

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 require 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 **July 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.

July 2020

- The committee approved a change in RAG status for **nebulised hypertonic saline (sodium chloride 7%, respi-clear®)** from **AMBER SHARED CARE** to **AMBER SPECIALIST INITIATION** as there are no monitoring requirements for GPs. The committee agreed that **respi-clear®** would be the brand of choice due to being the most cost effective preparation. It has been approved for the following conditions in patients aged six years and over:
 - 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
 - And, where usual treatment isn't sufficiently effective (e.g. physiotherapy airway clearance, adequate systemic hydration, dornase alpha for those with CF, carbocisteine where indicated)
- The committee approved the request to add **modafinil** to the formulary as **AMBER SHARED CARE** in line with NICE NG71 for excessive daytime sleepiness in Parkinson's disease (unlicensed indication).
- There has been a change in RAG status for **dornase alfa** and **inhaled antibiotics** in cystic fibrosis. The change is from **AMBER SHARED CARE** to **AMBER SPECIALIST INITIATION** (for existing patients) as there are no monitoring requirements for GPs. It is however to remain **RED** for new patients, as it is now an NHSE commissioned tariff excluded drug.
- An updated version of the [antihistamine medal ranking](#) was approved. The update includes current pricing information for cost effective preparations and references to the CCG self-care guide for items that can be purchased over the counter. Some items previously referenced in the medal ranking document have been removed due to availability

- The following updated shared care guidelines were reviewed and approved by the committee:
 - [Hydroxycarbamide in psoriasis](#)
 - [Dronedarone](#)
 - [Riluzole for amyotrophic lateral sclerosis](#) – Addition of riluzole oral suspension added to shared care guideline and formulary as an alternative to crushing tablets, as this may block feeding tubes in some patients
 - [Sulfasalazine](#)
 - [Leflunomide](#)
 - [Methotrexate](#)
 - [Mycophenolate \(non-transplant\)](#)
 - Modafinil – Additional indication for excessive daytime sleepiness in parkinsons disease
 - [Long acting somatostatin analogues](#)
 - [Somatropin](#)
 - [Cinacalcet in primary hyperparathyroidism](#)
 - [Ciclosporin](#) – Addition of uveitis and nephrotic syndrome as indications
 - Mercaptopurine

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

- [NICE TA633](#): Ustekinumab for treating moderately to severely active ulcerative colitis
- [NICE TA626](#): Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure
- [NICE TA632](#): Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer

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

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](#).