

## Recommendations from York and Scarborough Medicines Commissioning Committee June 2018

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
<b>CCG commissioned Technology Appraisals</b>					
1.	Nil				
<b>NHSE commissioned Technology Appraisals – for noting</b>					
2.	<a href="#">TA520</a> : Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy	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: <ul style="list-style-type: none"> <li>• atezolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and</li> <li>• the company provides atezolizumab with the discount agreed in the patient access scheme.</li> </ul>	Red	No cost impact to CCGs as NHS England commissioned.	
3.	<a href="#">TA521</a> : Guselkumab for treating moderate to severe plaque psoriasis	Guselkumab is recommended as an option for treating plaque psoriasis in adults, only if: <ul style="list-style-type: none"> <li>• the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and</li> <li>• the disease has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet A radiation), or these options are contraindicated or not tolerated and</li> <li>• the company provides the drug according to the commercial arrangement.</li> </ul> Stop guselkumab treatment at 16 weeks if the psoriasis has not responded adequately. An adequate response is defined as: <ul style="list-style-type: none"> <li>• a 75% reduction in the PASI score (PASI 75) from when treatment started or</li> </ul>	Red	Do not expect this guidance to have a significant impact on resources; that is, it will be less than £5 million per year in England (or £9,100 per 100,000 population). This is because the technology is an option alongside current standard treatment options and is available at a similar price. Expect approx. 5 patients across VoY and S&R CCGs.	

		<ul style="list-style-type: none"> <li>a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started.</li> </ul> <p>If patients and their clinicians consider guselkumab to be one of a range of suitable treatments, including ixekizumab and secukinumab, the least costly (taking into account administration costs and commercial arrangements) should be chosen.</p>		
<b>Formulary applications or amendments/pathways/guidelines</b>				
4.	Risedronate 5mg	Approved for addition to DNP list	Black	No significant cost to CCGs expected. May result in some small cost saving as alternative bisphosphonates are less costly.
5.	ADHD Prescribing Algorithm – Children & Young People	Updated guideline based in revised recommendations in NICE NG87.	n/a	No significant cost impact expected as updated version of existing guideline.
6.	ADHD Prescribing Algorithm – Adults	New guideline based on recommendations from NICE NG87.	n/a	No significant cost impact expected as updated version of existing guideline.
7.	Methylphenidate Shared Care Guideline	Produced by TEWV. Updated with revised monitoring requirements from NG87.	n/a	No significant cost impact expected as updated version of existing guideline.
8.	Atomoxetine Shared Care Guideline	Produced by TEWV. Updated with revised monitoring requirements from NG87.	n/a	No significant cost impact expected as updated version of existing guideline.
9.	Lisdexamfetamine Shared Care Guideline	Produced by TEWV. Updated with revised monitoring requirements from NG87.	n/a	No significant cost impact expected as updated version of existing guideline.