North Yorkshire
Clinical Commissioning Group

Our ref: May2021/ MCFC Comms

Date: 11h May 2021

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Dear Colleagues,

Medicines commissioning and formulary update

Attached is a summary of recommendations from the MCFC meeting of 5th May 2021, which were approved by the CCG on the same day.

Yours sincerely

Christopher Ranson
Senior Pharmacist (Medicines Commissioning and Formulary)

NHS
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North Yorkshire Medicines Commissioning and Formulary Committee

Decisions from meeting – 5th May 2021

These decisions were based on recommendations from the York & Scarborough Medicines Commissioning Committee and the Harrogate and Rural District Area Prescribing Committee that took place in February. There was no County Durham and Tees Valley APC in February (which takes place every 2 months).

A: NICE Technology Appraisals

	Drug name and Indication		Commissioning/ Service Implications	MCFC recommendation
	CCG commissioned NICE Technology Appraisals			
1	TA681: Baricitinib for treating moderate to severe atopic dermatitis	Baricitinib is recommended as an option for treating moderate to severe atopic dermatitis in adults, only if the disease has not responded to at least 1 systemic immunosuppressant, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are not suitable, and the company provides it according to the commercial arrangement. Assess response from 8 weeks and stop baricitinib if there has not been an adequate response at 16 weeks, defined as a reduction of at least 50% in the Eczema Area and Severity Index score (EASI 50) from when treatment started and 4 points in the Dermatology Life Quality Index (DLQI) from when treatment started. When using the EASI, take into account skin colour and how this could affect the EASI score, and make appropriate clinical adjustments. When using the DLQI, take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI, and make any appropriate adjustments.	**RED**	Approved
2	TA682: Erenumab for preventing migraine	Erenumab 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, the 140 mg dose of erenumab is used and the company provides it according to the commercial arrangement. Stop erenumab after 12 weeks of treatment if in episodic migraine (less than 15	**Red**	Approved

		headache days a month) the frequency does not reduce by at least 50% OR 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%.		
	NHS England commissioned NICE Technology Appraisals: for noting			
3.	**TA680: Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma**	Lenalidomide is recommended as maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma in adults, only if the dosage schedule is 10 mg per day on days 1 to 21 of a 28-day cycle and the company provides lenalidomide according to the commercial arrangement.	**RED**	Noted
4.	**TA683: Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer**	Pembrolizumab with pemetrexed and platinum chemotherapy is recommended as an option for untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR)-positive or anaplastic lymphoma kinase (ALK)-positive mutations. This is only if it is stopped at 2 years of uninterrupted treatment, or earlier if the disease progresses and the company provides pembrolizumab according to the commercial arrangement.	**RED**	Noted
5.	**TA684: Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease**	Nivolumab is recommended, within its marketing authorisation, as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease. It is recommended only if the company provides nivolumab according to the commercial arrangement.	**RED**	Noted
6	**TA685: Anakinra for**	Anakinra is recommended as an option for treating Still's disease with moderate to	**RED**	Noted

	treating Still's disease	high disease activity, or continued disease activity after non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids. It is only recommended for • adult-onset Still's disease that has responded inadequately to 2 or more conventional disease-modifying antirheumatic drugs (DMARDs) and systemic juvenile idiopathic arthritis in people 8 months and older with a body weight of 10 kg or more that has not responded to at least 1 conventional DMARD.		
7	**TA686: Blinatumomab for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia (terminated appraisal)**	NICE is unable to make a recommendation about the use in the NHS of blinatumomab for treating Philadelphia-chromosome-positive relapsed or refractory acute lymphoblastic leukaemia. This is because Amgen UK has confirmed that it does not intend to make an evidence submission for the appraisal. Amgen UK considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.	**RED**	Noted
8	**TA687: Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy**	Ribociclib plus fulvestrant is recommended as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in adults who have had previous endocrine therapy only if exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor, and the company provides ribociclib according to the commercial arrangement.	**RED**	Noted
9	**TA688: Selective internal radiation therapies for treating hepatocellular carcinoma**	The selective internal radiation therapy (SIRT) SIR-Spheres is recommended as an option for treating unresectable advanced hepatocellular carcinoma (HCC) in adults, only if used for people with Child–Pugh grade A liver impairment when conventional transarterial therapies are inappropriate, and the company provides SIR-Spheres according to the commercial arrangement. The SIRT TheraSphere is recommended as an option for treating unresectable advanced HCC in adults, only if used for people with Child–Pugh grade A liver impairment when conventional transarterial therapies are inappropriate, and the	**RED**	Noted

		company provides TheraSphere according to the commercial arrangement. The SIRT QuiremSpheres is not recommended for treating unresectable advanced HCC in adults.		
10.	**NG144: Cannabis-based medicinal products**	March 2021: NICE has issued a clarification on recommendations for the use of unlicensed cannabis-based medicinal products for severe treatment-resistant epilepsy. This clarification has the same status as the guideline and should be read alongside it. This clarification relates to the interpretation of the aspect of the guideline concerned with the use of cannabis-based medicinal products to treat severe treatment-resistant epilepsy in children. (NICE has published separate technology appraisal guidance on cannabidiol with clobazam for treating seizures associated with Lennox-Gastaut syndrome and Dravet syndrome). The guideline made research recommendations for the use of unlicensed cannabis-based medicinal products for severe treatment-resistant epilepsy. The committee took the view, based on the evidence available at the time, that there was insufficient evidence of safety and effectiveness to support a population-wide practice recommendation (that is, a recommendation relating to the whole population of people with severe treatment-resistant epilepsy). The fact that NICE made no such population-wide recommendation should not however be interpreted by healthcare professionals as meaning that they are prevented from considering the use of unlicensed cannabis-based medicinal products where that is clinically appropriate in an individual case. Patients in this population can be prescribed cannabis-based medicinal products if the healthcare professional considers that that would be appropriate on a balance of benefit and risk, and in consultation with the patient, and their families and carers or guardian. There is no recommendation against the use of cannabis-based medicinal products. For more information about why the committee decided not to recommend against use of these products, see the rationale section of the guideline.	**RED -** clarification of existing NICE clinical guideline	Noted

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B. Formulary applications or amendments/pathways/guidelines

	Drug name and Indication		Commissioning/ Service Implications	MCFC recommendation
	Formulary applications or amendments/pathways/guidelines (CCG Commissioned)			
11.	Atorvastatin 30mg + 60mg tablets	Agreed to add atorvastatin 30mg +60mg film coated tablets to the formulary as NOT APPROVED on the grounds of cost. They cost significantly more than the other strengths of Atorvastatin.	**BLACK** for the 30mg and 60mg strengths	Approved
12.	MST Sachets – discontinued	Agreed to remove from formulary as discontinued by manufacturer	For information – As an alternative Zomorph capsules may be opened up and the contents mixed with semi-solid food (puree, jam, yogurt) for patients with difficulties swallowing. Note that the contents should not be chewed even after opening up and mixing with food.	Noted
13.	Acetylcysteine 600mg effervescent tablets (NACSYS) – mucolytic for COPD	Key benefit of NACSYS is lower tablet burden (once daily preparation, compared to carbocisteine which is 8 capsules daily) No plan to switch patients to NACSYS but would be a suitable alternative to those who would prefer a once daily option or who have a history of poor compliance- note NACSYS is effervescent to may also be suited to those with swallowing difficulties as oppose to the more costly carbocisteine liquid. This was recommended by the York/ Scarborough MCC but already on formulary in harrogate and County Durham and tees Valley formulary.	**GREEN**	Approved
14	Metyrapone for hypercortisolism (Cushing's syndrome)	It was approved by Harrogate APC in Nov 2020 as Amber Shared Care. Nothing currently on formulary for this group of patients. Endocrine Society guidance recommends Metyrapone as the first line treatment option for the medical management of Cushing's Syndrome and usual practice is to stabilize patients on this steroidogenesis inhibitor pre-operatively.	**AMBER Shared Care** This has been previously considered by MCFC in December 2020	Noted

<table>
<tr><td></td><td></td><td>It is recommended also as second-line treatment after Trans-Sphenoidal Surgery in patients with CD, either with or without Radiotherapy/radiosurgery; as primary treatment of Ectopic ACTH Secretion (EAS) in patients with occult or metastatic EAS; and as adjunctive treatment to reduce cortisol levels in adrenocortical carcinoma (ACC).
It is also recommended as the de facto glucocorticoid antagonist of choice in patients who are not surgical candidates (eg TSS or Bilateral Adrenalectomy) or who have persistent disease after surgery. This was recommended by the York/Scarborough MCC to come into line with harrogate</td><td>and approved.</td><td></td></tr>
<tr><td>15</td><td>Tamoxifen for hereditary haemorrhagic telangiectasia</td><td>Request for review of RAG status from RED to Amber specialist initiation by York/ Scarboorugh MCC
Change approved on basis that whilst unlicensed indication GPs are familiar with the drug itself</td><td>Changed from RED to AMBER specialist initiation</td><td>Approved</td></tr>
<tr><td>16.</td><td>Migraine Pathway to Include Erenumab</td><td>Approved and mirrors relevant NICE TAs to use the most cost-effective agent.</td><td>RED</td><td>Noted</td></tr>
<tr><td>17.</td><td>Advanced therapy for atopic dermatitis flowchart</td><td>Approved in line with NICE TAs for dupilimab and Baracitinib</td><td>RED</td><td>Noted</td></tr>
<tr><td>18.</td><td>Darbepoetin guideline UPDATE</td><td>Only change is
CCG logo
contact details
the monitoring box for the specialist team – add reticulocyte haemoglobin content
<table><tr><td>U&E’s ,FBC and reticulocyte haemoglobin content (RetHE)*, Ferritin and Bone Profile

*RetHe is included on ‘reticulocyte count’</td><td>Monthly during the correction phase then

Every 2 to 3 months once the maintenance treatment dose has been established.</td></tr></table></td><td>RED</td><td>Noted</td></tr>
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		Vitamin B12 and folate — Every 12 months		
19.	Sativex for Spasticity in MS Shared Care guideline	Previously approved as per NICE NG144 which allows use for Spasticity in MS. The RAG status is recommended to be changed from Red to amber shared care at the York/ Scarborough MCC and note that this guideline has been shared with Harrogate to be adopted.	**AMBER SC**	Approved
20.	TEWV Citalopram & Escitalopram - maximum dose reductions & ECG algorithm - updated	Approved. The previous version of this guidance recommended a baseline ECG in any new patient being considered for treatment with citalopram or escitalopram. It has come to our attention that this is not required in all patients, only in those with pre-existing cardiac disease. The algorithm has been amended accordingly.	N/A	TEWV have changed their position on this, not the CCG
21	Ruxolitinib for the treatment of adult patients with polycythaemia vera who are resistant to or intolerant of hydroxyurea	This was considered by Harrogate APC but a decision has been deferred due to the lack of evidence and information about potential number of patients eligible for this treatment. Polycythaemia vera is a myeloproliferative neoplasm known to be associated with dysregulated signalling of the Janus associated kinases JAK1 and JAK2. Ruxolitinib is a selective inhibitor of JAK1 and JAK2 and is the first in class for this indication. Current treatments for polycythaemia vera aim to prevent symptoms and complications, and to minimise the risk of transformation to acute myeloid leukaemia or myelofibrosis. The British Committee for Standards in Haematology's guidelines for polycythaemia vera recommend a range of treatments including periodic phlebotomy (bloodletting), interferon, hydroxycarbamide, anagrelide, radioactive phosphorus or low dose busulphan. In addition, melphalan has a licence for treating polycythaemia vera in the UK, but is rarely used in clinical practice. Note that this drug is approved by NICE for treating disease-related splenomegaly or symptoms in adults with myelofibrosis but is NHSE commissioned.	Decision deferred	Noted
	Formulary applications or amendments/pathways/guidelines (NHSE/ hospital only)			
22	Adalimumab for	Agreed to add to the formulary as as NOT APPROVED for this indication as per	**BLACK** – NHSE not	Noted

	refractory chronic non-bacterial osteomyelitis / osteitis (CNO) (all ages)	the NHSE policy	commissioned	
23	Guideline for the Dosing of Paracetamol in Adults.	The aim of this guideline is to outline how to adjust the dose of IV and oral paracetamol in adult patients with body weight <50kg with or without risk factors for liver toxicity to achieve a safe and consistent approach to prescribing and administration. This was an existing guideline updated and approved by Harrogate APC.	N/A	Noted
24	Guidelines for the Management of Acute Hypomagnesaemia in Adults.	Update of an existing guideline approved by Harrogate APC	N/A	Noted
25	Guidelines for reversal of oral anticoagulant drugs.	Update of an existing guideline approved by Harrogate APC	N/A	Noted
26	VTE thromboprophylaxis in adult orthopaedic patients.	Approved by Harrogate APC	N/A	Noted
27	Guidelines for the management of hypercalcaemia of malignancy	Approved by Harrogate APC	N/A	Noted
28	Guidelines For Safe Professional Practice, Prescribing, Administration And Disposal Of Intramuscular Methotrexate In Ectopic Pregnancy	Update of an existing guideline approved by Harrogate APC	N/A	Noted

	and Placenta Accreta			
29	Use of Intravenous Magnesium Sulfate in the Treatment of Acute Asthma in Adults	Approved by Harrogate APC	N/A	Noted