NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee December 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	**TA659: Galcanezumab for preventing migraine** **Commissioning: CCG, tariff excluded**		Galcanezumab is recommended as an option for preventing migraine in adults, only if: • they have 4 or more migraine days a month • at least 3 preventive drug treatments have failed and • the company provides it according to the commercial arrangement. Stop galcanezumab after 12 weeks of treatment if: • in episodic migraine (less than 15 headache days a month) the frequency does not reduce by at least 50% • in chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine) the frequency does not reduce by at least 30%.	RED	Approved for both episodic and chronic migraine Fremanezumab was only approved for chronic migraine (15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine). Same price per month as Fremamezumab based on NHS list price. Treatment with a second anti- CGRP in the NICE Guidance e.g. fremanezumab is not recommended. So the implications would be that fremanezumab would be removed from the pathway as much less cost-effective but remain on formulary as NICE TA approved as an option. Galcanezumab = £200 per month Fremanezumab= £299 per month Botulinum Toxin = £288 per 3 months plus clinic costs. 50 patients have not responded to Botox of which 10 have been started on fremanezumab. There are 100 patients on the waiting list of which 80-90% may prefer galcanezumab rather than Botulinum toxin. Botulinum Toxin requires 31 injections into the head.
NHSE commissioned Technology Appraisals – for noting					
2.	**TA656: Siponimod for treating secondary progressive multiple sclerosis** **Commissioning: NHSE**		Siponimod is recommended, within its marketing authorisation, as an option for treating secondary progressive multiple sclerosis with evidence of active disease (that is, relapses or imaging features of inflammatory activity) in adults. It is recommended only if the company provides siponimod according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.

3.	**TA657: Carfilzomib for previously treated multiple myeloma** **Commissioning: NHSE**	Carfilzomib with dexamethasone is recommended as an option for treating multiple myeloma in adults, only if they have had only 1 previous therapy and the company provides carfilzomib according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
4.	**TA658: Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma** **Commissioning: NHSE**	Isatuximab, plus pomalidomide and dexamethasone, is recommended for use within the Cancer Drugs Fund as an option for treating relapsed and refractory multiple myeloma in adults who have had lenalidomide and a proteasome inhibitor, and whose disease has progressed on their last treatment, only if they have had 3 previous lines of treatment and the conditions in the managed access agreement for isatuximab plus pomalidomide and dexamethasone are followed.	RED	No cost impact to CCGs as NHS England commissioned.
5.	**TA660: Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer** **Commissioning: NHSE**	Darolutamide with androgen deprivation therapy (ADT) is recommended, within its marketing authorisation, as an option for treating hormone-relapsed prostate cancer in adults at high risk of developing metastatic disease. It is recommended only if the company provides darolutamide according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
6.	**TA661: Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma** **Commissioning: NHSE**	Pembrolizumab is recommended as an option for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a combined positive score (CPS) of 1 or more. This is only if: • pembrolizumab is given as a monotherapy • pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if disease progresses, and • the company provides pembrolizumab according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
7.	**TA662: Durvalumab in combination for untreated extensive-stage small-cell lung cancer (terminated appraisal)** **Commissioning: NHSE**	NICE is unable to make a recommendation about the use in the NHS of durvalumab in combination for untreated extensive-stage small-cell lung cancer because AstraZeneca withdrew its evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is	Not approved for this indication.	No cost impact to CCGs as NHS England commissioned.

		unlikely to be a cost-effective use of NHS resources.		
Formulary applications or amendments/pathways/guidelines				
8.	Doxazosin for off-label use in PTSD	Approved doxazosin for off-label use in PTSD as an alternative to prazosin (in light of on-going supply disruption).	AMBER SI	No significant cost impact to CCGs expected.
9.	Renavit Tablets (Renavit) - Vitamin supplement in dialysis patients (reclassified from Amber level 2)	Y&S Formulary to mirror Leeds APC decision from September & November 2020 as tertiary centre treatment	AMBER SR	No cost impact to CCGs expected as reflects current prescribing practice. £12.86 for 100 tablets VoY = 153 items in last 12 months = £295 NY = 77 items in last 12 months = £483
10.	Penicillamine 125 and 250mg Tablets - Wilsons disease	Y&S Formulary to mirror Leeds APC decision from September & November 2020 as tertiary centre treatment	Change from no RAG STATUS to AMBER SI	No cost impact to CCGs expected as reflects current prescribing practice.
11.	Asthma and COPD guidelines – minor amendments	Approved.	n/a	No cost impact to CCGs expected as reflects current prescribing practice.
12.	pre-NICE use of Bempedoic Acid and the combination product of Bempedoic Acid and Ezetimibe.	Requested for Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia who are considered high/very-high risk and who are statin intolerant or for whom a statin is contra-indicated and who are not at goal with ezetimibe but are not eligible for PCSK9 inhibitors (alirocumab or evolocumab). Not approved ahead of NICE TA expected in 2021 as not approved by SMC on 7.12.2.20.	n/a	No cost impact to CCGs expected ahead of NICE TA.
13.	Upadacitinib	Approved as per NICE TA for severe rheumatoid arthritis. It has the same place in the pathway as other JAK inhibitors. Potential benefits may include reduced VTE risk and positive evidence compared to adalimumab.	RED	No significant cost impact to CCGs expected as overall cost savings compared to other JAK inhibitors.
14.	Dapagliflozin for heart failure	Not approved ahead of NICE TA being issued in 2021.	n/a	No cost impact to CCGs expected ahead of NICE TA.
15.	Freestyle Libre and Flash Glucose Monitoring	Approved addition of FSL 2 to the formulary which is being made available from January 2021, the key improvement is FSL 2 has an alarm function which can notify when	n/a	NHSE has agreed to fund the extra cohort of LD patients, for VoY expected to be 10 patients and 40 in NY CCG.

		glucose is high, low or if there is an issue with the sensor or reader. Approved updated local commissioning position to reflect the latest NHSE criteria for FSL updated in November 2020 to include patients with learning disabilities on insulin.		FSL 2 cost the same as the current version of Freestyle Libre.
16.	COVID-19 Vaccine	The MCC approved the addition of COVID-19 Vaccine to the formulary and the MCC will continue to act in accordance with national recommendations and guidance on the use of COVID-19 Vaccine.	n/a	