NHS
North Yorkshire
Clinical Commissioning Group

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Dear Colleagues,

Medicines commissioning and formulary update

Following the establishment of the North Yorkshire CCG and closer working with Vale of York CCG, there has been a review of the present decision-making processes relating to the commissioning of medicines. It is important that we align existing positions and that, hereafter, our processes ensure our patients have equity of access to the same medicines and medicine-related policies across the whole of North Yorkshire.

At present there are three area prescribing committees (APCs) that make recommendations relating to medicines across North Yorkshire: County Durham and Tees Valley Area Prescribing Committee; York and Scarborough Medicines Commissioning Committee; and Harrogate Area Prescribing Committee. North Yorkshire CCG has decided to apply an interim arrangement during a period of transition. This will maintain the present APCs, but introduce a NYCCG Medicines Commissioning and Formulary Committee (MCFC). The MCFC will consider recommendations on the commissioning of medicines from all three APCs, to compare, to ensure consistency and that appropriate consultation has happened across all key stakeholders. Once the MCFC is satisfied on these points, then its recommendations will progress through CCG processes for final approval. The MCFC will also work with Vale of York colleagues to minimise any risk of variation.

Attached is a summary of recommendations from the MCFC meeting of 4th November 2020, which were approved by the CCG on the same day.

Yours sincerely

Christopher Ranson
Senior Pharmacist (Medicines Commissioning and Formulary)

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Decisions from the North Yorkshire Medicines Commissioning and Formulary sub-Committee meeting – 4th November 2020.

This followed recommendations from the York & Scarborough Medicines Commissioning meeting and the Harrogate and Rural District Area Prescribing Committee that took place in October. There was no County Durham and Tees Valley APC in October (note this just takes place every 2 months).

A: NICE Technology Appraisals

	Drug name and Indication		Potential full year cost impact	Commissioning/ Service Implications	MCFC recommendation
CCG Commissioned NICE 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.	No cost impact to CCGs as NICE unable to make a recommendation.	None identified as not approved. Classified as a Black drug.	Support NICE position to not approve
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.	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 (naloxegol).	In tariff drug and classified as a Green drug.	Approved

			- naloxegol: £55.20 (30 tablets) - naldemedine: £41.72 (28 tablets) Locally this will provide a saving when used instead of naloxegol.		
NHS England Commissioned NICE TAs 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.	No cost impact to CCGs as NHS England commissioned.	NHSE commissioned. Red classification	Noted
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.	No cost impact to CCGs as NHS England commissioned.	NOT APPROVED for this indication. Black classification.	Noted
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.	No cost impact to CCGs as NHS England commissioned.	NOT APPROVED for this indication. Black classification	Noted
6.	**TA649: Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or**	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	No cost impact to CCGs as NHS England commissioned.	NHSE Commissioned. Red classification	Noted

	refractory diffuse large B-cell lymphoma	a haematopoietic stem cell transplant. It is recommended only if the company provides polatuzumab vedotin according to the commercial arrangement.			
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.	No cost impact to CCGs as NHS England commissioned.	NOT APPROVED for this indication. Black classification for this indication	Noted

B. Formulary applications or amendments/pathways/guidelines

	Drug name and Indication		Potential full year cost impact	Commissioning/ Service Implications	MCFC recommendation
Formulary applications or amendments/pathways/guidelines (CCG Commissioned)					
8.	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 advantage 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	No cost impact to CCGs as not approved and similar in price to aflibercept.	Not approved but when it is considered by NICE it would be classified as a PBR excluded drug. Black classification at present.	Non-formulary

		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 switching patients already stable on aflibercept.			
9.	Vitamin D Guideline and Medal Ranking	Approved by MCC (York & Scarborough). PDF Vit D Supplements MedR 2020.pdf	No cost impact to CCGs as guideline enforces message that patients should buy maintenance doses of Vitamin D over the counter.	Similar guidelines across all localities. HaRD guidelines- PDF Vitamin D guidelines March 20 (1).pdf CD&TV guidelines- PDF CD-D-APC-Vitamin-D-Quick-Ref-Guide-se Note the CDDTV Vitamin D guideline is undergoing a review at present.	Approved

10.	Hydrocortisone modified release (MR) Plenadren for management of hypopituitarism with adrenal insufficiency for one individual patient (Leeds CCG)	This was considered by the committee for this individual patient but the decision was to decline due to no evidence of clinical and cost effectiveness and consideration to try to improve compliance in the first instance.	No cost impact as this is for an individual Leeds CCG patient. The decision may set precedent for future patients.	N/A as Leeds CCG patient. Classified as Black on formulary.	Noted
11.	Harrogate APC Chairman's Action: bone cement with gentamicin and vancomycin for hip replacement.	Severe multi-organism infection left hip after hip fracture surgery. Has had 2 previous revision operations and is now due for further (second stage) surgery. Case discussed with Consultant Microbiologist (Dr Lauren Heath) who recommends using cement with gentamicin and vancomycin to reduce risk of recurrent infection (which would lead to the need for further revision surgery). Case also discussed at the local and regional revision MDT meetings – consensus was that using pre-mixed/proprietary cement with vancomycin (i.e. COPAL G&V) would provide clinical benefit in terms of longevity of hip replacement compared with using our standard cement with vancomycin added by hand (pre-mixed cement provides additional strength whereas adding vancomycin by hand can affect the structural integrity of the cement)	No significant cost impact to CCGs expected.	In tariff treatment which will be hospital only. Red classification	Noted
Formulary applications or amendments/pathways/guidelines (NHSE Commissioned)					
12.	PEMBROLIZUMAB for management of Non-small cell lung cancer (NHSE funded)	NHS England has approved the option to give pembrolizumab monotherapy instead of chemotherapy to reduce the risk of immunosuppression during the Covid-19 pandemic in patients with PD-L1 expression of 1-49%.	NHS England commissioned no cost impact on CCG.	Red classification	Noted

13.	Bevacizumab for management of metastatic carcinoma of the colon or rectum.	This was previously available through the cancer drugs fund but was withdrawn about 7 years ago on cost grounds (was £50 million a year). This is been considered as part of a 'top-up' self-funded therapy in an individual patient.	Chemotherapy is NHS England commissioned so no cost impact to CCG.	Black classification	Noted
14.	NHS England interim treatment options during the COVID-19 pandemic	These interim treatment options allow for greater flexibility in the management of cancer during COVID-19 pandemic to ensure clinicians have additional treatment options through this time. These interim treatment regimens are based on clinical opinion from members of the Chemotherapy Clinical Reference Group and specialised services cancer pharmacists and endorsed by NHS England and NHS Improvement.	NHS England commissioned	Red classification	Noted