NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee September 2018

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA534: Dupilumab for treating moderate to severe atopic dermatitis (30 day TA)		Dupilumab is recommended as an option for treating moderate to severe atopic dermatitis in adults, only if: • the disease has not responded to at least 1 other systemic therapy, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are contraindicated or not tolerated • the company provides dupilumab according to the commercial arrangement. • Stop dupilumab at 16 weeks if the atopic dermatitis has not responded adequately. An adequate response is: • at least a 50% reduction in the Eczema Area and Severity Index score (EASI 50) from when treatment started and • at least a 4 point reduction in the Dermatology Life Quality Index (DLQI) from when treatment started.	Red	Expect 15-20 patients per year across both York & Scarborough CCGs. Cost impact as an additional treatment after topical agents and oral DMARDs
2.	TA537: Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs		Ixekizumab alone, or with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults, only if: • it is used as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (recommendations 1.1 and 1.2) or • the person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after the first 12 weeks or • TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal	Red	Expect 15-20 patients per year across both York & Scarborough CCGs. No cost impact expected as cost similar to alternative biologics, and is one of several biologic options.

		guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis). • the company provides it according to the commercial arrangement. Assess the response to ixekizumab after 16 weeks of treatment. Only continue treatment if there is clear evidence of response, defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria.eople whose disease has a Psoriasis Area and Severity Index (PASI) 75 response but whose PsARC response does not justify continuing treatment should be assessed by a dermatologist, to determine whether continuing treatment is appropriate based on skin response.		
NHSE commissioned Technology Appraisals – for noting				
3.	TA528: Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer	Niraparib is recommended for use within the Cancer Drugs Fund as an option for treating relapsed, platinum-sensitive high-grade serous epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to the most recent course of platinum-based chemotherapy in adults, only if: • they have a germline BRCA mutation and have had 2 courses of platinum-based chemotherapy or • they do not have a germline BRCA mutation and have had 2 or more courses of platinum-based chemotherapy and • the conditions in the managed access agreement for niraparib are followed.	Red	No cost impact to CCGs as NHS England commissioned.
4.	TA529: Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer	Crizotinib is recommended for use within the Cancer Drugs Fund as an option for treating ROS1‑positive advanced non-small-cell lung cancer in adults, only if the conditions in the managed access agreement are followed.	Red	No cost impact to CCGs as NHS England commissioned.

5.	TA530: Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy	Nivolumab is not recommended, within its marketing authorisation, for treating locally advanced unresectable or metastatic urothelial carcinoma in adults who have had platinum-containing therapy.	n/a	No cost impact to CCGs as NHS England commissioned and use not recommended by NICE.
6.	TA531: Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer	Pembrolizumab is recommended as an option for untreated PD‑L1-positive metastatic non-small-cell lung cancer (NSCLC) in adults whose tumours express PD‑L1 (with at least a 50% tumour proportion score) and have no epidermal growth factor receptor- or anaplastic lymphoma kinase-positive mutations, only if: • pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier in the event of disease progression and • the company provides pembrolizumab according to the commercial access agreement.	Red	No cost impact to CCGs as NHS England commissioned.
7.	TA532: Cenegermin for treating neurotrophic keratitis	Cenegermin is not recommended, within its marketing authorisation, for treating moderate or severe neurotrophic keratitis in adults.	n/a	No cost impact to CCGs as NHS England commissioned and use not recommended by NICE.
8.	TA533: Ocrelizumab for treating relapsing–remitting multiple sclerosis	Ocrelizumab is recommended as an option for treating relapsing–remitting multiple sclerosis in adults with active disease defined by clinical or imaging features, only if: • alemtuzumab is contraindicated or otherwise unsuitable and • the company provides ocrelizumab according to the commercial arrangement.	Red	No cost impact to CCGs as NHS England commissioned.
9.	TA535: Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine	Lenvatinib and sorafenib are recommended as options for treating progressive, locally advanced or metastatic differentiated thyroid cancer (papillary, follicular or Hürthle cell) in adults whose disease does not respond to radioactive iodine, only if: • they have not had a tyrosine kinase inhibitor before or they have had to stop taking a tyrosine kinase inhibitor within 3	Red	No cost impact to CCGs as NHS England commissioned.

		months of starting it because of toxicity (specifically, toxicity that cannot be managed by dose delay or dose modification). • the companies provide them according to the commercial arrangements.		
10.	TA536: Alectinib for untreated ALK-positive advanced non-small-cell lung cancer	Alectinib is recommended, within its marketing authorisation, as an option for untreated anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides alectinib according to the commercial arrangement.	Red	No cost impact to CCGs as NHS England commissioned.
11.	TA538: Dinutuximab beta for treating neuroblastoma	Dinutuximab beta is recommended as an option for treating high-risk neuroblastoma in people aged 12 months and over whose disease has at least partially responded to induction chemotherapy, followed by myeloablative therapy and stem cell transplant, only if: • they have not already had anti-GD2 immunotherapy and • the company provides dinutuximab beta according to the commercial arrangement	Red	No cost impact to CCGs as NHS England commissioned.
12.	TA539: Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours	Lutetium (177Lu) oxodotreotide is recommended, within its marketing authorisation, as an option for treating unresectable or metastatic, progressive, well-differentiated (grade 1 or grade 2), somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumours (NETs) in adults. It is recommended only if the company provides it according to the commercial arrangement.	Red	No cost impact to CCGs as NHS England commissioned.
13.	TA492: Atezolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (update)	Guidance updated because the EMA restricted the use of atezolizumab for untreated urothelial carcinoma to adults with high levels of PD-L1.	Red	No cost impact to CCGs as NHS England commissioned.
14.	TA522: Pembrolizumab for untreated PD-L1-positive locally	Guidance updated because the EMA restricted the use of pembrolizumab for untreated	Red	No cost impact to CCGs as NHS England commissioned.

	advanced or metastatic urothelial cancer when cisplatin is unsuitable (update)	urothelial carcinoma to adults with high levels of PD-L1.		
Formulary applications or amendments/pathways/guidelines				
15.	Ketotifen eye drops 250microgram/ml for seasonal allergic conjunctivitis (licensed) and perennial allergic conjunctivitis; atopic and vernal conjunctivitis (unlicensed)	Approved second line after cheaper products have been tried and failed.	Amber Specialist Recommendation	12 patients per year for atopic and vernal conjunctivitis. Kefotifen £7.80 per month per patient Ketotifen PF £13.90 per month per patient Olopatadine £4.68 per month per patient Otrivine Antistin £3.35 per month per patient Lodoxamide £5.21 per month per patient
16.	Ulipristal acetate (Esyma®) 5mg for uterine fibroids	Approved change in RAG status from Amber SI to Red following changes in product license and recently safety concerns re liver impairment.	Red	No cost impact to CCGs as tariff included
17.	Blephaclean wipes for cleansing eyelids and lashes without using soap	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 significant cost to CCGs expected.
18.	Jext® adrenaline autoinjector	Agreed to add to formulary in addition to Epipen® due to current supply issues with adrenaline autoinjectors.	Green Green	No significant cost impact to CCGs expected. Epipen 300 micrograms = £26.45 Epipen 150 micrograms = £26.45 Jext 300 micrograms = £23.99 Jext 150 micrograms = £23.99 Emerade 300 micrograms = £25.99 Emerade 150 micrograms = £25.99
19.	Emerade® adrenaline autoinjector			
21.	Valproate Shared Care Guideline	Approved. New shared care guideline produced by TEWV covering use in mental health to comply with new Valproate Pregnancy Prevention Programme.	n/a	Will result in an increase in referrals to secondary care on an annuals basis for annual review to be carried out as per terms of updated product license.
22.	Stoma Prescribing Guidance	Existing guidance from Scarborough & Ryedale CCG adapted for use in Vale of York.	n/a	No significant cost to CCGs expected. May result in cost savings if key recommendations around quantities to be prescribed are followed. VoY CCG currently spends £1.8 million a year on stoma products.