NHS
Vale of York
Clinical Commissioning Group

**Recommendations from York and Scarborough Medicines Commissioning Committee September 2017**

| | Drug name | Indication | Recommendation, rationale and place in therapy | RAG status | Potential full year cost impact |
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| 1 | TA463: Cabozantinib for previously treated advanced renal cell carcinoma | | Recommended as an option for treating advanced renal cell carcinoma in adults after VEGF-targeted therapy, only if company provides it with discount agreed in the PAS. | Red | No cost impact to CCGs as NHS England commissioned. |
| 2 | TA464: Bisphosphonates for treating osteoporosis | | Oral bisphosphonates (alendronic acid, ibandronic acid and risedronate sodium) are recommended as options for treating osteoporosis in adults only if:<br>• the person is eligible for risk assessment as defined in NICE's guideline on osteoporosis and<br>• the 10-year probability of osteoporotic fragility fracture is at least 1%.<br>Intravenous bisphosphonates (ibandronic acid and zoledronic acid) are recommended as options for treating osteoporosis in adults only if:<br>• the person is eligible for risk assessment as defined in NICE's guideline on osteoporosis and<br>• the 10-year probability of osteoporotic fragility fracture is at least 10% or<br>• the 10-year probability of osteoporotic fragility fracture is at least 1% and the person has difficulty taking oral bisphosphonates (alendronic acid, ibandronic acid or risedronate sodium) or these drugs are contraindicated or not tolerated. | All drugs listed in the guidance are already on formulary as green (oral) or red (IV) for osteoporosis | Low/no cost impact expected. It is not expected that practice will change substantially as a result of this guidance. |
| 3 | TA465: Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma | | Olaratumab, in combination with doxorubicin, is recommended for use within the Cancer Drugs Fund as an option for advanced soft tissue sarcoma in adults only if criteria specified in the TA are met. | Red | No cost impact to CCGs as NHS England commissioned. |
| 4 | TA466: Baricitinib for moderate to severe rheumatoid arthritis | | Baricitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs), only if: | Red | Annual drug acquisition costs per patient = £10,472.28<br>A PAS scheme is in place details of which are commercial in confidence.<br>The Trust estimates that around 20 to |

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| | | • disease is severe (a disease activity score [DAS28] of more than 5.1) and<br>• the company provides baricitinib with the discount agreed in the patient access scheme.<br>Baricitinib, 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:<br>• disease is severe (a DAS28 of more than 5.1) and<br>• they cannot have rituximab and<br>• the company provides baricitinib with the discount agreed in the patient access scheme.<br>Baricitinib can be used as monotherapy for people who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria above are met. | | 25 patients per year will be treated with baricitinib across York and Scarborough. Baricitinib will be placed as second line (i.e. instead of biologics) and this is expected to lead to cost savings. |
| 5 | TA467: Holoclar for treating limbal stem cell deficiency after eye burns | Holoclar (ex vivo expanded autologous human corneal epithelial cells containing stem cells) is recommended as an option in people with moderate to severe limbal stem cell deficiency after eye burns, only if criteria specified in the TA are met. | Red | No cost impact to CCGs as NHS England commissioned. |
| 6 | TA472: Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab | Obinutuzumab in combination with bendamustine followed by obinutuzumab maintenance is recommended for use within the Cancer Drugs Fund as an option for treating adults with follicular lymphoma that did not respond or progressed during or up to 6 months after treatment with rituximab or a rituximab-containing regimen, only if the conditions in the managed access agreement for obinutuzumab are followed | Red | No cost impact to CCGs as NHS England commissioned. |
| 7 | TA473: Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck | Cetuximab in combination with platinum-based chemotherapy is recommended as an option for treating recurrent or metastatic squamous cell cancer of the head and neck in adults only:<br>• if the cancer started in the oral cavity and<br>• when the company provides the drug in line with the commercial access agreement with NHS England. | Red | No cost impact to CCGs as NHS England commissioned. |

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<td>8</td>
<td>Resource ThickenUp Clear® powder for dysphagia</td>
<td>The group agreed to the addition of Resource ThickenUp Clear® to the formulary as the first line thickening agent. Resource ThickenUp Clear® is a gum based thickener whereas currently used thickeners are starch based. Gum based thickeners have a number of advantages over starch based thickeners:<br>• Unlike starch based thickeners, gum based thickeners do not continue to thicken over time.<br>• Starch based thickeners become thinner if mixed with saliva as they are broken down by amylase whereas gum based thickeners are unaffected by amylase.<br>• Gum thickeners have a smoother texture, are less grainy and tend to be preferred by patients as they are more palatable which improves adherence.<br>The price of Resource ThickenUp Clear is comparable to that of starch based thickeners for liquids thickened to stage 1 (syrup) consistency.</td>
<td>Green</td>
<td>Comparative costs for stage 1 thickened liquids (syrup consistency), based on 1500mL fluid intake per day:
<table>
<tr><th>Product</th><th>No of tins required per month and cost</th></tr>
<tr><td>Gum based</td><td></td></tr>
<tr><td>Resource ThickenUp Clear®</td><td>4 = £33.84</td></tr>
<tr><td>Nutilis Clear®</td><td>4 = £33.84</td></tr>
<tr><td>Thick & Easy Clear®</td><td>5 = £44</td></tr>
<tr><td>Starch based</td><td></td></tr>
<tr><td>Thick and Easy®</td><td>9 = £46.89</td></tr>
<tr><td>Thicken Aid®</td><td>9 = £33.39</td></tr>
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Use likely to be similar to current prescribing levels of starch based thickener.<br>Current estimate of patients known to the SALT team on thickener, within VoY CCG, is 223.<br>Estimate of recent patients discharged by SALT on long term thickener use is 200.</td>
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<td>9</td>
<td>Ondansetron and granisetron for additional indications:<br>• PO ondansetron: for chronic nausea and vomiting when other antiemetics are contraindicated or unsuitable<br>• SC ondansetron: for short term use in palliative care when other antiemetics are contraindicated or unsuitable. This would include patients with refractory nausea and vomiting, Parkinson’s disease, and</td>
<td>The group approved the use of ondansetron and granisetron for the proposed indications. It was acknowledged that for patients with chronic nausea and vomiting, there are limited options as restrictions are in place by the MHRA for antiemetics such as domperidone and metoclopramide limiting their duration of use to 5 or 7 days due to safety concerns. Whilst ondansetron and granisetron have both been associated with QT prolongation, they have no restrictions on treatment duration. Clinical trials of long-term use (4-12 weeks) of serotonin antagonists in other indications did not suggest any serious adverse effects. It was also noted that the Palliative Care Formulary supports the use of these agents in certain</td>
<td>Green</td>
<td>Low cost impact expected as use of these agents for these indications is already taking place in practice.</td>
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| | occasionally, bowel obstruction.<br>• SC granisetron: second line to SC ondansetron for use in palliative care when use of a syringe driver is not suitable as granisetron can be given as a bolus SC injection. | circumstances.<br>The formulary will be clearly annotated to specify when they can be used, and that the indications are unlicensed. | | |
| 10 | Ferric maltol for treatment of mild to moderate iron deficiency anaemia (Hb >9.5g/dL) in patients with inflammatory bowel disease (IBD). | The group approved the use of ferric maltol for treating mild to moderate iron deficiency anaemia (Hb >9.5g/dL) in adults with IBD following recommendation by a gastroenterology specialist, and following adequate trial of at least 2 other oral ferrous salts on the formulary.<br>The intended place in therapy is following failure of current formulary choices of oral iron salts prior to moving on to IV iron, potentially avoiding IV iron in some patients and the associated costs of administration.<br>The available data suggest that ferric maltol may be well tolerated in many patients with previous intolerance to oral ferrous salts. Whilst ferric maltol is substantially more expensive than other oral ferrous salts, it is significantly cheaper than IV iron due to the associated administration costs (£404 per attendance at the Medical Elective Suite). | Amber specialist recommendation | Comparative costs between ferric maltol and IV iron:<br>Drug acquisition cost for 6 months' treatment with **ferric maltol** = **£286**<br>Drug and outpatient administration cost (via MES) of IV iron (based on a 70kg adult with Hb ≥10 g/dL):<br>**Ferric carboxymaltose** (Ferinject®) 1500 mg over 2 infusions (max permitted single dose = 15mg/kg or 1000 mg) = **£1064**<br>**Iron isomaltoside** (Monofer® ) 1500 mg over 2 infusions (max permitted single dose = 20mg/kg) = **£1048**<br>YFT specialists estimate that around 100 patients per year will be eligible for treatment with ferric maltol. |
| 11 | Glucodrate for the management of high output stoma/short bowel syndrome. | The group approved the addition of Glucodrate to the formulary as an amber specialist initiation drug only for those patients who would be prescribed St Mark's solution and clearly unable to make their own.<br>Glucodrate is an ACBS approved oral rehydration solution with comparable composition to St Mark's solution. Patients who require St Mark's solution can be provided with a recipe to make their own but those who are unable to make their own are prescribed St Mark's powder which is an unlicensed product. Glucodrate is substantially cheaper than St Mark's powder and will be used instead for these patients. | Amber specialist initiation | Cost saving compared with St Mark's<br>Comparative monthly costs per patient:<br>St Mark's = £342.72<br>Glucodrate = £73.08<br>Cost saving of around £270 per patient per month.<br>Expected patient numbers are very small as only 4 patients have been prescribed St Mark's across York and Scarborough in the last 12 months. |

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| 12 | RAG status of Spiriva Respimat for asthma | The group was asked to confirm the RAG status of Spiriva Respimat for asthma. Following its inclusion in the asthma pathway, it was added to the formulary as a green drug but the original application proposed a RAG status of amber specialist recommendation.<br>The group agreed that a green status was appropriate as the use of tiotropium in primary care is well established (for COPD). Other areas have also assigned a green status for asthma e.g. Leeds and GMMMG. | Green | Confirmation of RAG status. |
| 13 | RAG status of sevelamer and lanthanum (phosphate binding agents) | It was identified that these agents did not have a RAG status assigned on the formulary but it was confirmed that they were meant to be red. Both drugs are commissioned by NHS England. | Red | Confirmation of RAG status. |
| 14 | Outpatient prescribing guidelines for York Hospitals (update) | The only amendment made in the updated document was to change the name of the new outpatient pharmacy contractor to Lloyds Pharmacy. The document was approved. Some suggestions were made about the Treatment Advice Note – to include information on whether or not a generic could be prescribed, and details of who to contact if any details cannot be understood. These will be considered when the document is due for printing. | N/A | N/A |