

Recommendations from York and Scarborough Medicines Commissioning Committee July 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA583 : Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes	Ertugliflozin with metformin and a dipeptidyl peptidase-4 (DPP-4) inhibitor is recommended as an option for treating type 2 diabetes in adults when diet and exercise alone do not provide adequate glycaemic control, only if: <ul style="list-style-type: none"> • the disease is uncontrolled with metformin and a DPP-4 inhibitor, and • a sulfonylurea or pioglitazone is not appropriate. If patients and their clinicians consider ertugliflozin to be 1 of a range of suitable treatments, including canagliflozin, dapagliflozin and empagliflozin, the least expensive should be chosen.	GREEN	No significant cost to CCGs expected, this is because the technology is a further treatment option and is available at a similar price to alternatives.	
NHSE commissioned Technology Appraisals – for noting					
2.	TA584 : Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer	Atezolizumab plus bevacizumab, carboplatin and paclitaxel is recommended as an option for metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults: <ul style="list-style-type: none"> • who have not had treatment for their metastatic NSCLC before and whose PD-L1 tumour proportion score is between 0% and 49% or • when targeted therapy for epidermal growth factor receptor (EGFR)-positive or anaplastic lymphoma kinase (ALK)-positive NSCLC has failed. 	RED	No cost impact to CCGs as NHS England commissioned.	
3.	TA585 : Ocrelizumab for treating primary progressive multiple sclerosis	Ocrelizumab is recommended, within its marketing authorisation, as an option for treating early primary progressive multiple sclerosis with imaging features characteristic of inflammatory activity in adults. It is recommended only if the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.	

4.	TA586 : Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib	Lenalidomide plus dexamethasone is recommended as an option for treating multiple myeloma in adults only if: <ul style="list-style-type: none"> they have had only 1 previous therapy, which included bortezomib, and the company provides it according to the commercial arrangement. 	RED	No cost impact to CCGs as NHS England commissioned.
5.	TA587 : Lenalidomide plus dexamethasone for previously untreated multiple myeloma	Lenalidomide plus dexamethasone is recommended as an option for previously untreated multiple myeloma in adults who are not eligible for a stem cell transplant, only if: <ul style="list-style-type: none"> thalidomide is contraindicated (including for pre-existing conditions that it may aggravate) or the person cannot tolerate thalidomide, and the company provides lenalidomide according to the commercial arrangement. 	RED	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
6.	Melatonin in children with primary insomnia	The MCC recommend not to commission melatonin to treat primary insomnia in children where this is the sole indication. N.B. Remains AMBER shared care for treatment of sleep disorders in children with visual problems and learning difficulties, cerebral palsy, autistic spectrum disorders, complex neurodisabilities, and Chronic sleep disorders in children & young people with neurodevelopmental disorders.	BLACK	Potential cost saving to CCG if these patients reviewed and treatment stopped.
7.	Apomorphine (Dacepton) in Parkinson's Disease	Approved for treatment of motor fluctuations ("on-off" phenomena) in patients with Parkinson's disease which are not sufficiently controlled by oral anti-Parkinson medication as to alternative to Apo-go® brand of apomorphine which is already on the formulary. Dacepton has a longer expiry once opened, safer to use as a pump and the same price as APO-go. New patients will be started on Dacepton.	AMBER Shared Care	No significant cost impact to CCGs expected. <u>PENS</u> Drug purchase costs of APO-GO pen and Dacepton pen are similar (£123.91/5 vs £123/5). Savings will be achieved due to the ability to use the Dacepton pen for more than 24 hours (APO-Go pens have an in use expiry of 24 hours). The cost saving will differ in each patient according to their dose, with the greatest cost savings for patients who are prescribed doses between 3mg/day and 14mg/day. The savings for these doses will be between £3624.82/year and £332.52/year

				<p>respectively per patient per annum.</p> <p>INFUSION Volume for volume, the drug purchase costs of APO-Go and Dacepton solution for infusion are similar. The cost of the consumables are also comparable or less if the Dacepton pump is changed every 2 days compared with daily with APO-Go (£105 vs £142).</p>										
8.	Semaglutide for type 2 diabetes	<p>The MCC approved that semaglutide would replace exenatide once weekly on the formulary. Exenatide will be for continuation only. Semaglutide has established cardiovascular outcome data and one pen provides four doses, other GLP-1 receptor agonists have one dose per pen.</p> <p>Use would be in line with current Type 2 local pathway, but would be used specifically for the following cohort :</p> <ul style="list-style-type: none"> • Use when the patient requires a GLP-1 receptor agonist and would prefer a weekly preparation and • Have established cardiovascular disease. (see application for evidence) or • The current GLP-1 receptor agonist has not achieved sufficient clinical response in terms of HbA1c or weight reduction or • Another GLP-1 receptor agonist has caused local skin reactions at the site of injection. 	GREEN	<p>No cost to CCG expected. Cost neutral.</p> <table border="1"> <thead> <tr> <th>Product</th> <th>Monthly primary care cost</th> </tr> </thead> <tbody> <tr> <td>Exenatide (Bydureon) 2mg prefilled pen (x4 pens)</td> <td>£73.36</td> </tr> <tr> <td>Dulaglutide 0.75mg (x4 pens)</td> <td>£73.25</td> </tr> <tr> <td>Dulaglutide 1.5mg (x4 pens)</td> <td>£73.25</td> </tr> <tr> <td>Semaglutide (Ozempic) 0.5mg and 1mg prefilled pen (x 1 pen with 4 doses)</td> <td>£73.25</td> </tr> </tbody> </table>	Product	Monthly primary care cost	Exenatide (Bydureon) 2mg prefilled pen (x4 pens)	£73.36	Dulaglutide 0.75mg (x4 pens)	£73.25	Dulaglutide 1.5mg (x4 pens)	£73.25	Semaglutide (Ozempic) 0.5mg and 1mg prefilled pen (x 1 pen with 4 doses)	£73.25
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9.	Fixapost® (Latanoprost + Timolol P/F) for glaucoma	<p>The MCC approved that the combination product Fixaprost® is cost saving in comparison to using the individual preservative free products. Its use will be in line with the current glaucoma pathway for patients with proven sensitivity to preservatives.</p>	AMBER Specialist Recommendation	<p>Reduction in cost for using combined product instead of separate preparation of preservative free eye drops</p> <p>Cost saving = £15.98 (as separate components) - £13.49 (as combination product) = £2.49 per 30 unit doses</p>										
10.	Hydrochlorothiazide containing products – review of current	<p>The MCC recommend to black list products containing hydrochlorothiazide. There was a DSU in Dec 2018 from the MHRA warning of a risk of non-melanoma skin cancer with</p>	BLACK	<p>No cost to CCG expected. Potential cost savings.</p>										

	prescribing	hydrochlorothiazide. There are no hydrochlorothiazide containing products currently listed in the formulary and there are currently no combination products for hypertension listed in the formulary.		Indapamide 1.5mg modified-release tablets x30 = £3.40 Indapamide 2.5mg tablets x28 = 93p Enalapril 20mg tablets x28 = £1.82 Enalapril 5mg tablets x28 = £1.64 Co-amilozide 2.5mg/25mg tablets x28 = £7.35 Co-amilozide 5mg/50mg tablets x28 =£1.67
11.	Hydrocortisone granules (Alkinid®) for children	The MCC recommended that Alkinid® should be first-line treatment for infants and young children with adrenal insufficiency aged from birth to less than six years of age for whom hydrocortisone must otherwise be individually prepared by manipulation such as by compounding (or crushing) or by production of special solutions in order to produce age-appropriate doses, or hydrocortisone given as off-label buccal tablets.	AMBER	Alkindi ® 8 to 15mg/m ² /day in three to four divided doses (ie 6.5mg to 12mg daily) = £3,194 to £ 5,897 per year per patient. Hydrocortisone 10mg tablets 8 to 15mg/m ² /day in three to four divided doses = £1,239 per year per patient Assume £2,000 to £5,000 additional cost per patient per annum.
12.	Monitoring following discontinuation of amiodarone	The MCC recommend that TFTs and LFTs should be monitored 6 months and 12 months after stopping amiodarone as per national guidance from the British Thyroid Foundation.	n/a	No significant cost to CCGs expected.
13.	CMPA & Baby Milk Guidance	The MCC agreed to remove updating the current local CMPA & Baby Milk Guidance from its workplan due to lack of resources currently to support this work and other current priorities.	n/a	Updating current CMPA & Baby Milk Guidance could potential lead to cost-savings to CCG due to more cost-effective use and choice of products.