

Recommendations from York and Scarborough Medicines Commissioning Committee July 2018

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	Nil				
NHSE commissioned Technology Appraisals – for noting					
2.	TA520 : Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy		<p>Atezolizumab is recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer (NSCLC) in adults who have had chemotherapy (and targeted treatment if they have an EGFR- or ALK-positive tumour), only if:</p> <ul style="list-style-type: none"> • atezolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and • the company provides atezolizumab with the discount agreed in the patient access scheme. 	Red	No cost impact to CCGs as NHS England commissioned.
3.	TA522 : Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable		<p>Pembrolizumab is recommended for use within the Cancer Drugs Fund as an option for untreated locally advanced or metastatic urothelial carcinoma in adults when cisplatin-containing chemotherapy is unsuitable, only if:</p> <ul style="list-style-type: none"> • pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and • the conditions of the managed access agreement for pembrolizumab are followed 	Red	No cost impact to CCGs as NHS England commissioned.
	TA523 : Midostaurin for untreated acute myeloid leukaemia		<p>Midostaurin is recommended, within its marketing authorisation, as an option in adults for treating newly diagnosed acute FLT3-mutation-positive myeloid leukaemia with standard daunorubicin and cytarabine as induction therapy, with high-dose cytarabine as consolidation therapy, and alone after complete response as maintenance therapy. It is recommended only if the company provides</p>	Red	No cost impact to CCGs as NHS England commissioned.

		midostaurin with the discount agreed in the patient access scheme.		
	TA524 : Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma	<p>Brentuximab vedotin is recommended as an option for treating CD30-positive Hodgkin lymphoma in adults with relapsed or refractory disease, only if:</p> <ul style="list-style-type: none"> • they have already had autologous stem cell transplant or • they have already had at least 2 previous therapies when autologous stem cell transplant or multi-agent chemotherapy are not suitable and • the company provides brentuximab vedotin according to the commercial arrangement 	Red	No cost impact to CCGs as NHS England commissioned.
	TA525 : Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy	<p>Atezolizumab is recommended as an option for treating locally advanced or metastatic urothelial carcinoma in adults who have had platinum-containing chemotherapy, only if:</p> <ul style="list-style-type: none"> • atezolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and • the company provides atezolizumab with the discount agreed in the patient access scheme. 	Red	No cost impact to CCGs as NHS England commissioned.
	TA526 : Arsenic trioxide for treating acute promyelocytic leukaemia	<p>Arsenic trioxide is recommended, within its marketing authorisation, as an option for inducing remission and consolidation in acute promyelocytic leukaemia (characterised by the presence of the t[15;17] translocation or the PML/RAR-alpha gene) in adults with:</p> <ul style="list-style-type: none"> • untreated, low-to-intermediate risk disease (defined as a white blood cell count of 10x10³ per microlitre or less), when given with all-trans-retinoic acid (ATRA) • relapsed or refractory disease, after a retinoid and chemotherapy. 	Red	No cost impact to CCGs as NHS England commissioned.
	TA527 : Beta interferons and glatiramer acetate for treating multiple sclerosis	Interferon beta-1a is recommended as an option for treating multiple sclerosis, only if:	Red	No cost impact to CCGs as NHS England commissioned.

		<ul style="list-style-type: none"> • the person has relapsing–remitting multiple sclerosis and • the companies provide it according to commercial arrangements. <p>Interferon beta- 1b (Extavia) is recommended as an option for treating multiple sclerosis, only if:</p> <ul style="list-style-type: none"> • the person has relapsing–remitting multiple sclerosis and has had 2 or more relapses within the last 2 years or • the person has secondary progressive multiple sclerosis with continuing relapses and • the company provides it according to the commercial arrangement. <p>Glatiramer acetate is recommended as an option for treating multiple sclerosis, only if:</p> <ul style="list-style-type: none"> the person has relapsing–remitting multiple sclerosis and the company provides it according to the commercial arrangement. <p>Interferon beta- 1b (Betaferon) is not recommended within its marketing authorisation as an option for treating multiple sclerosis.</p>		
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Formulary applications or amendments/pathways/guidelines

4.	Apraclonidine eye drops 1% and 0.5% for glaucoma	<p>Approved for use in management of complicated glaucoma in patients who do not current fit current uncomplicated glaucoma pathway.</p> <p>The 1% Preservative free preparation is only to be used in patients with known allergy to preservative containing eye drops or with ocular surface disorders pre-disposing them to sensitivity to preservative containing eye drops.</p>	Amber Specialist Initiation	Product	Monthly primary care cost (Drug Tariff)
				Brimonidine 0.2% 5ml (approx. 100 drops)	£1.35
				Apraclonidine 0.5% 5mL (approx 100 drops)	£10.88
				Apraclonidine 1% single dose - 24 doses	£77.85/ 24 (£272 per 28 days at TDS dosing)

				In the last 9 months at York FT 35 patients have had prescriptions for the 0.5% and 8 patients for the 1%. Note these products are already in use and being prescribed by some GPs in primary care.												
5.	Ibuprofen 5% topical gel	Approved	Green	<p>No significant cost to CCGs expected. As these</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Topical NSAID & size</th> <th>Cost (£)</th> </tr> </thead> <tbody> <tr> <td>Ibuprofen 5% Gel 100g</td> <td>1.74</td> </tr> <tr> <td>Ibuprofen 10% Gel 100g</td> <td>5.79</td> </tr> <tr> <td>Ketoprofen 2.5% Gel 100g</td> <td>2.38</td> </tr> <tr> <td>Diclofenac 1.16% Gel 100g</td> <td>5.63</td> </tr> <tr> <td>Piroxicam 0.5% Gel 112g</td> <td>4.74</td> </tr> </tbody> </table> <p>are the three most commonly prescribed topical NSAIDs locally.</p>	Topical NSAID & size	Cost (£)	Ibuprofen 5% Gel 100g	1.74	Ibuprofen 10% Gel 100g	5.79	Ketoprofen 2.5% Gel 100g	2.38	Diclofenac 1.16% Gel 100g	5.63	Piroxicam 0.5% Gel 112g	4.74
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6.	Piroxicam 0.5% topical gel	Approved	Green													
7.	Diclofenac 1.16% topical gel	Approved as 3 rd line topical NSAID after Ibuprofen and Piroxicam.	Green													
8.	Ketoprofen 2.5% topical gel	Approved for addition to DNP list	Black													
9.	Ibuprofen 10% topical gel	Approved for addition to DNP list	Black													
10.	Guanfacine Shared Care Guideline	Approved. New shared care guideline produced by TEWV covering use in ADHD. To be used in management of paediatric ADHD only as per NICE NG87.	n/a													
11.	Paliperidone LAI Shared Care Guideline	Approved. New shared care guideline produced by TEWV.	n/a													
12.	Aripiprazole LAI Shared Care Guideline	Approved. New shared care guideline produced by TEWV.	n/a													