NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee October 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	**TA648: Dupilumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal)**		NICE is unable to make a recommendation on dupilumab (Dupixent) for treating chronic rhinosinusitis with nasal polyps because Sanofi did not provide an evidence submission. We will review this decision if the company decides to make a submission. The company has confirmed that it does not intend to make a submission for the appraisal because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population.	Add as NOT APPROVED drug in chapter 3.4.	Commissioning: CCG, Tariff excluded. No cost impact to CCGs as NICE unable to make a recommendation.
2.	**TA651: Naldemedine for treating opioid-induced constipation**		Naldemedine is recommended, within its marketing authorisation, as an option for treating opioid-induced constipation in adults who have had laxative treatment.	GREEN	Commissioning: CCG, in tariff 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 £9,000 per 100,000 population. This is because naldemedine is a further treatment option and the overall cost of treatment will be similar to the current treatment options available.
NHSE commissioned Technology Appraisals – for noting					
3.	**TA645: Avelumab with axitinib for untreated advanced renal cell carcinoma**		Avelumab with axitinib is recommended for use within the Cancer Drugs Fund as an option for untreated advanced renal cell carcinoma in adults. It is recommended only if the conditions in the managed access agreement for avelumab with axitinib are followed.	RED	No cost impact to CCGs as NHS England commissioned.
4.	**TA646: Glasdegib with chemotherapy for untreated acute myeloid leukaemia (terminated appraisal)**		NICE is unable to make a recommendation on glasdegib with chemotherapy for untreated acute myeloid leukaemia because Pfizer did not provide an evidence submission. We will review this decision if the company decides to make a submission.	NOT APPROVED for this indication.	No cost impact to CCGs as NHS England commissioned.
5.	**TA647: Eculizumab for treating relapsing neuromyelitis optica (terminated appraisal)**		NICE is unable to make a recommendation on eculizumab (Soliris) for treating relapsing neuromyelitis optica because Alexion Pharma UK did not provide an evidence submission. We will review this decision if the company decides to make a submission.	NOT APPROVED for this indication.	No cost impact to CCGs as NHS England commissioned.

6.	**TA649: Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma**	Polatuzumab vedotin with rituximab and bendamustine is recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults who cannot have a haematopoietic stem cell transplant. It is recommended only if the company provides polatuzumab vedotin according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
7.	**TA650: Pembrolizumab with axitinib for untreated advanced renal cell carcinoma**	Pembrolizumab with axitinib is not recommended, within its marketing authorisation, for untreated advanced renal cell carcinoma in adults.	NOT APPROVED for this indication.	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
8.	Sativex® Cannabis Spray	Approved for Moderate to severe spasticity in adults with multiple sclerosis, if other pharmacological treatments for spasticity are not effective or not tolerated in line with NICE NG144. Patients are reviewed in secondary care every 2 to 3 months.	RED	Assuming 10 new patients in year one of whom 7 continue beyond the 4 week trial period. Drug Cost recharged to CCG. Year 1 = £14,700 to £31,500 for 7 patients depending on dose. Year 2 = £31,500 to £65,100 for 14 patients depending on dose.
9.	Semaglutide oral tablets 3mg,7mg and 14mg	Approved as an option for adult patients with type 2 diabetes mellitus who require intensification of treatment, if use of a glucagon-like peptide 1 receptor agonist (GLP1RA) is clinically appropriate, in line with licensing and relevant guidance, and if an oral option is preferred. However, in patients with pre-existing cardiovascular disease or at high risk of cardiovascular (CV) events an agent with proven efficacy for CV risk reduction may be more suitable. Local team - wish to place at step 4 of local pathway – as alternative to injectable GLP1 – approved by MCC.	GREEN	No significant cost impact to CCGs expected as one of several similarly priced treatment options. Should be no/ minimal cost pressure if placed at step 4 - where injectable GLP-1 would have been used £78.48 for 30 days per patient

10.	Tafluprost 15 microgram/mL with timolol (as timolol maleate) 5 mg/mL eye drops (Taptiqom®)	Approved as an additional option for treatment of glaucoma. Taptiqom provides an alternative to Ganfort UD in patients unable to tolerate it. The pathway remains unchanged except for the addition of Taptiqom in patients as a treatment option in the same place in the pathway as Ganfort - this is because some patients experience intolerance to Ganfort, but the team still wish to have Ganfort available because of experience with use. Cheaper than Ganfort, but not as effective.	AMBER SR	Tafluprost 15microgram/mL, 30 units doses = £12.20 + timolol 0.5% PF 5mL bottle — £21.85 per patient Bimatoprost 300micrograms/mL with timolol 5mg/mL, 30 unit doses (Ganfort UD) — £17.50 per patient Tafluprost 15 microgram/mL with timolol (as timolol maleate) 5 mg/mL, 30 unit doses (Taptiqom) — £14.50 per patient
11.	Brolucizumab 120mg/mL solution for injection in pre-filled syringe for Wet age-related macular degeneration	Requested for Wet age-related macular degeneration. It was proposed that the drug is used for poor responders to aflibercept (those on 4-6 weekly injections) and for new patients. Suggested advantaged is reduced injection frequency compared to aflibercept. MCC agreed not approved for addition to the formulary for use ahead of NICE TA. This recommendation was made because: • MCC felt brolucizumab offered no clinical or cost advantage over current treatment options for wAMD to use ahead of NICE technology appraisal being issued. • No published data on effectiveness in patients with prior inadequate response to other anti-VEGF treatments in wMAD. • Differences in injection frequency should be interpreted with caution, since treat and extend regimens are available and licensed for aflibercept but were not included in HAWK or HARRIER trials. The EMA noted that this does not allow strong conclusions on the reduction of treatment burden with brolucizumab. • Overall safety message: rates of retinal inflammation and occlusions are higher with brolucizumab and caution is needed. • Concerns over switiching patients already stable on aflibercept.	NOT APPROVED	No cost impact to CCGs as not approved and similar in price to Aflibercept.
12.	Vitamin D Guideline and Medal Ranking	Approved	n/a	No cost impact to CCGs as guideline enforces message that patients should buy maintenance doses of Vitamin D over the counter.

13.	Ciclosporin SCG (updated)	Updated shared care guideline approved to include ulcerative colitis as an indication which was approved previously by the Committee.	n/a	No significant cost impact to CCGs expected as reflects current prescribing practice.
14.	Rifampicin SCG	New shared care guideline approved. Approved as shared care some months ago for microbiology use including those on OPAT treatment. Also have added the palliative care indication for itch to shared care as the status of this had been previously been agreed as amber specialist recommendation, but this would not make sense.	n/a	No significant cost impact to CCGs expected.