NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee November 2018

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA543: Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs		Tofacitinib, with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults, only if: • it is used as described in NICE TA199, guidance on treatment of psoriatic arthritis (1.1 and 1.2) or • the person has had a TNF-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks or • TNF‑alpha inhibitors are contraindicated but would otherwise be considered (as described in TA199). Tofacitinib is only recommended if the company provides it according to the commercial arrangement. Locally to be used after adalimumab biosimilar and etanercept biosimilar before other more expensive biologics.	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. May result in potential cost saving of £62,000 pa across both VoY & ScR CCGs.
NHSE commissioned Technology Appraisals – for noting					
2.	TA542: Cabozantinib for untreated advanced renal cell carcinoma		Cabozantinib is recommended, within its marketing authorisation, for adults with untreated advanced renal cell carcinoma that is intermediate‑ or poor‑risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria. It is recommended only if the company provides cabozantinib according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
3.	TA544: Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive		Dabrafenib with trametinib is recommended, within its marketing authorisation, as an option for the adjuvant treatment of resected stage III BRAF V600 mutationpositive melanoma in	RED	No cost impact to CCGs as NHS England commissioned.

	melanoma	adults. It is recommended only if the company provides dabrafenib and trametinib with the discounts agreed in the commercial arrangements.		
Formulary applications or amendments/pathways/guidelines				
4.	Ferric Maltol (N.B. Missed off Oct 2018 MCC Recommendations)	Approved change in indication on formulary to use adults for the treatment of iron deficiency following license extension. Previously only approved for adults for the treatment of iron deficiency anaemia in patients with inflammatory bowel disease. To be used when patients have failed/ not tolerated a minimum of 2 conventional oral iron formulations	Amber specialist gastroenterology recommendation only	May offer some cost savings if used before/instead of IV iron after failure of a least 2 oral iron preparations. Ferric Maltol costs £47.60 for a pack of 56 for a 28 day supply compared to £2.46 - £3.50 for 28 days of oral ferrous salts and £185.08 for IV Ferinject® or £203.40 for IV Monofer® (drug cost only and based on a 70kg patient) A 12 week treatment course of Ferric Maltol costs £142.80. Predicted savings are based on patients requiring fewer attendances in secondary care for IV iron but will have cost impact for CCG drug budgets as Ferric maltol prescribed in primary care, and IV iron prescribed in secondary care as in-tariff drug.
5.	Medal Ranking for Oral Contraceptives	Approved medal ranking for oral contraceptives.	N/A	No significant cost impact expected as most cost effective generics advocated first line.
6.	Vaginal oestrogen for recurrent UTIs	Approved use of vaginal oestrogen as in option for recurrent UIT in post-menopausal women if behavioural and personal hygiene measures are not effective or appropriate, as per NICE NG112. Review treatment within 12 months, or earlier if agreed with the woman.	GREEN	Ovestin® 0.1% cream = £4.45 per 15g
7.	RAG status for LMWH in pregnancy	Agree a RAG status for this formulary drug with which currently has no status.	Amber Specialist Initiation	No significant cost to CCGs expected as all the proposals are current practice.
8.	RAG status for LMWH in those with solid tumours on extended treatment	Agree a RAG status for this formulary drug with which currently has no status.	Amber Specialist Initiation	No significant cost to CCGs expected as all the proposals are current practice.

9.	RAG status for LMWH prophylactic use in orthopaedic patients who have had a fracture	Agree a RAG status for this formulary drug with which currently has no status.	Amber Specialist Initiation	No significant cost to CCGs expected as all the proposals are current practice.
10.	Humalog 0.5unit Kwikpen Formulary Application	Approved use of Humalog 0.5unit Kwikpen in type 1 diabetic patients as the only fast actin insulin pen which delivers insulin in an easy to dose 0.5 unit increments.	GREEN	Estimate 20 patients a year across both VoY & ScR CCGs. Costs £29.46 for 5 prefilled pens. No cost impact expected as costs the same as Humalog 1.0unit Kwikpen which is already on the formulary and slightly less than Novorapid Flexpen.
11.	Salofalk tablet formulary application	Approved for use in those patients with left side/distal inflammatory bowel disease who are unable to manage/comply with Salofalk granules. Salofalk granules remain 1st choice.	GREEN	No significant cost to CCGs expected. Salofalk tablets: Acute treatment = £29-£58 for 30 days per patient; maintenance = £29 for 30 days per patient. Salofalk granules: Acute treatment = £24-£52 for 30 days per patient; maintenance = £26 for 30 days per patient.
12.	Pentasa Suppositories	Agreed to remain on formulary as Asacol suppositories now discontinued.	n/a	n/a
13.	Thalidomide for Angiodysplasia Formulary Application (unlicensed indication)	Approved a RED for the management of Angiodysplasia if treatment with Octreotide and Lanreotide fails. To be used after Octreotide and Lanreotide due to thromboembolic risk. Treatment to be reviewed after 3 months and where proven to be effective consideration given to lifelong treatment.	RED	No significant cost to CCGs expected as only expect 1-3 cases per year, all of which previously have been approved via IFR process. Thalidomide = £116 - £464 per patient per month Octreotide LAR = £550 - £998 per patient per month Lanreotide = £661 - £1124 per patient per month
14.	Octreotide and Lanreotide for Angiodysplasia Formulary Application (unlicensed indication)	Approved a RED for the management of Angiodysplasia . Octreotide to be used 1st line as more published clinical evidence to support its use over lanreotide.	RED	