

Recommendations from York and Scarborough Medicines Commissioning Committee December 2018

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA547 : Tofacitinib for moderately to severely active ulcerative colitis		Tofacitinib is recommended, within its marketing authorisation, as an option for treating moderately to severely active ulcerative colitis in adults when conventional therapy or a biological agent cannot be tolerated or the disease has responded inadequately or lost response to treatment. It is recommended only if the company provides tofacitinib with the discount agreed in the commercial arrangement.	RED	Estimate 15-20 patients a year across both VoY & ScR CCGs. Tofacitinib = £4900 pa per patient vs £8000-£9000 pa per patient for other biologics. No cost impact to CCGs expected.
NHSE commissioned Technology Appraisals – for noting					
2.	TA545 : Gemtuzumab ozogamicin for untreated acute myeloid leukaemia		Gemtuzumab ozogamicin, with daunorubicin and cytarabine, is recommended as an option for untreated de novo CD33-positive acute myeloid leukaemia (AML), except acute promyelocytic leukaemia, in people 15 years and over, only if: <ul style="list-style-type: none"> • they start induction therapy when either the cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (that is, because the test was unsuccessful) or when their cytogenetic test results are not yet available and • they start consolidation therapy when their cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (because the test was unsuccessful) and • the company provides gemtuzumab ozogamicin according to the commercial arrangement. 	RED	No cost impact to CCGs as NHS England commissioned.
3.	TA546 : Padeliporfin for untreated localised prostate cancer		Padeliporfin is not recommended, within its marketing authorisation, for untreated, unilateral, low-risk prostate cancer in adults.	BLACK	No cost impact to CCGs as NHS England commissioned and NICE did not recommend.
Formulary applications or amendments/pathways/guidelines					

4.	Cannabis Based Medicinal Products (CBPM) for epilepsy or nausea & vomiting caused by chemotherapy	<p>MCC noted the following: Regulations restrict prescribing of cannabis-based products for medicinal use to only those clinicians listed on the Specialist Register of the General Medical Council.</p> <p>Only the following patient groups may be currently considered appropriate for CBPM on a case by case basis (when other treatments weren't suitable or had not helped) and prescribed in line with interim professional guidance from RCP and British Paediatric Neurology Association (BPNA).</p> <ul style="list-style-type: none"> - Children with rare, severe forms of epilepsy (Epidiolex® - unlicensed is the product recommended by the BPNA). - Adults with vomiting or nausea caused by chemotherapy <p>Any prescribing for these indications should be by secondary care only.</p> <p>General Practitioners are legally not able to prescribe cannabis-based products for patients in primary care.</p> <p>N.B. Cannabis extract (Sativex®) for MS-related muscle spasticity is already listed as BLACK on the formulary as not approved by NICE.</p>	No status at this time as no licensed product available and not routinely commissioned	Assume no cost impact to CCGs as probably NHS England commissioned for Children with rare, severe forms of epilepsy.			
5.	Cannabis Based Medicinal Products (CBPM) for pain	<p>Not recommended based on RCP advice and Faculty of Pain Medicine advice and GPs should not refer to secondary care to consider use of CBPM for this indication.</p> <p>See above general comments.</p>	BLACK	No cost impact to CCGs as not recommended at this time.			
6.	Pentasa and Salofalk Enemas Formulary Application Salofalk 2g /59mL enema	Agreed to add to formulary with Pentasa as 1 st choice as most cost-effective and Salofalk 2 nd choice after trial of Pentasa has failed.	GREEN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Product</td> <td style="width: 33%; text-align: center;">Monthly secondary</td> <td style="width: 33%; text-align: center;">Monthly primary</td> </tr> </table>	Product	Monthly secondary	Monthly primary
Product	Monthly secondary	Monthly primary					

					care cost (inc VAT)	care cost (Drug Tariff)
	Pentasa 1g/100mL enema				Salofalk 2g /59mL enema	£119.68
					Pentasa 1g/100mL enema	£70.92
7.	Haleraids	Agreed to change to RED and update formulary to say not available in Drug Tariff or on NHS Prescription.	RED	No significant cost to CCGs expected as not available for prescribing in Drug Tariff		
8.	Kyleena® Long Acting Injectable Contraception	Agreed to approve as GREEN drug as per NYCC Commissioning Position Statement. Kyleena® should only be considered as alternative option to Mirena in women seeking contraception for 5 years and who have post insertion pain with an IUD, or who are found to have physical constraints such as a narrow cervical canal, e.g. following treatment to the cervix such as LLETZ (large loop excision of the transformation zone) that may have caused fibrosis and narrowing of the cervical canal. Patients should be made aware of the relative failure rates with Kyleena® compared to Mirena® as part of making an informed choice about which product is most suitable for them.	GREEN	Kyleena £76 for 5 years cover (£15.20/yr) Mirena £88 for 5 years cover (£17.60/yr) Jaydess £69 for 3 years cover (£23.07/yr) Kyleena would be a more cost effective option in women who wish to have contraception for 5 years and/or for those who require a smaller device.		
9.	Naloxegol – clarification on formulary indication	Agreed to update formulary to reflect NICE guidance and approved for use in line with NICE TA 345- naloxegol for treating opioid induced constipation, in those who have not responded to at least 1 full dose laxatives and dietary advice. Previously formulary stated after	GREEN	No significant cost to CCGs expected as no significant changes made.		

		at least 2 full dose laxatives.		
10.	Hydroxycarbamide Shared Care Guideline	Update of expired shared care guideline. Clarified that GP should check specialist has done monitoring before issuing prescription.	Amber SCG	No significant cost to CCGs expected as no significant changes made.
11.	Cinnarizine	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
12.	Cyclizine	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
13.	Haloperidol	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
14.	Levomepromazine	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
15.	Prochlorperazine	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
16.	Hyoscine Hydrobromide	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
17.	Betahistine	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
18.	Ketamine	Agree a RAG status for this formulary drug which currently has no status	Red	No significant cost to CCGs expected as all the proposals are current practice.
19.	Codeine Phosphate	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
20.	Diamorphine	Agree a RAG status for this formulary drug which currently has no status	Amber SR	No significant cost to CCGs expected as all the proposals are current practice.
21.	Dihydrocodeine	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the

				proposals are current practice.
22.	Dipipanone+ cyclizine (Diconal)	Agree a RAG status for this formulary drug which currently has no status	Black	No significant cost to CCGs expected as very little prescribed currently
23.	Meptazinol (Meptid) injection	Agree a RAG status for this formulary drug which currently has no status	Red	No significant cost to CCGs expected as all the proposals are current practice.
24.	Morphine Sulphate	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
25.	Oxycodone (Injection)	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
26.	Oxycodone (Oral) Immediate Release	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
27.	Oxycodone (Oral) Modified Release	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
28.	Pethidine injection	Agree a RAG status for this formulary drug which currently has no status	Red	No significant cost to CCGs expected as all the proposals are current practice.
29.	Phenytoin (neuropathic pain)	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
30.	Sodium Valproate (migraine)	Agree a RAG status for this formulary drug which currently has no status	Amber SC (using TEWV SC)	No significant cost to CCGs expected as all the proposals are current practice.
31.	Domperidone	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
32.	Propranolol (migraine)	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
33.	Topiramate	Agree a RAG status for this formulary drug which currently has no status	GREEN	No significant cost to CCGs expected as all the proposals are current practice.

34.	Verapamil (migraine)	Agree a RAG status for this formulary drug which currently has no status	Amber SR (Not on RSS)	No significant cost to CCGs expected as all the proposals are current practice.
35.	Amitriptyline (migraine)	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
36.	Pizotifen (migraine)	Agree a RAG status for this formulary drug which currently has no status	Amber SR	No significant cost to CCGs expected as all the proposals are current practice.
37.	Clonazepam inj (status)	Agree a RAG status for this formulary drug which currently has no status	Red	No significant cost to CCGs expected as all the proposals are current practice.
38.	Diazepam inj+ rectal (status)	Agree a RAG status for this formulary drug which currently has no status	Red (rectal Green)	No significant cost to CCGs expected as all the proposals are current practice.
39.	Lorazepam inj (status)	Agree a RAG status for this formulary drug which currently has no status	Red	No significant cost to CCGs expected as all the proposals are current practice.
40.	Amantadine Hydrochloride (Symmetrel)	Agree a RAG status for this formulary drug which currently has no status - PD and unlicensed use for fatigue in multiple sclerosis.	Amber SR	No significant cost to CCGs expected as all the proposals are current practice.
41.	Bupropion Hydrochloride (Zyban)	Agree a RAG status for this formulary drug which currently has no status	Commissioning position in primary care is variable according to the location of the GP practice. York = RED, NYCC = AMBER SR	No significant cost to CCGs expected as all the proposals are current practice.
42.	Nicotine Replacement	Agree a RAG status for this formulary drug which currently has no status	Commissioning position in primary care is variable according to the location of the GP practice. York = RED, NYCC = AMBER SR	No significant cost to CCGs expected as all the proposals are current practice.

43.	Varenicline	Agree a RAG status for this formulary drug which currently has no status	Commissioning position in primary care is variable according to the location of the GP practice. York = RED, NYCC = AMBER SR	No significant cost to CCGs expected as all the proposals are current practice.
44.	Benzylpenicillin inj	Agree a RAG status for this formulary drug which currently has no status	Green (suspected meningitis)	No significant cost to CCGs expected as all the proposals are current practice.
45.	Flucloxacillin	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
46.	Amoxicillin	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
47.	Pivmecillinam	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
48.	Cefalexin	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
49.	Cefotaxime inj	Agree a RAG status for this formulary drug which currently has no status	Green (suspected meningitis)	No significant cost to CCGs expected as all the proposals are current practice.
50.	Ceftazidime inj	Agree a RAG status for this formulary drug which currently has no status	Red	No significant cost to CCGs expected as all the proposals are current practice.
51.	Ceftriaxone inj	Agree a RAG status for this formulary drug which currently has no status	Red	No significant cost to CCGs expected as all the proposals are current practice.
52.	Cefuroxime inj	Agree a RAG status for this formulary drug which currently has no status	Red	No significant cost to CCGs expected as all the proposals are current practice.

53.	Oxytetracycline	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
54.	Azithromycin	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
55.	Clindamycin	Agree a RAG status for this formulary drug which currently has no status	Amber SR	No significant cost to CCGs expected as all the proposals are current practice.
56.	Trimethoprim	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
57.	Nystatin	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
58.	Terbinafine	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
59.	Aciclovir	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
60.	Chloroquine	Agree a RAG status for this formulary drug which currently has no status	RED	No significant cost to CCGs expected as all the proposals are current practice.
61.	Primaquine	Agree a RAG status for this formulary drug which currently has no status	RED	No significant cost to CCGs expected as all the proposals are current practice.
62.	Quinine Sulphate	Agree a RAG status for this formulary drug which currently has no status	RED	No significant cost to CCGs expected as all the proposals are current practice.
63.	Pyrimethamine	Agree a RAG status for this formulary drug which currently has no status	RED	No significant cost to CCGs expected as all the proposals are current practice.
64.	Metronidazole Trichomonacides	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.

65.	Metronidazole Antigiardial drugs	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
66.	Mebendazole	Agree a RAG status for this formulary drug which currently has no status	Green	No significant cost to CCGs expected as all the proposals are current practice.
67.	RMOC Guidance on Liothyronine	Agreed to add link to guidance in formulary	-	-