

Recommendations from York and Scarborough Medicines Commissioning Committee January 2017

Drug name	Indication	Recommendation	Rationale for recommendation	Place in therapy	RAG status	Potential full year cost impact
TA417 : Nivolumab for previously treated advanced renal cell carcinoma		Reflect this TA within the formulary (this agent is already listed as a RED drug in formulary 8.1.5)	This is a recommended NICE TA	Nivolumab is recommended, within its marketing authorisation, as an option for previously treated advanced renal cell carcinoma in adults, when the company provides nivolumab with the discount agreed in the patient access scheme. It is estimated that 800 people with previously treated advanced renal carcinoma are eligible for treatment with nivolumab. It is estimated that around 330 people will have nivolumab from year 2020/21 onwards. Nivolumab is an additional treatment option for previously treated advanced renal carcinoma. This technology is supported by a resource impact template which requires the commercial in confidence discounted price of nivolumab to be input into the template in order to estimate the resource impact.	Red	Cancer Drugs Fund
TA418 : Dapagliflozin in triple therapy for treating type 2 diabetes		Reflect this TA within the formulary (Listed as a first	This is a recommended NICE TA	Dapagliflozin in a triple therapy regimen is	Green	No significant resource impact anticipated.

	<p>choice agent in line with TA288 (green)</p>		<p>recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and a sulfonylurea.</p> <p>This guidance is not intended to affect the position of patients whose treatment with dapagliflozin in other triple therapy regimens was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop</p>		<p>We do not expect this guidance to have an impact on resources. This is because the technology is an option alongside current standard treatment options and the drugs are similarly priced.</p>	
<p>Peptac®</p>		<p>Recommend that Peptac® is added to the formulary as the first choice agent and Gaviscon Advance to remain as an alternative choice.</p>	<p>Cost saving compared to Gaviscon Advance. Peptac® 500 mL (aniseed- or peppermint-flavoured) = £1.95</p> <p>Gaviscon</p>	<p>Gaviscon Advance® and Peptac® are antacids and alginates that are licensed for the symptomatic relief of heartburn, reflux oesophagitis, hiatus hernia and dyspepsia due to reflux. Both contain</p>	<p>Green</p>	<p>A possible cost saving although it is likely that many prescribers have been issuing Peptac already.</p>

			<p>Advance aniseed- or peppermint flavour, 500 mL = £5.12</p>	<p>sodium alginate (in varying quantities) which allows these antacids to form a “raft” that floats on the surface of the stomach contents helping to reduce the heartburn associated with reflux and protect the oesophageal mucosa . Both products are available in aniseed and peppermint flavours. The only difference is that Gaviscon Advance contains twice the amount of alginate (500mg v 250mg) this means that patients may need to take 10ml of Peptac® rather than 5ml. Peptac® is the same formulation as Gaviscon. To note however that only Gaviscon advance SPC mentions laryngopharyngeal reflux specifically.</p>		
<p>Naltrexone hydrochloride 50mg tablets for alcohol withdrawal</p>	<p>To be added to the formulary with a red status, to allow for prescribing by commissioned specialist addiction treatment services</p>	<p>Included in NICE CG115, specialist services have already been commissioned by CCG</p>	<p>Listed in NICE CG115 “Guidance interventions for alcohol misuse” and “Alcohol-use disorders” pathway, as an option under assisted alcohol withdrawal</p>	<p>Red</p>	<p>Prescribing is undertaken by commissioned specialist addiction treatment services This recommendation only applies to those services</p>	

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