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 18 May 2016
# Auden Room, West Offices, York

## 1. Apologies / Attendance

| | | MAY | JUN | AUG | SEP | OCT | DEC | JAN | FEB | MAR | APR | MAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | ✓ | ✓ | ✓ | 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 | ✓ | A | A |
| Regional Drug & Therapeutics Centre, Newcastle (BR & MM alternate attending) | Ms Monica Mason (MM) | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 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 Mr Richard Khafagy<br><br>A discussion took place as to the involvement at future meetings of a mental health prescriber that was more local to York and Scarborough (than Dr Raul Perez who had kindly been covering in the interim). RM agreed to discuss this with RP and also try to identify a more locally practicing person. | **RM** |

| | | |
|---|---|---|
| | **Declarations of Conflicts of Interest**<br>SP and LA declared attendance at an event sponsored by Novartis 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 April meeting:<br>Item 3c – Action is for RA and not JEC<br>Item 3i – precocious and not precious puberty<br>Item 3n – Gederel should be the 2nd line and not the first line preparation for contraception. Rivegedon is 1st line. The formulary wording will require review regarding this.<br>Item 5 should read Dr Simon Megarry<br>Item 8 – Capsaicin cream. It was stated that for diabetic neuropathy any prescribing should require some specialist involvement. PJ suggested that this was a historic issue and it was agreed that it would remain GREEN for this indication. | **JEC/RA** |
| **3** | Matters arising<br><br>**a) Chairperson's actions to report**<br>VoY CCG received the following application<br>• Melatonin for a palliative care patient - Approved<br><br>Scarborough Ryedale CCG received no applications<br><br>**b) Outcome of VoY SMT / SRCCG Business Committee**<br>Items from the April meeting had been agreed in full by VoY CCG Senior Management Committee. Items from the March and April meetings had been agreed in full by Scarborough & Ryedale CCG Business Committee.<br><br>GB passed on a question from the Scarborough committee – while Finacea was BLACK if prescribed alone for acne, would it still be BLACK if co-prescribed with an oral oxytetracycline? It was noted that this would still be BLACK. GB/RA to feedback to the prescriber.<br><br>**c) Tapentadol severe chronic pain treatment pathway**<br>The pathway has been amended slightly as agreed previously and is being added to both CCG websites and to the formulary.<br><br>**d) Declaration of interests –** To come back to the meeting once new NHSE guidance is available.<br><br>**e) Terms of reference -** To come back to the meeting once new NHSE guidance is available.<br><br>**f) Melatonin for sleep disorders in young people with ADHD**<br>A meeting with Trust paediatricians from both sites took place in early May to discuss this: RA and GB attended. It was agreed that the shared care guideline should be rewritten. JEC advised that she had prepared a first draft to be sent to Dr Abbey for comment. Agreement was also reached that it should be possible to narrow prescribing down to two products; Circadin and the most cost effective liquid preparation. The consultants felt that switching patients should take place during their next consultant review. SO'C suggested that GPs may be able to switch some patients straight away rather than delay until the next scheduled consultant review. It was agreed that the MM team would try to identify such patients and pass their details to their GPs to ask them | **MMT** |

| | | |
|---|---|---|
| | to come in for review.<br><br>**g) Ulipristal feedback**<br>The resubmitted paperwork describing proposed pathways still does not include the requested costing data to allow the committee to identify any potential savings if patients are treated with this drug and do not then require surgery. MM advised that it was likely that GMMMG might recommend use as per the licensed indication in women of reproductive age, for up to four treatment courses and that this is similar to the draft York pathway.<br><br>Trialling a cohort of patients was suggested. Frustration was also expressed that the company had either not done the research into the treatment preventing surgery or had chosen not to publish it. It was stated that there is no evidence to show that the treatment is any better than surgery. There was discussion as to whether this should be commissioned it if does not prevent the possibility of surgery and when the presenting problem is likely to resolve at the menopause.<br><br>The trial evidence had a 46-50 age range. In the GMMMG papers they identified 112 eligible patients in their 3,000,000 population. The original York Trust submission suggested 20 patients might be eligible (through choice) but it was now felt that any potential role for this drug would be narrower and as such patient numbers should be lower. It was felt that the likely numbers to be treated in each group would need to be costed to show whether the use of the drug would be cost effective. The discussion finished with a recommendation that a multidisciplinary meeting be organised to discuss the issue further. | **MMT** |
| | h) **Triptorelin in precious puberty** – the relevant clinician had yet to make contact - Defer | |
| | **i) Ocular lubricants**<br>AM and a Trust ophthalmologist had devised the guidance. It was felt that some clarification was required regarding the amber specialist initiation status. Concern was expressed about the Polyquad "less toxic" comment which should be reviewed. LA to discuss these minor issues with AM. The choice of drugs was agreed as recommended: the committee felt the document was very useful and hoped that a similar medal ranking would develop from it. Neither would need to come back to the committee for approval.<br>GB pointed out the large disparity in price between preservative and preservative free preparations and the apparent disproportionate amount of preservative free preparations being prescribed by secondary care. | **LA** |
| | **j) Antimicrobial stewardship**<br>A meeting is scheduled for this afternoon and it was agreed that this topic would become a standing agenda item at all future meetings. | **RA** |
| | **k) Link required to TEWV magnesium levels in patients taking citalopram/escitalopram document**<br>The link was sent and distributed to all committee members. It needs to go onto the local formulary/websites. Permission should be sought from Daniel Newsome at NECS first. | **JEC** |
| | **l) Shared care plan and pathway for lisdexamfetamine**<br>First draft sent to RA and RM **defer to next meeting** | **JEC** |
| | **m) RAG status approval from Gastro consultants re our suggested RAG status last month**<br>No response from consultants therefore **defer to next meeting** | |

| | | |
|---|---|---|
| | **n) Lidocaine patches ,draft pathway – deferred to next meeting**<br><br>**o) Link to the safety concerns surrounding valproate made on the formulary**<br>The link has been added to the formulary.<br><br>**p) ERoY and Hull MCC minutes and papers to be shared with this committee.**<br>These will now be sent to the committee via SK. SK should share these minutes with committee members who would then ask for any items that were felt of use to this meeting to be added to the next agenda. | **SK** |
| **4** | **Mental Health medicines commissioning**<br><br>a) Tees, Esk and Wear Valley Mental Health Trust<br>• Adoption of TEWV Shared Care<br>Where the RAG status conflicts between TEWV and both CCGs, it was agreed that complete harmonisation was unlikely given that TEWV is a main provider of services to other CCGs and classifications cannot readily be re-worked. However most drugs in TEWV shared care guidelines were on the York and Scarborough formulary. Some differences e.g. depot antipsychotics were considered to be critical and should be discussed out with this meeting: RM will do so with Dr Louise Barker (VoY) and Dr Peter Billingsley (Scarborough Ryedale). Resource allocation should be part of those discussions.<br>Chris Williams will attend the next MCC meeting: a safe transfer of prescribing paper will be going to TEWV D&T next week and then will come to this committee via CW.<br>It was noted that there are currently some differences in the lithium SCG across TEWV and the CCGs: the TEWV document states to maintain 3 monthly monitoring for all patients, whereas the CCGs use 6 monthly monitoring. It was again suggested that this be discussed with Dr Louise Barker. SOC stated that practices should have good call and recall processes for these types of patient and suggested that the committee would want to that there is evidence of this not working before changing the frequency of testing.<br>SP asked for guidance regarding the commissioning position of NRT for CYC, NYCC and CCGs – it is considered that this is amber specialist recommendation, with the commissioner being local councils. It was noted that some practices are not commissioned by their relevant council to provide NRT. | **RM** |
| **5** | **New medicine/product reviews (national or local)**<br>a) Guanfacine<br>This is a new drug and likely to be used third line for patients aged 6 to 17 after dexamphetamine / lisdexamfetamine and atomoxetine have been tried. The GMMMG position and recommendations were considered.<br>It was agreed to recommend to commission guanfacine as RED, with consideration of a move to AMBER once a suitable place in therapy algorithm and SCG has been seen and approved by this committee.<br>The submission had been received on a Darlington CCG form, as previously agreed. The committee noted that this form has no place to record any conflict of interests and made no mention of any manufacturer trials (ALL-Trials) commitment. RM was asked to feed this back.<br>JEC advised that Scarborough clinicians were interested in using this drug. It was decided that they should wait for the TEWV outcome as the same decision would apply to all providers.<br><br>b) Sacubitril/Valsartan (Entresto)<br>This had been approved by NICE at the end of April. Patients being moved to this | **RM** |

| | | |
|---|---|---|
| | drug would need to have their dose titrated. It was felt that the most cost effective way to do this would be to use community HF nurses (block contract funded). SP and Dr Simon Megarry had produced an initiation and dose adjusting protocol.<br>This stated that if a patient could not tolerate an ACE inhibitor then they would not tolerate this new drug either. It was felt that the optimal dose of ACEi should be reflected in the document. It was considered that beta-blockers were a standard treatment and this is why no specific mention had been made to their use.<br>There were key educational / safety points i.e. not on ACEi or ARB at same time (wash out applies to ACEi). A pharmacist at YHT was preparing some information on this.<br>It was pointed out that Pocklington does not have HF nurse cover and it was suggested that in their case the drug would be initiated by the hospital with GPs being asked to do the initial monitoring in place of the community HF nurses. GB suggested that a similar issue may apply in the Scarborough area and SP was asked to check if this might be the case.<br>There was discussion about diagnosis of heart failure in patients who had not had an echo or whose ejection fraction was not recorded. It was not anticipated that further echocardiograms would be required.<br>SP advised that the nurses would be following a protocol and not a PGD: most of the HF nurses are prescribers. The consultants would prescribe where nurse prescribers were not available: prescribing would be handed over to the GP following up titration of the dose. +<br>SP is to arrange for the cardiologists to develop summary information to be sent out to all GPs. This should include mention of the 2 step titration, the requirement for blood pressure and potassium monitoring; BNPs and no further requirement for echos. GMMMG had already done an information sheet on this.<br>LA challenged the cost estimates for this drug suggesting that Dr Megarry's previous estimate of £1m+ might be an overestimate. She stated that if the anticipated cost was over £500k the proposal needed to go to the CCG governing body for approval.<br>This drug had a NICE TA adoption period of 30 days however it was pointed out that this cannot be legally enforced and technically CCGs can work towards a 90 day implementation. It was approved: not for GP initiation (expected to be amber specialist initiation). | **SP**<br><br>**SP**<br><br>**SP** |
| **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:<br>TA388: Sacubitril/Valsartan"Entresto" for treating symptomatic chronic heart failure with reduced ejection fraction – see notes above.<br><br>**NHS England – for information**<br>TA387: Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated<br><br>TA389: Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer | |
| **7** | **New submissions (includes new therapies and changes to existing policy positions) and appeals**<br><br>**a) Edoxaban (Lixiana)**<br>This would be considered in the hospital D&T meeting. Its costs were similar to other similar products and it was already commissioned. It has now been included in the treatment pathway. | |

| | | |
|---|---|---|
| **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, York**<br>This is a new adult ADHD service. The draft shared care document had been received by Dr Louise Barker but she had not had a chance to comment other than to say that GPs would be asked to prescribe. The item to go on the agenda for June committee meeting.<br><br>**c) RAG status of drugs with no formulary status**<br>None<br><br>**d) Lidocaine Patches –** deferred to next meeting<br><br>**e) PHE guidelines on rabies post-exposure treatment**<br>Prescribing on FP10 occurs irregularly when the correct approach is for GPs to follow these guidelines and NOT prescribe it on FP10. | **RA**<br><br>**AM** |
| **9** | **Shared care guidelines**<br>None | |
| **10** | **Formulary items**<br>a) Asthma<br>LA advised the meeting that this was an asthma respiratory pathway devised by the respiratory working group. New submissions were not required as all the drugs are on pathway already. The use of a LABA alone in asthma was queried and LA agreed to share the pathway with GB to clarify. ScR CCG is not going to formally adopt this document.<br>It was agreed that the OptimiseRx profile would be updated to reflect this for Vale of York. | **LA**<br><br>**AM** |
| **11** | **Monitoring / reporting**<br>**1) 12 month audit data MCC outcomes - Nil** | |
| **12** | **Medicines safety**<br>a) MHRA Safety update<br>MM updated the group on the May version of the MHRA Drug Safety Update as follows:<br>• Patients should be tested for hepatitis B virus before staring treatment with BCR-ABL tyrosine kinase inhibitors. It was noted that these were listed as RED drugs in chapter 8 of the formulary and that the link from this guidance should be added to the formulary<br>• Before starting treatment with Pomalidomide, hepatitis B virus status should be stablished in all patients. It was noted that Pomalidomide has a negative NICE TA; this drug is not listed in formulary but the group will in future consider whether or not negative TAs should be cited in the formulary and agreed that it should be included as a BLACK drug.<br>• Interim treatment recommendations have been introduced for Idelalisib for chronic lymphocytic leukaemia and follicular lymphoma in light of new findings from clinical trials outside its currently authorised drug combinations or indicated populations. This drug is listed within chapter 8 of the formulary as per NICE TA359 and a link to the MHRA guidance will also be included. | **JEC**<br><br>**JEC**<br><br>**JEC** |

| | | |
|---|---|---|
| **13** | **Horizon scanning, NICE Guidance and NICE Bites**<br>a) Transanal irrigation systems (TAI)<br>nTAG recommended this for use as an option. It was noted that an increase in the use of these agents had been noted in other areas and that recommendations for use would normally be accompanied by a pathway. MM to share examples of pathways when published / available.<br>SP later checked and noted that the Trust ePact data showed that this had not been prescribed on a hospital community prescription in the past year. SK later confirmed that ScR CCG had spent approximately £23k and VoY had spent approximately £57k in the 12 months to 31 March 2016.<br>b) e-Voke® (Nicovations Ltd) electronic inhaler<br>The Northern (NHS) Treatment Advisory Group does not recommend the use of e-Voke® as a stop smoking aid on the NHS.<br><br>c) RDTC Horizon Scanning<br>The group considered the monthly horizons scanning document from the RDTC and noted the following:<br>-The licencing of ferric maltol 30mg capsules, indicated in adults for the treatment of IDA in patients with IBD, it was noted that the RDTC were considering a review of this product.<br>- The licensing of a naproxen oral suspension (25mg/ml): this is the first licensed oral solution and is priced similarly to the currently available Special preparation.<br>- Launch of another generic oxycodone prolonged release tablet<br>- Liraglutide has been granted a new indication (treatment of adults with T2DM to achieve glycaemia control as monotherapy) however it was noted that NICE CG28 recommends as third line therapy (following metformin and a sulphonylurea)<br>- A negative opinion was received from the EMA for glycopyrronium bromide for the treatment of hypersalivation in children and adolescents with neurological conditions.<br>- The group noted a forthcoming NICE MTA (Diabetes Type 2: canagliflozin, dapagliflozin and empagliflozin [monotherapy]), and queried whether this had included the EMPA-REG OUTCOME trial. | |
| **14** | **Patient and clinical communications**<br>• Ondansetron for IBD<br>The patient information leaflet had been drafted and to be approved once the following alterations are made:<br>Change “doctor” in last paragraph to “specialist”.<br>On page 2 change “consultant gastroenterologist” to “specialist”.<br>Remove the email address. | **JEC** |
| **15** | **AOB -** There was none and the meeting closed early at 1145. | |
| | **Date of next meeting:** Wednesday 15 June 9.30am-12am, Auden Room (G047), West Offices, York | |