

Recommendations from York and Scarborough Medicines Commissioning Committee May 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA574 : Certolizumab pegol for treating moderate to severe plaque psoriasis		Certolizumab pegol is recommended as an option for treating plaque psoriasis in adults, only if: <ul style="list-style-type: none"> • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and • the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and • the lowest maintenance dosage of certolizumab pegol is used (200 mg every 2 weeks) after the loading dosage and • the company provides the drug according to the commercial arrangement. 	RED	15 patients across VoY and ScR CCGs No cost impact expected as cost similar to other 2 nd line biologics.
2.	TA575 : Tildrakizumab for treating moderate to severe plaque psoriasis		Tildrakizumab is recommended as an option for treating plaque psoriasis in adults, only if: <ul style="list-style-type: none"> • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and • the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and • the company provides the drug according to the commercial arrangement. 	RED	1-2 patients across VoY and ScR CCGs No cost impact expected as cost similar to other 2 nd line biologics.
NHSE commissioned Technology Appraisals – for noting					
3.	TA573 : Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma		Daratumumab plus bortezomib plus dexamethasone is recommended for use within the Cancer Drugs Fund as an option for treating relapsed multiple myeloma in people who have	RED	No cost impact to CCGs as NHS England commissioned.

		had 1 previous treatment. It is recommended only if the conditions in the managed access agreement for daratumumab plus bortezomib plus dexamethasone are followed.		
4.	TA576 : Bosutinib for untreated chronic myeloid leukaemia (terminated appraisal)	NICE is unable to make a recommendation about the use in the NHS of bosutinib for untreated chronic myeloid leukaemia because Pfizer did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be used at this point in the treatment pathway.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned and appraisal terminated by NICE.
5.	TA577 : Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma	Brentuximab vedotin is recommended as an option for treating CD30-positive cutaneous T-cell lymphoma (CTCL) after at least 1 systemic therapy in adults, only if: <ul style="list-style-type: none"> • they have mycosis fungoides stage IIB or over, primary cutaneous anaplastic large cell lymphoma or Sézary syndrome and • the company provides brentuximab vedotin according to the commercial arrangement. 	RED	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
6.	Medical Devices – Otovent®	Approved for use in children on basis of NICE Medtech Briefing. Not recommended for use in Adults due to limited published clinical evidence. These products can be purchased OTC.	GREEN in children BLACK in adults	Otovent® - £4.90 Vale of York CCG = £396 in 2018 Scarborough & Ryedale CCG = £41 in 2018
7.	Medical Devices – Erectile Dysfunction Vacuum Pumps	Approved use of vacuum pumps in erectile dysfunction as AMBER SI only if SLS conditions/criteria meet. MCC did not approve use of vacuum pumps on the NHS for Peryonie's disease as not one of SLS criteria in drug tariff and therefore cannot be prescribed in NHS for this indication.	AMBER SI for erectile dysfunction only.	Between £100-200 depending on device Vale of York CCG £13,146 in 2018 Scarborough & Ryedale CCG £4683 in 2018
8.	Medical Devices – Contiform®	Not recommended for routine use due to limited published clinical evidence. These products can be purchased OTC.	BLACK	Contiform® - £25.67 PelvicToner® - £15.00 Aquaflex® - £13.95

9.	Medical Devices – Pelvic Toning Devices	Not recommended for routine use due to limited published clinical evidence. These products can be purchased OTC.	BLACK	Kegrel8@ - £15.00 Vale of York CCG = £460 in 2018 Scarborough & Ryedale CCG = £84 in 2018
10.	Lubiprostone	Agreed to remove from formulary as product discontinued and NICE TA withdrawn	n/a	No cost impact to CCGs. Other laxatives are cheaper or of a similar price.
11.	Hepatitis B Vaccine in renal patients	<p><u>Contracting arrangements for administration of hepatitis B vaccination in renal patients</u> Recommendation that for the time being GPs are asked to carry on with current practice and no decision to change is made until more information becomes available. The Trust do not currently have the infrastructure to administer these vaccinations and the costs are not confined to the vaccine itself but extend to clinic time to administer the vaccine and potentially transport costs if patients need help to travel to the hospital</p> <p><u>Formulary position of Fendrix</u> Change Fendrix to GREEN but add a warning around the costs and other options if available being preferred if available. In the event of contracting arrangement changing it would move back to RED for the renal population only. Noted supply issues recently with other products</p>	GREEN	HBVax Pro - 3 doses of 40 microgram (£27.60 x3 = £82.80) Engerix B - 4 doses of 2 x 20microgram (£12.34 x 8 = £98.72) Fendrix - 4 doses of 20microgram (£38.10 x 4 = £152.40)
12.	North Yorkshire Smoking Cessation Formulary	North Yorkshire Public Health Smoking Cessation Formulary approved by MCC. 1st line: NRT patch plus short acting agent + behavioural advice (most effective) 1st line (alternative): Varenicline + behavioural advice (most cost-effective) 2nd Line: Bupropion	GREEN for practices covered by NYCC only. Not commissioned for practices cover by East Riding of Yorkshire Council or York City Council.	No significant cost to CCGs expected as the proposal is current practice.

13.	Phenylketonuria – local commissioning position	MCC agreed to adopt the HRW CCG commissioning position that that low protein items listed in part XV list A of the drug tariff should be prescribed for those patients who require them with a confirmed diagnosis of phenylketonuria.	n/a	No significant cost to CCGs expected as the proposal is current practice.
14.	GPs guidance on monitoring of patients post-bariatric surgery	A final updated version of guideline for GPs on monitoring of patients post-bariatric surgery based on BOSS guidelines was approved.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
15.	Taurine in Cystic Fibrosis	Following feedback from tertiary centre in Leeds approved for use in line with Leeds guideline and on their recommendation only. (N.B. Lamberts brand of Taurine Capsules blacklisted on NHS)	AMBER SR	Need to ensure most cost-effective brand supplied by community pharmacy as costs may vary as unlicensed. Taurine costs approx. between £7 for 60 x 500mg capsules and £6 for 100 x 500mg. Max dose 500mg bd or tds
16.	Flash Glucose Monitoring	Draft updated commissioning statement to support MCC recommendation from April 2019 meeting was approved by MCC to go to execs for sign off. The recommendation of the MCC to CCG Execs is that Flash Glucose Monitoring should be classed as AMBER Specialist Initiation with the first 14 days provided by the specialist, and then the GP taking on prescribing after this. There should be a review at 6 months by the specialist to ensure the patient meets the NHSE criteria for continuation. Patients should be reviewed annually thereafter by the GP. GPs should be encouraged to prescribe in small quantities i.e. one at a time. There will be communication from the specialist to GP at initiation requesting GP to prescribe and a further communication following 6 month review stating if to be stopped or continued provided patient meets NHSE criteria for continuation.	AMBER Specialist Initiation.	Funding is available to CCGs for 2 years (2019/20 and 2020/21). In 2019/20 CCGs will be reimbursed £26.03 for each sensor prescribed on FP10 prescription up to a maximum of 20% of type 1 diabetes patients receiving the device. Each sensor costs £32.47. VoY: total implied CCG reimbursement for 2019/20 = £221,307 (327 patients) ScR: total implied CCG reimbursement for 2019/20 = £72,415 (107 patients)