

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 **May and June 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.

May 2020

- The committee reviewed and approved the guideline for [using ferric maltol instead of intravenous iron treatments in iron deficiency](#). This was agreed for use not just during the COVID-19 pandemic
- The committee reviewed the shared care guideline for **apomorphine** and approved the updated version to include the Dacepton® brand*
- The PCSK pathway version 2 was approved with minor updates to the existing guideline*
- The committee discussed the length of review dates for shared care guidelines. It was approved that going forward new shared care guidelines and existing shared care guidelines that come up for review should have a new review date of 3 years instead of 2 years. This is unless there is important new information that becomes available such as, safety information or change in national guidance
- [NICE TA623](#), **patiomer** for treating hyperkalaemia is changing to **AMBER SHARED CARE** however will remain as **RED** until the shared care is in place. **Patiomer** is recommended as an option for treating hyperkalaemia in adults only if used:
 - 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:
 - Have a confirmed serum potassium level of at least 6.0mmol/litre and
 - Are not taking, or are taking a reduced dosage of, a renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia and
 - Are not on dialysis

Patiomer should be stopped if RAAS inhibitors are no longer suitable.

This recommendation is not intended to affect treatment with **patiomer** that was started in the NHS before this guidance was published.

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

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

- [NICE TA627](#): Lenalidomide with rituximab for previously treated follicular lymphoma

June 2020

- The committee approved **remdesivir** injection as **RED** in the treatment of COVID-19 as per the NHS England guidance and MHRA early access to medicines scheme
- The committee discussed the H2 antagonist supply issues and agreed [an update to the formulary](#). The update reflects the current supply problems with ranitidine and possibly other H2 antagonists
- The committee reviewed a request to change the status of **ketorolac eye drops** from **RED** to **AMBER SPECIALIST INITIATION**. This request was not approved and the committee agreed that as a short-term, time limited course the current **RED** status remained appropriate. The need to prevent any safety issues from it potentially being added to repeat prescriptions long term was also noted when agreeing to remain as **RED**
- The MCC agreed to share and cascade the NHSE/I guidance with relevant stakeholders to refer to if they were considering switching from warfarin to a DOAC. The MCC agreed that all 4 DOACs will remain on the formulary and advise that clinicians should select, in conjunction with shared decision making with the patient, the most clinically appropriate DOAC for the individual patient. Please note the NHSE guidance is not advocating switches from DOAC to DOAC

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

- [NICE TA628](#): Lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer
- [NICE TA629](#): Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab
- [NICE TA630](#): Larotrectinib for treating NTRK fusion-positive solid tumours

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

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](#)