NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee February 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	**TA617: Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure**		Lusutrombopag is recommended, within its marketing authorisation, as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having planned invasive procedures.	RED	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations will be less £9,000 per 100,000 population. The technology is a further treatment option and due to this the overall incremental cost of treatment is not deemed to be significant. The addition of lusutrombopag in the treatment pathway may help reduce the need for platelet transfusions. It may also help increase the time in which procedures can be scheduled and reduce hospital stays. The patients who may be suitable for lusutrombopag are small, approximately 4 per annum in Vale of York CCG and 2 per annum in Scarborough CCG. Direct costs are £800 for each 7 day treatment course versus £193.14 per unit of platelets Tariff excluded drug Note though that this will be additional cost to CCG drug budget as funding arrangements for platelet transfusions do not come from drugs budget.
NHSE commissioned Technology Appraisals – for noting					

2.	**TA616: Cladribine for treating relapsing–remitting multiple sclerosis**		This guidance replaces TA493.
			Cladribine is recommended as an option for treating highly active multiple sclerosis in adults, only if the person has:
			• rapidly evolving severe relapsing–remitting multiple sclerosis, that is with at least:
			  ○ 2 relapses in the previous year and
			  ○ 1 T1 gadolinium-enhancing lesion at baseline MRI or a significant increase in T2-lesion load compared with a previous MRI, or
			• relapsing–remitting multiple sclerosis that has responded inadequately to treatment with disease-
				RED	No cost impact to CCGs as NHS England commissioned.

		modifying therapy, defined as 1 relapse in the previous year and MRI evidence of disease activity This recommendation is not intended to affect treatment with cladribine that was started in the NHS before this guidance was published.		
3.	**TA618: Atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer (terminated appraisal)**	NICE is unable to make a recommendation about the use in the NHS of atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer because Roche 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, in this combination, is unlikely to be used at this point in the treatment pathway.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned.
4.	**TA619: Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer**	Palbociclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in people who have had previous endocrine therapy only if: • exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and • the conditions in the managed access agreement for palbociclib with fulvestrant are followed This recommendation is not intended to affect treatment with palbociclib with fulvestrant that was started in the NHS before this guidance was published.	RED	No cost impact to CCGs as NHS England commissioned.
5.	**TA620: Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer**	Olaparib is recommended as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if: • they have a BRCA1 or BRCA2 mutation • they have had 3 or more courses of platinum-based chemotherapy and • the company provides olaparib according to the commercial arrangement Olaparib is recommended for use within the Cancer Drugs Fund as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose	RED	No cost impact to CCGs as NHS England commissioned.

		disease has responded to platinum-based chemotherapy only if: • they have a BRCA1 or BRCA2 mutation • they have had 2 courses of platinum-based chemotherapy and • the conditions in the managed access agreement for olaparib are followed These recommendations are not intended to affect treatment with olaparib that was started in the NHS before this guidance was published.		
6.	**TA621: Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer**	Osimertinib is not recommended, within its marketing authorisation, for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults. This recommendation is not intended to affect treatment with osimertinib that was started in the NHS before this guidance was published.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
7.	Dietary products used in metabolic disorders ; includes the following products	To mirror Leeds APC formulary decision from Dec 2019	AMBER Specialist Initiation	No significant cost to CCGs expected as reflects current prescribing practice.
8.	Long acting somatostatin analogues (Octreotide LARÒ and Lanreotide Autogel®): for the treatment of neuroendocrine tumours	To mirror Leeds APC formulary decision from Dec 2019	RED	No significant cost to CCGs expected as reflects current prescribing practice.
9.	GammaCore - Transcutaneous Stimulation of the Cervical Cranch of the Vagus Nerve for Cluster Headaches	To mirror Leeds APC formulary decision from Dec 2019	RED	No cost impact to CCGs as currently only supplied through the NHSE Innovation and Technology Payment (ITP) Scheme
10.	Mexiletine 200mg capsules (Mexitil®) - treatment of ventricular tachycardia inpatients who	To mirror Leeds APC formulary decision from Dec 2019 (Leeds use unlicensed brand for this indication on their formulary and in shared care)	AMBER shared care	No significant cost to CCGs expected as reflects current prescribing practice and patient numbers expected to be low. (Leeds use unlicensed 200mg brand for this indication

	have failed all licensed alternatives			on their formulary and in shared care, if alternative 167mg strength used which is licensed of myotonia then cost will be significant)
11.	Collagenase clostridium histolyticum (Xiapex ®) Discontinuation	Approved removal from formulary as product discontinued. Previously listed as RED. NICE TA now withdrawn as a result	n/a	n/a
12.	Ingenol mebutate	Approved change from GREEN to BLACK as product discontinued following suspension of product license	BLACK	No significant cost to CCGs expected as alternatives cheaper or similar in price. <u>Current use Dec 2018 – Nov 2019</u> VoY CCG = £ 9,110 (149 items) ScR CCG = £3057 (52 items)
13.	Estriol 0.01% cream	Approved change from RED to GREEN status for lower strength estradiol cream for recurrent UTI when when a patient cannot for clinical reasons use the applicator for the higher strength product.	GREEN	No significant cost to CCGs expected as no of patients expected to be low
14.	Opioid substitution treatment pathway: for patients no longer able to take oral maintenance methadone in last days/weeks of life (updated)	Update to reflect decision to add methadone to formulary to the formulary as AMBER SI for this indication taken at Dec 2029 MCC meeting.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
15.	TEWV Safe Transfer of Prescribing Guidance (updated)	Approved updated version.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
16.	TEWV Dementia treatment algorithm	Approved updated version Previous version recommended switch to standard-release formulation for escalation of dose following initiation with MR preparation (at 8mg daily), with the following statement: “Modified release preparation can only be continued after the 1st 4 weeks of treatment where there is a documented clinical need e.g. poor compliance / carer daily visit and the rivastigmine patch formulation inappropriate” The guidance has been amended to support the option of continuing the MR formulation, with removal of the above	n/a	No significant cost to CCGs expected as all the proposals are current practice. The cost differential between equivalent doses of standard and modified-release galantamine products is now small (see below)

<table>
<tr><td></td><td></td><td>statement, which will support better patient compliance with and tolerance of treatment</td><td></td><td></td></tr>
<tr><td>17.</td><td>TEWV Lisdexamfetamine shared care guidelines</td><td>Approved. Was due a scheduled update, and no significant changes.</td><td>n/a</td><td>No significant cost to CCGs expected as all the proposals are current practice.</td></tr>
<tr><td>18.</td><td>Levetiracetam – branded vs generic prescribing</td><td>Agreed to remove sentence to maintain patients on their usual brand as MHRA Antieplileptic drugs classification is Category 3 – it us usually unnecessary to ensure that patients are maintained on a specific manufacturer’s product unless there are specific reasons such as patient anxiety and risk of confusion or dosing errors.
To seek further guidance from neurology before making any further recommendation to switch patients currently on Keppra® to a generic.</td><td>n/a</td><td>Around 70% of spend in York and Scarborough is for branded Keppra.

Spend/Items Nov 2018 – Oct 2019

<table><tr><th></th><th></th><th>VoY CCG</th><th>ScR CCG</th></tr><tr><td>Levetiracetam total</td><td>Items</td><td>11,793</td><td>5982</td></tr><tr><td></td><td>Spend</td><td>£266,882</td><td>£97,011</td></tr><tr><td>Keppra</td><td>Items</td><td>2477 (21%)</td><td>1252 (21%)</td></tr><tr><td></td><td>Spend</td><td>£197,354 (74%)</td><td>£66,924 (69%)</td></tr></table>
Costs of each brand (MIMS Jan 2019)

<table><tr><td>Levetiracetam</td><td>250mg tab, 60=£3.35.
500mg tab, 60=£7.21.
750mg tab, 60=£6.34.
1g tab, 60=£8.90.
100mg/ml sugar-free oral soln, 300ml=£7.69.</td></tr><tr><td>Keppra</td><td>250mg, 60=£28.01.
500mg, 60=£49.32.
750mg, 60=£84.02.
1g, 60=£95.34
100mg/ml, 300ml=£66.95.</td></tr></table></td></tr>
<tr><td>19.</td><td>NYCC Primary Care Sexual Health Formulary – updated to include Levosert as an option</td><td>Approved. NYCC Public Health has decided that at present Levosert will not be the 1st line IUD within the primary care sexual health formulary and Mirena will remain 1st line IUD choice as currently detailed. However, Levosert will be included within the formulary as an option and the decision to use it should to be based on clinical assessment and patient factors. The NYCC position on Levosert will of course be reviewed should additional evidence become available.</td><td>Green</td><td>No significant cost to expected</td></tr>
<tr><td>20.</td><td>Gender Dysphoria Section of Formulary</td><td>The MCC recommendation is to add as an additional section to the formulary in Chapter 6 for clarity with these drugs classed as AMBER Specialist Initiation. This is in</td><td>AMBER Specialist Initiation</td><td>No significant cost to CCGs expected as all the proposals are current practice in terms of drug costs but there will be additional costs associated with GP</td></tr>
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		line with all neighbouring NHS organisations. However, it should be noted by CCG Executive that locally, LMC/BMA are not supportive of this stance and hence in order to adopt MCC recommendation will need further local discussion. The drugs to be include as follows: • Goserelin 3.6mg injection • Leuprorelin 11.25mg injection • Estradiol (Oestradiol) 1mg & 2mg tablets • Estradiol Twice weekly matrix patches releasing approximately 50, 75 & 100 microgram/24 hours • 0.1% gel (Sandrena®) • 0.06% gel (Oestrogel®) • Finasteride 5mg tablets • Cyproterone acetate 50mg & 100mg tablets • Spironolactone 25mg & 100mg tablets • Testosterone Undecanoate • 1g in 4ml (250mg/ml) oily injection (Nebido®) • Sustanon 250® 1ml injection (testosterone propionate 30mg, testosterone • phenylpropionate 60mg, testosterone isocaproate 60mg & testosterone decanoate 100mg) • Testosterone gel 50mg/5g (1%) sachets (Testogel®) This mirrors status a Newcastle and Leeds who have guidelines in place which they share with GPs to supported continued prescribing once initiated by specialist service.		monitoring of these drugs.