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 December 2015
Severus Room, West Offices, York

1. Apologies / Attendance

		JAN	FEB	MAR	APR	MAY	JUN	AUG	SEP	OCT	DEC
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	A	✓	✓	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	✓	✓	✓	✓	✓	✓	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	✓	✓	✓	✓	A	✓	✓	✓	✓*
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	✓	✓	✓	✓	A	✓	✓	A	A
Consultant Psychiatrist (TEWV)	Dr Raul Perez			A	✓	A	A	A	A	A	A
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs Diane Tomlinson (DT)	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Regional Drug & Therapeutics Centre, Newcastle	Ms Monica Mason (MM)										✓

Item		Action
1	**General business** Apologies were received from Mrs Rachel Ainger, Dr Paul Jennings, Mr Stuart Parkes, Dr Raul Perez, and Dr Richard Khafagy. *Dr Andrew Philips (AP) (present until 10.45am) deputised for Dr Shaun O'Connell. Ms Monica Mason was welcomed to the meeting as a member representing the Regional Drug & Therapeutics Centre. Laura Angus (LA) chaired the meeting. **Declarations of Conflicts of Interest** None declared as relevant to the meeting's agenda.	

2	**Minutes of last meeting** The minutes were accepted as an accurate representation of the October meeting.	
3	Matters arising **a) Chairperson's actions to report** VoY CCG received the following applications: • Daptomycin from Salford Hospitals NHS Trust. Funding approved. • Topical ivermectin from Harrogate NHS Hospital. Funding approved. • Testim gel from St James' NHS Hospital. Funding approved. • Tiotropium Respimat inhaler for bronchiectasis. Funding approved. Scarborough Ryedale CCG received the following applications: • Vacuum pump for erectile dysfunction. Funding approved. • Grazax sublingual therapy - GB reported that following the request, the appropriate request form had been provided to be submitted to MCC for consideration. **b) Outcome of VoY SMT / SRCCG Business Committee** Items from the October meeting had been agreed in full by both VoY CCG Senior Management Committee and by Scarborough & Ryedale Business Committee. **c) Tapentadol severe chronic pain treatment pathway** GB advised that the pathway was close to completion however still required some amendments; it should be complete for the next MCC meeting. For clarification, the September minutes approved tapentadol's use. The pathway is to clarify that use of this product amongst the other available options. Concern however has been expressed that the use of tapentadol may significantly increase. PH advised that as it is classified as amber; CCGs/GPs should be challenging any perceived inappropriate increased use. **d) Vale of York DVT pathway** JEC reported comments from the anticoagulation pharmacist had been submitted to the CCG for consideration. **e) Biosimilar glargine to be considered by the Trust** No further comments were received at the meeting. It was indicated that feedback would be brought to the January meeting. **f) VSL3 prescribing for prevention of *C difficile* (update from September D&T meeting)** York & Scarborough Trust colleagues reported that there had been no formal notification at this time regarding the decision whether to continue to use or discontinue the concomitant prescribing of VSL#3 with antimicrobials for prevention of *C difficile* in selected patients. It was reported it is currently not being used/prescribed given that currently there are manufacturing problems. It is hoped that a decision at Drug & Therapeutics Committee will provide clarification on this. **g) Apixaban for cardioversion – update** SO'C previously had sought further clarification on the use of apixiban for cardioversion following a request to the practice to prescribe. It was noted that apixiban is classified as GREEN for management of atrial fibrillation but hospital only for cardioversion based upon Dr Gupta's previous submission. This had been fed back to York Trust clinicians but not to its lead nurses. Feedback from the specialist nurse was that the time these patients will spend on apixaban greater than Dr Gupta's application suggested. This is due to the waiting time between treatments initiation, scheduled cardioversion and a consultant's follow up. It was stated that currently, the Trust prescribes the first 28 days supply and asks GPs to continue treatment, at least until the patient next sees the consultant.	**GB** **LA** **JEC** **JEC**

	Communication from the cardiologist, Dr Pye has suggested that it was considered that there are 2 groups of patients, those with a low CHADs2VASc score who would be anticoagulated short term and those with a higher CHADsVASc score who would remain on apixaban, the latter a much larger group than previously indicated. It was considered that this latter group should be managed by GPs from outset. Discussion ensued, and it was noted that apixaban had been approved by the CCGs for 6-8 weeks given the Committee had been advised that cardioversion was to take place quickly. If this was not the case, then patients could be established on warfarin. It was indicated that appointments had to be cancelled because patients were not in therapeutic range. A question was then posed as to why, if a CHADsVASc score was low, why is treatment with apixaban being continued even if a patient's follow up appointment with their consultant is later? WO expressed a concern that GPs will be asked to put apixaban on repeat, where it could remain despite there being no need for the patient to continue on it. There is also a widely held concern that patients are being put on apixaban by consultants without discussion and contrary to the advice that patients should have an informed discussion on choice, including warfarin, and that this NICE position is not being communicated to patients by those consultants. The Committee agreed that the original submission should be reiterated to the cardiologists and team involved in cardioversion. Should there be a request to use apixaban or any other treatment in a different way to that original submission then a new case should be submitted to the Committee. Consultants also to be asked if they are acting on behalf of Scarborough hospital colleagues also for a trust wide response. Clarification is to be sought on how many cancelled appointments are occurring due to the patient receiving warfarin and not being in therapeutic range. **h) Declaration of interests -** deferred to next meeting **i) Terms of reference - update** This had been brought back to the committee in light of the changes required due to recent organisational changes. Furthermore, it seemed appropriate to use this opportunity to review and make any additional relevant changes. A discussion took place around extending the membership, perhaps to patient representation. It was decided that members should reflect on all perceived changes that might be required and to defer formal discussion until the next meeting.	**JEC** **LA** **LA**
4	**Mental Health medicines commissioning** Tees, Esk and Wear Valley Mental Health Trust RM reviewed TEWV feedback document sent out to members. This included: • Potential drug interactions resulting from stopping smoking and that the committee should consider whether this should be communicated to GPs and to the smoking cessation service. TEWV have drafted a letter for GPs that RM shared with the meeting and he stated that he would be happy to provide an electronic version. • TEWV would adopt physical healthcare prescribing guidelines from different localities. The two CCGs were asked to send hyperlinks to their guidelines on cardiovascular risk, asthma, COPD & diabetes to RM and he would ensure their inclusion. • A review of the current evidence concerning when to stop drugs for dementia. The conclusion was that there is currently not enough evidence to change the current guidance. • TEWV D&T received the NICE TA for vortioxetine which approved its use as a potential 3rd line option. Consideration of vortioxetine will follow the TEWV formulary process (via County Durham & Darlington APC). It is intended that the current antidepressant guidance will be amended and submitted to the January D&T. • The name change for Camcolit 250mg tablets (to Lithium Carbonate Essential Pharma 250 mg film-coated tablets) was discussed. Agreed that prospectively, Priadel would be	**LA** **MMT**

	the preferred brand. The D&T requested patient numbers (from primary care) to consider the scale of impact for this change and therefore whether further advice is needed. Stuart Kerr agreed to collate and share that data before Christmas. **Draft melatonin shared care guideline** – This has been approved by TEWV D&T and sent to CCGs for ratification. It was confirmed that TEWV were not commissioned to treat patients with chronic fatigue syndrome but consultants do see patients requiring it in association with other conditions. Clarification was sought why patients should have their height and weight measured annually. RM responded that drugs for ADHD and similar conditions do affect height and weight and that the manufacturer of Circadin® suggested that these be checked. It was also asked if TEWV were issuing crushing syringes. It was indicated this was not the case as Circadin® can be crushed between two spoons. TEWV will devise and share a simple carer direction leaflet to provide advice on crushing the tablet formulation. JEC stated that York & Scarborough Trust had many paediatric patients currently prescribed liquid preparations. Melatonin had been approved as amber as a licensed preparation was available but patients are regularly being prescribed the unlicensed liquid formulation by the Trust. Feedback from York Trust clinicians (not those in Scarborough) that there is a concern about crushing Circadin® in an unlicensed manner. GB offered an opinion that the unlicensed liquid be commissioned as RED as per TEWV guidance and Circadin® as amber. MM agreed to share wider views on the use of melatonin as shared care from other organisations. **Discontinuation and price changes of Camcolit® formulations –** Discussed above **Leeds & York Mental Health Partnership** Nil	**SK** **RM** **MM** **JEC**
5	**North Yorkshire and Humber Treatment Advisory Group recommendations – notification of draft items from TAG**. Nil to report	
6	**NICE Technology Appraisals (TAs)** New TAs from NICE to be formally commissioned / formally ratified at SMT/Business Committee: TA358 Tolvaptan for treating autosomal dominant polycystic kidney disease - Tolvaptan is recommended for treating autosomal dominant polycystic kidney disease (ADPKD) in adults to slow the progression of cyst development and kidney function decline. JEC advised there would be a very small number of patients who might be eligible for this treatment. Committee approved it as RED – specialist prescribing only. TA 368 Apremilast for treating moderate to severe plaque psoriasis – not recommended. JEC advised that the memorandum of understanding had been offered by the manufacturer to the trust/CCGs. The committee concluded that given NICE had formally published guidance for apremilast, it would carry out its duties to implement the NICE TA and could not approve any other agreement. Vortioxetine for treating major depressive episodes - Vortioxetine is recommended as an option for treating major depressive episodes in adults whose condition has responded inadequately to 2 antidepressants within the current episode. No significant resource impact expected.	**CCGs**

	To be DEFERRED to the next meeting to allow forthcoming TEWV discussions to be communicated to the committee. **NHS England – for information** Pembrolizumab for advanced melanoma not previously treated with ipilimumab Ombitasvir–paritaprevir–ritonavir with or without dasabuvir for treating chronic hepatitis C Daclatasvir for treating chronic hepatitis C Ledipasvir–sofosbuvir for treating chronic hepatitis	
7	**New submissions (includes new therapies and changes to existing policy positions) and appeals** a) **Epiduo® appeal** – Deferred to next meeting, a meeting was scheduled with one of the dermatologists. **b) Vitamin D for deficiency & insufficiency** Pathway and medal ranking to be reviewed and therefore deferred to next meeting. GB asked the Committee whether low dose supplementation following correction of deficiency should be prescribed or patients should purchase over the counter. **c) Ondansetron for nausea & vomiting** JEC outlined the application for irritable bowel syndrome with loose stools rather than for the pain especially in irritable bowel post infection. The committee felt this was a valid use and noted the small patient cohort for it but would only recommend the 4mg tablet being used, not the liquid formulation or injection. Therefore the 4mg tablets were approved as AMBER specialist recommendation. It was also asked that a patient information leaflet (PIL) be developed to address its unlicensed use and outline when clinical benefit would be expected and to cease treatment if this was not achieved. PIL to be brought to the Committee for agreement. **d) Branded generic applications –Sastravi® and Stanek®** Both Sastravi® and Stanek® were considered together given that they are branded generic products bio-equivalent to the reference product Stavelo® with some minor differences in terms of the formulation. One contains lactose and the other contains some peanut/soya oil as per the application. In terms of price guarantee, it was noted that Teva had outlined clearly their intention however Actavis reported only on the national CMU contract and its review not specifically on any primary care financial consideration. Potential savings from these products were noted compared to Stalevo®. Both products were approved. OptimiseRx to be activated for Scarborough & Ryedale CCG only. **e) Branded generic application –Stanek** See above **f) Alogliptin (appeal) for type 2 diabetes** It was noted that the CCG position was based on the original Yorkshire & Humber TAG which did not support this product. The Committee noted that Scottish Medicines Consortium had subsequently revised its position and supported use of alogliptin. In light of the breadth of the licensed indications and currently representing the lowest acquisition cost within its class, it was **supported for use as 1st line gliptin within its licensed indications.**	**LA** **DT** **JEC**
8	**Other medicines issues (local and/or national) including pathways/guidelines** **a) York & Scarborough Drug & Therapeutics Committee minutes (latest approved)** No minutes had been received therefore deferred to next meeting.	

	b) Regional medicines procurement – update Deferred to next meeting **c) Dental requests asking GPs to prescribe** The PrescQIPP review was discussed which recommends GPs should not accept requests from dentists to prescribe medicines that the dentist could reasonably prescribe themselves. GB reported that the Local Dental Committee has previously been advised on this however considered that the Local Medical Committee should be advised. It was therefore agreed that both CCGs would recommend to GPs that they should not be prescribing dental products when a dentist could reasonably be expected to do so. **d) Pregabalin prescribing** It was reported that York & Scarborough Trust now uses generic pregabalin following the recent revision to the regional hospital contract. It was noted that NHS England had not revised its position in primary care position. It was requested that an update be brought to the next meeting regarding the regional hospital arrangements. **e) Haloperidol injection (shortage) in palliative care** – Issues on the shortage had been discussed and circulated to CCGs. **f) Palliative care guidelines review -** Deferred to next meeting. **g) Omalizumab for chronic utricaria -** Deferred to next meeting. **h) Trinovum, Ovysmen, and Binovum oral contraceptive tablets discontinuation in 2016** The discontinuation of products was noted. **i) Treatment Advisory Notes (TANs) communication between hospital and primary care** Deferred to the next meeting. **j) Pioglitazone supply issues** - Noted	**LA/RA** **JEC**
9	**Shared care guidelines** **a) Standard text to letters regarding shared care -** Deferred to next meeting. **b) Update on methotrexate prescribing -** Deferred to next meeting **c) Melatonin– York & Scarborough Trust paediatrics -** Deferred to next meeting **d) Triptorelin for precocious puberty** JEC advised that the Trust has a specialist paediatric consultant who attends a clinic and has made requests to the York Trust paediatricians to prescribe triptorelin for children diagnosed with precocious puberty. This is commissioned and on the Leeds formulary but has not been considered for York & Scarborough formulary. It was noted that this is a tertiary specialist service. The topic has been tabled to raise with CCGs to consider what the commissioning position should be in this instance. JEC was asked to provide further information; who is administering it currently (GPs in practice or community or specialist nurses outside of GP practices). This to be reported at the next meeting.	**JEC**

	e) Modafinil for narcolepsy – Deferred to next meeting	**JEC**
10	**Formulary items** • Tadalafil / sildenafil for priapism – Deferred to next meeting	
11	**Monitoring / reporting** **1) 12 month audit data MCC outcomes September 2014** – Deferred to next meeting **2) 12 month audit data MCC outcomes October 2014** – Deferred to next meeting	
12	**Medicines safety** a) MHRA Safety update – Deferred to next meeting	
13	**Horizon scanning, NICE Guidance and NICE Bites** a) New products update – Deferred to next meeting	
14	**Patient and clinical communications** • GnRH agonists – supplementary information. – Deferred to next meeting	
15	**AOB** LA formally bid farewell to Di Tomlinson and thanked her for all her hard work and wished her well in her new post at York Medical Group that she will take up in the New Year.	
	Date of next meeting: Wednesday 20 January 9.30am-12am, Severus Room, West Offices, York.	