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 21 January 2015 Craven Room, West Offices, York

1. Apologies / Attendance

		MAY	JUN	JUL	SEP	OCT	NOV	DEC	JAN
Chair & GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	A	✓	✓	✓	✓	✓	A
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	A	✓	✓	✓	✓	✓	✓	✓
GP Prescribing Lead – S&RCCG	Dr Greg Black (GB)	✓	✓	✓	✓	✓	✓	A	✓
Principal Pharmacist - Medicines Information	Mrs Jane Crewe (JEC)	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	✓	A	✓	✓	A	A	✓
Deputy Chair & Consultant Physician	Dr David Humphriss (DH)	X	A	A	A	A	A	A	A
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	A	A	✓	✓	✓	✓
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs Diane Tomlinson (DT)	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Physician	Dr Paul Jennings (PJ)	A	✓	✓	A	A	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	✓	A	✓	✓	A	✓	✓
Chief Pharmacist, Leeds and York Partnership, Mental Health	Ms Elaine Weston (EW)	✓	A	A	✓	A	✓	A	A
Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)		✓	A	✓	A	A	✓	A
Senior Pharmacist	Mr Alex Molyneux -Guest		✓	A	✓	A	✓	A	A
Consultant Urologist	Mr Richard Khafagy (RK)					✓	✓	A	✓
Consultant Psychiatrist TEWV	Dr Raul Perez (RP)					✓	A	✓	A
Vale of York CCG Pharmacist	Mrs Laura Angus								✓

Item		Action
1	**General business** **Apologies** Mrs Elaine Weston, Mr Richard Morris , Dr David Humphriss, Dr Shaun O'Connell Dr Greg Black chaired the meeting. **Declarations of Conflicts of Interest** Dr Peter Hall declared an interest with NAPP as declared in December (received honoraria for lectures to GPs, attended sponsored lunches and accepted educational grants to attend European pain meetings) and Grünenthal regarding Versatis® listed on the agenda.	
2	**Minutes of last meeting** Were accepted as an accurate representation of the December meeting. The following points were additionally discussed at this point in the agenda.	

	Vitamin B compound strong prescribing was raised given the change in historic prescribing trends and updated advice on the use of this product. This item to be tabelled at February MCC meeting to clarify position and any subsequent actions required. It was noted that work clarifying the proposed indications for Versatis prescribing required development. PH indicated this was effective in allodynic pain, post-surgical pain and that much of the evidence pertained to the licensed indication of post-herpetic neuralgia. DT asked if the indications across specialities could be identified (including pain, diabetes and palliative care) to support the evidence review. Ketamine was discussed and it was noted that JEC has a palliative care meeting scheduled at end of month; therefore it was requested to schedule this item for the March MCC agenda. It was indicated by JEC/SP that they had understood that SOC had agreed to pay the costs of ketamine if it was categorised as red. It was advised that clarification on this point should be sought from SOC prior to commencing work on pathways. Syringe driver chart – Further clarification required. It was indicated that Vale of York communications team had been contacted and it was stated that no information had been issued to GPs about the chart.	JEC/DT LA confirm with SO'C JEC pathway JEC
3	**Matters arising** a) Chairperson's actions to report – It was noted one request had been submitted to Vale of York for mexiletine and had been approved b) Outcome of VoY SMT / SRCCG Business Committee All recommendations from last month's meeting had been accepted by Vale of York CCG. SRCCG will consider these recommendations at its February meeting. It was requested that the restrictions on Targinact were included in the 'do not use' GP clinical system formulary. c) Sucralfate enema - An update is to be brought to the Committee for the February meeting. d) Vesomni® treatment pathway - it was noted that Dr Brown and Mr Hilmy are working on this pathway e) Piportil depot injection – RM had sent information from TEWV and SRCCG had contacted practices where prescribing had been identified. It was noted that TEWV had also identified that any prescribing of promethazine for anxiety should be reported back to them. It was suggested this could be flagged up on the 'do not use' GP clinical system formulary. f) Updated Chairperson's Actions request form and New Product request forms for information- these have been uploaded on to VoYCCG webpage.	DT to advise MMT JEC SO'C DT to advise MMT
4	**Mental Health medicines commissioning** • Leeds York Mental Health Partnership EW had submitted the MOG minutes and a summary of headlines which had been circulated with the agenda. It was noted that escitalopram was listed on the headline paper and it was agreed that this should be tabled for the February meeting to discuss in full, taking in to account the clinical and cost implications, and clarifying whether it has a place on the formulary. • Tees, Esk and Wear Valley Mental Health Trust – nil to report	DT

5	**North Yorkshire and Humber Treatment Advisory Group recommendations – notification of approved items from TAG – for agreement of recommendation by MCC:** • Olodaterol inhaler (Striverdi® Respimat) for COPD • Umeclidinium elipta inhaler (Incruse) for COPD Both olodaterol and umeclidium were discussed for COPD. WO indicated the need to look at patient care elements in terms of the device, such as ensuring that nurses are effectively trained to use a limited number of products to enable patients to use them properly. VoYCCG has a COPD group and it was suggested that the current formulary choices be raised at the next meeting alongside the new products for them to make a recommendation on proposed positions to the MCC. It was agreed that LA raise this with the VoYCCG group and JEC to consult with Scarborough trust respiratory clinicians. • Rituximab for autoimmune haemolytic anaemia (unlicensed) This document represented an update of a historic North Yorkshire position. It was requested that opinion of the haematologists is sought, taking into account potential savings from blood transfusions and managing iron overload.	LA/JEC JEC
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 a) Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism To accept on to the formulary – look at Jayne Knights pathway and look at what it means for Scarborough area ***Action***: to acknowledge CCGs formal commissioning of approved TAs. CCGs to accept on to the formulary – requested Jayne Knights review anticoagulation pathways for DVT to ensure compliance.	JEC/DT
7	**New submissions (includes new therapies and changes to existing policy positions) and appeals** **a) Simbrinza - Brinzolamide/brimonidine combination eye drops for ocular hypertension** The request was considered noting that this was a new product which represents a combination of both brinzolomide and brimonidine, the place in therapy was proposed as restricted to patients with compliance problems with use of the two separate eye drops. It was noted that the brinzolomide patent expired in December 2014 and the primary care costs were expected to fall shortly, thus separate products may offer better value**. The Committee concluded that the combination product would not be recommended but prescribing data should be reviewed to look at choices of agents in this therapeutic area and review this item in 3 months (April 2015).** **b) Dexamethasone intraocular implant (Ozurdex) for uveitis** The content of the protocol was discussed. It was confirmed that it had previously been agreed to add "Patients already on systemic therapy who have exacerbation of their condition and rescue therapy with Ozurdex is in the patients best interests compared to the side effects which may be encountered with changes in systemic therapy" but whilst "Patients with no underlying associated systemic inflammatory	DT JEC

	disease, or in patients whose associated underlying systemic inflammatory disease is of limited activity and not requiring systemic treatment" was part of the NETAG review, it had not been included in the original MCC application and was requested to be removed. Further clarification was sought on the frequency of injections: it was agreed that up to two injections per eye would be acceptable (as per MCC application). With the corrections, the protocol was approved. **c) Alprostadil cream (Vitaros) for erectile dysfunction** Comments from Dr Shaun O'Connell indicated that Dr Brown and Dr Hilmy had commenced work on this item. **d) Dymista for allergic rhinitis (Appeal)** The application seeking to appeal the CCG's position not to commission Dymista was discussed at the meeting. The Committee concluded that there was a lack of a compelling case to support overturning the recommendation previously made and adopted by Vale of York and Scarborough and Ryedale Clinical Commissioning Groups. Where clinically indicated, the separate nasal sprays may be prescribed. SP reported that some requests to initiate treatment originated from Leeds Hospital Trusts. The applicant, Dr Phillips, to be notified of the outcome.	SO'C DT
8	**Other medicines issues (local and/or national) including pathways/guidelines** a) Lidocaine medicated plaster (Versatis®). Refer to item 2 earlier in the minutes. b) Ketamine for chronic pain – pathway and commissioning position. Refer to item 2 earlier in the minutes. c) Mepacrine – formulary position. This item has previously been discussed and a new product application requested, it was noted that the request had been sent to the specialist. The Committee indicated that the application would be re-tabled on March 2015 agenda. If no submission has been received, then mepacrine will be recommended to CCGs as a grey drug.	JEC
9	**Shared care guidelines** a) Outstanding shared care guidelines list - the list had been circulated, noting the document which had been updated. It was agreed that shared care guidelines for goserelin (breast cancer and endometriosis) were not required, however, the duration of therapy to be stated on formulary for endometriosis. b) Modafinil for fatigue with MS was discussed as it was indicated that the NICE clinical guidelines for Multiple Sclerosis does not recommend this treatment. The committee agreed that it would be unlikely that modafinil would be commissioned and discussions ensued regarding management of existing versus new patients. If the specialist strongly wants to use this treatment, an application is required to York and Scarborough Drug & Therapeutics Committee. c) Melatonin – treatment of sleep disorders in children. The guideline was approved. The commissioning position of TEWV and LEEDS mental health partnership were requested to be confirmed at February meeting. d) Denosumab shared care guideline – remained on the agenda for confirmation of changes. Changes had been sent to DT, it was indicated if the changes were as agreed that they could be uploaded on to net formulary.	JEC JEC JEC/DT JEC/DT

10	**Formulary items** • **Nebivolol for chronic heart failure** The North Yorkshire and York historic position was reviewed compared to current formulary licensed alternative beta blockers. It was noted that the cardiologists had differing views as a department on the choice of beta blocker for this indication. The Committee recommended that the existing position not to commission should be upheld given other less costly beta blockers licensed for heart failure were formulary choices. The cardiologists reserve the right as part of the process to appeal the recommendation. • **Doxazosin modified release (XL) formulations** It was reported that there was no formal position on the use of doxazosin modified release and therefore it was highlighted that clarification on the position was sought. The Committee considered the evidence submitted with the request and concluded that the recommendation to CCGs for doxazosin MR formulations should be not to commission; given plain standard doxazosin tablets were available as a formulary option for licensed indications when appropriate.	DT DT
11	**Monitoring / reporting - red / black drugs** Nothing to report.	
12	**Medicines safety –** MHRA Drug Safety update The December MHRA Drug Safety update was discussed briefly noting the advice on isotretinoin.	
13	**Horizon scanning, NICE Guidance and NICE Bites –** Nil	
14	**Patient and clinical communications –** a) LMWH pathway – joint communication to GPs Small changes were requested to the letter and the current appropriate terminology for emergency department to be used. It was reported already that WO had a patient discharged with only seven days supply. SP agreed to contact colleagues in the emergency department to rectify the matter.	JEC
15	**AOB** Nil to report	
	Date of next meeting: Wednesday 18 February, 10-12noon, Severus Room, West Offices	