

**Recommendations from York and Scarborough Medicines Commissioning Committee August 2016**

<b>Drug name</b>	<b>Indication</b>	<b>Recommendation</b>	<b>Rationale for recommendation</b>	<b>Place in therapy</b>	<b>RAG status</b>	<b>Potential full year cost impact</b>
Brivaracetam	Epilepsy	Not approved – but may be considered on an individual patient basis via prior approval by Chair’s action on request by secondary care specialist	Insufficient evidence to support it and high cost.	Adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent patients from 16 years of age with epilepsy.	Black - but may be considered on an individual patient basis via prior approval by Chair’s action on request by secondary care specialist	None (would replace another agent)
Colesevelam	Pruritus	Not approved	Off label use and insufficient evidence to support its use.	To treat pruritus in patients with primary biliary cirrhosis (PBC) and bile salt malabsorption who have experienced serious side effects with colestyramine.	Black	None
Melatonin	Sleep disorders in adults	Not approved	Confirmation of formulary position	Sleep disorders in adults	Black	None
Carvedilol	Prevention of variceal bleeding in patients with portal hypertension	Approved	Stronger clinical evidence for this drug for this condition and more cost effective.	In place of propranolol for this condition.	Green	Cheaper than existing treatment – propranolol.

	and chronic liver disease					
Tiotropium Respimat	Bronchiectasis	Approved	Only LAMA available that is not in dry powder inhaler formulation	When LAMA required and patient is unable to use a dry powder inhaler.	Amber SI	None- costs may reduce
Colestyramine	Cholesterol	Approved	Confirmation of formulary position	Raised cholesterol	Green	None
Colestyramine	Itching	Approved	Confirmation of formulary position	Itching	Amber SI	None
Tropicamide eye drops	Pupil dilation	Approved	Confirmation of formulary position	Pupil dilation	Green	None
Cyproterone	Prostate cancer	Approved	Confirmation of formulary position	Prostate cancer	Green	None
Cyproterone	All other licensed conditions	Approved	Confirmation of formulary position	Confirmation of formulary position	Amber SI	None
Imiquimod	Actinic keratosis and Basal cell carcinoma	Approved	Confirmation of formulary position	Dermatology (actinic keratosis and Basal cell carcinoma)	Amber SR	None
Imiquimod	Genital warts	Approved	Confirmation of formulary position	GUM (genital warts)	Red	None
Clonidine (all strengths)	Hypertension	Approved	Confirmation of formulary position	Hypertension	Red	None
Clonidine 25mg	Menopausal flushing	Approved	Confirmation of formulary position	Management of vasomotor conditions commonly associated with the menopause and characterised by flushing	Green	None

Maculeh light (and similar oral eye vitamin preparations)	Age-related macular degeneration (AMD)	Not approved	Confirmation of formulary position	Age-related macular degeneration (AMD)	Black	None
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