NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee October 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					

1.	**TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia**		Sodium zirconium cyclosilicate is recommended as an option for treating hyperkalaemia in adults only if used:
			• in emergency care for acute life-threatening hyperkalaemia alongside standard care or
			• in outpatient care for people with persistent hyperkalaemia and chronic kidney disease stage 3b to 5 or heart failure, if they:
			  ○ have a confirmed serum potassium level of at least 6.0 mmol/litre
			  ○ are not taking an optimised dosage of renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia and
			  ○ are not on dialysis.
			Sodium zirconium cyclosilicate is recommended only if the company provides it according to the commercial arrangement.
			In outpatient care, stop sodium zirconium cyclosilicate if RAAS inhibitors are no longer suitable.
			This recommendation is not intended to affect treatment with sodium zirconium cyclosilicate that was started in the NHS before this guidance was published.
				RED	No cost impact to CCGs as RED status proposed as patient numbers expected to be low and given the nature of these patients they would be managed in secondary care anyway.

2.	**TA601: Bezlotoxumab for preventing recurrent Clostridium difficile infection (terminated appraisal)**		NICE is unable to make a recommendation about the use in the NHS of bezlotoxumab for preventing recurrent Clostridium difficile infection in adults because Merck Sharp & Dohme 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	No cost impact to CCGs as not recommendation made by NICE.

NHSE commissioned Technology Appraisals – for noting				
3.	**TA600: Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer**	Pembrolizumab, with carboplatin and paclitaxel, is recommended for use within the Cancer Drugs Fund as an option for untreated metastatic squamous non-small-cell lung cancer (NSCLC) in adults only 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. This recommendation is not intended to affect treatment with pembrolizumab, with carboplatin and paclitaxel, that was started in the NHS before this guidance was published.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned.
4.	**TA602: Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)**	NICE is unable to make a recommendation about the use in the NHS of pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma in adults because Celgene 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 a cost-effective use of NHS resources.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned.
5.	**TA603: Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma (terminated appraisal)**	NICE is unable to make a recommendation about the use in the NHS of lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma in adults because Celgene did not provide 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.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned.

Formulary applications or amendments/pathways/guidelines				
6.	Bezafibrate and review of fibrates due to supply issues with bezafibrate	Agreed that fenofibrate should remain only fibrate listed on the formulary. NICE no longer recommend the routine use of fibrates for CVD prevention. Fibrates are now only used for treating established familial hyperlipidaemia and hypertriglyceridemia to prevent CVD events or pancreatitis. This is an ideal opportunity to review and stop unnecessary fibrate prescriptions given bezafibrate shortages and high cost of ciprofibrate.	GREEN (no change)	Potential cost saving if current ciprofibrate patients reviewed and switched to fenofibrate.
7.	Modafinil 100mg & 200mg tablets in Parkinson's disease	Agreed to keep as BLACK as just an option in NICE for excessive daytime sleepiness in people with Parkinson's disease. Also no appetite from local specialists to use.	No change	No cost impact to CCGs expected as BLACK drug. 100mg tablets = £3.94 for 30 200mg tablets = £6.98 for 30
8.	Clonidine 100microgram tablets for Hypertension	Approved change from RED to AMBER SR. Locally used by the renal team where patients are unresponsive tor alternative anti hypertensives and methyldopa is not appropriate due to e.g. a history of depression. Note both methyldopa and clonidine can cause depression, but methyldopa is contra indicated.	AMBER Specialist Recommendation	Clonidine dose= 50 - 100 micrograms three times daily monthly cost = £6.25 - £6.75 Less than 5 patients
9.	Calcipotriol/betamethasone cutaneous foam spray (Enstilar®) for the treatment of psoriasis vulgaris in adult patients	Enstilar is a combination product containing a synthetic vitamin D3 analogue and a synthetic topical corticosteroid (in the same proportions as in Dovobet; 50 micrograms/g + 0.5 mg/g) licensed for topical treatment of psoriasis vulgaris in adults. It may provide an alternative for patients who are unable to tolerate the ointment/gel formulation. Some evidence to suggest that Enstilar is clinically more effective than current betamethasone/calcipotriol preparations for body psoriasis (Dovobet Gel and Dovobet Ointment), and also clinically significantly more effective than the individual components (betamethasone dipropionate	GREEN	No cost impact to CCGs expected as advising most cost-effective product be prescribed. Calcipotriol 0.005% / Betamethasone dipropionate 0.05% gel x 60 g = £37.21 Calcipotriol 0.005% / Betamethasone dipropionate 0.05% ointment (Dovobet) x 30 g = £19.84 Calcipotriol 50micrograms/g / Betamethasone dipropionate 500micrograms/g foam (Enstilar) x 60 g = £39.68 COST (per course based on 15grams per day): Enstilar® cutaneous foam for 4 weeks, £277.762 Dovobet® gel for 8 weeks, £520.942 It would be reasonable to assume that around 50% of the Dovobet patients might use Enstilar instead.

		and calcipotriol). The foam spray preparation may be more acceptable for psoriasis patients to apply than ointment and gel preparations		
10.	Paravit CF Capsules and oral liquid	Paravit CF is one of 2 multivitamin supplements which have been specifically formulated for use in CF patients (the other is DEKA). The content of vitamin K in DEKA means it is not the preferred option and cost would be similar. The capsules and liquid have cost advantage compared to separate constituents.	AMBER Specialist Initiation	No cost impact to CCGs expected as advising most cost-effective product be prescribed <u>Paravit CF Oral Liquid</u> Total daily cost for under 1 year old = 251.6p VS 114.3p (Paravit CF) Total daily cost for over 1 year old = 260.5p VS 114.3p (Paravit CF) <u>Paravit CF Capsules</u> Total daily cost for 1-8 year old = 212.4p VS 63.3p (Paravit CF) Total daily cost for over 8 years = 220.2p VS 126.7p (Paravit CF)
11.	Self-care Quick Reference Guide	Final draft to support Self-Care agenda in both primary and secondary care approved.	Approved	No significant cost to CCGs expected. Potential for cost savings if patients encouraged to
12.	YFT Outpatient Prescribing Guidelines	Updated guideline with minor amendments about Self-Care and OTC meds.	Approved	No significant cost to CCGs expected as all the proposals are current practice
	MCC Commissioning Position With Regard to Drugs Initiated by Tertiary Centres (e.g. Leeds)	VoY CCG would like to clarify the position for items recommended by tertiary centres, there have been instances where tertiary centres have recommended products that may be not be on Y&S MCC Formulary or they are black. Agreed in principal to letter sent by Leeds CCG/Trust to commissioners in Dec 2016 regarding tertiary services: • If they are referred to Leeds as a tertiary service (specialised service or referred from another secondary care provider for a specialist opinion) then the Leeds agreed prescribing recommendation should be followed. • If they are referred to Leeds for a secondary care service, through patient	n/a	n/a

		choice or because they live on a CCG boundary, then Leeds understand that there may be drug choice differences that require further compromise and negotiation. However in all cases agreed final decision rests with GP to accept prescribing or not, and that Y&S MCC reserves right to query/challenge Leeds APC on their formulary decisions if MCC feel decision is inappropriate or not all evidence has been considered.		
13.	Lisdexamfetamine in adults - review formulary status for Tuke Centre	Agreed should be AMBER Shared Care as per all other ADHD drugs in adults with Tuke following TEWV shared care guidelines. Noted Lisdexamfetamine is now a first-line option for adults in NICE guidelines.	AMBER SC	No significant cost to CCGs expected as all the proposals are current practice