NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee June 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	Nil this month				
NHSE commissioned Technology Appraisals – for noting					
2.	TA578: Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation		Durvalumab monotherapy is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express PD‑L1 on at least 1% of tumour cells and whose disease has not progressed after platinum-based chemoradiation only if they have had concurrent platinum-based chemoradiation	RED	No cost impact to CCGs as NHS England commissioned.
3.	TA579: Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy		Abemaciclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)‑negative locally advanced or metastatic breast cancer in people who have had endocrine therapy only if exemestane plus everolimus would be the most appropriate alternative.	RED	No cost impact to CCGs as NHS England commissioned.
4.	TA580: Enzalutamide for hormone-relapsed non-metastatic prostate cancer		Enzalutamide is not recommended, within its marketing authorisation, for treating high-risk hormone-relapsed non-metastatic prostate cancer in adults.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned not approved by NICE.
5.	TA581: Nivolumab with ipilimumab for untreated advanced renal cell carcinoma		Nivolumab with ipilimumab is recommended for use within the Cancer Drugs Fund as an option for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria.	RED	No cost impact to CCGs as NHS England commissioned.
6.	TA582: Cabozantinib for previously treated advanced hepatocellular carcinoma (terminated appraisal)		NICE is unable to make a recommendation about the use in the NHS of cabozantinib for previously treated advanced hepatocellular carcinoma because Ipsen Ltd did not provide	BLACK for this indication	No cost impact to CCGs as NHS England commissioned and appraisal terminated by NICE.

		an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population.		
Formulary applications or amendments/pathways/guidelines				
7.	Topical Gabapentin Gel 6% 45g	The MCC recommended the use of Topical Gabapentin Gel 6% for vulvodynia only following a majority vote. Note this is unlicensed special with a very limited published evidence base, with the most evidence in the management of vulvodynia.	RED	YFT requested recharge to CCGs. Expect 20-30 patients per year Cost in secondary care = Gabapentin 6% Topical gel 45g £65.26 per tube (assume 1 tube lasts 28 days).
8.	Ciclosporin 1mg/ml eye drops (Verkazia®)	Approved for treatment of severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents as licensed alternative to unlicensed product that is currently used. Should be used during the VKC season. If signs and symptoms of VKC persist after the end of the season, the treatment can be maintained at the recommended dose (FOUR times a DAY) or decreased to one drop TWICE a DAY once adequate control of signs and symptoms is achieved. Treatment should be discontinued after signs and symptoms are resolved, and reinitiated upon their recurrence.	AMBER Specialist Recommendation	Estimate 3 patients per annum Cost per patient for 1 month QDS dosing = £288 Assume 3 months total (2 month in primary care) per patient = £576 Assume 12 month total (11 month in primary care) per patient = £3,168 Assume 12 months total (3 at QDS and then 9 at BD dosing) = £1,872
9.	Melatonin for Rapid Eye Movement Sleep Behaviour Disorder (RBD) in Parkinson's Disease.	Approved by MCC for use in Parkinson's disease for this group of patients only subject to rating scale to assess outcome/benefit being developed. Recommended by NICE in NG71	AMBER Specialist recommendation	Anticipate approx. 20 patients per annum. As patients would generally failed clonazepam then it is anticipated this would be new cost and dependant upon the dose of melatonin used (2-6mg usual range) would be (£3,740 - £11,220) per annum for 20 patients
10.	Norethisterone and Medroxyprogestone to delay or defer menstruation during a forthcoming holiday or event	Agreed that MCC should not have formulary position on this but that each GP practice could have their own policy if they wished. Should be prescribed at GP discretion.	n/a	No significant cost to CCGs expected.

11.	Amidarone Shared Care Guideline	Update of expired shared care guideline approved. Changes as follows: • Opthalmology monitoring - Checked with Dr Gale and he is happy to continue not recommending annual ophthalmology screening. • Thyroid monitoring – minor change to frequency	Amber SCG	No significant cost to CCGs expected.
12.	Biologic Pathway for Psoriatic Arthritis	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 the most cost-effective biologics.
13.	Biologic Pathway for Ankylosing Spondylitis and Axial SpA	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 the most cost-effective biologics.
14.	TEWV Valproate Shared Care Protocol to support Pregnancy Prevention Programme (updated)	Updated shared care from TEWV approved. Only change is update reference to new annual risk acknowledgement form to be used which now allows for exceptions for need to contraception if deemed other reasons that patient not at risk of pregnancy whilst on valproate containing medicines.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
15.	TEWV Anxiety Medication Pathway for Adults	Updated pathway from TEWV approved. Changes are as follows: • Updated to reflect new NICE guidelines on PTSD (NG116): o Mirtazapine, phenelzine and amitriptyline removed; o Venlafaxine and fluoxetine supported by NICE (step 3); o All the antipsychotics now supported by NICE (step 5); o Added a note to step 4 options to indicate that, although not supported by NICE, may be useful options to avoid having to use antipsychotics • Removed clomipramine completely given its scarcity and probable demise at some point – no longer appropriate to initiate it	n/a	No significant cost to CCGs expected as all the proposals are current practice.

		• Added fluoxetine to step 3 for OCD in place of clomipramine (licensed) • Removed imipramine and added venlafaxine (supported by Maudsley) at step 3 for panic disorder; step 4 changed from SNRI to duloxetine (as venlafaxine moved to step 3) • Added note to propranolol (step 1 adjunct) to warn patients of side-effects		
16.	TEWV Safe Lithium Prescribing and Shared Care	Updated shared care guideline from TEWV approved. Changes as follows: The changes are highlighted in the document attached and are as follows: • Addition of a flowchart (appendix 1) summarising the process for initiation; • Requirement to enhance patient information and understanding at initiation of the importance of 12 hour post-dose blood sampling (a request has also been made to enhance national patient information leaflets); • Added responsibilities for TEWV clinicians and GPs in reporting and/or documenting when blood samples are known to have been taken outside the recommended 12-14 hour post-dose window; • Definition of "stable" in relation to moving from weekly to 3-monthly monitoring of lithium levels; • Additional warning about switching dose equivalence if switching form tablets to liquid	n/a	No significant cost to CCGs expected as all the proposals are current practice.
17.	Deprescribing Proton Pump Inhibitors	New document to support primary care clinicians in deprescribing proton pumps inhibitors due to risks of inappropriate long-term PPI use approved.	n/a	May result in cost saving to CCGs if patients do not continue on PPIs longer than is necessary. Unable to quantify potential savings.