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 July 2016
Snow Room, West Offices, York

1. Apologies / Attendance

		AUG	SEP	OCT	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
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	✓	✓	CW	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 (BR & MM alternate attending)	Ms Monica Mason (MM)				✓	✓	✓	✓	✓	✓	✓	MM BR
Senior Pharmacy Technician – note taker	Stuart Kerr	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓

Item		Action
1	**General business** Laura Angus (LA) chaired the meeting. Apologies were received from Dr P Hall, Mr R Morris, Dr S O'Connell, Mr S Parkes, Mr C Williams. **Declarations of Conflicts of Interest** None relevant to today's agenda RK advised the meeting that he had recently been appointed Acute Trust Associate Medical Director.	

2	**Minutes of last meeting** The minutes were accepted as an accurate representation of the June meeting.	
3	**Matters arising** **a) Chairperson's actions to report** VoY CCG received the following application • Glycopyrronium bromide tablets for hyperhidrosis – this was refused, as NICE guidance had not been followed - no other agents had been tried previously. Scarborough Ryedale CCG received the following application • Brivaracetam – a six month trial of this drug was approved for one patient. The patient had already tried many other epileptic drugs and was currently on a very high dose of levetiracetam. This request had come from a Harrogate consultant. It was noted that KE is currently working on new drug request to bring to a future meeting. **b) Outcome of VoY SMT / SRCCG Business Committee** Items from the June meeting had been agreed in full by VoY CCG Senior Management Committee and by the Scarborough and Ryedale CCG Business Committee. SK advised that two recommendations from the December 2015 meeting had not gone to the business committees for approval due to an oversight. These were Sastravi® and Stanek®, branded generic products bio-equivalent to the reference product Stavelo®. It was agreed that these would be added to the recommendations made at this meeting. Both recommended as **GREEN.** There was also a recap on the current status of melatonin (Circadin) to treat sleep disorders in adults. The committee agreed that a recommendation had not been reached at the December meeting and noted that it should be added to the August agenda for discussion.	**SK**
	c) Vancomycin for C. difficile. It was proposed that this should be Amber SR if approved by microbiology rather than RED. SP to ask the consultant microbiologist The consultant had agreed that for this indication this should be **AMBER SR (microbiologist recommendation).**	
	d) Oral contraceptive pill formulary wording review around Rivegedon 1st line, Gederal 2nd line requiring review. LA to write to family planning to propose wording.	**LA**
	e) Melatonin for sleep disorders in young people with ADHD Minor changes have already been made to the proposed SCG. The remaining issues regarding the content of the SCG were discussed: • Drug free holidays in visually impaired children – specialist advice from York consultants is that this is not clinically appropriate. • Drug free holidays are relevant to non-visually impaired children. SCG for GMMMG limits the dose, with patients being reviewed as they get older, noting that requirements change and the drug may no longer be required. BR agreed to share this document • Further discussions are required about what to do about shared care when children turn 18 and move into adult services. The SCG was to be finalised outside of the meeting.	**BR** **RA/JEC** **JEC**
	f) Audit results of YMG patients' melatonin doses.	

	York Medical Group has 19 patients, less than 19 years of age, currently prescribed melatonin (out of a population of 45,000). Two years ago the practice had only 2 patients on melatonin. Only 2 of the 19 are receiving a 2mg dose. One patient is prescribed 8mg and the others are prescribed doses between 4mg and 6mg.	
	g) Ulipristal feedback The proposed multidisciplinary meeting has still to be arranged to discuss the issue further. This is unlikely to take place before late August and therefore further discussion should be deferred to the September meeting. BR advised that GMMMG have approved a position and pathway – use as per licensed indication to preserve fertility, but only after all other drugs have been tried first; specialist to initiate the first course and GP to carry on prescribing and review; up to 4 treatment cycles as per licence; if still symptomatic, refer back to specialist.	**RA**
	h) Link required to TEWV magnesium levels in patients taking citalopram/escitalopram document – Permission has been given by TEWV. MMT now need to decide how to link that guidance to the formulary i.e. via CCG websites and advise Trust to action this.	**SK/RA**
	i) Sacubitril/Valsartan (Entresto) JEC advised that she thought that all outstanding recommendations had been actioned. SP to confirm. The recommendations will have to be added to the Scarborough CCG website	**SP** **RA/SK**
	j) Link pathway to be shared with GB to clarify use of a LABA alone. Appropriate recommendations for asthma patients to be added to Vale of York's Optimise RX LA advised that the pathway had still to be published and that the advice to use a LABA alone would be removed as these should not be prescribed alone.	**LA**
	k) **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	
	l) Harmonisation of formularies / RAG status – to be discussed with Peter Billingsley and Louise Barker RM and RA had met to review all areas of misalignment of RAG status. Three or four areas are still to be clarified. The updated list is to be shared with PB and LB and brought back to the September meeting.	**RA/RM**
	m) Ocular lubricants - 3 drugs to be removed from the final version of the Dry Eye and Corneal Damage / Erosion / Dystrophy guidance document. Autologous serum to also be removed. These points have now been actioned. A separate reference document for Trust personnel is available, as well as a primary care document.	
	n) Whether ocular use of oral doxycycline and azithromycin fits with the antibiotic guidance? If so, to be approved as GREEN for Posterior blepharitis This use is not contained within the antibiotic pathway however it does not contradict advice given in that document. Therefore it has been considered appropriate and both are confirmed as **GREEN** for Posterior blepharitis.	
	o) GP prescribing of strontium RA reported that primary care data had been reviewed at practice level. There appeared to be one or two patients being prescribed this drug per practice. Optimise Rx contains appropriate warnings and advice to GPs on prescribing. It was felt that further investigation was not warranted at present.	

4	**Mental Health medicines commissioning** a) Tees, Esk and Wear Valley Mental Health Trust • Adoption of TEWV Shared Care– where RAG status might conflict Deferred to the September meeting • Treatment of ADHD algorithm – Deferred to the September meeting	**RA/RM** **RM**
5	**New medicine/product reviews (national or local)** **a) Safinamide - for the treatment of adult patients with idiopathic Parkinson's disease as add-on therapy to a stable dose of Levodopa (L-dopa) alone or in combination with other PD medicinal products in mid-to late-stage fluctuating patients.** BR shared the RDTC review which included data around early stage Parkinson's disease although this is not within the drugs licence. There is not much evidence at present for this drug however there is some trial evidence to show some clinical improvement in late stage disease. It has been priced mid-range: its place in therapy is uncertain at present. Specialist input will be required to determine the place in therapy of this drug. It is anticipated that a pathway will be required. SP to follow this up with Dr Heseltine and Dr Duffey. It should come back to MCC in due course and is categorised as **GREY** until then.	**SP**
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 were as follows: CCG: TA393: Alirocumab is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia. TA394: Evolocumab is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia. Evolocumab is prescribable via homecare or in primary care and a patient access scheme is available. Alirocumab is only available via homecare. SP had shared some pricing data and JEC advised that if the homecare route was chosen then the Trust add per patient per year charge to the cost of the drugs. NHSE had recently started paying the Trust this sum and the Trust felt this cost covered the additional administration burden on organising it through homecare. LA advised that this newly proposed additional cost for homecare products would need to be considered at finance and contracting committees for the CCGs. It was felt that the NICE TAs were not particularly clear about when these drugs should be used. It was felt that a robust pathway would be required to enable their use. The committee felt that a lipidologist should be the lead clinician for these drugs. Until such a pathway is available, these would remain as hospital only treatment options: further consideration and ranking of preference (if any) to be finalised at the next meeting. BR advised that RDTC might be able to share a North East pathway by September. **NHS England – for information** TA392: Adalimumab as an option for treating active moderate to severe hidradenitis suppurativa in adults whose disease has not responded to conventional systemic therapy.	**SP**

	TA395: Ceritinib is recommended as an option for treating advanced anaplastic lymphoma kinase positive non-small-cell lung cancer in adults who have previously had crizotinib. TA396: Trametinib in combination with dabrafenib is recommended as an option for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation TA397: Belimumab is recommended as an option as add-on treatment for active autoantibody-positive systemic lupus erythematosus in adults	
7	**New submissions (includes new therapies and changes to existing policy positions) and appeals** **a) Edoxaban** The Trust Drug and Therapeutic committee had agreed not to approve the addition of this NOAC to the hospital formulary. The acute trust is not planning to use this as a first line NOAC. It was noted that this is commissioned as a Green drug, as per NICE guidance. Scarborough Ryedale CCG has the highest NOACs costs in the country and concern was expressed about feedback from GPs that some patients who are considered to be stable on warfarin are being switched to apixaban during admission to hospital. It was advised that case studies should be presented to the Trust to provide evidence of this. **b) Brivaracetam** A new drug request is currently being worked on by the Trust and will be submitted when ready. c) **Caphosal** This is used as an adjunct to radiotherapy by tertiary centres. St James, Leeds had previously agreed to supply it to any local patient requiring it. However this process had recently failed with a local GP then being asked to prescribe. It was agreed that it should be included on the formulary as **RED.** d) Basal Insulin – Degludec This is currently **AMBER SR for diabetes mellitus and BLACK for adults with type 2 diabetes.** While it is not recommended that this position be changed, the specialist diabetic nursing team would like to be able to prescribe it for diabetes mellitus without recourse to their consultant(s). The Trust confirmed that it would continue only to be used for patients who may otherwise need to go onto pump therapy. There followed some discussion on the terms specialist initiation and recommendation and also the definition of specialist. It was decided that there should be no differentiation between specialist team members given that consultants took overall responsibility for their team's decisions. The request to allow the specialist diabetic nursing team to prescribe this drug was therefore approved. It was not anticipated that there would be any rise in prescribing due to this. Netformulary should continue to use the term "specialist" and be further qualified by the term "initiation" or "recommendation". BR pointed out that Scarborough had seen an 84% rise in insulin degludec items in the past 12 months. It was decided that it would be useful to benchmark both CCGs against other areas by looking at regional data.	**JEC** **SK**
8	**Other medicines issues (local and/or national) including pathways/guidelines** **a) Antimicrobial stewardship subgroup update** An inaugural meeting had yet to take place although discussions were underway with public health colleagues from the regional team with regards to their participation. **b) RAG status of drugs with no formulary status**	

	- Trust/CCG The contents of the list were discussed: it was agreed that the Trust would revisit the list in light of those discussions and provide a further update for consideration at the next meeting. - CCG Oral Contraceptives (Yasmin/Lucette and desogestrel preparations Deferred to the next meeting **c) Lidocaine Patch Pathway** – Deferred to the next meeting **d) Orlistat –** Approved as **GREEN** in line with NICE guidance **e) Alogliptin** – Deferred to the next meeting **f) Acute Kidney Injury – Sick Day Rules** – Deferred to the next meeting **g) York & Scarborough Drug & Therapeutics Committee minutes (latest approved)** None to report	**JEC**
9	**Shared care guidelines** **a) Methylphenidate recommendation and SCG from The Retreat** – Deferred to the next meeting **b) Atomoxetine recommendation and SCG from The Retreat** – Deferred to the next meeting **c) Draft SC Template for future use** – Deferred to the next meeting	
10	**Formulary items** **a) Galantamine MR preparations – most cost effective brands** – Deferred to the next meeting **b) Oxycodone immediate release – most cost effective brands** – Deferred to the next meeting **c) MacuLEH light – (oral eye vitamin) – confirmation of formulary position for all these** – Deferred to the next meeting	
11	**Monitoring / reporting** **1) 12 month audit data MCC outcomes – April 2015** Deferred to the next meeting	
12	**Medicines safety** **a) MHRA Safety update -** – Deferred to the next meeting	
13	**Horizon scanning, NICE Guidance etc.** – Deferred to the next meeting	
14	**Patient and clinical communications** Nil	
15	**AOB –** Nil	
	Date of next meeting: Wednesday 17 August 9.30am-12am, Severus Room (F032), West Offices, York	