

*This email has been sent to all Vale of York GPs, Practice Managers and Practice Pharmacists*

Dear Colleagues

The CCG wants to commission the best treatments for local patients and wants the right clinician to have responsibility for those treatments. We want patients to have access to medicines which improve the quality of their care, that have demonstrated cost effectiveness and are safe.

Consideration of any drug's status is made at the Medicines Commissioning Committee which has doctor and pharmacist representatives from both Vale of York and Scarborough and Ryedale CCGs, York Hospital and both mental health providers.

Following discussion at the Medicines Commissioning Committee drugs are rated as red/amber/green/black:

- **'Green'** drugs are deemed suitable for primary or secondary care clinicians to prescribe.
- **'Amber specialist recommendation'** - secondary care/specialist recommended and deemed suitable for a GP to continue, with appropriate supporting documents, no written shared care agreement is required
- **'Amber specialist initiation'** – secondary care/specialist initiate and do required initial monitoring until deemed suitable for a GP to continue, with appropriate supporting documents, no written shared care agreement is required
- **'Amber shared care'** - requires initiation by a specialist, but with the potential to transfer to primary care, within written and agreed shared care frameworks, and according to the agreed process for transfer of care of those drugs. The relevant shared care guidance documents are available on the home page of the [joint formulary](#).
- **'Red'** drugs are deemed only appropriate for specialist prescribing and providers are funded to bear the costs of these drugs.
- **'Black'** drugs are deemed not appropriate for use locally by primary or secondary care clinicians. This is normally on the grounds of a lack of demonstrated cost effectiveness or safety.

For further information regarding how NHS Vale of York Clinical Commissioning Group commissions medicines please refer to the [Prescribing Policy for Primary Care Providers](#).

The CCG's Clinical Executive Team has accepted the recommendations from **February 2020** Medicines Commissioning Committee.

The full details of the recommendations are below.

Clinicians should note which drugs are not commissioned and therefore should not be recommended or prescribed for NHS patients within the Vale of York CCG.

The main changes to the commissioning position to highlight are listed below.

### **February 2020**

- The committee approved removal of **collagenase clostridium histolyticum (Xiapex®)** from the formulary, as the product has now been discontinued, previously listed as **RED**. The NICE TA has now been withdrawn as a result.
- The committee approved a change in RAG status for **ingenol mebutate** from **GREEN** to **BLACK**, as the product has now been discontinued following suspension of product license.
- The committee approved a change in RAG status from **RED** to **GREEN** for **estriol 0.01% cream**, for recurrent UTI when a patient cannot (for clinical reasons) use the applicator for the higher strength product.
- The [opioid substitution treatment pathway](#) has been updated to reflect the decision from December 2019 MCC meeting. This was to add **subcutaneous methadone** to the formulary as **AMBER SPECIALIST INITIATION** for patients no longer able to take oral maintenance methadone in the last days/weeks of life.
- The [TEWV safe transfer of prescribing guidance](#) has been updated and approved by the committee.
- The TEWV dementia treatment algorithm\* has been updated and approved by the committee. The guidance has been amended to support the option of continuing the MR formulation of **galantamine** during dose escalation. This will support better patient compliance and tolerance of treatment.
- The TEWV lisdexamfetamine shared care guidelines\* was due a scheduled update, which was approved by the committee noting no significant changes.
- The committee reviewed the formulary decisions from the December 2019 Leeds APC and agreed to update the formulary as follows, for consistency and in particular for tertiary centre drugs:
  - The following **dietary products** for use in metabolic disorders were approved as **AMBER SPECIALIST INITIATION**:
    - Anamix
    - Basecal 100 and 200

- Complete amino acid mix
  - Dialamine
  - DHH/AA module
  - Docomplete
  - EAA supplement
  - Energivit
  - Essential amino acid mix
  - Galactomin 19
  - GA1 Anamix
  - Glycosade
  - Glytactin
  - Key Omega
  - Monogen
  - MSUD Anamix
  - PKU Anamix
  - TYR Anamix
  - UCD Amino 5
- Long acting **somatostatin analogues (Octreotide LARÒ and Lanreotide Autogel®)** for the treatment of neuroendocrine tumours approved as **RED**
  - **GammaCore** for transcutaneous stimulation of the cervical cranch of the vagus nerve in cluster headaches approved as **RED**
  - **Mexiletine 200mg capsules (Mexitil®)\*** for the treatment of ventricular tachycardia inpatients who have failed all licensed alternatives is approved as **AMBER SHARED CARE**
- The committee discussed **levetiracetam**, in regards to maintaining patients on the specific manufacturer's product. It was agreed that patients do not need to be maintained on this, other than for specific reasons as outlined below. **Levetiracetam** falls into the MHRA category 3 classification for antiepileptic drugs stating it is usually unnecessary to ensure that patients are maintained on a specific manufacturers product unless there are explicit reasons such as patient anxiety and risk of confusion or dosing errors. Further guidance should be sought from neurology before making any further recommendations to switch patients currently prescribed **Keppra®** to a generic.
  - The committee approved the updated NYCC primary care sexual health formulary including the addition of **Levosert®** to the formulary as an additional treatment option. **Mirena®** will remain 1<sup>st</sup> line IUD choice, however, **Levosert®** will be included as an option and the decision to use it should be based on clinical assessment and patient factors.

- [NICE TA618](#), **atezolizumab** with **carboplatin** and **nabpaclitaxel** for untreated advanced non-squamous non-small-cell lung cancer is **BLACK** on the formulary for this indication. NICE has terminated the appraisal as Roche did not provide an evidence submission.
- [NICE TA621](#), **osimertinib** for untreated EGFR mutation-positive non-small-cell lung cancer is not recommended within its marketing authorisation and so is **BLACK** on the formulary for this indication. This recommendation is not intended to affect treatment with **osimertinib**, that was started in the NHS before this guidance was published.

The following NICE TA's are **RED** – only to be prescribed by the relevant specialist:

- [NICE TA617](#): Luspatercept for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure.
- [NICE TA616](#): Cladribine for treating relapsing-remitting multiple sclerosis.
- [NICE TA619](#): Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer.
- [NICE TA620](#): Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer.

### March 2020

- The committee agreed to remove **methotrexate 10mg tablets\*** from the shared care guideline, and confirmed that only the 2.5mg tablets should be prescribed in primary care. If 10mg tablets are required in exceptional circumstances, then these should only be prescribed and supplied in secondary care. **Methotrexate 10mg tablets** have been approved as **RED** on the formulary.
- The committee reviewed the current formulary position for **edoxaban**, as the first-line **DOAC** choice, and agreed to change this to a 'no preferred choice' **DOAC**. All **DOAC** options are available and given the equal formulary status of **GREEN**, this also includes warfarin. If an **oral anticoagulant** is required it should be selected based on individual patient circumstances.
- **Telotristat**, for treating carcinoid syndrome diarrhoea in adults, is **BLACK** as per the 'NHSE Not Routine Commissioning Policy'
- The North Yorkshire County Council Horizons formulary was updated in relation to the opioid and alcohol dependence medicines. The committee

noted that the only amendment was the removal of **vitamin B co strong** for alcohol dependence.

- The North Yorkshire and York guidance on self-monitoring of blood glucose was approved by the committee. The new first choice blood glucose testing meter in Type 2 diabetes is **Finetest Lite** and **GlucorX Nexus**, is the second choice. The recommended blood glucose meter for Type 1 diabetes is **GlucorX HCT & Ketone**. For further information regarding the blood glucose meter and associated test strips, please see the full guidance [here](#)\*
- The committee reviewed the status of **glibenclamide oral solution**\* for neonatal diabetes mellitus and agreed to mirror the Leeds APC formulary decision from February 2020.
  - **Glibenclamide oral solution 0.6mg/mL and 6mg/mL** are commissioned as **BLACK**
  - **Glibenclamide oral solution 2.5mg/5mL** (unlicensed special) approved as **AMBER SPECIALIST INITIATION**

The licensed product was considered by Leeds Teaching Hospital Trust's (LTHT) Drug and Therapeutics Group in November 2019 and it was agreed that it would not be used due to significant patient safety concerns. LTHT will continue to use **glibenclamide oral solution 2.5mg/5mL** for neonatal diabetes mellitus.

**The following NICE TAs are RED** – only to be prescribed by the relevant specialist:

- [NICE TA624](#): Peginterferon beta-1a for treating relapsing-remitting multiple sclerosis.

\*Link/status to be updated on York and Scarborough netFormulary shortly.

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GP Practices are reminded to record **ALL red drugs** on the clinical system – instructions on how to do this are available [here](#).

[The Commissioning Position \(red amber green\)](#) list is being updated. Changes are being made to the joint formulary [www.yorkandscarboroughformulary.nhs.uk](http://www.yorkandscarboroughformulary.nhs.uk)

Yours sincerely,

The Medicines Optimisation Team

Please share this email with any GP locums who work for you. If they email their contact details to [Qasib Nazir](#) and we will add them to our database and include them in all future mailings.

For full minutes and recommendations please click [here](#)