NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee November 2017

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
1	TA477: Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee		Recommended as an option for treating symptomatic articular cartilage defects of the knee, only if: • the person has not had previous surgery to repair articular cartilage defects • there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) • the defect is over 2 cm^2 and • the procedure is done at a tertiary referral centre.	N/A	No cost impact to CCGs as NHS England commissioned.
2	TA478: Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma		Recommended as an option for treating relapsed or refractory systemic anaplastic large cell lymphoma in adults, only if: • they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and • the company provides brentuximab vedotin according to the commercial access agreement with NHS England.	Red	No cost impact to CCGs as NHS England commissioned.
3	TA479: Reslizumab for treating severe eosinophilic asthma		Recommended as an option for the treatment of severe eosinophilic asthma that is inadequately controlled in adults despite maintenance therapy with high-dose inhaled corticosteroids plus another drug, only if: • the blood eosinophil count has been recorded as 400 cells per microlitre or more • the person has had 3 or more severe asthma exacerbations needing systemic corticosteroids in the past 12 months and • the company provides reslizumab with the discount agreed in the patient access scheme.	Red	No cost impact to CCGs as NHS England commissioned.
4	TA480: Tofacitinib for moderate to severe rheumatoid arthritis		Recommended as an option, with methotrexate, for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional DMARDs, only if:	Red	Based on the list price, the average cost per patient for the first 6 months is estimated at £4,050.60, and for subsequent years £9,001.19. A Patient Access

		• disease is severe (a disease activity score [DAS28] of more than 5.1) and • the company provides tofacitinib with the discount agreed in the patient access scheme. Tofacitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to, or who cannot have, other DMARDs, including at least 1 biological DMARD, only if: • disease is severe (a DAS28 of more than 5.1) and • they cannot have rituximab and • the company provides tofacitinib with the discount agreed in the patient access scheme. Tofacitinib can be used as monotherapy for adults who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria above are met.		Scheme is in place details of which are confidential. The guidance is not expected to have an impact on resources. YFT intend to continue using baricitinib which has similar recommendations (TA466) and is less costly than tofacitinib (when the PAS for both have been taken into account).
5	TA481: Immunosuppressive therapy for kidney transplant in adults **(Updates TA85)** TA482: Immunosuppressive therapy for kidney transplant in children and young people **(Updates TA99)**	Basiliximab, when used as part of an immunosuppressive regimen that includes a calcineurin inhibitor, is recommended as an initial option to prevent organ rejection in adults having a kidney transplant. Immediate-release tacrolimus (Adoport, Capexion, Modigraf, Prograf, Tacni, Vivadex), when used as part of an immunosuppressive regimen, is recommended as an initial option to prevent organ rejection in adults having a kidney transplant. Tacrolimus granules for oral suspension (Modigraf) should be used only if the company provides it at the same price or lower than that agreed with the Commercial Medicines Unit. Mycophenolate mofetil, when used as part of an immunosuppressive regimen, is recommended as an initial option to prevent organ rejection in adults having a kidney transplant. Rabbit anti-human thymocyte immunoglobulin, prolonged-release tacrolimus, mycophenolate sodium, sirolimus, everolimus and belatacept are not recommended as initial treatments to prevent organ rejection in adults having a kidney transplant.	Tacrolimus, mycophenolate, sirolimus already on formulary as amber drugs and basiliximab already on as a red drug.	No cost impact to CCGs as NHS England commissioned.

6	Dimethyl fumarate (Skilarence®) for plaque psoriasis RAG status review	Skilarence® was added to the formulary in line with TA475 as a red drug, replacing unlicensed Fumaderm®. The Trust proposed that patients successfully initiated on Skilarence® are transferred to the GP for ongoing prescribing therefore MCC reviewed the suitability of Skilarence® as an amber drug. The group agreed that Skilarence® should remain as a red drug taking into account monitoring requirements, safety issues, high cost & PbR excluded status of Skilarence, as well as other local area decisions.	Red	Previously approved in line with TA475; confirmation of RAG status.
7	Medroxyprogesterone acetate injection (Sayana Press®) for contraception RAG status review	Sayana Press® currently has a red RAG status on the formulary (restricted to family planning clinic use only). The group were asked to review this and consider a green status following requests from GPs to be able to prescribe Sayana Press to patients instead of Depo-Provera®. Both are progestogen-only long acting reversible contraceptives. However, Depo-Provera is administered by IM injection while Sayana Press is administered by SC injection. Unlike Depo-Provera, Sayana Press is licensed for self-administration by patients following adequate training which could save nursing time and free up appointments. The group noted that the Faculty of Sexual and Reproductive Healthcare supports self-administration of Sayana Press because of the potential benefits to women and services. The group agreed to a change of the RAG status from red to green.	Green	Comparative annual drug acquisition costs per patient: Depo-Provera: £26.04 (dosing every 12 weeks) Sayana Press®: £27.60 (dosing every 13 weeks)
8	RAG status of Depo-Provera®	Depo-Provera did not have a RAG status on the formulary. During discussions regarding the RAG status of Sayana Press, the group also agreed a green RAG status for Depo-Provera.	Green	Confirmation of RAG status.
9	RAG status of phenoxymethylpenicillin, co-amoxiclav and doxycycline	It was identified that these antibiotics do not have a RAG status on the formulary. The group agreed a green status in line with antibiotic guidance.	Green	Confirmation of RAG status.