NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee February 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA556: Darvadstrocel for treating complex perianal fistulas in Crohn's disease		Darvadstrocel is not recommended, within its marketing authorisation, for previously treated complex perianal fistulas in adults with non-active or mildly active luminal Crohn's disease.	BLACK	No cost impact to CCGs as not recommended by NICE.
NHSE commissioned Technology Appraisals – for noting					
2.	TA555: Regorafenib for previously treated advanced hepatocellular carcinoma		Regorafenib is recommended as an option for treating advanced unresectable hepatocellular carcinoma in adults who have had sorafenib, only if: they have Child–Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
3.	TA557: Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer		Pembrolizumab, with pemetrexed and platinum chemotherapy is recommended for use within the Cancer Drugs Fund, as an option for untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR)- or anaplastic lymphoma kinase (ALK)-positive mutations. It is only recommended if: • pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier if disease progresses and • the company provides pembrolizumab according to the managed access agreement.	RED	No cost impact to CCGs as NHS England commissioned.
4.	TA558: Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease		Nivolumab is recommended for use within the Cancer Drugs Fund as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease. It is	RED	No cost impact to CCGs as NHS England commissioned.

		recommended only if the conditions in the managed access agreement are followed.		
5.	TA559: Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies	Axicabtagene ciloleucel therapy is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory diffuse large B‑cell lymphoma or primary mediastinal large B‑cell lymphoma in adults after 2 or more systemic therapies, only if the conditions in the managed access agreement are followed	RED	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
6.	Multivitamins for Bariatric Surgery	Noted that Bariatric patients are asked to purchase their own multivitamins(prior to surgery), and YFT do not routinely discharge patients with them. The multivitamin supplementation is prevention. If patients have other deficiencies (e.g copper, selenium) these would require separate prescription. Vitamin D deficiencies would be treated with the agreed policy	n/a	No significant cost to CCGs expected as all the proposals are current practice.
7.	Ranitidine Injection in Palliative Care	Approved change in RAG status for rantidine injection in palliative care to AMBER SI. Will remain RED for all other use. It is already used locally by palliative care and main indications include : 1 Reflux when oral route not available 2. GI bleed when oral route not available 3. Antisecretory in bowel obstruction	AMBER SR when used in palliative care only.	No significant cost to CCGs expected as all the proposals are current practice. Estimate <5 patients pa across both ScR and VoY CCGs. Ranitidine injection 50mg/2ml 5x amps = £2.96 so 150mg /day = £1.78/ day
8.	Biologics for RA Pathway	New pathway for use of Biologics in RA approved. Pathway follows NICE guidance and relevant NICE TAs. Noted all biologics are currently RED drugs	n/a	No significant cost to CCGs expected as all the proposals are current practice and promotes use of most cost-effective biologics first e.g. biosimilars.