NHS Vale of York Clinical Commissioning Group | NHS Scarborough and Ryedale Clinical Commissioning Group | York Teaching Hospital NHS NHS Foundation Trust

# Minutes of Medicines Commissioning Committee Meeting
# Wednesday 20 April 2016
# Auden Room, West Offices, York

## 1. Apologies / Attendance

| | | APR | MAY | JUN | AUG | SEP | OCT | DEC | JAN | FEB | MAR | APR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Strategic Lead Pharmacist- CSU | Mrs Rachel Ainger (RA) | ✓ | ✓ | ✓ | A | ✓ | ✓ | A | ✓ | ✓ | ✓ | ✓ |
| Chair & Vale of York CCG Pharmacist | Mrs Laura Angus (LA) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | A | ✓ | ✓ |
| GP Prescribing Lead – S&RCCG | Dr Greg Black (GB) | ✓ | ✓ | ✓ | ✓ | ✓ | A | ✓ | ✓ | ✓ | ✓ | ✓ |
| Principal Pharmacist - Medicines Information | Mrs Jane Crewe (JEC) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 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 | ✓ | ✓ | ✓ |
| Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV) | Mr Richard Morris (RM) | A | ✓ | 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 | ✓ | A |
| Regional Drug & Therapeutics Centre, Newcastle (BR & MM alternate attending) | Ms Bhavana Reddy (BR) | | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Senior Pharmacy Technician – note taker | Stuart Kerr | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | A | ✓ |

| Item | | Action |
|---|---|---|
| 1 | **General business**<br>Laura Angus (LA) chaired the meeting.<br>Apologies were received from Dr Peter Hall, Dr Raul Perez.<br>Alex Molyneux attended to present items 3(k) and 8(f).<br><br>**Declarations of Conflicts of Interest**<br>None declared as relevant to the meeting's agenda. | |

| | | |
|---|---|---|
| **2** | **Minutes of last meeting**<br>With the following amendments, the minutes were accepted as an accurate representation of the March meeting:<br><br>Point 3 h "*clear and strict pathway*" replaced by "detailed pathway"<br><br>Point 7a It was noted that there was no need for an evidence review as it was already available: action to have been noted was for SP to feedback to YorSexual Health – minutes to be corrected to reflect this.<br><br>Point 8 Paraldehyde: the minutes should read that there was a need to discuss this further. | |
| **3** | Matters arising<br><br>**a) Chairperson's actions to report**<br>VoY CCG – no applications received<br><br>Scarborough Ryedale CCG received the following application.<br>• Ulipristal – this was referred to IFR<br><br>**b) Outcome of VoY SMT / SRCCG Business Committee**<br>Items from the March meeting had been agreed in full by VoY CCG Senior Management Committee. The most recent Scarborough & Ryedale CCG Business Committee had been postponed so the recommendations are yet to be considered by SRCCG.<br><br>It was pointed out that the status of item "26" – paraldehyde enemas required further discussion, the committee noting that this had not been fully resolved at the last meeting. Given the cost in the community and that the Trust could obtain it for a much reduced cost to the NHS, it was felt that it should be categorised as RED with the cost of the drug recharged to the CCGs. The longer shelf life product to be used. It was noted that Sheffield may recommend it where appropriate and then York/Scarborough Trust to supply it.<br><br>**c) Tapentadol severe chronic pain treatment pathway –** deferred to next meeting<br><br>**d) Biosimilar glargine –** JEC confirmed that this is now on the formulary<br><br>**e) Declaration of interests -** deferred to next meeting although it was noted that NHSE are scheduled to release guidance on this topic.<br><br>**f) Terms of reference - update -**deferred to next meeting<br><br>**g) Melatonin for sleep disorders in young people with ADHD**<br>A meeting with Trust paediatricians was to take place in May to discuss this. Scarborough paediatricians had accepted the invitation but no York paediatricians had yet done so. RA, GB, SP and LA were attending. RA would feed back to this committee.<br><br>**h) Ulipristal feedback**<br>JEC had fed back the points raised by the committee at the previous meeting to the Trust consultants but had not received any response as yet. A further discussion took place around when it might be used i.e. for women for whom fertility was to be preserved; who were perimenopausal; or those not fit to undergo surgery. The definition of perimenopausal was raised. BR stated that the release of the previously mentioned GMMMG pathway would not be imminent, although some detailed criteria were available and BR would pass this to JEC.<br>The committee decided to recommend that ulipristal be BLACK in the meantime and to | **RA**<br><br>**LA**<br><br>**LA**<br><br>**RA**<br><br>**JEC**<br><br>**BR** |

| | | |
|---|---|---|
| | await information from gynaecology colleagues as to the scope to use this drug on a cost saving basis e.g. operation prevention.<br><br>**i) Triptorelin in precocious puberty**<br>It was confirmed that this is on net formulary however clarity is required as to who the shared care agreement is between.<br><br>**j) Verteporfin PDT for CSCR**<br>BR confirmed that the trials as flagged by the specialist have been included in the Cochrane review and she will pass on the email detailing this. This item can now be removed from the agenda.<br><br>**k) Ocular lubricants** – Deferred to next meeting<br><br>**l) Antimicrobial stewardship**<br>The meeting between RA and Neil Todd was imminent and therefore this matter to be deferred to the next meeting<br><br>**m) Shared care guidance**<br>RK raised the matter of shared care guidance and suggested that a link to the shared care documents on net Formulary be put in all hospital letters to GPs where shared care drugs were being initiated. It was noted that hyperlinks would not work in these documents as they come up as an image, however sending the full web address would. It was agreed that this should be promoted to relevant departments in both hospitals.<br><br>**n) Yasmin**<br>This is BLACK for acne but clarification in its use within family planning service was sought. SP advised that they used a (cheaper) branded generic rather than the Yasmin brand. The committee therefore felt that it should be GREEN (but 3rd line use only) for contraception, with Gederal as the second line preparation. | **JEC**<br><br>**BR**<br><br>**AM**<br><br>**RA** |
| **4** | **Mental Health medicines commissioning**<br><br>a) Tees, Esk and Wear Valley Mental Health Trust<br>• Minutes from Jan 16 D&T - distributed<br><br>• D&T feedback Mar 16<br>Monitoring guidance had been released regarding magnesium levels in patients taking citalopram/escitalopram. This is relevant to higher risk patients. RM suggested that CCGs might want to adopt TEWV guidance or consider guidance of their own. RM to provide a link to the TEWV document.<br><br>Methylphenidate XL now has 3 equivalent branded generic versions. TEWV MHT utilises all three: prescribers consider which brand they wish to prescribe.<br><br>ADHD – Guanfacine is a new drug that TEWV wish to consider. The current TEWV process (agreed by the other CCGs it supports) is to take new drug requests to the County Durham and Darlington APC for approval. It was noted that there may be concerns about CV side effects. RM advised that it was likely to be approved as RED in May. The MCC was asked if it wished to consider such requests separately or if they were happy to simply approve decisions reached by the APC process that TEWV sits within. It was agreed that a separate request should be submitted although this could be done using County Durham and Darlington APC documentation. RM agreed to work on a pathway (as there are now a few treatment options) and bring the request to the next meeting. | **RM**<br><br>**RM** |

| | | |
|---|---|---|
| | • Adoption of TEWV Shared Care<br>TEWV would like to transfer all RAG status from the old L&YMHTs to those of TEWV's. The inconsistency in RAG status of depot injections was mentioned: RM stated that TEWV wished to review and harmonise this. SO'C advised that Louise Barker would need to be made aware of all proposed changes and agree any clinical changes. RM agreed to provide a list of where the RAG status might conflict. | **RM** |
| **5** | **New medicine/product reviews (national or local)**<br>a) Sacubitril/Valsartan (Entresto)<br>This is an existing drug (approved in USA last July) that is understood that NICE will fast track due to very positive evidence to support it. It is likely to come out as a TA on 27th April with a shortened time (30 days) for CCGs to approve and implement as a treatment option.<br><br>BR gave an overview of GMMMG position on NICE TAs and advised that they had agreed to fund NICE TAs from day one of launch. NICE are expected to be very clear in the guidance with the key issues being around discharging into primary care and what monitoring is required. It is likely that the drug will require specialist recommendation and advice. Its potential place in therapy and RAG status was discussed and it was felt that a specialist must be involved in any initiation although perhaps up-titration could be done in primary care.<br>Dr Simon Megarry, Consultant Cardiologist, joined the meeting via teleconference at this point. He indicated that his cardiology colleagues were very keen to have this as a treatment option. Monitoring was similar to that of an ACEi, patients needing BP and U&E checks after the first two week treatment. Co-prescribing with an ACEi should not happen- this would be a significant safety concern and prescribers would need to be aware.<br>NICE is likely to require that multidisciplinary team / specialists should initiate patients on this drug however it is unlikely that the acute trust would have capacity to see all eligible patients. SM thought that patients would not need to be re-echoed and that the rationale for treatment would be based on symptomatic assessment - this is all still to be confirmed.<br>It is anticipated that 1000-2000 in VoY and 400-800 in SR may be eligible for this drug. Some eligible patients may already be discharged to primary care.<br>Cardiologists will work up a pathway for next meeting with help from SP and/or JEC if required. CCGs need to consider carefully about how to ensure that the patient stops their ACEi when switched. SM to liaise with Kathryn Griffiths. | **SP/JEC** |
| **6** | NICE Technology Appraisals (TAs)<br>New TAs from NICE since last meeting to note formal commissioning requirements to be formally ratified at SMT/Business Committee were as follows:<br><br>CCG – Nil<br><br>NHS England for information:<br>• Guidance on the use of temozolomide for the treatment of recurrent malignant glioma (brain cancer) TA23<br>• Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis TA386 | |

| | | |
|---|---|---|
| **7** | **New submissions (includes new therapies and changes to existing policy positions) and appeals**<br><br>a) **Lisdexamphetamine (Elvanse) appeal**<br>Lisdexamphetamine is currently RED and the request is for it to be to be changed to AMBER. This Red status was decided in 2014 for use as a second or third line agent after methylphenidate in attention deficit hyperactivity disorder in children aged 6-18years.<br><br>RM advised that TEWV would also propose this as part of their transfer of care document mentioned previously. BR advised that it was amber elsewhere. It was thought that the change of status may reduce outpatient demand. It was noted that dexamphetamine is a TDS dose and that as a once daily dose; lisdexamphetamine may be useful if there is a compliance issue. Also, this preparation is a capsule containing a liquid, so helpful for patients requiring a liquid preparation.<br>Agree to consider it as amber when it is formally part of a shared care plan and pathway: it remains RED until then. | **JEC** |
| **8** | **Other medicines issues (local and/or national) including pathways/guidelines**<br><br>**a) York & Scarborough Drug & Therapeutics Committee minutes (latest approved)**<br>None to report<br>**b) Methylphenidate recommendation from The Retreat**<br>AM advised that a query had arisen as to who would fund this at The Retreat. A meeting with representatives of the newly commissioned service for local adult ADHD patients is due to take place on 21st April 2016 and therefore this item to be deferred to the next meeting.<br>**c) RAG status of drugs with no formulary status**<br>The following drugs previously without a RAG status were considered and given an appropriate formulary status. These decisions were based on the expertise of those in attendance. Given the intention to regularly bring drugs requiring a RAG status to this committee a discussion took place regarding whether there might be instances where more detailed clinical knowledge or supporting information is required in order to make these decisions: it was agreed that where necessary JEC would obtain relevant clinical input prior to the meeting.<br><br>• Sodium chloride oral solution 1 mmol/ml (now licensed) – AMBER (specialist recommendation). It was noted that the acute trust must make clear how long it should continue for and what monitoring is required at the point of discharge.<br><br>Gastroenterology:<br>• Hydrocortisone rectal – AMBER (specialist recommendation)<br>• Prednisolone rectal – AMBER (specialist recommendation)<br>• Arachis oil enema – GREEN<br>• Phosphate enema – GREEN<br>• Sodium citrate enema – GREEN<br>• Bowel cleansing agents for resistant constipation e.g. Citramag – GREEN<br>• Ursodeoxycholic acid for itching and stones – AMBER (specialist recommendation)<br>• Colestyramine for itching or cholesterol – AMBER (specialist recommendation)<br><br>JEC to ask Gastroenterology consultants for approval for the suggested RAG status above<br><br>Cardiovascular:<br>• Methyldopa for hypertension – AMBER (specialist recommendation)<br>• Verapamil – AMBER (specialist recommendation) | **AM**<br><br>**JEC**<br><br>**JEC** |

| | | |
|---|---|---|
| | CNS:<br>• Alfentanil injection for palliative care – AMBER (specialist recommendation)<br>• Methadone for pain – RED<br>• Capsacin cream for postherpatic neuralgia and diabetic neuropathy – GREEN as per NICE guidance for neuropathic pain NB Formulary to record need for persistent use<br><br>Endocrine:<br>• Carbimazole – GREEN<br>• Propylthiouracil – GREEN<br>• Hydrocortisone – GREEN<br>• Cabergoline for PD, supress lactation and hyperprolacitinaemia – AMBER (specialist recommendation)<br>• Diazoxide - chronic intractable hypoglycaemia – AMBER (specialist recommendation)<br>• Liothyronine – AMBER (specialist recommendation)<br>• Cyproterone – AMBER (specialist recommendation)<br>• Desmopressin – AMBER (specialist recommendation)<br>• Danazol – AMBER (specialist recommendation)<br>• Finasteride – NOT YET AGREED<br><br>**d) Palliative care guidelines review**<br>Last month the drugs for use within the Scottish palliative care document for specified conditions/complications were approved as green. The local palliative care team has advised that they consider that it is more appropriate for those drugs approved as amber in the original paper to remain as amber rather than green. This was agreed by the committee.<br><br>**e) Lidocaine Patches**<br>A discussion took place around the evidence base, efficacy and cost of this preparation. A GMMMG review reported that many patients found no difference on stopping. SO'C suggested perhaps it could be limited to patients for whom pregabalin does not work i.e. perhaps consider having a clinical threshold for it. AM to discuss with Michelle Carrington to devise a draft pathway. It was decided to make it RED for now. Also that a generic statement be added to the RAG lists on both websites stating that the RED status applies to new patients and existing patients would be reviewed and treatment stopped when possible.<br><br>**f) Emollients Medal Ranking**<br>The medal ranking was approved for use in VoY while SR approved the status of the drugs contained within it. | **AM**<br><br>**SK** |
| **9** | **Shared care guidelines**<br>None | |
| **10** | **Formulary items**<br>None | |

| | | |
|---|---|---|
| **11** | **Monitoring / reporting**<br>**1) 12 month audit data MCC outcomes Jan 2015**<br>It was noted that Dymista prescribing had not stopped however it was suggested that this was being recommended by hospitals in Leeds and in South Tees.<br><br>**2) 12 month audit data MCC outcomes Feb 2015**<br>It was noted that agomelatine prescribing should have been transferred back to secondary care. | |
| **12** | **Medicines safety**<br>a) MHRA Safety update<br>Trametinib – NHSE drug – risk of gastrointestinal perforation and colitis. The safety letter re valproate had been sent out nationally to GPs. A link to the safety concerns surrounding it should be made on the formulary. | **JEC** |
| **13** | **Horizon scanning, NICE Guidance and NICE Bites**<br>a) New products update<br>BR advised that a new infliximab biosimilar was due to be launched in the next three months although the price was not yet known. SP advised that patients already switched to a similar biosimilar would not be switched again. | |
| **14** | **Patient and clinical communications**<br>• Ondansetron for IBD – deferred to next meeting | |
| **15** | **AOB**<br>• The Trust was moving to prescribing Longtec and Shortec brands of oral oxycodone.<br>• ERoY CCG which sees many of its patients sent to York hospitals has many different commissioning decisions from our CCGs. They had asked that their senior pharmacist be added to the distribution list for our MCC minutes and papers. SK was tasked to ask him if the respective ERoY and Hull MCC minutes and papers could be shared with this committee. | **SK** |
| | **Date of next meeting:** Wednesday 18 May 9.30am-12am, Auden Room (G047), West Offices, York | |