NHS Vale of York Clinical Commissioning Group

NHS Scarborough and Ryedale Clinical Commissioning Group

York Teaching Hospital NHS Foundation Trust

Minutes of Medicines Commissioning Committee Meeting
Wednesday 20 January 2016
Severus Room, West Offices, York

1. Apologies / Attendance

		FEB	MAR	APR	MAY	JUN	AUG	SEP	OCT	DEC	JAN
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	A	✓	✓	A	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GP Prescribing Lead – S&RCCG	Dr Greg Black (GB)	✓	A	✓	✓	✓	✓	✓	A	✓	✓
Principal Pharmacist - Medicines Information	Mrs Jane Crewe (JEC)	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	✓	✓	✓	A	A	✓	A	✓	✓
Consultant Physician	Dr Paul Jennings (PJ)	A	A	✓	✓	✓	✓	✓	✓	A	✓
Consultant Urologist	Mr Richard Khafagy (RK)	A	A	✓	A	✓	✓	✓	A	A	A
Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)	A	✓	A	✓	A	A	A	✓	✓	A
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	✓	✓	✓	A	✓	✓	A	A	✓
Consultant Psychiatrist (TEWV)	Dr Raul Perez		A	✓	A	A	A	A	A	A	A
Regional Drug & Therapeutics Centre, Newcastle	Ms Bhavana Reddy (BR)									✓	✓

Item		Action
1	**General business** Apologies were received from Mr Richard Morris, Mr Richard Khafagy. Ms Bhavana Reddy (BR) from RDTC advised the meeting that in future she and Monica Mason would take it in turns to attend this meeting. Laura Angus (LA) chaired the meeting. **Declarations of Conflicts of Interest** SP declared he is a member of an advisory board for NAPP and for Pfizer. PH declared that he attends drug meetings of various manufacturers of analgesia medicines.	

2	**Minutes of last meeting** The minutes were accepted as an accurate representation of the December meeting. For clarification, as per the minutes, Dr Andrew Philips (AP) deputised for Dr Shaun O'Connell at this meeting. It was also noted that the TEWV letter regarding smoking cessation and potential drug interactions, mentioned at para 4, had not yet been seen.	
3	Matters arising **a) Chairperson's actions to report** VoY CCG received the following applications: • Spiriva Respimat – asthma. Approved. • Armour thyroid – hypothyroidism. Declined. It was noted that the acute trust will not recommend or prescribe armour thyroid either. Scarborough Ryedale CCG did not receive any applications. **b) Outcome of VoY SMT / SRCCG Business Committee** Items from the December meeting had been agreed in full by both VoY CCG Senior Management Committee and by Scarborough & Ryedale CCG Business Committee. **c) Tapentadol severe chronic pain treatment pathway** The pathway indicates that tapentadol should be the last treatment option after all other options have been tried. The pathway was felt to be robust and very useful. The following small corrections are to be made and then it should be released: Nociceptive pain: Remove comment re compliance which directs to use of patches Reformat it slightly Add some links Tapentadol is already approved as AMBER. **d) Vale of York DVT pathway** This is still being looked at by VoY. It is to be removed from the agenda. SRCCG is relooking at its pathway with a view to establish a consistent pathway across Y&S. GB and SO'C to discuss outside this meeting. **e) Biosimilar glargine to be considered by the Trust** BR advised that this is the same drug only with different excipients and is 15% cheaper. NTAG had considered this and concluded that patients cannot simply be switched without first being seen. The pen device is different than the branded version and therefore some training would be required. NTAG thought that patients who need dose adjustments anyway could be changed at that time but that stable patients would not be at this time. It is likely that more products are going to come on line at potentially a cheaper price. It was agreed that it should go on the formulary, first line for new patients as it is the most cost effective product. D&T and/or community diabetic team to consider which patient groups to be looked at and to think about any exclusions i.e. pregnancy. **f) VSL3 prescribing for prevention of *C difficile* (update from September D&T meeting)** The Trust no longer prescribes this. It is therefore now BLACK on the formulary. **g) Declaration of interests** - Defer to next meeting	**GB** **GB/SO'C** **JEC** **LA**

	h) Terms of reference - update Comments to RA who will then work with LA on this. Recent organisational changes need to be reflected in the document. It was also stated that if a GP representative member of the committee could not attend then the person attending in their place must also be a GP and be agreed by the CCG. A discussion took place around the appointment of a lay member or patient representative to join this committee, it was decided that this should be discussed and decided by the CCGs SMTs.	**RA/LA**
4	**Mental Health medicines commissioning** • **Update on vorioxetine (NICE guidance)** This was approved as AMBER – Consultant recommendation only	
5	**New medicine/product reviews (national or local)** **a)** Ivermectin (Soolantra®)- topical treatment of inflammatory lesions of rosacea (papulopustular) BR advised that this has both anti-infective and anti-parasitic properties and could be an alternative treatment before trying oral antibiotics. It was approved as GREEN as a 3rd option after failure of metronidazole gel and azaleic acid gel. GP to be sure of the diagnosis and must get confirmation if not e.g. by photograph to dermatologist or by OP referral. GP to only prescribe one tube and for patient to be reviewed at eight weeks. Maximum of four months treatment (two tubes) allowed. No evidence of benefit if re-used so do not give further courses.	
6	**NICE Technology Appraisals (TAs)** New TAs from NICE since last meeting to note formal commissioning requirements to be formally ratified at SMT/Business Committee: **New NICE guidance** **CCG** From December meeting - Vortioxetine for treating major depressive episodes – as per paragraph 4 above, approved as AMBER – Consultant recommendation only. **December 2015** **TA 369** Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears an option for treating severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear substitutes. Approved as AMBER- consultant initiation, then refer out for GP prescribing and 6 monthly review by specialist. **TA 372** Apremilast for treating active psoriatic arthritis - not recommended; not approved. **NHS England – for information** TA 370 Bortezomib for previously untreated mantle cell lymphoma. TA 371 Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane. TA 373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis. TA 374 Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy. It was noted that in all cases of NHS England commissioned TAs whose approved drugs are provided locally, the Trust takes them to D&T and they are then added to the joint formulary as RED.	

7	**New submissions (includes new therapies and changes to existing policy positions) and appeals**	
	a) **Epiduo® appeal** – deferred to next month	**LA**
	b) Vitamin D for deficiency & insufficiency – deferred to next meeting New licensed treatments are to be included and the SRCCG logo also.	**AM**
	c) Melatonin for sleep disorders in young people with ADHD Concern has been expressed by SR GPs regarding the current shared care arrangement with regards to melatonin for sleep disorders in young people with ADHD. GPs are being asked to prescribe melatonin liquid to large numbers of patients, when, at time of the agreement to the document, it had been hoped that the majority would require be prescribed “Circadin”. SR would therefore like to reconsider this shared care arrangement for this particular condition and make all products except “Circadin” BLACK, on the basis of cost and clinical effectiveness and the unlicensed nature of many of these products. “Circadin” would remain AMBER for this condition. This matter was discussed at length and while VoY GPs have not raised concerns with regards to this matter, it was felt that they too might wish to reconsider this position. It was suggested that a meeting between consultant paediatricians and GPs would be beneficial in trying to resolve this matter. SP to advise both RA and LA of the relevant consultant details with a view to them arranging a meeting potentially via video link. SO’C suggested that views from consultants at both Trust sites would be required. Communication to SR GPs to be considered by GB/RA in the meantime. It was confirmed that if any GP has any issue with a prescribing of a shared care drug for a new patient, all shared care agreements give them 14 days to make the consultant aware of their concerns.	**GB/RA**
	d) Verteporfin PDT for CSCR This previously came to the committee in May 2015 as part of a TAG review: it was not routinely commissioned based on the evidence at that time. A new trial has since been published and ophthalmologists would now like to use it in patients where laser photocoagulation is inappropriate, having developed a pathway to this effect. This would cost an additional £1000 per patient but they hoped to share one vial between two patients where possible. Due to the very small number of patients affected the committee felt that this possibility would be remote. It was also pointed out that the drug was not licensed for this condition. Concern was raised around the rate of spontaneous resolution and also whether treatment should be at 12 months rather than at 6. BR agreed to critically appraise the latest trial for the next meeting and to share the NTAG data also. JEC asked if there are any criteria for the CCG paying for photo laser coagulation. This was not discussed. The position remains BLACK	**BR**
	e) Ciclosporin 1 mg/mL eye drops for severe keratitis in adult patients As per para 6 above **-** Approved as AMBER- consultant initiation: for specialists to recommend for GP prescribing with a 6 monthly review by specialist.	
8	**Other medicines issues (local and/or national) including pathways/guidelines**	
	a) York & Scarborough Drug & Therapeutics Committee minutes (latest approved) – Deferred to next meeting as minutes not yet published.	
	b) Regional medicines procurement – update • Etanercept – discussion to take place in February with rheumatology with regards to	

	the biosimilar which is 30% cheaper and their thoughts on switching existing patients. • Infliximab biosimilar – 70 patients have been switched and new patients all receive the biosimilar. A further £60 per vial price reduction is expected in March. • Further biosimilars are due launch in 2017. • Shortages: Cyclizine inj – shortage resolved. Haloperidol – shortage ongoing. Pioglitazone – shortage not an issue in primary care if prescribing remains level. **c) Pregabalin prescribing** SP advised the meeting that at the regional pharmacist meeting it was agreed that Trusts would prescribe in line with regional procurement contract / advice. **d) Palliative care guidelines review** The Trust's Palliative Care guidelines are due for review and the Trust would prefer to adopt a national guideline rather than spend time reviewing and updating a local policy where a robust national one exists, as in this case. The Scottish guidelines have been considered to be the most appropriate, with the exception of a few drugs that are not on the local formulary. The committee asked JEC for a list of these drugs before agreeing to the adoption of this guideline. It was hoped that those drugs could come to MCC as a list, and for them to be approved for the formulary as appropriate. **e) Specialist Commissioning Drug Briefing** Reimbursement changes being brought in by NHSE are causing some challenges to secondary care: • Cancer Drug Fund – many drugs being taken off the list. • BluTeq registration form to give assurance to NHSE especially for drugs such as Hep C, MS and Cancer Drug Fund drugs. NHSE has advised Trusts that it will not pay unless this process is followed. **f) Omalizumab for chronic utricaria** NHSE state this should now be CCG commissioned. This currently relates to 6 patients in Y&S who will be referred back to dermatologists. This is more of a financial matter rather than a clinical one. It is a 4 weekly injection used for up to 6 months and then stopped, as per guidance and only re-used if the patient relapses. The cost per patient is £409/month and these costs will now begin to come to the CCG and not to NHSE. The CCGs will now need to consider how the injections should be given i.e. in hospital, in the community or by self-administration at home. **g) Treatment Advisory Notes (TANs) communication between hospital and primary care** GPs have been reporting a legibility issue with some TANs received from the Trusts. JEC advised the meeting that it will be possible in the future for the Trust to issue electronic TANs to GPs but this will not be part of the first phase of the upgrade to the system. It was felt that this was potentially a failure of communication and a serious matter. GPs were to be asked to scan any illegible TANs that they received and email them to Stuart Parkes stuart.parkes@york.nhs.uk for him to collate the extent of the problem and to	JEC SP MMT/SP

	then raise it formally with the Trust as necessary. **h) Pioglitazone supply issues** The Trust has no supply issues with this drug. Recent MHRA advice to GPs was to prescribe as normal as there should be sufficient stocks in the system to deal with routine demand.	
9	**Shared care guidelines** **a) Standard text to letters regarding shared care –** Deferred to next meeting **b) Update on methotrexate prescribing – shared care arrangement** GB has spoken to Sally Kingscott who has confirmed that this problem had now been resolved and the methotrexate shared care guideline was again being adhered to in the Scarborough area. **c) Melatonin– York & Scarborough Trust paediatrics –** Deferred to next meeting **d) Triptorelin for precocious puberty –** Deferred to next meeting **e) Modafinil for narcolepsy –** Deferred to next meeting **f) Epilepsy care plans –** Deferred to next meeting	**JEC/RA** **RA to advise SR GPs** **MMT** **JEC** **JEC** **JEC**
10	**Formulary items** • Tadalafil / sildenafil for priapism **–** Deferred to next meeting	**JEC/SP**
11	**Monitoring / reporting** **1) 12 month audit data MCC outcomes September 2014 –** Deferred to next meeting **2) 12 month audit data MCC outcomes October 2014 –** Deferred to next meeting **3) 12 month audit data MCC outcomes November 2014 –** Deferred to next meeting	**MMT** **MMT** **MMT**
12	**Medicines safety** a) MHRA Safety update **–** Deferred to next meeting	**MMT**
13	**Horizon scanning, NICE Guidance and NICE Bites** a) New products update **–** Deferred to next meeting	**MMT**
14	**Patient and clinical communications** • GnRH agonists – supplementary information. • Ondansetron for IBD – patient information.	**JEC** **JEC**
15	**AOB** Nil	
	Date of next meeting: Wednesday 17 Feb 9.30am-12am, Snow Room (G035), West Offices, York	