

Recommendations from York and Scarborough Medicines Commissioning Committee August 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA590 : Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis		Fluocinolone acetonide intravitreal implant is recommended, within its marketing authorisation, as an option for preventing relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye. It is recommended only if the company provides it according to the commercial arrangement.	RED	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than ££9,000 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment will be similar.
NHSE commissioned Technology Appraisals – for noting					
2.	TA588 : Nusinersen for treating spinal muscular atrophy		Nusinersen is recommended as an option for treating 5q spinal muscular atrophy (SMA) only if: <ul style="list-style-type: none"> • people have pre-symptomatic SMA, or SMA types 1, 2 or 3 and • the conditions in the managed access agreement are followed 	RED	No cost impact to CCGs as NHS England commissioned.
3.	TA589 : Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity		Blinatumomab is recommended as an option for treating Philadelphia-chromosome-negative CD19-positive B-precursor acute lymphoblastic leukaemia in adults with minimal residual disease (MRD) of at least 0.1%, only if: <ul style="list-style-type: none"> • the disease is in first complete remission and • the company provides blinatumomab according to the commercial arrangement 	RED	No cost impact to CCGs as NHS England commissioned.
4.	TA591 : Letermovir for preventing cytomegalovirus disease after a stem cell transplant		Letermovir is recommended, within its marketing authorisation, as an option for preventing cytomegalovirus (CMV) reactivation and disease after an allogeneic haematopoietic stem cell transplant (HSCT) in adults who are seropositive for CMV. 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				
5.	Brivaracetam for Epilepsy	Adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent patients from 16 years of age with epilepsy. To be used in place of levetiracetam for epilepsy patients with unacceptable side effects such as irritability or insomnia, or in those where levetiracetam has been avoided due to a history of mood change or behavioural disturbance and also to have another antiepileptic in their treatment toolkit. It would be reserved for patients who are resistant to at least 2 other antiepileptic drugs. It is significantly more expensive than other similar drugs.	Change from BLACK to AMBER SI	It is significantly more expensive than other similar drugs. But no significant cost impact to CCGs expected as restricted and patient numbers expected to be low. Brivaracetam 50mg BD = £1685 per patient pa Levetiracetam 750mg BD = £95 per patient pa Restricted to initiation by Dr Johnson and Dr Datta.
6.	Dose of PPIs for gastroprotection with antiplatelets	The MCC recommend that a dose of 15mg of lansoprazole daily should be used for gastroprotection with antiplatelets. This is to be added to PPI deprescribing pathway.	N/A	May result in cost saving as 15mg lansoprazole is less expensive than 30mg.
7.	Indapamide 1.5mg Modified Release Tablets	Two studies were identified which showed no significant differences between IR and MR indapamide in terms of antihypertensive efficacy. Indapamide MR tablets cost around three times the price of the IR tablets, therefore the IR tablets are the more cost-effective option of the two.	BLACK	Indapamide IR 2.5mg tab, 28 = 94p. Indapamide MR 1.5 mg tab, 30 = £3.40.
8.	Oral iron - review of current products on formulary	Agreed no change to current formulary choices of Ferrous fumarate tabs/caps/syrup (1 st choice) and Ferrous sulphate tabs (2 nd choice). Sytron® remains 2 nd choice oral liquid	GREEN	Ferrous fumarate tabs/caps = £1.30 - £3.75 for 28 days Ferrous sulphate = £3.24 for 28 days
9.	Melatonin 3 mg film coated tablets (Colonis Pharma) Melatonin 1 mg/mL oral solution (Colonis Pharma)	Only licensed for Jet Lag in adults Colonis Pharma oral solution contains propylene glycol, ethanol and sorbitol so unsuitable for use in children for off-label indications. Off-label Circadin® remains most cost-effective preparation in children.	BLACK	n/a

10.	Vitamin B compound strong tablets	Confirmed that Vit b compound strong is BLACK except for re-feeding syndrome when is it AMBER SI.	n/a	Potential cost saving if formulary position enforced.
11.	Octreotide – clarification of formulary status	Confirmed that use in palliative care for bowel obstruction or high output stomas is AMBER SR	n/a	n/a
12.	Alimemazine tablets and oral liquid	Received a request to complete a “Do Not Prescribe” tool for alimemazine from VoY CCG. However MCC have previously black listed alimemazine in June 2017). While the formulary lists alimemazine as a BLACK drug, it only mentions the liquid. The decision was for both tablets and liquid as stated in the tool.	BLACK	n/a
13.	Sodium Aurothiomalate (Myocrisin®) injection 10mg/0.5mL, 50mg/0.5mL	Recently been discontinued by the manufacturer and no licensed direct alternative is available. It was agreed to stand down the existing shared care for Sodium aurothiomalate and remove the product from the formulary as it has been discontinued. Existing patients should be switched to an alternative DMARD following advice/review from rheumatology	Removed from formulary as discontinued.	No significant cost impact expected as low numbers of patients on Gold injection currently and other DMARDs of a similar cost. Gold 50mg injection = £13 a month Azathioprine 150mg OD = £15 a month Methotrexate oral = £20 a month Methotrexate inj = £66 a month Mycophenolate = £13 month
14.	Liraglutide (Saxenda®)	Confirmed that not approved for use for weight management as per MCC recommendation Oct 2015. This will be reviewed in March 2020 when NICE TA published	BLACK	n/a
15.	Oral contraceptives medal ranking	Updated version approved by MCC	n/a	n/a
16.	AgaMatrix Wavesense Jazz glucose monitoring system in Antenatal diabetes	MCC approved the use of the Wavesense test strips, solely for the purposes of pilot of new app in antenatal diabetes.	n/a	Cost price is less than GlucoRx currently.
17.	Bath and shower preparations for dry and pruritic skin conditions	MCC agreed these should all be listed as BLACK on the formulary as per recommendation in NHSE – Items which should not routinely be prescribed in primary	BLACK	Cost saving.

		care – updated June 2019. BATHE trial showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema. Soap avoidance and ‘Leave-on’ emollient moisturisers can still be used for treating eczema.		
18.	TEWV Discharge on Psychotropic Medication Algorithm	A flowchart to guide the length of supply required at in-patient discharge, to support appropriate transfer of care to community teams or primary care, was endorsed by MCC.	n/a	No cost to CCGs expected.
19.	TEWV Dexamfetamine Shared Care	A new document, completing the set of shared care guidelines for ADHD medication, was approved by MCC.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
20.	TEWV Bipolar Disorder Medication Pathway	A draft of this new algorithm was approved by MCC.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
21.	TEWV Clozapine Annual Review Checklist	This new checklists to be completed by specialists and shared with GPs for information was approved by MCC.	n/a	No significant cost to CCGs expected as all the proposals are current practice.