

**Minutes of Medicines Commissioning Committee Meeting
Wednesday 17 August 2016
Severus Room, West Offices, York**

1. Apologies / Attendance

		SEP	OCT	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
GP Prescribing Lead – S&RCCG	Dr Greg Black (GB)	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	A
Principal Pharmacist - Medicines Information	Mrs Jane Crewe (JEC)	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	A
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	A	✓	✓	A	✓	A	✓	✓	A	A
Consultant Physician	Dr Paul Jennings (PJ)	✓	✓	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	✓	✓	CW	A	CW
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			
Regional Drug & Therapeutics Centre, Newcastle (BR & MM alternate attending)	Ms Bhavana Reddy (BR)			✓	✓	✓	✓	✓	✓	✓	MM BR	✓
Senior Pharmacy Technician – note taker	Stuart Kerr	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓

Item		Action
1	<p>General business Laura Angus (LA) chaired the meeting. Apologies were received from Dr G Black, Ms J Crewe, Mr R Khafagy, Dr Peter Hall</p> <p>Declarations of Conflicts of Interest None relevant to today's agenda. New declaration of interest paperwork, based on new NHSE guidance has been circulated to all members for their completion and return to LA.</p>	All

2	<p>Minutes of last meeting The minutes were accepted as an accurate representation of the July meeting.</p>	
3	<p>Matters arising</p> <p>a) Chairperson’s actions to report VoY CCG received the following application</p> <ul style="list-style-type: none"> • Varenicline (Champix) – received because CYC do not fund NRT. The application was approved in this instance. SO’C explained that while NYCC did fund NRT, CYC did not. Details on this have been shared with the acute trust for dissemination to hospital colleagues. • Brimonidine “Alphagan P” (unlicensed) eye drops – for conjunctive toxicity. This application was declined. • Farrow wraps – this application was approved following dermatologist advice. • Lisdexamfetamine – received for an adult with ADHD. This was approved with the proviso that the GP is happy to take on the responsibility in the absence of a SCG and awareness that it is RED in other areas. <p>Scarborough Ryedale CCG received no applications this month</p> <p>b) Outcome of VoY SMT / SRCCG Business Committee Items from the July meeting had been agreed in full by VoY CCG Senior Management Committee and by the Scarborough and Ryedale CCG Business Committee.</p> <p>c) Melatonin for sleep disorders in young people with ADHD This shared care guideline is with RA for final comment. RA to feed back outside of the meeting to then allow uploading to net formulary.</p> <p>d) Ulipristal feedback – Deferred to the September meeting</p> <p>e) Link required to TEVV magnesium levels in patients taking citalopram/escitalopram document - A link to this document has been created on net formulary.</p> <p>f) RAG status approval from Gastroenterology consultants re suggested RAG status last month – These are now covered in item 8b</p> <p>g) Sacubitril/Valsartan (Entresto) LA to update the primary care version</p> <p>h) Link to MHRA Safety alerts for BCR-ABL tyrosine kinase inhibitors and also for Idelalisib for chronic lymphocytic leukaemia and follicular lymphoma to be added to formulary This had been actioned</p> <p>i) Harmonisation of formularies / RAG status – to be discussed with Peter Billingsley and Louise Barker - Deferred to the September meeting.</p> <p>j) Alirocumab and Evolocumab – commissioning position and drug preference while awaiting robust pathway SP has drafted a pathway and distributed for comment prior to bringing it to the September meeting. He feels that prescribing via Homecare is the best option and the Trust would prefer using a drug where the homecare arrangement includes nursing care. The Lipidologist would prefer Trust cardiologists to be enabled to follow the pathway in addition to him, for capacity reasons.</p>	<p>LA</p> <p>All</p>

	<p>k) Net formulary to be altered to make it clear that the specialist in SI or SR drugs meant the team and not just the consultants initiation or recommendation Confirmation that the alteration has been made awaited from JEC.</p> <p>l) AF patient decision aid document – Edoxaban has been added to the document and it will be uploaded to net formulary once SO’C has made some slight changes.</p> <p>m) Benchmarking of Degludec prescribing within both CCGs against other areas via regional data. The RDTC chart shows Scarborough and Ryedale CCG with very high prescribing while VoY CCG’s prescribing rate is lower. PJ stated that the use of U500 insulin had been historically much higher in Scarborough and patients had been transferred to Degludec. This may account for some of the difference. Scarborough wishes to keep this under review given the recent approval for nurse specialists to prescribe it as well as medics. PJ suggested that the differences in prescribing patterns between the CCGs did need to be addressed in terms of understanding the variation in the influence of secondary care from the two different sites. It was noted that the ScR CCG trend data (to May 16) did not show any increase in what has been a steady (though high spend) prescribing pattern.</p> <p>n) Hull and East Riding Prescribing Committee (HERPC) minutes May 16 – for information and for potential inclusion of any pertinent items – noted.</p>	<p>JEC</p> <p>SO’C</p>
<p>4</p>	<p>Mental Health medicines commissioning</p> <p>a) Tees, Esk and Wear Valley Mental Health Trust</p> <ul style="list-style-type: none"> • Minutes from May 16 D&T • D&T feedback July 16 CW highlighted: <ul style="list-style-type: none"> - The Stop Overmedication in Learning Difficulties initiative. - A potential interaction between citalopram and cocaine. Prescribers are advised to enquire about illicit drug use and consider potential interactions with these medicines. - A new 3-monthly paliperidone injection has recently been launched and is awaiting an SMT decision. This would be cost neutral and reduce the amount of injections required. • Adoption of TEWV Shared Care– where RAG status might conflict Deferred to the September meeting • Treatment of ADHD algorithm – Deferred to the September meeting 	
<p>5</p>	<p>New medicine/product reviews (national or local)</p> <p>a) Brivaracetam – A conflict of interest was noted and recorded for the applicant for this submission. The neurologist proposes its use to be in place of levetiracetam for epilepsy patients with unacceptable side effects such as irritability or insomnia, or in those where levetiracetam has been avoided due to a history of mood change or behavioural disturbance and also to have another antiepileptic in their treatment toolkit. It would be reserved for patients who are resistant to at least 2 other antiepileptic drugs. It is significantly more expensive than other similar drugs. It was pointed out that the data relates to the 50mg dose (not higher) and that there appeared not to be a statistically significant reduction in side effects.</p>	

	<p>For refractory patients it was felt that a trial with this drug may be of use if they had previously tried other similar drugs. It was decided it should be BLACK and any requirement should take the form of an individual chairs action submitted by the consultant, i.e. a form of prior approval. If an individual case was approved then it would be on the basis of a 3 month trial with the GP to continue prescribing if successful.</p> <p>b) Colesevelam Requested to treat pruritus in patients with primary biliary cirrhosis (PBC) and bile salt malabsorption who have experienced serious side effects with colestyramine. This is an off label use. This request was declined due to the off label use and the insufficient evidence available to support it. This is therefore a recommendation for this to be a BLACK drug.</p>	
6	<p>NICE Technology Appraisals (TAs) New TAs from NICE since last meeting to note formal commissioning requirements to be formally ratified at SMT/Business Committee were as follows:</p> <p>CCG: Nil</p> <p>NHS England – for information TA398: Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation – NOT RECOMMENDED BY NICE TA399: Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts – NOT RECOMMENDED BY NICE TA400: Nivolumab in combination with ipilimumab for treating advanced melanoma - RECOMMENDED BY NICE</p>	
7	<p>New submissions (includes new therapies and changes to existing policy positions) and appeals</p> <p>a) Melatonin to treat sleep disorders in adults This had previously been discussed at the December 2015 meeting with no decision reached. Therefore clarification was requested and the committee confirmed the previous position of BLACK for sleep disorders in adults.</p> <p>b) Carvedilol- prevention of variceal bleeding in patients with portal hypertension and chronic liver disease The strength of evidence for carvedilol for this indication has increased. It is a cheaper treatment and can be given once a day. The plan would be for hepatologists to switch patients at their next scheduled appointment. This is recommended to be a GREEN drug.</p> <p>c) Tiotropium Respimat - Bronchiectasis when patient is unable to use a dry powder inhaler. At present, there is no LAMA on the COPD pathway that is not a dry powder hence this application has come about. It is proposed to be restricted to bronchiectasis patients who are unable to use a dry powder inhaler. This was approved as AMBER SI but SP asked to seek confirmation on how long the patient would be trialled on this and what would be measured at the 3 month point.</p>	SP

<p>8</p>	<p>Other medicines issues (local and/or national) including pathways/guidelines</p> <p>a) Antimicrobial stewardship subgroup update – nil to report</p> <p>b) RAG status of drugs with no formulary status</p> <ul style="list-style-type: none"> - Trust/CCG Colestyramine confirmed as GREEN for cholesterol. AMBER SI for itching Ketorolac eye drops confirmed as RED Tropicamide confirmed GREEN for pupil dilation Cyproterone confirmed GREEN for prostate cancer and AMBER SI for other indications Imiquimod confirmed Amber SR for Dermatology(Actinic keratosis and Basal cell carcinoma) and RED for GUM (genital warts) <p>It was suggested that rifampicin should move from red to amber SR for non TB conditions. The committee stated that each condition would need to be individually specified and then approved on a case by case basis.</p> <p>All other drugs on the list that had not yet had a position agreed should come back to the committee with more information.</p> <ul style="list-style-type: none"> - CCG Oral Contraceptives (Yasmin/Lucette) and desogestrel preparations Deferred to the next meeting - Clonidine 100mg (25mg already RED for Hypertension on the formulary). Agreed that the 100mg should also be RED for this condition. Clonidine 25mg approved as GREEN for the management of vasomotor conditions commonly associated with the menopause and characterised by flushing. <p>c) Lidocaine Patch Pathway – Deferred to September meeting</p> <p>d) Alogliptin</p> <p>Alogliptin is currently the first choice drug on formulary. It was indicated that the FDA had expressed some safety concerns with it, but these concerns have not been supported or reflected in any advice from MHRA. On this basis, it was decided that it should remain first choice at present.</p> <p>SP was asked to canvas Trust consultants about whether they felt there were any safety concerns with it and to ask them to state what their current practice is.</p> <p>e) Acute Kidney Injury – Sick Day Rules</p> <p>This is a renal campaign to support the avoidance of admissions associated with this condition. The committee are happy to support this campaign. SO’C explained that Priory Medical Group already print a patient information leaflet for any patient newly prescribed one of the relevant drugs. He suggested that this be promoted to the LPC to have them approve a card/leaflet to be issued to patients. PJ suggested some changes to clarify what should not be stopped temporarily. RA stated that Scarborough CCG is in discussion with the Trust to engage in this project and is supportive of using this documentation across the locality.</p>	<p>JEC</p> <p>JEC</p> <p>SP</p> <p>SP</p>
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	<p>f) York & Scarborough Drug & Therapeutics Committee minutes (latest approved) None to report</p>	
9	<p>Shared care guidelines</p> <p>a) Methylphenidate recommendation and SCG from The Retreat Approved</p> <p>b) Atomoxetine recommendation and SCG from The Retreat Approved</p> <p>c) Draft SC Template for future use Approved</p>	
10	<p>Formulary items</p> <p>a) Galantamine MR preparations – most cost effective brands (Gatalin XL[®], Consion XL[®], Gazylan XL[®], and Luventa XL[®]) It was noted that ScRCCG has approved the use of these cost effective branded generics and will seek to actively switch patients to these drugs.</p> <p>b) Oxycodone immediate release – most cost effective brand (Shortec) It was noted that ScRCCG has approved the use of these cost effective branded generics and will seek to actively switch patients to these drugs. This is in accordance with the drug choices in secondary care.</p> <p>c) Maculeh light – (oral eye vitamin) – confirmation of formulary position for all these It was confirmed that all oral eye vitamin preparations for age related macular degeneration are BLACK: Maculeh Light is included in this.</p>	
11	<p>Monitoring / reporting</p> <p>a) 12 month audit data MCC outcomes – April 2015</p> <p>b) 12 month audit data MCC outcomes – May 2015 The high spend on colistimethate preparations was noted.</p>	
12	<p>Medicines safety</p> <p>a) MHRA Safety update June 16 BR briefly mentioned the following:</p> <ul style="list-style-type: none"> • Canagliflozin (Invokana, Vokanamet): signal of increased risk of lower extremity amputations observed in trial in high cardiovascular risk patients • Nexplanon (etonogestrel) contraceptive implants: reports of device in vasculature and lung • Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin <p>b) MHRA Safety update July 16 BR briefly mentioned the following:</p> <ul style="list-style-type: none"> • Warfarin: reports of calciphylaxis • Citalopram: suspected drug interaction with cocaine; prescribers should consider enquiring about illicit drug use <p>c) MHRA Safety update August 16 – Nil of note</p>	
13	<p>Horizon scanning, NICE Guidance etc.</p> <p>a) RDTC Horizon Scanning July 16 BR briefly mentioned the following:</p>	

	<ul style="list-style-type: none"> • Ixekizumab - treatment of moderate to severe plaque psoriasis • A new generic colecalciferol 4000 unit tablet <p>b) RDTC Horizon Scanning August 16 BR briefly mentioned the following:</p> <ul style="list-style-type: none"> • Symbicort 200/6 MDI • Bazedoxifene / conjugated oestrogens 0.45 mg/20 mg modified-release tablets • An Infliximab biosimilar 	
14	<p>Patient and clinical communications</p> <p>a) VoY CCG Prescribing Policy for Primary Care Providers This policy has been approved and published by VoY CCG</p>	
15	<p>AOB</p> <p>a) For information - Scarborough Ryedale CCG are actively considering:</p> <ul style="list-style-type: none"> • Decommissioning Vitamin D maintenance therapies • Decommissioning combined hepatitis A&B vaccinations • Developing a pathway for oral antidiabetic medications, based on NICE guidance but with more criteria for assessing whether a drug is effective and stopping drugs which have not benefitted patients. • Regional Medicines Optimisation Committees – Comments regarding their inception and makeup etc. have been requested. RA advised that each committee member should consider making their own individual response. However she also advised that should members wish to send her comments by Mon 12th Sept then she would collate these and present them as an MCC response. 	<p>All</p> <p>RA</p>
<p>Date of next meeting: Wednesday 21 September 9.30am-12am, Severus Room (F032), West Offices, York</p>		