NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee April 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA568: Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal)		NICE is unable to make a recommendation about the use in the NHS of abatacept for treating psoriatic arthritis after disease modifying anti-rheumatic drugs (DMARDs) because Bristol–Myers Squibb Pharmaceuticals Ltd did not provide an evidence submission	BLACK for this indication	No cost impact to CCGs as appraisal terminated by NICE.
2.	TA572: Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes		Ertugliflozin as monotherapy is recommended as an option for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if: • a dipeptidyl peptidase 4 (DPP‑4) inhibitor would otherwise be prescribed and • a sulfonylurea or pioglitazone is not appropriate. Ertugliflozin in a dual-therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if: • a sulfonylurea is contraindicated or not tolerated or • the person is at significant risk of hypoglycaemia or its consequences. 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 cost impact to CCGs as NICE recommends the least expensive SGLT should be chosen if all suitable for a particular patient. Ertugliflozin currently the cheapest. Ertugliflozin = £29.40 for 28 days Dapaglifozin = £36.59 for 28 days Empagliflozin = £36.59 for 28 days Canagliflozin = £39.20 for 28 days
NHSE commissioned Technology Appraisals – for noting					
3.	TA565: Benralizumab for treating severe eosinophilic asthma		Benralizumab, as an add-on therapy, is recommended as an option for severe eosinophilic asthma inadequately controlled in adults despite maintenance therapy with high-dose ICS and LABA, only if: • the person has agreed to and followed the	RED	No cost impact to CCGs as NHS England commissioned.

		optimised standard treatment plan and • the person is eligible for mepolizumab or • the person is eligible for reslizumab • Benralizumab is recommended only if the company provides it according to the commercial arrangement. If benralizumab, mepolizumab or reslizumab are equally suitable, start treatment with the least expensive option (taking into account drug and administration costs). At 12 months: • stop benralizumab if the asthma has not responded adequately or • continue benralizumab if the asthma has responded adequately and assess response each year. Benralizumab is not recommended if neither mepolizumab nor reslizumab are recommended (see TA431 and TA479).		
4.	TA566: Cochlear implants for children and adults with severe to profound deafness	This guidance updates and replaces TA166. This technology appraisal examined the currently available devices for cochlear implantation. It makes recommendations on: • Unilateral cochlear implantation (recommended) • Simultaneous bilateral cochlear implantation (recommended) • Sequential bilateral cochlear implantation (not recommended)	n/a	For info only. No cost impact to CCGs as NHS England commissioned
5.	TA567: Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies	Tisagenlecleucel therapy is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory diffuse 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
6.	TA569: Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer	Pertuzumab, with intravenous trastuzumab and chemotherapy, is recommended for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early stage breast cancer in adults, only if they have lymph node-positive disease and the company	RED	No cost impact to CCGs as NHS England commissioned

		provides it according to the commercial arrangement.		
7.	TA570: Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (terminated appraisal)	NICE is unable to make a recommendation about the use in the NHS of pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy because Merck Sharp & Dohme UK Ltd did not provide an evidence submission.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned and appraisal terminated by NICE.
8.	TA571: Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib	Brigatinib is recommended, within its marketing authorisation, for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults who have already had crizotinib. It is recommended only if the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
9.	VSL#3	Approve change from GREEN to BLACK as no longer as ACBS status as of November 2018, and lack of robust clinical evidence supporting is use. Still available as a food supplement OTC without a prescription.	BLACK	Cost saving. £45 per patient per month ScR: 6 items in q3 2018 VoY: 32 items in q 3 2018
10.	Medical Devices - Resperate	The Resperate® device is a breathing device that encourages a reduction in breathing rate that is hypothesised to decrease blood pressure. The British Hypertensive Society state that there is not sufficient evidence for this equipment to be recommended.	BLACK	Currently no spend in primary care.
11.	Medical Devices – Vaginal Dilators	Not recommended for routine use due to limited published clinical evidence. These products can be purchased OTC.	BLACK	Cost saving. VoY 2018 spend = £865 ScR 2018 spend = £256
12.	Medical Devices - Jaw rehabilitation device (TheraBite®)	Not recommend due poor evidence base. Trismus is a term used to describe painful and/or limited jaw movement. Trismus can occur for a variety of reasons including radiotherapy and/ or surgery to the head and neck area. TheraBite® is a jaw rehabilitation	BLACK	Cost saving. VoY 2018 spend = £863 ScR 2018 spend = Nil

		device, it is a hand-held device, specifically designed to help open and stretch your jaw, without putting strain upon the surrounding jaw muscles		
13.	Medical Devices - Eye drop compliance aids	Agreed not to add to formulary as can be purchased OTC for £2 to £5. Many are already not available to be prescribed on the NHS.	BLACK	Cost saving. VoY 2018 spend = £130 ScR 2018 spend = £60
14.	Transanal irrigation	Approved and used currently when all other treatment options for chronic constipation been exhausted.	AMBER Specialist Initiation.	No significant cost to CCGs expected as the proposal are current practice.
15.	Medical Devices – Stoma deodorants	Not recommended for routine use; deodorants should not be required. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air-fresheners are sufficient in most cases.	BLACK	Cost saving. VoY 2018 spend = £5239 ScR 2018 spend = £974
16.	Head Lice Treatment Devices – Full Marks Solution, Hedrin Once Spray gel, Linicin Lotion	Agreed not should not routinely be prescribed on NHS prescription as per current CCG policy. Available OTC. Agreed may circumstances when appropriate to prescribe in hospital.	RED	Cost saving VoY 2018 = £78 ScR 2018 £160
17.	Restless Legs Pathway	Approved new pathway for management of restless legs in primary care. Includes adding Pramipexole standard release tablets, rotigotine patches and pregabalin/gabapentin to the formulary for this indication as recommended by NICE CKS.	GREEN	No significant cost to CCGs expected as all the proposals are current practice.
18.	Bisphosphonates	Approved new criteria for use of adjuvant bisphosphonates in post-menopausal women with breast cancer in line with East Yorks and some other trusts in Yorkshire.	n/a	Should be cost saving as potentially less patients available.
19.	Flash Glucose Monitoring	The MCC agreed to recommend to CCG Execs that the current local policy for Flash Glucose Monitoring (Freestyle Libre®) be updated to reflect the Criteria for NHS England Flash Glucose Monitoring Reimbursement as of the 1st April 2019 with the addition of another optional criteria of two or more admissions to hospital per year with diabetic ketoacidosis as per the current local policy and RMOC criteria. CCG Exec are asked to note that the funding	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

		for FSL from NHSE is only for 2 years (after 2 years the cost will come to the CCG) AND only if FSL is prescribed via FP10 prescriptions i.e. primary care prescribing. The case for the inclusion of any other groups of patients e.g. pregnant type 2 diabetic patients and type 1 patients trying to conceive would require an application to the MCC and CCG Execs. This are not currently included in the NHSE criteria. There is a small cohort of existing patients who currently meet NHS VoY criteria but not the new NHSE criteria: pregnant women with type 1 or type 2 diabetes on a basal bolus regimen. MCC recommend existing patients only are allowed to continue using FSL, as it is time limited use of the device. All other existing patients currently receiving the device on the NHS will continue to do so provided they continue to meet the NHSE criteria for continuation. 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. We recommend Amber specialist initiation as it requires a specialist to determine suitability in line with NHS criteria and the patient needs education and training on how to use the device. It should be noted that NHSE will not reimburse the CCG for this initial supply, as it not provided by NHS FP10 prescribing. There should be a review at 6 months to ensure the patient meets the NHSE criteria for continuation. MCC would like CCG Exec to consider who is best place to do this review (the specialist or GP) and how this can be supported, as the review will require capacity.		2019/20 = £221,307 (327 patients) ScR: total implied CCG reimbursement for 2019/20 = £72,415 (107 patients) In the year to date (10months) YFT spent £55,000 on Freestyle Libre® recharged to VoY CCG. There are currently 197 patients across VoY and ScR CCGs receiving Freestyle Libre®. 127 of these are from Vale of York. It is expected (but not confirmed) that the first sensor (i.e. first 14 days) would be provided from free of charge stock available to secondary care from the manufacturer.

		MCC also ask CCG Exec to consider the consequences of a 6-month review not being completed, for example, is FSL stopped for the individual patient? The MCC recommended that the existing audit should continue to collect more information on patient outcomes to inform future commissioning of the device. CCG Execs are asked to consider a) the need to incentivise completion of audit; b) who completes audit, c) and how to ensure audit is completed. It should be noted that as a requirement for the current CCG commissioning statement the diabetes specialists were requested to complete an audit tool for all patients 6-months post initiation of FSL. To date only 40 continuation forms have been completed out of 127 patients for Vale of York patients.		