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 15 April 2015 Severus Room, West Offices, York

1. Apologies / Attendance

		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
Chair & GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	✓	✓	✓	A	✓	✓	✓
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓
Deputy Chair & Consultant Physician	Dr David Humphriss (DH)	A	A	A	A	A	A	A	A
GP Vale of York CCG	Dr William Ovenden (WO)	A	✓	✓	✓	✓	✓	✓	✓
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs Diane Tomlinson (DT)	✓	✓	✓	✓	✓	A	✓	✓
Consultant Physician	Dr Paul Jennings (PJ)	A	A	✓	✓	✓	A	A	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	✓	A	✓	✓	✓	✓	✓
Chief Pharmacist, Leeds and York Partnership, Mental Health	Elaine Weston (EW)	✓	A	✓	A	A	✓	✓	A
Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)	✓	A	A	✓	A	A	✓	A
Consultant Urologist	Mr Richard Khafagy (RK)		✓	✓	A	✓	A	A	✓
Vale of York CCG Pharmacist	Mrs Laura Angus (LA)					✓	✓	✓	✓
Consultant Psychiatrist (TEWV)	Dr Raul Perez							A	✓

Item		Action
1	**General business** Apologies were received from Dr David Humphriss, Mrs Elaine Weston and Mr Richard Morris. Mr Simon Lockley (CS Pharmacist, Scarborough & Ryedale CCG) attended as a guest. Dr S O'Connell chaired the meeting. **Declarations of Conflicts of Interest** None to report.	
2	**Minutes of last meeting** Were accepted as an accurate representation of the March meeting. Under item 8c – LHRH agonists, it was understood that this matter had been addressed and noted the template letter which had been previously agreed. RA indicated that there had been concerns that the template letter wasn't well used in SR, and clinicians were not aware of triptorelin as an option. RA had emailed Mr Wilson but the response was not clear. GB indicated he would write to GPs. SO'C reported no problems in York. Goserelin patient information, action to be undertaken by DT. LA stated an update would be provided on the medal ranking for moisturisers in June.	

	NICE guidance – SO'C indicated that Jill Sykes (York & Scarborough Trust) had been in contact about NICE TAs previously discussed at the meeting. SP stated all following discussion at MCC; all NICE TA's are raised with Jill Sykes: feedback is given that NICE TA's are approved in principle but contracting matters need to be addressed separately. With reference to recent NICE guidance on biologics for ulcerative colitis, SP indicated he was attending a regional clinical project meeting which would consider biosimilars: he will report back. Discussion ensued about the process by which biosimilars would be considered at MCC as new products to the formulary. It was confirmed that there needs to be further discussion and review of eligible patients and consideration given to the cost implications /benefits without overburdening the process or slowing down any agreed implementation.	
3	**Matters arising** a) Chairpersons actions to report Omacor for IgA nephropathy – this was a request raised by a GP initiated from Dr Laboi. SP had been made aware of the request. Further evidence was sought from Dr Laboi. b) Outcome of VoY SMT / SRCCG Business Committee Items from the previous meeting had been agreed in full for Vale of York CCG and Scarborough & Ryedale CCG. For reporting purposes, Vale of York CCG requested that an extra column be added to the recommendations document to indicate the rationale for the decision e.g. cost effectiveness. c) Vesomni ® - treatment pathway JEC indicated that Mr Wilson had been contacted but no further update was available at this meeting. JEC to provide an update for the next meeting. d) Alprostadil cream (Vitaros) for erectile dysfunction JEC reported that Mr Wilson had indicated that the proposals had been approved and passed back to by primary care. Jane to check who feedback has been reported to. Providing primary care colleagues are happy with the draft pathway, this can be tabled for the next meeting. e) Modafinil for fatigue in MS – update - LA/SOC to follow up f) Nalmefene – update The North Yorkshire County Council (NYCC) application and commissioning statement was tabled at the meeting. No City of York Council (CYC) position was available at present, however, the CYC position was expected to be similar. The agreed position for NYCC was that nalmefene had been approved as red drug. It was considered that it would be helpful if the CCGs agree a position as red - commissioned for alcohol specialist services prescribing only in accordance with specification. Not for primary care prescribing. Concerns over the categorisation were raised as red usually applies to hospital specialist prescribing and this is not the case. **Agreed as red – alcohol specialist services prescribing only in accordance with specification.** g) Request for GPs to undertake blood monitoring for pirfenidone in idiopathic pulmonary fibrosis - update SP had sought clarification with the laboratory services regarding reporting/sharing of blood results with Leeds and it was indicated that York and Leeds and within Leeds, different systems are in place for taking bloods and reporting of results. Clarity was sought as to whether bloods	LA **DT** **JEC** **JEC** **LA/SOC**

	could be taken at clinic attendances, however, pirfenidone is provided through homecare services and so the patient may not return to clinic for 6-9 months. It was considered that it was the specialist at Leeds' responsibility, as prescriber, to make sure that the bloods are done and satisfactory, in line with GMC requirements. It was flagged that patients need to be aware of the need for, and importance of blood tests: it was suggested that a DMARD type book may assist with this.	
4	**Mental Health medicines commissioning** Leeds York Mental Health Partnership - a summary of recent decisions was circulated. Tees, Esk and Wear Valley Mental Health Trust - a summary of recent decisions was circulated.	
5	**North Yorkshire and Humber Treatment Advisory Group recommendations – notification of approved items from TAG** - draft - open for consultation • Tocilizumab subcutaneous injection for rheumatoid arthritis It was noted that initially, tocilizumab was only available as an intravenous infusion, however the company now has a licensed subcutaneous injection: this product is available at the same cost but with potential for savings on tariff costs for administration of the infusion. Patent expiry of the intravenous product was raised as may offer savings in the future however, this new formulation would enable patients to self-administer injections albeit at a weekly frequency rather than monthly infusion. York & Scarborough Trust have already switched to subcutaneous tocilizumab, a minority of existing patients remain on IV, and it was asked whether these patients could attend the hospital for subcutaneous injection instead. Vale of York CCG currently have a community intravenous injection project under development – LA to raise with Julie Ryan. **The product was approved as a red, hospital only drug.** • Topical alprostadil cream (Vitaros®) for erectile dysfunction – already addressed. WO asked how effective the pumps are compared with other treatments. RK indicated that the pumps are useful and advised that one pharmaceutical company provides demonstrations of how to use the pump. This device should be used daily. It was agreed there is requirement to see the pathway – WO to obtain the footage showing how to use such devices.	**WO**
6	**NICE Technology Appraisals (TAs)** New TAs from NICE to be formally commissioned / formally ratified at SMT/Business Committee: a) Empagliflozin in combination therapy for treating type 2 diabetes – *recommended* It was noted that this was an additional agent to a product class and NICE considered the clinical effectiveness of empagliflozin, canagliflozin, dapagliflozin to be similar. The costs of the agents were also similar. **Recommended as a green formulary drug.** b) Rifaximin for preventing episodes of overt hepatic encephalopathy – *recommended* The licensed indication was noted. NICE concluded that the cost effectiveness was likely to be close to the top end of the range normally considered cost effective, and reported uncertainty associated with long term benefits. The NICE cost impact was reported: local gastroenterology colleagues had indicated that there were potentially 2 options: - transplant or end of life pathway. It was considered that locally there were likely to be approximately 20 patients eligible	**CCGs**

	for treatment**. It was recommended as amber - specialist initiation**. To note that for the clinical indication of pouchitis, it remains categorised locally as red. *c)* Rivaroxaban for preventing adverse outcomes after acute management of acute coronary syndrome – *recommended* The licensed indication for rivaroxaban was noted and that the dose is 2.5 mg twice daily. It was reported that the decision on continuation of treatment should be taken no later than 12 months after starting treatment and experience of use is limited and up to 24 months. It was not clear as to who might initiate treatment. It was noted that Mikki Golodniski is engaged in a regional piece of work to clarify its place in ACS pathways. It was recommended as **amber – specialist recommendation**.	
7	**New submissions (includes new therapies and changes to existing policy positions) and appeals** No new product requests	
8	**Other medicines issues (local and/or national) including pathways/guidelines** a) New presentation VTE anticoagulant treatment pathway The amended pathway had been shared with the Committee and sent to medicines management colleagues in East Riding, given this recommendation is different to the previous pathway. SP indicated that the Trust NOAC of choice is pending publication from NICE on venous thromboembolism. It was considered that cost comparisons need to be made to ensure that choices remain best value across the whole health economy, noting there may be rebate schemes available. The changes to the pathway were not accepted by Scarborough & Ryedale CCG. b) Long Term VTE prevention anticoagulant treatment pathway There was uncertainty regarding when the pathway should be used and whether the title should be *review of all patients on long term VT*. It was noted that the pathway did not address the question "are they on a NOAC?" and it was felt that the requirements of the pathway had changed since it was first written. Secondary care colleagues considered that this was more of a warfarin pathway for secondary care. Anecdotal reports in primary care suggested that some patients on NOAC were moving back to warfarin. SO'C requested that where the pathway indicates to review patients, that there should be reference to local resources/patient information. c) Drug shortage – ferrous fumarate 210mg tablets The shortage was noted. Ferrous sulphate is currently being used until the situation is resolved. d) Ticagrelor and aspirin for acute coronary syndrome GB sought clarification on the commissioning position to be clear that ticagrelor and aspirin for acute coronary syndromes are commissioned only in line with NICE guidance i.e. for up to 12 months, thus enabling GPs to stop and review treatment. Any use outside of NICE had previously been flagged to cardiology as requiring a submission to MCC.	**Jayne Knights**

9	**Shared care guidelines** DT reported on the items currently under review. JEC indicated there had been a little confusion around rheumatology/dermatology indications to be added to a shared care guideline given it appeared some were already listed in the guideline. It had been flagged with the rheumatology/dermatology pharmacists to clarify with the specialists any outstanding issues. It was noted that a shared care guideline for mycophenolate would be required.	**DT/JEC**
10	**Formulary items** No specific items were tabled under this item. SO'C sought clarification on the progress with the review of the formulary. It was noted that this had been raised with LA given the CCG had chosen to focus on the development of medal ranking documents. Further discussion ensued regarding the frequency of formulary review and noted that other matters would arise on ad hoc basis e.g. new product requests, which may lead to further review of particular chapters.	**LA**
11	**Monitoring / reporting** a) Simbrinza - CCG prescribing trends in glaucoma treatments. Primary care prescribing data reported upon the items and costs of treatments. The primary care costs of Simbrinza versus its individual separate constituents remain virtually the same at the present time. It was noted there were many various products and a wider review of products should be carried out. It was requested that the data be shared with Dr Tim Manners and for Dr Ovenden to meet with him and to discuss and also to include the formulary pharmacist in these discussions. b) Oral nutritional supplements Carl Donvaband joined the meeting to present the Vale of York CCG medal ranking on oral nutrition supplements (ONS). Mr Donvaband indicated his background (dietician) and his role was to implement the CCG QIPP plan for addressing cost pressures in this area. In addition to malnutrition and undernutrition, the priority was to develop an ONS formulary. It was indicated that prescribing costs are rising and there is anecdotal evidence that significant numbers of current prescriptions may be inappropriate. GP surveys have been undertaken indicating that GPs want more guidance about initiation of supplements in addition to an ONS formulary. The formulary has been discussed with York and Scarborough Trust professional lead (Anne Robinson) and changes have been made. SP indicated that the final document has only just been sent to the professional lead. Work has also commenced on a community dietetic service. It was noted that, at present York & Scarborough Trust are working to the regional nutrition contract and no change in ONS product prescribing or recommendation by secondary care was likely at this time. It was requested that the formulary medal ranking document reflects costs consistently (as 4 weekly). It was indicated that the regional nutrition contract was due for review, though this had slipped further. Mr Donvaband and SP to coordinate a meeting with Anne Robinson and seek to prepare a conversion document to enable prescribing of hospital product X as an equivalent primary care product Y. The meeting was drawn to a close at this point.	**WO**
12	**Medicines safety – Nil to report**	
13	**Horizon scanning, NICE Guidance and NICE Bites – Nil to report**	

14	**Patient and clinical communications – Nil to report**	
15	**AOB - Nil**	
	Date of next meeting: Wednesday 20 May, 10-12 noon, Severus Room, West Offices	