NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee October 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.	TA540: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma		Pembrolizumab is not recommended for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had autologous stem cell transplant and brentuximab vedotin. Pembrolizumab is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had brentuximab vedotin and cannot have autologous stem cell transplant, only if: • pembrolizumab is stopped after 2 years of treatment or earlier if the person has a stem cell transplant or the disease progresses, and • the conditions in the managed access agreement for pembrolizumab are followed.	n/a – as not approved	No cost impact to CCGs as NHS England commissioned.
3.	TA541: Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia		Inotuzumab ozogamicin is recommended, within its marketing authorisation, as an option for treating relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukaemia in adults. People with relapsed or refractory Philadelphia-chromosome-positive disease should have had at least 1 tyrosine kinase inhibitor.	Red	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines					
4.	Inguinal hernia pants		Agreed to make Black as not a cost-effective use of NHS resources and lack of clinical evidence to support use. May be bought OTC if required.	Black	No cost impact to CCGs

5.	Aspirin in pregnancy	Agreed that in the first instance women would be asked to purchase aspirin and GP prescribing to be a backup. MCC approve the guideline developed by YFT to make GPs aware of the use of aspirin in pregnancy as per NICE.	Green	No significant cost to CCGs expected as indications are that many GPs are already prescribing for these indications if asked.
6.	Leflunomide Shared Care Guideline (due for review)	Update of expired shared care guideline approved with no changes to monitoring requirements at this stage.	Amber SCG	No significant cost to CCGs expected.
7.	Sulsalazine Shared Care Guideline (due for review)	Update of expired shared care guideline approved with no changes to monitoring requirements at this stage.	Amber SCG	No significant cost to CCGs expected.
8.	Azathioprine Shared Care Guideline (due for review)	Update of expired shared care guideline approved with no changes to monitoring requirements at this stage. Addition of atopic eczema (dermatitis) and inflammatory eye conditions as additional indications approved.	Amber SCG	No significant cost to CCGs expected.
9.	Dementia Care Pathway AChEI Decision Aid	Updated pathway from TEWV to support updated NICE guidance approved subject to inclusion of information on when to consider use of memantine, and when to stop treatment.	Amber	Increased use of memantine in combination therapy may be an additional cost but still expect this to be used following specialist recommendation locally. Memantine 10mg x 28 days = £1.36 Memantine 20mg x 28 days = £1.65
10.	Simeticone liquid (Infacol)	Agree a RAG status for this formulary drug with which currently has no status. Use on endoscopy unit and general surgery to improve visibility by diminishing gastrointestinal bubbles. (N.B. Primary care prescribing for other indications is considered BLACK and patients to buy OTC)	RED – Trust uses	No significant cost to CCGs expected as as all the proposals are current practice.
11.	Hydrocortisone injection 100mg	Agree a RAG status for this formulary drug with which currently has no status. In case need administering for anaphylaxis	GREEN	No significant cost to CCGs expected as as all the proposals are current practice.

12.	Sotalol	Agree a RAG status for this formulary drug with which currently has no status.	AMBER SPECIALIST RECOMMENDATION	No significant cost to CCGs expected as as all the proposals are current practice.
13.	Dalteparin & Enoxaparin	Agree a RAG status for this formulary drug with which currently has no status.	See table attached	No significant cost to CCGs expected as as all the proposals are current practice.
14.	Aminophylline	Agree a RAG status for this formulary drug with which currently has no status.	GREEN	No significant cost to CCGs expected as as all the proposals are current practice.
15.	Theophylline	Agree a RAG status for this formulary drug with which currently has no status.	GREEN	No significant cost to CCGs expected as as all the proposals are current practice.
16.	Sodium chloride 0.9% nebuliser	Agree a RAG status for this formulary drug with which currently has no status. (Note – Hypertonic is amber specialist recommendation)	GREEN	No significant cost to CCGs expected as as all the proposals are current practice.
17.	Beclometasone Dipropionate (Clenil Modulite) Inhaler	Agree a RAG status for this formulary drug with which currently has no status.	GREEN	No significant cost to CCGs expected as as all the proposals are current practice.
18.	Fluticasone Propionate (Flixotide) Inhaler	Agree a RAG status for this formulary drug with which currently has no status. Note: Not on asthma or COPD pathway	AMBER SPECIALIST RECOMMENDATION	No significant cost to CCGs expected as as all the proposals are current practice.
19.	Montelukast	Agree a RAG status for this formulary drug with which currently has no status.	GREEN	No significant cost to CCGs expected as as all the proposals are current practice.
20.	Hydroxyine Hydrochloride	Agree a RAG status for this formulary drug with which currently has no status.	GREEN	No significant cost to CCGs expected as as all the proposals are current practice.
21.	Doxapram Hydrochloride (Dopram)	Agree a RAG status for this formulary drug with which currently has no status.	RED	No significant cost to CCGs expected as as all the proposals are current practice.
22.	Poractant Alfa (Curosurf)	Agree a RAG status for this formulary drug with which currently has no status.	RED	No significant cost to CCGs expected as as all the proposals are current practice.
23.	Codeine Linctus	Agree a RAG status for this formulary drug with which currently has no status. Agreed Black as per NHSE Items of Low Clinical Value and OTC Medicines that should not routinely be prescribed in primary care.	BLACK , patients should normally be advised to purchase OTC	No significant cost to CCGs expected.
24.	Pholcodine Linctus (Pavacol D)	Agree a RAG status for this formulary drug with which currently has no status.	BLACK , patients should normally	No significant cost to CCGs expected.

		Agreed Black as per NHSE Items of Low Clinical Value and OTC Medicines that should not routinely be prescribed in primary care.	be advised to purchase OTC	
25.	Simple Linctus	Agree a RAG status for this formulary drug with which currently has no status. Agreed Black as per NHSE Items of Low Clinical Value and OTC Medicines that should not routinely be prescribed in primary care.	BLACK , patients should normally be advised to purchase OTC	No significant cost to CCGs expected.
26.	Ulipristal acetate (Esyma®) 5mg for uterine fibroids	Approved change in RAG status from Red Black following changes in product license and recently safety concerns re liver impairment. Also YFT Clinicians have indicated that they no longer wish to use.	Black	No cost impact to CCGs expected.
27.	Gluten Free Prescribing	The MCC wishes to highlight the potential changes to the Drug Tariff from December 2018 around Gluten Free prescribing. Nationally is it is proposed that prescribing be restricted to Gluten free bread (incl rolls, part baked bread and pizza bases), and Gluten free mixes only.	n/a	Potential cost saving to CCGs. Implications for ScR CCG as flours will no longer be prescribable.

Proposals for LMWH

- Dalteparin LMWH of choice , unless GFR<30 ml/min then use enoxaparin.

Treatment or prophylaxis	Indication	Proposal
Treatment	DVT and PE treatment – early treatment prior to warfarin in therapeutic range (typically less than a week)	GREEN
Treatment	Patients with diagnosis e.g. prosthetic valves and arterial thrombosis where high risk of thrombosis treated with warfarin and temporarily outside therapeutic range	GREEN (Responsibility of the service monitoring INRs e.g. anticoagulant clinic or GP)
Treatment	Pre-operative use as replacement for warfarin where indicated	RED
Treatment	DVT/PE treatment - full anticoagulation required but warfarin not tolerated or poor venous access (see local pathway2). See above for advice on patients with solid tumours	NOAC or LMWH (AMBER specialist initiation
Prophylaxis	Prophylactic use e.g. immobile patients (e.g. fracture) or those deemed to be at particularly high risk of DVT at home or in care situation.	AMBER specialist initiation (unlicensed)
Prophylaxis	Medical prophylaxis	RED – medical prophylaxis as in-patient GREEN - high risk patients at home or in care home
Prophylaxis	Prophylaxis of VTE in oncology patients on VTE inducing therapy	RED
Prophylaxis	Post-operative use e.g. Orthopaedic surgery, Patients who have had major surgery in the abdomen or pelvis	RED