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 16 September 2015
Severus Room, West Offices, York

1. Apologies / Attendance

		DEC	JAN	FEB	MAR	APR	MAY	JUN	AUG	SEP
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	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	✓	✓	✓	✓	✓
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
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	✓	✓	✓	✓	✓	✓	A
GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	A	✓	✓	✓	✓	A	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	✓	✓	✓	✓	✓	A	✓	✓
Consultant Psychiatrist (TEWV)	Dr Raul Perez				A	✓	A	A	A	A
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs Diane Tomlinson (DT)	✓	✓	A	✓	✓	✓	✓	✓	✓

Item		Action
1	**General business** Apologies were received from Dr Perez, Mr Richard Morris and Dr Ovenden. Dr Khafagy attended the meeting until 11am. Laura Angus (LA) chaired the meeting **Declarations of Conflicts of Interest** JEC – Attendance at a respiratory inhaler training event with commercial sponsorship of the event. PJ – Attendance at a Sanofi sponsored team building day.	
2	**Minutes of last meeting** Were accepted as an accurate representation of the August meeting.	
3	Matters arising a) Membership of the Committee	

	Dr Humphriss had been contacted and it was confirmed that his current work commitments mean he is unable to attend the meeting therefore it was agreed to remove Dr Humphress from the Committee. LA is to write to the new Medical Director of York Teaching Hospital NHS Foundation Trust to advise them of this vacant post on the committee and clarify whether any other clinicians may express an interest to attend the meeting. LA to also to identify whether video conferencing facilities were suitable should which may offer a practical alternative for individuals unable to attend in person.	**LA**
	b) Chairperson's actions to report Tadalafil daily for erectile dysfunction – Vale of York CCG The request had been turned down on the basis that other PDE-5 inhibitors which are currently commissioned had not been tried.	
	c) Outcome of VoY SMT / SRCCG Business Committee Items from the August meeting had been agreed in full by VoY CCG Senior Management Committee and by Scarborough & Ryedale Business Committee. JEC asked for clarification as to what the agreement at those committees actually meant regarding new NICE TA's. SO'C confirmed that the CCG business committees approved recommendations from the Medicines Commissioning Committee and then CCG contracting/finance colleagues would then be informed. They would then liaise with the acute trust to identify cost impacts and communicate the outcomes.	
	d) Alprostadil cream (Vitaros) for erectile dysfunction The Vale of York CCG RSS erectile dysfunction pathway had been redrafted and now includes alprostadil cream (Vitaros) as a last choice. However the pathway does not emphasise enough that the CCGs will only commission ONE treatment a week and the restriction needed to be clarified. MUSE® was not included in the pathway and this addition was also agreed. With these amendments, the pathway is agreed and alprostadil cream (Vitaros®) is approved GREEN. SRCCG wished to adopt the pathway and it was requested the CCG logo to be included in the document.	**SO'C**
	e) **Vitamin B compound strong for alcohol detoxification** SO'C had previously asked if Dr Robins and the acute physicians could be asked to provide a consistent view given both CCGs (and both MH Trust's) positions on the use of this preparation. SP informed the meeting that he had spoken to gastroenterology colleagues who had indicated that for alcohol detoxification there is no place for vitamin B compound strong tablets. However, the clinicians consider that some patients with re-feeding syndrome will require further treatment post discharge. It was indicated it was used for peripheral neuropathy but it was raised that pyridoxine was usually used for this. The consensus reached at the meeting was that it was not to be commissioned for alcohol detoxification and noted that some of these patients may have a mixed clinical picture. BLACK for alcohol detoxification and AMBER for re-feeding syndrome.	
	e) Benzodiazepine prescribing recommendations – request for formal correspondence with outcome and stop criteria GB had raised this item following a request from a GP seeking clearer communication and outcomes when a benzodiazepine is requested. DT indicated this has been raised with TEWV prior to the meeting and Richard Morris was planning to discuss with the Drug & Therapeutics Committee.	**SO'C/LA**
	g) **Eye products for glaucoma** JEC advised that the ophthalmologists wished to continue with brand name prescribing for all eye drops. Given the potential safety concerns and the potential cost savings for	

	CCGs, SO'C expressed his disappointment to their stance. The CCG will consider this further. JEC wished to offer some additional feedback from the breast oncologists on fulvestrant in the 4th line setting which was discussed at the August meeting. The consultant was disappointed and sought clarification who attended the meeting, why no breast oncologist was present and indicating that the position for York remained different to other trusts. JEC had feedback, however the Committee agreed that any additional information in support of the request should be submitted as requested for formal consideration until which time, the current position remains as not commissioned. However, the Committee were happy to re-consider upon provision of additional information.	**JEC**
4	**Mental Health medicines commissioning** Tees, Esk and Wear Valley Mental Health Trust - A paper on hyperprolactinaemia was received and shared with members. VoY CCG intend to create a link to it on their public facing website. The TEWV D&T feedback document was received, shared and a point regarding lithium levels was noted - "Bloods should be taken 12 hours after the last dose was taken". The view of Alison Jones is to be sought regarding this as it was considered therefore lithium may be better taken in the evening but some concerns were raised on this.	**LA** **LA**
5	**North Yorkshire and Humber Treatment Advisory Group recommendations – notification of approved items from TAG** – for agreement of recommendation by MCC **a) Tapentadol for severe chronic pain in adults** The document represented the final recommendations incorporating comments from acute trusts and CCGs where it was indicated tapentadol MR might be used as a 2nd or 3rd line option, immediate release tapentadol was not a part of the submission. JEC advised that Dr Armstrong intends to submit an application to this committee for its approval for use. A discussion took place as to where it would fit in terms of the current pain pathway compared to oxycodone and what indications would it be considered. It was indicated 2nd or 3rd line in the chronic non neuropathic pain pathway and 2nd line in the neuropathic pain pathway were suggested. It was also stated that given the current concern regarding strong opiate prescribing for non-malignant pain that this might be an alternative to >60mg morphine equivalent prescribing in those cases. It was felt that tapentadol would have a place in this pathway, where exactly needs to be established. It was decided that the CCGs should work with the Trust on a suitable pathway and in the meantime tapentadol MR should be commissioned as AMBER specialist initiation.	**GB/WO/ PH**
6	**NICE Technology Appraisals (TAs)** New TAs from NICE to be formally commissioned / formally ratified at SMT/Business Committee: • TA 345 Naloxegol for treating opioid-induced constipation JEC indicated that the palliative care team foresee a very limited place for use but patient numbers were uncertain. PH suggested that it could be used on those receiving moderate pain relief products. Further discussion took place as to whether a laxative pathway was required or whether it would be considered as part of the pain pathway review. Accepted as GREEN **New NICE guidance** TA352 Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy Place in therapy was noted and it was indicated that local uptake would be beneficial to clarify	**LA** **JEC**

	likely impact. Accepted as a RED hospital only treatment. TA354 Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism It was noted that this was another NOAC and that NICE had indicated no significant financial impact given this would offset other current options. Accepted as GREEN. JEC indicated that a Vale of York DVT pathway had been seen which was different from that of the Trusts? SO'C to check and bring the pathway to the next meeting NHS England (for information only) TA353 Bevacizumab for treating relapsed, platinum‑resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (terminated appraisal)	**SO'C**
7	**New submissions (includes new therapies and changes to existing policy positions) and appeals** a) **Epiduo appeal** –LA had sent the dermatology consultant the documentation for a comment regarding its place in the pathway and this was still awaited. To be brought to next meeting.	**LA**
	b) Fumaderm for plaque psoriasis JEC stated that this product was already used, having been approved by the hospital Drug & Therapeutics Committee 12 years ago as a RED hospital only drug. This submission is to ask the CCGs to agree to fund it as it is generally used before biologic's which are PbR excluded for which the CCG fund. An existing cohort of patients is already receiving this treatment with the potential for new patients to be prescribed going forward. It was considered that the application did not provide a clear position for its intended use as discussed and this needed to be clearer i.e. where it fits in the pathway. SO'C indicated that the clarity was required in order to take the case as why the CCG should fund the treatment. Until further clarity is provided, the CCG position remains as RED without CCG funding.	**JEC**
	c) Toujeo® (insulin glargine) for diabetes mellitus JEC advised the meeting that this product contained 300units of glargine whereas Lantus® products contain 100 units in the same volume. Its main use would be for 3 groups - patients who require >60 units a day; for a small cohort using <60 units but who experience regular site reactions; some patients receiving twice daily Lantus because of absorption issues who would benefit from a once a day regime using a lower volume. It was indicated that this product would cost less that insulin degludec and that insulin degludec therefore has an increasingly limited role e.g. care home patients. Despite a slight dose titration requirement, the cost of use is approximately the same as that used currently. However it is potentially more expensive than the biosimilar glargine Abasaglar®. The numbers of patients that Toujeo might be used on is unknown. The consensus reached was that it should be approved as GREEN and insulin degludec be moved to third line option maintaining the current commissioning position AMBER. The position on biosimilar glargine needs to be evaluated and their use should be considered by the Trust a discussion/review brought to the November meeting.	**JEC/PJ**
	d) Formulary application template A draft version of the document had been submitted to the committee. It was agreed that the statement on rebate schemes should be removed. SO'C emphasised that it is crucial for the company position on the All Trials question to be completed when submitting applications, any submissions indicating "not applicable" for example or left	**DT**

	black should be automatically rejected. A discussion ensued regarding the appropriate completion of Conflict of Interest sections of documents, not only for this template but for all activities involving committees and decision making bodies. It was decided to bring this topic to the next meeting for a full discussion. Subject to the changes, the document was APPROVED, noting that further alterations may be required over time.	
8	**Other medicines issues (local and/or national) including pathways/guidelines** a) **York & Scarborough Drug & Therapeutics Committee minutes (latest approved).** It was noted that key items were already on the agenda. **b) Anticoagulant questionnaire** A GP had highlighted the document to the CCG as had raised concerns regarding its content and purpose. SP advised that it was a service evaluation questionnaire from Dr Gupta at cardiology. It was indicated that governance was aware of the document. The committee agreed that if such questionnaires were to be completed by patients given the content of the document, then the CCGs should be informed. SP was asked to contact Dr Gupta and ask for the following to be answered: Who commissioned the questionnaire? Whether the pharmaceutical industry provided any support/funding? What governance committee approved its format and use? It was requested that the results be provided to the Committee. c) 5HT3 antagonists for nausea & vomiting – Deferred to next meeting **d) Fosfomycin information for GPs** It was noted that there is now a UK licensed product available and the document presented was updated to reflect that. A link to the net formulary should be made and CCG logos to be added to the document. VoY CCG intend to write a letter to that effect and place it on their website.	**SP** **LA/DT**
9	**Shared care guidelines** **a) Update on methotrexate prescribing – amendment** The methotrexate SCG had been updated with the recently reviewed Yorkshire Rheumatology guidance and was due for review which JEC has undertaken and sent to Dr Isdale recently, a response from consultants is awaited. RA noted that the SCG at present does not reflect practice in Scarborough hospital and complaints are being received from both SR and ERoY GPs regarding Scarborough consultants not following the guideline. It was stated that consultants are writing to GPs to advise them to initiate prescribing for their patients without reference to a shared care guideline at all. No SCG is included in the correspondence or any link to it on netformulary. The melatonin shared care guideline was raised given that Scarborough Hospital consultants are not following the agreed position. It was noted that within all the shared care guidelines, GPs are invited to partake in shared care and should agree to the handover. The committee confirmed that shared care must be handed over properly by consultants i.e. send the actual shared care guideline out with every letter requesting shared care or at least include a link to the shared care document. RA to draft a letter for JEC to send out to all relevant Scarborough paediatricians and rheumatologists.	**RA/JEC**
10	**Formulary items** • Tadalafil / sildenafil for priapism Deferred to next meeting	

11	**Monitoring / reporting** a) **Humulin R** Deferred to next meeting **b) Red drugs quarterly report** The VoY CCG senior management team are increasingly concerned by the numbers of RED drugs being prescribed by VoY GPs and a more active stance will be taken by VoY CCG going forward. c) **Audit report** – Committee recommendations from May/June 2014 Deferred to next meeting	**LA/AM**
12	**Medicines safety** a) Drug Safety update Deferred to next meeting	
13	**Horizon scanning -** New Products a) New products update Deferred to next meeting b) Novopen 4 phased out – replaced by Novopen 5. The action was noted. c) Prucalopride in men – The document circulated providing the evidence for the license extension was noted and it was agreed that this was not commissioned for use in men.	
14	**Patient and clinical communications** • GnRH agonists – supplementary information. Deferred to next meeting	
15	**AOB** It was asked whether there was objection to commencing future meetings from 9.30am in order to allow time for all business to be addressed. Those present considered that this could be achieved and attendees were asked to note the revised time going forward.	
	Date of next meeting: Wednesday 21 October 2015 **9.30am-12 midday**	