

Recommendations from York and Scarborough Medicines Commissioning Committee November 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
<b>CCG commissioned Technology Appraisals</b>					
1.	<a href="#">TA605: Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea</a>		<p>Xeomin (botulinum neurotoxin type A) is recommended, within its marketing authorisation, as an option for treating chronic sialorrhoea caused by neurological conditions in adults. It is recommended only if the company provides it according to the commercial arrangement.</p> <p>Xeomin is only licensed brand of botulinum toxin for sialorrhoea.</p>	RED	<ul style="list-style-type: none"> <li>• 34,100 people in England with chronic sialorrhoea are eligible for treatment with Xeomin</li> <li>• 30,700 people in England will have Xeomin from year 2023/24 onwards once uptake has reached 90%</li> </ul> <p>No cost impact to CCGs expected as other botulinum toxin options similar in price. Also from 2021/21 moving to tariff included.</p>
2.	<a href="#">TA607: Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease</a>		<p>Rivaroxaban plus aspirin is recommended within its marketing authorisation, as an option for preventing atherothrombotic events in adults with coronary artery disease or symptomatic peripheral artery disease who are at high risk of ischaemic events.</p> <p>For people with coronary artery disease, high risk of ischaemic events is defined as:</p> <ul style="list-style-type: none"> <li>• aged 65 or over, or</li> <li>• atherosclerosis in at least 2 vascular territories (such as coronary, cerebrovascular, or peripheral arteries), or</li> <li>• 2 or more of the following risk factors: <ul style="list-style-type: none"> <li>○ current smoking</li> <li>○ diabetes</li> <li>○ kidney dysfunction with an estimated glomerular filtration rate (eGFR) of less than 60 ml/min (note that rivaroxaban is contraindicated if the eGFR is less than 15 ml/min)</li> <li>○ heart failure</li> <li>○ previous non-lacunar ischaemic stroke.</li> </ul> </li> </ul>	AMBER specialist initiation	<p>NICE estimate 41,500 people in England to choose Rivaroxaban by year 2. This equates to cost impact of £48,976 per 100,000 population.</p> <p>VoY CCG = £182,648 cost impact from year 2</p> <p>ScR CCG = £59,937 cost impact from year 2</p> <p>This costs from NICE could be an underestimate.</p>
<b>NHSE commissioned Technology Appraisals – for noting</b>					
3.	<a href="#">HST11: Voretigene neparvovec for treating inherited retinal dystrophies caused by</a>		<p>Voretigene neparvovec is recommended, within its marketing authorisation, as an option for treating RPE65-mediated inherited retinal dystrophies in people with vision loss caused by inherited retinal dystrophy from confirmed</p>	RED	<p>No cost impact to CCGs as NHS England commissioned from limited specialist centres only.</p>

	<a href="#">RPE65 gene mutations</a>	biallelic RPE65 mutations and who have sufficient viable retinal cells. It is recommended only if the company provides voretigene neparvovec according to the commercial arrangement.		
4.	<a href="#">TA604: Idelalisib for treating refractory follicular lymphoma</a>	Idelalisib is not recommended, within its marketing authorisation, for treating follicular lymphoma that has not responded to 2 prior lines of treatment in adults.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned.
5.	<a href="#">TA606: Lanadelumab for preventing recurrent attacks of hereditary angioedema</a>	Lanadelumab is recommended as an option for preventing recurrent attacks of hereditary angioedema in people aged 12 and older, only if: <ul style="list-style-type: none"> <li>they are eligible for preventive C1-esterase inhibitor (C1-INH) treatment in line with NHS England's commissioning policy, that is, they are having 2 or more clinically significant attacks (as defined in the policy) per week over 8 weeks despite oral preventive therapy, or oral therapy is contraindicated or not tolerated</li> <li>the lowest dosing frequency of lanadelumab is used in line with the summary of product characteristics, that is, when the condition is in a stable, attack-free phase and the company provides lanadelumab according to the commercial arrangement.</li> </ul>	RED	No cost impact to CCGs as NHS England commissioned from limited specialist centres only.  NHS England commissions highly specialist allergy services from highly specialist allergy centres, which includes services for people with hereditary angioedema.
6.	<a href="#">TA608: Ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia (terminated appraisal)</a>	NICE is unable to make a recommendation about the use in the NHS for this indication in adults because Janssen did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned.
7.	<a href="#">TA609: Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib (terminated appraisal)</a>	NICE is unable to make a recommendation about the use in the NHS of ramucirumab for treating unresectable hepatocellular carcinoma in adults who have had sorafenib, when disease has progressed or sorafenib is not tolerated, because Lilly did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be a cost-effective use of NHS resources.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned.

Formulary applications or amendments/pathways/guidelines

8.	CoaguChek Test Strips for Paediatric Cardiology	Approved for use as part of agreed pathway for paediatric patients managed by the Tertiary Paediatric Haematology & Congenital Cardiac service at LTHT. The meters are supplied and maintained by LTHT. All dosing information and management of abnormal results carried out by LTHT. Once patient reached adult hood expect them transfer to local anticoagulant service and this may mean provision of test strips may cease.	AMBER specialist recommendation	CoaguChek test strips (24's) = £69.90 CoaguChek test strips (48's) = £136.66  Currently 9 paediatric patients in York & ScR CCGs Cost per year for all patients = £1363-£1740  CCG to put in place process to ensure not paying twice to monitor these patients through current local enhanced service for anticoagulant monitoring.																		
9.	Alendronate 70mg Effervescent Tablets	Not approved for use in patients who cannot tolerate oral bisphosphonates because not cost advantage over IV bisphosphonate. Concerns no difference in dosing administration advice and contra-indications to other oral bisphosphonate. Also concerned if not just restricted to those with swallowing difficulties could lead to creep in use, and is IV not a better option in these patients for efficacy plus compliance.	BLACK	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Product</th> <th style="text-align: left;">Monthly secondary care cost</th> <th style="text-align: left;">Monthly primary care cost</th> </tr> </thead> <tbody> <tr> <td>Alendronate 70mg tabs</td> <td>19p</td> <td>86p</td> </tr> <tr> <td>Risedronate 35mg</td> <td>37p</td> <td>£3.04</td> </tr> <tr> <td>Alendronic acid effervescent</td> <td></td> <td>£22.80= £273.60 per 12 months</td> </tr> <tr> <td>Denosumab injection 60mg (every 6 months)</td> <td>£219</td> <td>£183.00 / 6months (£366 per 12 months)</td> </tr> <tr> <td>Zoledronic acid 5mg (annually)</td> <td>£144</td> <td>(but in practice have been using 2x4mg for 5mg dose = £3.48 + sodium chloride 100mL @ 49p)</td> </tr> </tbody> </table>	Product	Monthly secondary care cost	Monthly primary care cost	Alendronate 70mg tabs	19p	86p	Risedronate 35mg	37p	£3.04	Alendronic acid effervescent		£22.80= £273.60 per 12 months	Denosumab injection 60mg (every 6 months)	£219	£183.00 / 6months (£366 per 12 months)	Zoledronic acid 5mg (annually)	£144	(but in practice have been using 2x4mg for 5mg dose = £3.48 + sodium chloride 100mL @ 49p)
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10.	Melatonin Oral Liquid Formulations	Agreed to clarify on formulary that if an oral liquid is required because crushing tablets is unsuitable then only the Melatonin 5mg/5mL oral solution which is alcohol free and propylene glycol free (unlicensed special from Rosemont) should be used. This the product currently included in local shared care guidelines.	AMBER SC	No cost impact expected as product currently used just clarifying product is alcohol free and propylene glycol free.																		
11.	Co-codamol Effervescent tablets	Agreed to add note to formulary to state only for use in patients with confirmed swallowing difficulties noting concerns around sodium content which may contra-indicate use in some patients.	n/a	n/a																		
12.	Sacubitril with valsartan – review of current RAG status	No change in current RAG status recommended as NICE state should be specialist initiation.	AMBER specialist initiation	No significant cost impact to CCGs expected as GPs currently prescribe once patient stable usually after 6-8 weeks.																		

13.	Emollient medal ranking guidance - updated	<p>Update to the medal ranking guidance due to the changes in our local formulary and the additional medicines included in NHS England's items not to be routinely prescribed in primary care approved.</p> <p>Bath oil/additives/shower preparations are now BLACK on the formulary and appropriate changes have been made within this guidance to reflect this.</p>	n/a	<p>No significant cost to CCGs expected.</p> <p>May result on cost saving as Bath oil/additives/shower preparations made BLACK on formulary previously.</p>
14.	Continence Formulary	<p>Approved.</p> <p>The continence formulary aims to support prescribers and nurses in prescribing cost effective and appropriate products. It is envisaged that this formulary will manage any inappropriate prescribing of continence products, with support from the specialist team.</p>	n/a	<p>No significant cost to CCGs expected.</p> <p>Potential for cost savings if correct quantities prescribed.</p>
15.	Aspirin in Pregnancy – updated guidance	<p>Update of the guideline on the use of aspirin in pregnancy at patients at risk of pre-eclampsia approved with dose now recommended as 150mg instead of 75mg.</p>	n/a	<p>No significant cost to CCGs expected.</p>
16.	Supply of Baby Milk for women with HIV	<p>MCC support making baby milk available to women with HIV who should not breast feed to prevent vertical transmission of HIV but this is not the sole responsibility of CCGs. It is also a public health issue and CCGs should work with public health to put in place a system to supply these milks to HIV mothers, particularly those low incomes.</p> <p>Noted that baby milk is not available on prescription unless specialised formula (e.g for CMPA) so a non-prescription supply route is required.</p> <p>Any requests prior to local commissioning position/supply route being put in place should be dealt with on individual basis by CCGs.</p>	n/a	<p>Patient numbers expected to be very ~2-3 per year.</p> <p>Age of child and Number of tins of powder for 28 days  Under 6 months: 13 x 400g tins (3.25 tins per week) or 6 x 900g tins  6-12 months: 7-13 x 400g tins or 3-6 x 900g tins</p> <p>Cost of baby milks on average £9 per 800g tin</p> <p>Over first 6 months (26 weeks) 26 x 3.25 = 84 x 400g tins  Over second 6 months (26 weeks) 26 x 2.5 = 65 x 400g tins</p> <p>Total of 149 x 400g or 74x 800g = £666</p> <p>Healthy start vouchers for 52 weeks if qualify = £322</p>
17.	Guideline for initiation and de-prescribing of PPIs	<p>Approved with change in title of initiation of PPI with antiplatelet.</p>	n/a	<p>May result in cost saving to CCGs as supports review and deprescribing where appropriate.</p> <p>Dose of PPI chosen may result in savings as 15mg lansoprazole cheaper (this changed approved by CCGs previously).</p>