

Recommendations from York and Scarborough Medicines Commissioning Committee March 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA622: Sotagliflozin with insulin for treating type 1 diabetes		<p>Sotagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m², when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if:</p> <ul style="list-style-type: none"> • sotagliflozin is given as one 200 mg tablet daily • they are on insulin doses of 0.5 units/kg of body weight/day or more and • they have completed a structured education programme that is evidence based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis, such as: <ul style="list-style-type: none"> ○ how to recognise its risk factors, signs and symptoms ○ how and when to monitor blood ketone levels ○ what actions to take for elevated blood ketones and • treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes treatment, and haemoglobin A1c (HbA1c) levels are assessed after 6 months and regularly after this. <p>Stop sotagliflozin if there has not been a sustained improvement in glycaemic control (that is, a fall in HbA1c level of about 0.3% or 3 mmol/mol).</p>	None currently	<p>Sotagliflozin has been licensed since the spring of 2019 but is not yet launched in the UK. Launch planned for 2020.</p> <p>The period during which the NHS in England has to comply with the recommendations has been extended to within 3 months of the commercial launch of sotagliflozin in England.</p> <p>Launch will be highlighted in future recommendations</p>
2.	TA623: Patiromer for treating hyperkalaemia		<p>Patiromer is recommended as an option for treating hyperkalaemia in adults only if used:</p> <ul style="list-style-type: none"> • in emergency care for acute life-threatening hyperkalaemia alongside standard care or • for people with persistent hyperkalaemia and stages 3b to 5 chronic kidney disease or heart failure, if they: <ul style="list-style-type: none"> ○ have a confirmed serum potassium level of at least 6.0 mmol/litre and ○ are not taking, or are taking a reduced dosage of, a renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia 	None currently	Deferred until next meeting.

		<ul style="list-style-type: none"> ○ are not on dialysis. <p>Stop patiromer if RAAS inhibitors are no longer suitable. This recommendation is not intended to affect treatment with patiromer that was started in the NHS before this guidance was published</p>		
NHSE commissioned Technology Appraisals – for noting				
3.	TA624: Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis	Peginterferon beta-1a is recommended, within its marketing authorisation, as an option for treating relapsing–remitting multiple sclerosis in adults.	RED	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
4.	Methotrexate 10mg tablets	<p>Agreed to remove 10mg tablets from shared care guideline AND that ONLY 2.5mg tablets should be prescribe in primary care.</p> <p>If 10mg tablets are required in exceptional circumstances then these should ONLY be prescribed and supplied in secondary care.</p>	RED	<p>No significant cost to CCGs expected</p> <p>Decision made on basis of patient safety and not cost.</p>
5.	DOAC Choice	<p>Reviewed the current formulary position for edoxaban as a first-line DOAC choice, and agreed to change to ‘no preferred’ DOAC using the clinical decision tool available from Harrogate.</p> <p>All options are available and given equal formulary status, to include warfarin. If a DOAC is required it is selected based on individual patient circumstances.</p>	GREEN	No significant cost to CCGs expected as reflects current prescribing practice.
6.	Telotristat for treating carcinoid syndrome diarrhoea in adults	Agreed to list on formulary as BLACK as per NHSE Not for Routine Commissioning Policy for Telotristat for treating carcinoid syndrome diarrhoea in adults	BLACK	No cost impact to CCGs as NHS England commissioned.
7.	North Yorkshire Horizons Medicines Formulary	Approved – only change is removal of Vitamin B Co Strong for alcohol dependence		No cost impact to CCGs as Local Authority commissioned.
8.	NY&Y Guidance on Self-Monitoring of Blood Glucose	Approved		

9.	Glibenclamide oral solution for neonatal diabetes mellitus	<p>To mirror Leeds APC formulary decision from Feb 2020.</p> <p>For the treatment of neonatal diabetes mellitus, for use in newborns, infants and children. (The licensed product was considered by LTHT Drug and Therapeutics Group (Nov 2019). It will not be used due to significant patient safety concerns. Neonatal diabetes mellitus: LTHT will continue to use glibenclamide oral suspension 2.5mg/5mL (Specials Laboratory); this is an unlicensed medicine.)</p>	<p>0.6mg/ml & 6mg/ml = BLACK</p> <p>2.5mg/5ml = AMBER SI</p>	<p>No significant cost to CCGs expected as reflects current prescribing practice.</p>
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