North Yorkshire
Clinical Commissioning Group

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To: All GP practices

Dear Colleagues,

Medicines commissioning and formulary update

Attached is a summary of recommendations from the MCFC meeting of 2nd June 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 – 2nd June 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 May.

A: NICE Technology Appraisals

	Drug name and Indication		Commissioning/ Service Implications	MCFC recommendation
	CCG commissioned NICE Technology Appraisals			
1	TA679: Dapagliflozin for treating chronic heart failure with reduced ejection fraction	Dapagliflozin is recommended by NICE as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with: • angiotensin-converting enzyme (ACE) inhibitors or angiotensin-2 receptor blockers (ARBs), with beta blockers, and, if tolerated, mineralocorticoid receptor antagonists (MRAs), or • sacubitril valsartan, with beta blockers, and, if tolerated, MRAs.	**Amber SR**	Approved Note that further guidance is in development and circulated when approved.
2	TA694: Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia	Bempedoic acid with ezetimibe is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if: • statins are contraindicated or not tolerated, • ezetimibe alone does not control low-density lipoprotein cholesterol well enough, and • the company provides bempedoic acid and bempedoic acid with ezetimibe according to the commercial arrangement.	Decision deferred to confirm place in therapy in those whose dose of statin cannot be increased to usually max recommended dose.	Noted
	NHS England commissioned NICE Technology Appraisals: for noting			
3.	TA689: Acalabrutinib for treating chronic	Acalabrutinib as monotherapy is recommended as an option for untreated chronic	**RED**	Noted

	lymphocytic leukaemia	lymphocytic leukaemia (CLL) in adults, only if: • there is a 17p deletion or TP53 mutation, or • there is no 17p deletion or TP53 mutation, and fludarabine plus cyclophosphamide and rituximab (FCR), or bendamustine plus rituximab (BR) is unsuitable, and • the company provides the drug according to the commercial arrangement.		
4.	**TA690: Teduglutide for treating short bowel syndrome (terminated appraisal)**	NICE is unable to make a recommendation about the use in the NHS of teduglutide for treating short bowel syndrome because Takeda withdrew its evidence submission. Another company has taken over the rights to teduglutide and has confirmed that it wishes to make a new submission for the appraisal. This will be scheduled into NICE's work programme.	NHSE responsible commissioner.	Noted
5.	**TA691: Avelumab for untreated metastatic Merkel cell carcinoma**	Avelumab is recommended as an option for treating metastatic Merkel cell carcinoma in adults who have not had chemotherapy for metastatic disease. It is recommended only if the company provides avelumab according to the commercial arrangement.	**RED**	Noted
6	**TA692: Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy**	Pembrolizumab is not recommended, within its marketing authorisation, for treating locally advanced or metastatic urothelial carcinoma in adults who have had platinum-containing chemotherapy. This recommendation is not intended to affect treatment with pembrolizumab that was started in the Cancer Drugs Fund before this guidance was published. For those people, pembrolizumab will be funded by the company until they and their NHS clinician consider it appropriate to stop.	NHSE commissioned (BLACK for this indication)	Noted
7	**TA693: Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer**	Olaparib plus bevacizumab is recommended for use within the Cancer Drugs Fund as an option for maintenance treatment of advanced (International Federation of Gynaecology and Obstetrics [FIGO] stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults when there has been a complete or partial response after first-line platinum-based chemotherapy plus bevacizumab, and the cancer is associated with homologous recombination deficiency (HRD). It is recommended only if the conditions in the	**RED**	Noted

		managed access agreement for Olaparib are followed.		
8	**TA695: Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma**	Carfilzomib plus lenalidomide and dexamethasone is recommended as an option for treating multiple myeloma in adults, only if they have had only 1 previous therapy, which included bortezomib, and the company provides carfilzomib according to the commercial arrangement.	**RED**	Noted

B. Formulary applications or amendments/pathways/guidelines

	Drug name and Indication		Commissioning/ Service Implications	MCFC recommendation
	Formulary applications or amendments/pathways/guidelines (CCG Commissioned)			
9.	Aerochamber Plus Flow-Vu anti-static VHC	To approve as a replacement for the existing Aerochamber spacer in new patients requiring a spacer. It is easier to use. To be considered for existing patients at time of their next regular COPD or asthma review.	**GREEN**	Approved
10.	Sodium zirconium SCG	To approve in anticipation of primary care rebate scheme being approved to support change in RAG status from RED to AMBER SC, which brings it in line with Patiromer. Note that this has already been approved as part of NICE TA 599: Sodium zirconium cyclosilicate for treating hyperkalaemia (Sept. 2019), when it was given a RED status due to the patient access scheme previously not made available within primary care.	**AMBER SC**	Approved
11.	Acetylcysteine (oral) for pulmonary fibrosis	To approve a change in RAG status from AMBER SC to AMBER SR for use pulmonary fibrosis. This gives it the same RAG status as its use in COPD, as there is no difference in monitoring between the two conditions.	**AMBER SR**	Approved
12.	Flash Glucose Monitoring guidance update (NTAG guidance)	It should be noted that the North East and Cumbria has updated their Flash Glucose Monitoring guidance to include type 2 diabetes pregnancy and pre-conception. These are not included within the North Yorkshire and York policy, which has only just been updated and there are no plans at this stage to reconsider these extra criteria and we wish to keep in line with the rest of Humber	**For information**	Noted

		Coast and Vale ICS.		
13.	Monthly oral ibandronic acid 150mg film coated tablets	To review the current formulary position for monthly oral ibandronic acid as is currently listed as non-formulary in CDTV but should be on the formulary as per NICE TA464 alongside all the other oral bisphosphates for osteoporosis	**GREEN**	Approved
14.	Spironolactone RAG review in CDTV	The RAG status of spironolactone on the formulary was reviewed (primarily for its hypertension indication) following a query at Mar. 2021 APC when drug monitoring guidelines were approved. Spironolactone is first choice (ahead of eplerenone) for severe heart failure). Decision: It was agreed to class as AMBER SI for heart failure or ascites and GREEN for hypertension.	**GREEN**	Approved
15.	Cimetidine, famotidine and nizatidine (oral forms) (CDTV)	Add to formulary as GREEN drugs due to ongoing long-term supply issues with ranitidine.	**GREEN**	Approved
16.	Nebulised gentamicin injection for management of bronchiectasis (CDTV)	It was agreed to change from RED (specialist only) to AMBER-SI (specialist initiation) for long term therapy in non-cystic fibrosis bronchiectasis usually in patients having > 3 exacerbations per annum with an organism identified as being sensitive to gentamicin. This is the same as the NoT formulary position. This also mirrors how the drug is currently prescribed in practice by CDDFT, STHFT and NTHFT.	**AMBER SI**	Approved
17.	Buprenorphine oral lyophilisate (Espranor®) for management of substitution treatment for opioid drug dependence (CDTV)	**Decision: Not approved**. The FSG and APC came to this recommendation not to approve addition to the formulary because: □ Concerns were expressed around patient safety implications including potential variation in bioavailability, confusion arising from multiple dosage forms of buprenorphine and the impact on community pharmacy supervised services – this was expressed previously by North of Tyne and in March 2020 by APC. □ Risk of dispensing errors in community pharmacies from having Espranor and SL forms both available when 2mg and 8mg strengths both available – people may not realise the products and dose are different. □ No evidence presented that not having this on formulary precludes patients from having a treatment choice which could give them a better experience and outcomes compared to SL buprenorphine	For information only	Noted

		Application does not have the support of local authorities in County Durham & Tees Valley who are commissioners of Drug Misuse Services.		
18.	Fresubin Thickened Level 2 and 3 for adult patients requiring nutrition support on the wards who have been assessed as requiring either level 2 or level 3 thickened fluids. (HaRD)	This replaces Nutilis complete drink level 2 and 3 primarily used while the patient is in hospital who has dysphagia by a SALT and assessed by a dietician as requiring a supplement. Majority of patients will be reviewed at point of discharge and stopped	**AMBER**	Approved
19.	Laxatives in palliative care guidelines (HaRD)	This was a review of existing guideline; the main changes are the replacement of Naloxegol with Naldemedine which is more cost effective. Naloxegol remains on formulary as an option if a patient cannot take Naldemedine due contraindication/ adverse effect in line with NICE guidance.	For information	Noted
20.	Mercaptopurine shared care guideline	Update and review of an existing shared care guideline. No changes made.	**AMBER SC**	Noted
	Formulary applications or amendments/pathways/guidelines (NHSE/ hospital only)			
21.	Clonidine 25mcg tablets for sedation (CDTV)	Add to formulary as a RED drug for use in intensive care only.	**RED**	Approved
22.	Cyproheptadine 4mg tablets for serotonin syndrome (CDTV)	Add to formulary as a RED drug for use in emergency management of serotonin syndrome in hospital only. Note on the list of Royal College of Medicine recommended antidotes to be available within a hospital within one hour.	**RED**	Approved
23.	Droperidol 2.5mg/ml injection (CDTV)	Add to formulary as a Red drug for post-surgery nausea & vomiting following a request from CDDFT	**RED**	Approved
24.	UK Guideline for the use of HIV Post-Exposure Prophylaxis 2021	Approved updated British Association for Sexual Health and HIV (BASHH) guidelines for post-exposure prophylaxis (PEP) to HIV.	**RED**	Approved
25.	HOMECARE MEDICINES POLICY	Updated an existing policy.	For information only	Noted
26.	Acute Hyperkalaemia	Updated an existing policy.	For information only	Noted

	treatment guideline			