North Yorkshire
Clinical Commissioning Group

Our ref: Apr2021/ MCFC Comms

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Dear Colleagues,

Medicines commissioning and formulary update

Attached is a summary of recommendations from the MCFC meeting of 7th April 2021, which were approved by the CCG on the same day.

Yours sincerely

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Senior Pharmacist (Medicines Commissioning and Formulary)

NHS
North Yorkshire
Clinical Commissioning Group

North Yorkshire Medicines Commissioning and Formulary Committee

Decisions from meeting – 7th April 2021

These decisions were based on recommendations from the York & Scarborough Medicines Commissioning Committee and the Harrogate and Rural District Area Prescribing Committee and the County Durham and Tees Valley APC that took place in March.

A: NICE Technology Appraisals

	Drug name and Indication		Commissioning/ Service Implications	MCFC recommendation
	CCG commissioned NICE Technology Appraisals			
1	TA672: Brolucizumab for treating wet age-related macular degeneration	Brolucizumab is recommended as an option for treating wet age-related macular degeneration in adults, only if, in the eye to be treated: • the best-corrected visual acuity is between 6/12 and 6/96 • there is no permanent structural damage to the central fovea • the lesion size is less than or equal to 12 disc areas in greatest linear dimension and • there is recent presumed disease progression (for example, blood vessel growth, as shown by fluorescein angiography, or recent visual acuity changes). It is recommended only if the company provides brolucizumab according to the commercial arrangement. If patients and their clinicians consider brolucizumab to be one of a range of suitable treatments, including aflibercept and ranibizumab, choose the least expensive (taking into account administration costs and commercial arrangements). Only continue brolucizumab in people who maintain an adequate response to therapy. Criteria for stopping should include persistent deterioration in visual acuity and identification of anatomical changes in the retina that indicate inadequate response to therapy.	**RED**	Noted
2	**TA675: Vernakalant for the rapid conversion of recent onset atrial**	NICE is unable to make a recommendation about the use in the NHS of vernakalant for the rapid conversion of recent onset atrial fibrillation (7 days or less) to sinus rhythm in adults who have not had surgery. This is because Correvio Ltd did not provide an evidence submission for the appraisal. The	**Not recommended**	Noted

	fibrillation to sinus rhythm (terminated appraisal)	company has confirmed that it does not intend to make a submission because it considers there is insufficient evidence.		
3	**TA676: Filgotinib for treating moderate to severe rheumatoid arthritis**	Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs), only if: • disease is moderate or severe (a disease activity score [DAS28] of 3.2 or more) and • the company provides filgotinib according to the commercial arrangement. Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, only if: • disease is severe (a DAS28 of more than 5.1) and • they cannot have rituximab and • the company provides filgotinib according to the commercial arrangement. Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to rituximab and at least 1 biological DMARD, only if: • disease is severe (a DAS28 of more than 5.1) and • the company provides filgotinib according to the commercial arrangement. Filgotinib can be used as monotherapy when methotrexate is contraindicated or if people cannot tolerate it, when the criteria in sections 1.1, 1.2 or 1.3 are met. Choose the most appropriate treatment after discussing the advantages and disadvantages of the treatments available with the person having treatment. If more than 1 treatment is suitable, start treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose). This may vary from person to person because of differences in how the drugs are taken and treatment schedules. Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. If this initial response is not maintained at 6 months, stop treatment. When using the DAS28, healthcare professionals should take into account any	**RED**	Noted

		physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DAS28 and make any adjustments they consider appropriate.		
4	**TA678: Omalizumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal)**	NICE is unable to make a recommendation about the use in the NHS of omalizumab for treating chronic rhinosinusitis with nasal polyps because Novartis Pharmaceuticals did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology will not be launched in the UK for treating this indication.	**BLACK** for this indication. Note that NICE recommend it for treatment of severe asthma and urticarial (**Red**)	Noted
	NHS England commissioned NICE Technology Appraisals: for noting			
5	**TA671: Mepolizumab for treating severe eosinophilic asthma**	Mepolizumab, as an add-on therapy, is recommended as an option for treating severe refractory eosinophilic asthma, only if: it is used for adults who have agreed to and followed the optimised standard treatment plan and • the blood eosinophil count has been recorded as 300 cells per microlitre or more and the person has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, or has had continuous oral corticosteroids of at least the equivalent of prednisolone 5 mg per day over the previous 6 months or • the blood eosinophil count has been recorded as 400 cells per microlitre or more and the person has had at least 3 exacerbations needing systemic corticosteroids in the previous 12 months (so they are also eligible for either benralizumab or reslizumab). Mepolizumab is recommended only if the company provides it according to the commercial arrangement. If mepolizumab, benralizumab or reslizumab are equally suitable, start treatment with the least expensive option (taking into account drug and administration costs). At 12 months: • stop mepolizumab if the asthma has not responded adequately or	**RED**	Noted

		continue mepolizumab if the asthma has responded adequately and assess response each year.		
6	**TA673: Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy**	Niraparib is recommended for use within the Cancer Drugs Fund as an option for maintenance treatment for advanced (FIGO stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer after response to first-line platinum-based chemotherapy in adults. It is recommended only if the conditions in the managed access agreement for niraparib are followed	**RED**	Noted
7	**TA674: Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (terminated appraisal)**	NICE is unable to make a recommendation about the use in the NHS of pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable. Merck Sharp & Dohme has confirmed that it does not intend to make a complete evidence submission for the appraisal. This is because it does not consider that the new evidence collected when pembrolizumab was in the Cancer Drugs Fund (NICE's technology appraisal guidance 522) shows that it works well enough in this patient population to be cost effective.	**BLACK** for this indication	Noted
8	**TA677: Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma**	Treatment with autologous anti-CD19-transduced CD3+ cells is recommended for use within the Cancer Drugs Fund as an option for relapsed or refractory mantle cell lymphoma in adults who have previously had a Bruton's tyrosine kinase (BTK) inhibitor. It is only recommended if the conditions in the managed access agreement for autologous anti CD19 transduced CD3+ cells treatment are followed	**RED**	Noted
9	**HST14: Metreleptin for treating lipodystrophy**	Metreleptin is recommended, within its marketing authorisation, as an option for treating the complications of leptin deficiency in lipodystrophy for people who are 2 years and over and have generalised lipodystrophy. Metreleptin is recommended as an option for treating the complications of leptin	**RED**	Noted

		deficiency in lipodystrophy for people who are 12 years and over, have partial lipodystrophy, and do not have adequate metabolic control despite having standard treatments. It is only recommended if they have an HbA1c level above 7.5%, or fasting triglycerides above 5.0 mmol/litre, or both.		

B. Formulary applications or amendments/pathways/guidelines

	Drug name and Indication		Commissioning/ Service Implications	MCFC recommendation
	Formulary applications or amendments/pathways/guidelines (CCG Commissioned)			
10	Prucalopride for constipation in men	Review of Prucalopride on the York formulary as the product license changed to include men as well as women in May 2015. Approved for use in men as well as women following 6 months treatment of at least 2 classes of laxative at maximum tolerated doses, review after 4 week	**AMBER**	Approved
11	Solriamfetol for the treatment of narcolepsy with or without cataplexy in adults.	Northern (NHS) Treatment Advisory Group recommends the use of Solriamfetol for the treatment of narcolepsy with or without cataplexy in adults as an alternative to Pitolisant in those who would have otherwise received Pitolisant. Solrimafetol or Pitolisant only to be considered as an option in narcoleptic patients with residual severe daytime sleepiness who have an Epworth score of 14 or over, if they have already tried modafinil and dexamfetamine or methylphenidate, and where therapy will make a substantial difference to their quality life. Prescription of this medication will be limited to Sleep Centres with adequate expertise in managing narcolepsy and using this medication: The James Cook University Hospital, Department of Sleep Medicine and Royal Victoria Infirmary. And to be used in line with an agreed regional pathway for the management of narcolepsy.	**RED** for use at James Cook University Hospital, Department of Sleep Medicine and Royal Victoria Infirmary only	Approved
12	Solriamfetol for obstructive sleep apnoea in adults .	Northern (NHS) Treatment Advisory Group does not currently recommend the use of Solriamfetol for obstructive sleep apnoea adults.	**BLACK**	Approved

13	Teriparatide Biosimilar for management of osteoporosis in line with NICE TA 161.	Northern (NHS) Treatment Advisory Group recommends the adoption of biosimilar teriparatide across the North Cumbria and North East Health Economy.	**RED**	Approved
14	Dupilumab and Omalizumab for chronic rhinosinusitis with nasal polyps	The Northern (NHS) Treatment Advisory Group does not recommend the use of Dupilumab or Omalizumab for chronic rhinosinusitis with nasal polyps (CRSwNP).	**BLACK f**or this indication	Approved
15	Dapsone shared care guideline for dermatology indications	Recommendation made by CDTV APC to change status from specialist initiation to amber shared care.	**AMBER SC** This has already been accepted onto the near patient testing local enhanced service in band 2	Approved.
16	CD&T APC Riluzole Shared Care Guideline	Review and updated an existing shared care guideline with no significant changes	**AMBER SC**	Noted
17	Tees Ciclosporin Shared Care Guideline	Review and updated an existing shared care guideline with no significant changes	**AMBER SC**	Noted
18	Lyumjev® (Insulin Lispro) for management of diabetes	This would be used for people with type 1 diabetes who cannot optimise post-prandial blood glucose control with existing fast acting insulin preparations despite optimal timing which include Humalog and Fiasp.	**AMBER**	Approved
19	Denosumab shared care guideline (Harrogate)	This was a review and update of an existing shared care guideline.	**AMBER SC**	Noted
20	Patiromer shared care guideline (Harrogate)	This was approved in line with the York shared care guideline for management of hyperkalaemia in patients with heart failure or stage 3b to 5 chronic renal failure.	**AMBER SC**	Approved
21	Amiodarone shared care guideline (Harrogate)	Review and updated an existing shared care guideline with no significant changes	**AMBER SC**	Noted
22	Azathioprine shared care guideline (Harrogate)	Review and updated an existing shared care guideline with no significant changes	**AMBER SC**	Noted
23	Ciclosporin shared	Review and updated an existing shared care guideline with no significant changes	**AMBER SC**	Noted

	care guideline (Harrogate)			
24	Leflunomide shared care guideline (Harrogate)	Review and updated an existing shared care guideline with no significant changes	**AMBER SC**	Noted
25	Methotrexate shared care guideline (Harrogate)	Review and updated an existing shared care guideline with no significant changes	**AMBER SC**	Noted
26	Mycophenolate shared care guideline (Harrogate)	Review and updated an existing shared care guideline with no significant changes	**AMBER SC**	Noted
27	Sulfasalazine shared care guideline (Harrogate)	Review and updated an existing shared care guideline with no significant changes	**AMBER SC**	Noted
	Formulary applications or amendments/pathways/guidelines (NHSE/ hospital only)			
28	Nebulised Aztreonam lysine (Cayston®) 75 mg powder and solvent for nebuliser solution	Is recommended for third-line use in the following subpopulation within its licensed indication: for suppressive therapy of chronic pulmonary infections due to Pseudomonas aeruginosa in patients with cystic fibrosis aged six years and older. Request approved by Jan 2021 STHFT D&T.	**RED**	Noted
29	Dolutegravir 50mg/ Lamivudine 300mg FDC tablets (Dovato) for management of HIV.	NHSE commissioned tariff excluded drug. NICE approved for HIV and request approved by Jan 2021 STHFT D&T.	**RED**	Noted
30	Dolutegravir 50mg/ Rilpivirine 25mg FDC tablets (Juluca)	NHSE commissioned tariff excluded drug. NICE approved for HIV and request approved by Jan 2021 STHFT D&T.	**RED**	Noted
31	Phenol In Glycerol 5% W/V Intrathecal Neurolysis for Cancer pain – for palliative nerve block.	Request from STHFT. Intrathecal chemical neurolysis with Phenol is a neuro-destructive technique to provide saddle anesthesia for perineal/pelvic pain, in patients unresponsive to pharmacological therapy or not amenable to surgical treatment. Its use has been advocated in patients with terminal illness with a short life expectancy of less than a year.	**RED**	Approved

32	Teriparatide for osteoporosis in men	Approve for addition to the formulary as per Interim Clinical Commissioning Policy Statement: Teriparatide for Osteoporosis in Men (Adults). NHS England Reference: 201101P	**RED** - tariff excluded drug as long as Trust is commissioned by NHSE as a specialist centre	Approved
33	Regional Gender Dysphoria Guidelines	Review and updated an existing guideline that is used by the service in Newcastle.	N/A	Noted