

Recommendations from York and Scarborough Medicines Commissioning Committee July 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	<u>TA633: Ustekinumab for treating moderately to severely active ulcerative colitis</u>		<p>Ustekinumab is recommended as an option for treating moderately to severely active ulcerative colitis in adults when conventional therapy or a biological agent cannot be tolerated, or the disease has responded inadequately or lost response to treatment, only if:</p> <ul style="list-style-type: none"> a tumour necrosis factor- alpha inhibitor has failed (that is the disease has responded inadequately or has lost response to treatment) or a tumour necrosis factor- alpha inhibitor cannot be tolerated or is not suitable, and the company provides ustekinumab at the same price or lower than that agreed with the Commercials Medicines Unit. 	RED	<p>No significant resource impact is anticipated</p> <p>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 than £5 million per year in England (or £9,000 per 100,000 population).</p> <p>This is because the technology is a further treatment option and the overall cost of treatment will be comparable to the current treatment options available. This treatment option is only available to patients when other treatment has failed (that is the disease has responded inadequately or has lost response to treatment), or they have not been able to tolerate or are otherwise inappropriate for a TNF-alpha inhibitor.</p>
2.	<u>TA626: Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure</u>		<p>Avatrombopag 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 a planned invasive procedure.</p> <p>The scope for this multiple technology appraisal included both avatrombopag and lusutrombopag. However, because of a delay in getting an agreed list price for avatrombopag, this topic was split into 2 separate appraisals. Please see NICE technology appraisal guidance 617 for recommendations on lusutrombopag.</p>	RED	<p>No significant resource impact is anticipated</p> <p>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 than £5 million per year in England (or £9,000 per 100,000 population).</p> <p>The technology is a further treatment option and due to this the overall incremental cost of treatment is not deemed to be significant. Lustrombopag was approved as a RED drug at Feb 2020 MCC meeting</p> <p>The addition of avatrombopag 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.</p> <p>Note though that this will be additional cost to CCG drug budget as funding arrangements for platelet transfusions do not come from drugs budget.</p>

NHSE commissioned Technology Appraisals – for noting																				
3.	TA632: Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer	Trastuzumab emtansine is recommended, within its marketing authorisation, as an option for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)- positive early breast cancer in adults who have residual invasive disease in the breast or lymph nodes after neoadjuvant taxane-based and HER2- targeted therapy. It is recommended only if the company provides trastuzumab emtansine according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.																
Formulary applications or amendments/pathways/guidelines																				
4.	Nebulised Hypertonic Saline (Sodium chloride 7%, Respi-Clear®)	<p>Approved change in RAG status from AMBER SC to AMBER SI as no monitoring requirements for GPs. Agreed that Respi-Clear® to be brand of choice as the cheapest.</p> <p>Approved formulary indications agreed as: <i>In patients aged six years and over and with the following conditions:</i></p> <ul style="list-style-type: none"> •Cystic Fibrosis (CF) •Non CF bronchiectasis •Chronic Obstructive Pulmonary Disease •Patients with reduced ability to expectorate bronchopulmonary secretions e.g. patients with a tracheostomy, patients with neurological impairment leading to weak cough and patients with an active chest infection limiting their ability to clear secretions <p>And, where usual treatment isn't sufficiently effective. (eg physiotherapy airway clearance, adequate systemic hydration, dornase alpha for those with CF, carbocisteine where indicated)</p>	AMBER Specialist Initiation	<p>No cost to CCGs expected as reflects current prescribing practice.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Product</th> <th style="text-align: left;">Monthly primary care cost</th> </tr> </thead> <tbody> <tr> <td>Nebusal 7%</td> <td>60 x 4ml £27.00</td> </tr> <tr> <td>PulmoClear 7%</td> <td>60 x 4ml £18.94</td> </tr> <tr> <td>Respi-Clear 7%</td> <td>60 x 4ml £16.97</td> </tr> <tr> <td>Resp-Ease 7%</td> <td>60 x 4ml £21.60</td> </tr> <tr> <td>Salineb 7%</td> <td>60 x 4ml £20.60</td> </tr> <tr> <td>0.9% nebuliser solution</td> <td>x 20 = £9.85 (x60 = £29.55)</td> </tr> <tr> <td>0.9% injection 10ml</td> <td>x10 = £3.24 (x60 = £19.44)</td> </tr> </tbody> </table>	Product	Monthly primary care cost	Nebusal 7%	60 x 4ml £27.00	PulmoClear 7%	60 x 4ml £18.94	Respi-Clear 7%	60 x 4ml £16.97	Resp-Ease 7%	60 x 4ml £21.60	Salineb 7%	60 x 4ml £20.60	0.9% nebuliser solution	x 20 = £9.85 (x60 = £29.55)	0.9% injection 10ml	x10 = £3.24 (x60 = £19.44)
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5.	Modafinil for excessive daytime sleepiness in Parkinson's disease (unlicensed indication)	Approved request to add to formulary and share care for an additional indication as per NICE NG71 for excessive daytime sleepiness in Parkinson's disease. Note Leeds and Hull already include on their formularies for this indication.	AMBER Shared Care	Up to 5 patients per year £204.60 -£772.80 for 5 patients per year.																
6.	Dornase alfa and inhaled antibiotics in CF	Approved change in RAG status from AMBER SC for existing patients to AMBER SI as no monitoring requirements for GPs.	AMBER Specialist Initiation (for	No cost to CCGs expected.																

		To remain RED for new patients as now NHSE commissioned tariff excluded drug. Note Leeds and Hull already have as AMBER Specialist Initiation.	existing patients.	
7.	Antihistamines medal ranking	Updated version approved. Updates to prices, some items removed due to no longer being available, reference made to CCG self-care guide.	n/a	No cost to CCGs expected as reflects current prescribing practice.
8.	Hydroxycarbamide in Psoriasis SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
9.	Dronedarone SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
10.	Riluzole for ALS SCG	Reviewed and updated shared care guideline approved. Addition of Riluzole oral suspension 25mg/5ml to shared care guideline and formulary also approved as an alternative to crushing tablets, as crushing tablets may block feeding tubes in some patients.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice. <u>Cost per patient per month:</u> Riluzole 50mg tablets £44.96/56 Riluzole oral suspension 25mg/5ml £200/600ml
11.	Sulfasalazine SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
12.	Leflunomide SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
13.	Methotrexate SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
14.	Mycophenolate (non-transplant) SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
15.	Modafinil SCG	Reviewed and updated shared care guideline approved with addition of excessive daytime sleepiness in Parkinson's disease as an additional indication.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
16.	Long acting somatostatin analogues SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.

17.	Somatotrophin SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
18.	Cinacalcet Primary Hyperparathyroidism SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
19.	Ciclosporin SCG	Reviewed and updated shared care guideline approved with addition of uveitis and nephrotic syndrome as additional indications.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.
20.	Mercaptopurine SCG	Reviewed and updated shared care guideline approved.	AMBER Shared Care	No cost to CCGs expected as reflects current prescribing/drug monitoring practice.