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 **September 2020** Medicines Commissioning Committee. Please note there was **not** a Medicines Commissioning Committee held in August 2020.

The full details of the recommendations for September 2020 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.

<u>September 2020</u>

- The committee reviewed the formulary decisions from the June 2020 Leeds APC and agreed to update the formulary as follows, for consistency and in particular for tertiary centre drugs:
    - **Clonidine** for the treatment of dystonia in children approved as **AMBER SPECIALIST INITIATION.**
    - **Co-enzyme Q10 (Ubidecarenone/Ubiquinone)** capsules and liquid (unlicensed) for the treatment of inborn errors of CoQ10 synthesis and mitrochondrial disorders/cytopathies approved as **AMBER SPECIALIST INITIATION.**
    - **Diazoxide** - 50mg/mL (30mL) **Proglycem** brand (unlicensed) and 50mg tablets for the treatment of hyperinsulinism hyperammoniaemia syndrome (HIHA) approved as **AMBER SPECIALIST INITIATION.**
    - **Oestrogel** for the treatment of gender dysphoria in adults approved as **AMBER SPECIALIST INITIATON.**
    - **ACARIZAX®** sublingual tablets 12 SQ-HDM for a house dust mite allergy approved as **RED.**

- **Dailiport®** is a once a day tacrolimus prolonged release branded generic, which has demonstrated bioequivalence to **Advagraf®** (tacrolimus prolonged release). It has been approved by Leeds to be added to the formulary. As a tertiary centre NHSE commissioned drug it was agreed by the committee to add to the formulary as **AMBER SHARED CARE** and add to the current shared cared guideline. The only patients that will be started on this for now are new patients that are being considered for a once a day preparation due to:
    - Neurological side-effects e.g. difficulties sleeping at night
    - Very small total dose
    - Concerns around compliance e.g. younger or transition patients, variable trough levels
    - Patient choice

- The committee approved **melatonin (Slenyto®)** 1mg and 5mg modified-release tablets for the treatment of insomnia in children and adolescents aged between 2-18 with autism spectrum disorder (ASD) and/or smith-magenis syndrome where sleep hygiene measures have been insufficient as **AMBER SHARED CARE**. This is in line with licensed indications only, once guidance from TEWV is in place and supported by acute trust paediatricians.
    - 1st line remains: **melatonin** 2mg modified release **(Circadin®)**, crushing if needed.
    - **Rosemont melatonin** 5mg/5mL oral solution (alcohol free and propylene glycol free) – for patients only unable to use crushed tablets.
    - May reduce prescribing of the more costly unlicensed **melatonin** liquid preparations in this patient population.
    - TEWV to produce guideline on the use of **Slenyto®** highlighting cost difference and emphasising to use **Circadin®** where possible and only use oral solution if absolutely necessary. This guidance will also be shared with paediatric teams in acute trusts for them to follow.
    - Existing patients with ASD and/or smith-magenis requiring **melatonin** should not be switched to **Slenyto®.** This approval is for new patients only with autism spectrum disorder (ASD) and/or smith magenis syndrome.

- The committee reviewed the shared care guideline for **methotrexate** and approved the addition to include sarcoidosis as an indication.

- Following recent formulary approval the committee approved the addition of excessive daytime sleepiness in Parkinson's disease as an indication in the **modafinil** shared care guideline. This follows a recommended treatment option in NICE guidance.

- An update to the guidance for self-monitoring of blood glucose for adults with diabetes for primary care in North Yorkshire and York was approved by the committee.

- The committee approved updated versions of the asthma and COPD pathways. The pathways will be launched with a learning at lunch session in November which will give the specialist team an opportunity to explain the pathways.

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

- NICE TA631: Fremanezumab for preventing migraine

- NICE TA638: Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer
- NICE TA639: Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer
- NICE TA640: Treosulfan with fludarabine for malignant disease before allogeneic stem cell transplant
- NICE TA641: Brentuximab vedotin in combination for untreated systemic anaplastic large cell lymphoma
- NICE TA642: Gilteritinib for treating relapsed or refractory acute myeloid leukaemia
- NICE TA643: Entrectinib for treating ROS1-positive advanced non-small-cell lung cancer
- NICE TA644: Entrectinib for treating NTRK fusion-positive solid tumours

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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

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