

## AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs

### Decision Making Support Tool

The following document supports the committee to consider formulary applications against defined criteria.

| Formulary application reference:                  |   | APCBSSE/0096                                     |
|---|---|--|
| Drug name and formulations:                       |   | Budesonide 1mg orodispersible tablets (Jorveza®) |
| Criteria  | Example   | Committee Consensus                              |
| Patient Safety                                    | <i>Potential for abuse, toxicity, significant drug interactions</i> | As per other corticosteroids                     |
| Clinical effectiveness                            | <i>Established licensed product</i>                                 | RCT evidence presented shows efficacy            |
| Strength of evidence                              |   | Licensed product with demonstrated efficacy data |
| Patient factors                                   | <i>Published patient factors</i>                                    | Acceptability/palatability of oral preparation   |
| Cost effectiveness or resource impact             | £   | Unclear  |
| Place of therapy relative to available treatments | <i>1/2<sup>nd</sup> tier</i>  | First line for EoE                               |
| National guidance and priorities                  | <i>NICE, MTRAC</i>  | NICE TA due October 2019                         |
| Local health priorities                           | <i>CCG views</i>  | Cost impact for health economy unknown           |
| Equity of access                                  | <i>Equality assessment</i>  | N/A  |
| Stakeholder views                                 | <i>Define wider groups to be engaged</i>                            | N/A  |
| Implementation requirements                       | <i>Requires, RICAD ESCA etc.</i>                                    | N/A  |
|   |   |  |

### Decision Summary

|   |  |
|---|--|
| Resubmission is recommended to complete the information to enable a decision: |  |
| Not approved and rationale:   |  |
| Formulary status (RAG) and rationale  | RED Rationale: Place in therapy shown however, insufficient evidence of cost effectiveness. Recommendation to be reviewed when the NICE TA is published. |
| Implementation requirements:  |  |
| Implementation monitoring:  |  |