NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee November 2016

Drug name	Indication	Recommendation	Rationale for recommendation	Place in therapy	RAG status	Potential full year cost impact
Triptorelin	precocious puberty	Change in RAG status from amber SCG to amber specialist initiation	Leeds has decided not to update this shared care guidance as it was felt to be unnecessary. The drug will be initiated by specialists, and the patient would remain under secondary care. However as there are no monitoring requirements it was felt that the status could be amended to amber specialist initiation with a note added to formulary that the patient would remain under secondary care for ongoing review.		Amber specialist initiation	Neutral cost impact (Correspondence at MCC stated that there are only a few patients on this agent for this indication. This decision will not change the usage of this agent, it simply acknowledges that there is no SCG available)
Acapella® device	Positive expiratory pressure device, used as an aid to mucus clearance in patients with chronic bronchitis, bronchiectasis, emphysema and CF.	The group noted that Acapella® has an advantage over Flutter® in that it can be used when the patient is in different positions i.e. in conjunction with postural drainage and side lying, whereas Flutter® has to be used in an upright position. This product costs £40.50, the same as the Flutter® device already listed on formulary, MCC have recommended it only recommended for those patients unable to use Flutter®.			AMBER For initiation by a specialist physiotherapist	Current annual use (as detailed in the secondary care application) is 30 per year (in addition to approximately 30 Flutter® devices per year). Expenditure on Acapella® is expected to be similar to that of secondary care i.e. £1215 per year (plus the same again for Flutter®)

VTE pathways	New presentation and the Long term VTE pathways	The pathways has been updated to amend "NOAC" to "DOAC" and to state that "if a patient has already had a dose of LMWH to wait 22-24 hours before first dose of DOAC is given", MCC approved these changes; additional future changes were discussed but will not be implemented at this stage.			-	Cost neutral
PCSK9 pathway	The final version of the PCSK9 pathway was presented which now includes rosuvastatin.	This pathway was approved by MCC. Primary care have been asked to communicate to Stuart Parkes the sort of outcome data they wish the clinic to collect	-	-	-	Cost impact was included in the October MCC recommendations in line with NICE TA393 and TA394, although as a PAS scheme is in place and exact numbers of patients are unknown costs are estimates. Implementation of theses TAs is expected to be a high cost impact. Rate of uptake will be limited by the clinic spaces available.
Warfarin to DOAC switch check list.	The Trust informed MCC that this document had been updated to include edoxaban information, and information regarding voriconazole/posaconazole interactions.	MCC noted that this provided a useful reference for GPs	-	-	-	-
TA413: Elbasvir–grazoprevir for treating chronic hepatitis C	Elbasvir-grazoprevir is recommended, within its marketing authorisation, as an option for treating genotype 1 or 4 chronic hepatitis C in adults, as specified below, only if the company provides the drug at the same price or lower	NHS England Commissioned	-	-	RED	No significant cost impact is anticipated because elbasvir-grazoprevir is a further treatment option and is expected to be similarly priced to other treatment

	than that agreed with the Commercial Medicines Unit. Genotype 1a, 1b or 4 – 12 weeks treatment Genotype 1a – consider elbasvir-grazopravir plus ribavirin for 16 weeks if baseline virus RNA level >800,000 IU/mL or specific NS5A polyporphisms causing ≥5-fold reduction in activity of elbasvir. Genotype 4 – consider elbasvir-grazopravir plus ribavirin for 16 weeks if baseline virus RNA level >800,000 IU/mL Elbasvir-grazoprevir is a further treatment option for treating genotype 1 or 4 chronic hepatitis C in adults. It is anticipated that elbasvir-grazoprevir will be similarly priced to other treatment options and therefore no resource impact is anticipated.					options. Commissioning: NHS England.
TA414: Cobimetinib in combination with	Cobimetinib in combination with vemurafenib is **not recommended** within its marketing authorisation for treating unresectable or	NHS England Commissioned	-	-	RED	Commissioning: NHS England. No cost impact anticipated.

vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma	metastatic melanoma in adults with a BRAF V600 mutation.					
TA415: Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor	Certolizumab pegol, in combination with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to, or who cannot tolerate, other disease-modifying antirheumatic drugs (DMARDs) including at least 1 tumour necrosis factor‑alpha (TNF‑alpha) inhibitor, only if: disease activity is severe and rituximab is contraindicated or not tolerated and the company provides certolizumab pegol with the agreed patient access scheme. Continue treatment only if	Add a link to the TA within the formulary	This agent is already included in formulary	This agent may be considered as an option alongside current treatment options	RED	No significant cost impact anticipated because the technology is an option alongside current standard treatment options. The Department of Health and the company have agreed a patient access scheme, and the cost of treatment is anticipated to be similar to existing drugs. Commissioning: CCGs. Cost neutral

	there is at least a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months.					
TA416: Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer	Osimertinib is recommended as an option for use within the Cancer Drugs Fund for treating locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer in adults whose disease has progressed only: after first-line treatment with an EGFR tyrosine kinase inhibitor and if the conditions in the managed access agreement for osimertinib are followed.	NHS England Commissioned/CDF	-	-	RED	The resource impact of osimertinib will be covered by the Cancer Drugs Fund budget. The guidance will be reviewed by the date that the managed access agreement expires (March 2019) or when the results of the data collection as part of the managed access agreement are available, whichever is sooner. The aim of the CDF guidance review is to decide whether or not the drug can be recommended for routine use.