NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee January 2018

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
1	TA486: Aflibercept for treating choroidal neovascularisation		Aflibercept is recommended, within its marketing authorisation, as an option for treating visual impairment because of myopic choroidal neovascularisation in adults, only if the company provides aflibercept with the discount agreed in the patient access scheme. If patients and their clinicians consider both aflibercept and ranibizumab to be suitable treatments, the least costly should be used, taking into account anticipated administration costs, dosage and price per dose.	Red	The list price of aflibercept 40 mg/mL is £816 per 0.1-mL vial. A confidential PAS scheme is in place. The recommended dose is a single intravitreal injection of 2 mg aflibercept. Extra doses may be used if visual or anatomic outcomes indicate that the disease persists. In comparison, list price of ranibizumab 10 mg/mL is £551 per 0.23 mL vial or 0.165 mL pre-filled syringe. A confidential PAS scheme is also in place. Administered as a single 0.5 mg intravitreal injection. Further treatment is recommended if monitoring reveals signs of disease activity. NICE do not expect this guidance to have a significant impact on resources; that is, it will be less than £9,100 per 100,000 population. This is because the technology is an option alongside current standard treatment options. *Estimated patient numbers are awaited from YFT.*
2	TA492: Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable		Atezolizumab is recommended for use within the Cancer Drugs Fund as an option for untreated locally advanced or metastatic urothelial carcinoma in adults, for whom cisplatin-based chemotherapy is unsuitable, only if the conditions of the managed access	Red	No cost impact to CCGs as NHS England commissioned.

		agreement for atezolizumab are followed.		
3	TA493: Cladribine tablets for treating relapsing–remitting multiple sclerosis	Cladribine tablets are recommended as an option for treating highly active multiple sclerosis in adults, only if the person has: • rapidly evolving severe relapsing–remitting multiple sclerosis, that is, at least 2 relapses in the previous year and at least 1 T1 gadolinium-enhancing lesion at baseline MRI or • relapsing–remitting multiple sclerosis that has responded inadequately to treatment with disease-modifying therapy, defined as 1 relapse in the previous year and MRI evidence of disease activity.	Red	No cost impact to CCGs as NHS England commissioned.
4	TA494: Naltrexone–bupropion for managing overweight and obesity	Naltrexone–bupropion is **not recommended** within its marketing authorisation for managing overweight and obesity in adults alongside a reduced-calorie diet and increased physical activity. This recommendation is not intended to affect treatment with naltrexone–bupropion that was started in the NHS before this guidance was published.	Already Black on Y&S formulary	None as not recommended
5	TA495: Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer	Palbociclib, with an aromatase inhibitor, is recommended within its marketing authorisation, as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2-negative, locally advanced or metastatic breast cancer as initial endocrine-based therapy in adults. Palbociclib is recommended only if the company provides it with the discount agreed in the patient access scheme.	Red	No cost impact to CCGs as NHS England commissioned.
6	TA496: Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer	Ribociclib, with an aromatase inhibitor, is recommended within its marketing authorisation, as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2-negative, locally advanced or metastatic breast cancer as initial endocrine-based therapy in adults. Ribociclib is recommended only if the company provides it with the	Red	No cost impact to CCGs as NHS England commissioned.

		discount agreed in the patient access scheme.		
7	Items which should not routinely be prescribed in primary care – Review of Y&S formulary position against NHSE recommendations	The group compared the current Y&S commissioning position against the final guidance from NHSE on items which should not routinely be prescribed in primary care. Many of the items already had a black status on the Y&S formulary. For the items which had no formal commissioning position or with a status that differed from the guidance the group agreed the following in line with the recommendations: • Herbal treatments – Black • Homeopathy – Black • Paracetamol and tramadol combination – Black • Perindopril arginine – Black • Rubefacients (excl. topical NSAIDs) – Black • Immediate release fentanyl – Black for non-palliative care indications; Restricted to palliative care use only on recommendation of a palliative care specialist • Oxycodone and naloxone combination – Black (previously green) • Travel vaccines not prescribable on the NHS i.e. hepatitis B, Japanese encephalitis, meningococcal ACWY, yellow fever, tick-borne encephalitis, rabies, BCG: - Black for the purposes of travel; the vaccines will continue to be recommended but the individual traveller will bear the cost of the vaccination. - The group extended the black position to the use of these vaccines for occupational purposes as this is the employer's responsibility. - For hepatitis B and meningococcal ACWY, green for clinical indications other than the above as recommended in the Green Book.	As stated	The NHSE recommendations are cost saving.
8	Mycophenolate Shared Care Guideline for adult renal transplant – covers mycophenolate mofetil and mycophenolate sodium.	The group approved the attached shared care guideline following minor wording amendments.	Amber SCG	This SCG formalises the Amber Shared Care commissioning position and includes products already in the formulary which are

				used in current practice; therefore no further cost impact is expected.
9	Mycophenolate mofetil (MMF) for ulcerative colitis and inflammatory eye diseases	The group approved the inclusion of these additional indications to the shared care guideline for MMF use for non-transplant indications which is currently in development. Limited data suggested that MMF may be useful for some patients with these conditions who are non-responsive to or cannot tolerate conventional treatment. The group noted that other local areas use MMF for inflammatory bowel disease and inflammatory eye diseases. The Trust has historically used MMF for these indications.	Amber SCG	No significant cost impact expected as use for these indications is current practice.
10	New York anticoagulant clinic heart valve bridging protocol	The group approved the new protocol which had been agreed with cardiology consultants. The new protocol streamlines the number of patients with heart valves who are given low molecular weight heparin (LMWH) if their INR is low.	N/A	Expected to be cost saving as a lot less patients will be given LMWH.
11	Updated vitamin D guidelines and medal ranking	The vitamin D guideline had been updated in line with the National Osteoporosis Society guidelines and NICE Clinical Knowledge Summary. The medal ranking had also been updated with new cost effective preparations for treatment of deficiency and insufficiency. Maintenance following treatment of deficiency and supplementation for replete patients at risk of deficiency according to DOH guidance are now to be purchased OTC only and not prescribed. Both the vitamin D guideline and medal ranking were approved by the group following a minor amendment to the guideline.	Green	Cost saving as updated with new cost-effective preparations. Also maintenance dose following treatment and supplementation for replete patients at risk according to DOH guidance will be OTC only.
12	Wound care formulary	The updated Y&S wound care formulary covering both hospital and community was approved. The group noted that the formulary had been rationalised and was much shorter than the existing formulary. The full and summary versions of the formulary are attached.	N/A	Products chosen for the update formulary are more cost-effective than those in the existing formulary and range of products have been streamlined and reduced from about 110 to 55. Therefore the new formulary is expected to be cost saving.

13	Algorithm for treatment of Type 2 Diabetes Mellitus	An algorithm for the use of formulary agents for management of T2DM had been developed in conjunction with the diabetes specialist team. The algorithm is primarily based on NICE guidance but also reflects local specialist advice on management. The group approved the algorithm subject to verification of some of the recommendations against NICE guidance and amending accordingly.	N/A	The algorithm is based on current NICE guidance, reflects current practice by the diabetes team and includes products already on the formulary; therefore no significant cost impact would be expected.
14	Change in first line DPP4 inhibitor from alogliptin to sitagliptin	A change of the first line DPP4 inhibitor from alogliptin to sitagliptin was requested due to an FDA safety warning on an increased risk of heart failure with alogliptin. Feedback from the diabetes specialist team is that sitagliptin is already used in most patients. This change was approved by the group.	Green	Comparative annual costs: Alogliptin = £345.80 Sitagliptin = £432.38 However, no significant cost impact would be expected as this reflects current practice.
15	Change in RAG status of nateglinide and repaglinide from green to amber specialist recommendation	It was noted that specialists had not included nateglinide and repaglinide within the T2DM algorithm as there were few licensed combination regimens including these drugs therefore they are hardly initiated in patients. These agents were currently green on the formulary. The group suggested that the RAG status should be reviewed to amber specialist recommendation to ensure that their initiation would be appropriate as it would be guided by the specialist. YFT specialists agreed with the revised RAG status.	Amber specialist recommendation	No significant cost impact expected from change in RAG status.
16	Updated “Who to test, when to test?” guidelines	The “Who to test, when to test?” guidelines had been updated and now include guidance on the number of test strip boxes to be supplied to patients for both T1 and T2DM. The group approved the updated guidelines.	N/A	Guidance on quantity of strips to supply may help to prevent excessive prescribing which in turn may lead to cost savings.
17	Prescribing guidance for adjuvant bisphosphonates in postmenopausal women with breast cancer	The group approved the guidance on the use of adjuvant bisphosphonates in post-menopausal women with breast cancer. The guidance includes clinical information on the treatments, responsibilities of specialists and primary care clinicians and an algorithm for selection of suitable patients. The use of oral ibandronate and IV zoledronate for patients who cannot tolerate oral ibandronate has previously been approved (July 2017). However, the implementation of the IV zoledronate treatment option	Amber specialist recommendation for oral ibandronate	Agents previously approved (July 2017).

		is still under consideration therefore is yet to be included in the guideline. The guideline will be updated when details of delivery of IV zoledronate has been agreed. The RAG status of oral ibandronate was requested to change from amber specialist initiation to amber specialist recommendation as specialists may not be able to initiate treatment in some patients who are discovered to have low calcium/vitamin D. Instead of bringing these patients back to hospital to start treatment after correction, these patients would be referred to the GP to correct calcium and/or vitamin D who would then initiate treatment once corrected. This change was approved by the group.		