

**Minutes of Medicines Commissioning Committee Meeting,
Wednesday 20 May 2015
Severus Room, West Offices, York**

1. Apologies / Attendance

		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
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)	✓	✓	✓	✓	✓	✓	✓	✓
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs Diane Tomlinson (DT)	✓	✓	✓	✓	A	✓	✓	✓
Consultant Physician	Dr Paul Jennings (PJ)	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	✓	A
Vale of York CCG Pharmacist	Mrs Laura Angus (LA)				✓	✓	✓	✓	✓
Consultant Psychiatrist (TEWV)	Dr Raul Perez						A	✓	A

Item		Action
1	<p>General business Apologies were received from Dr R Perez and Mr R Khafagy. Dr S O'Connell chaired the meeting.</p> <p>Declarations of Conflicts of Interest None to report.</p>	
2	<p>Minutes of last meeting Were accepted as an accurate representation of the April meeting. SO'C asked if DH could be asked about his continued member of the committee given his inability through work commitments to attend regularly. It was also suggested that Dr A Turnbull be asked whether there could/should be any other medical representation for the Acute Trust at these meetings. Discussion followed regarding formulary review, SO'C asked how often the formulary could be reviewed. DT stated that an email discussion was underway and a meeting scheduled for early June between her and Kirsten Evans (formulary pharmacist) to discuss this.</p>	<p>DT</p> <p>SO'C/PH</p>

	SO'C suggested DT submit a plan to the next meeting and suggested a two year cycle if possible.	DT
3	<p>Matters arising</p> <p>a) Chairpersons actions to report</p> <p>Bupropion for depression Vale of York CCG</p> <p>SO'C asked for member's views regarding prescribing for monotherapy. It is very expensive and other more cost effective alternatives with similar side effect profiles exist. It was agreed that other treatment options be tried first and both MH Trust positions agree.</p> <p>Therefore it should be 4th or 5th option for depression.</p> <p>b) Outcome of VoY SMT / SRCCG Business Committee</p> <p>Items from the previous meeting had been agreed in full for Vale of York CCG except for the rivaroxaban in ACS. The potential cost being over £500k means it needs to be submitted to the VoY CCG governing body for approval at their next meeting, in June.</p> <p>Concerns were expressed by SP regarding co-prescribing of rivaroxaban out with its marketing authorisation for ACS e.g. with ticagrelor. SO'C advised that once the position on rivaroxaban was approved, this committee should write to Trust cardiologists to inform them of the financial risk prescribing will potentially present.</p> <p>Approval of all April recommendations by Scarborough & Ryedale CCG Business Committee has been delayed until their next meeting.</p> <p>c) Vesomni[®] - treatment pathway</p> <p>It had been indicated that Mr Hilmy had discussed this treatment and its place in the pathway with primary care but this was not reflected in the correspondence received to date. Dr Brown has not sent anything either. Given the lack of information / progress the item is therefore removed from the agenda and will not be added to the formulary. Black – not commissioned.</p> <p>d) Alprostadil cream (Vitaros) for erectile dysfunction</p> <p>A pathway was received which included non-commissioned treatment (tadalafil 5mg daily) which needs to be addressed. During previous discussions it was suggested that the use of penile pumps may be an appropriate treatment option early on in the ED pathway and more information regarding this has been requested from Dr Forrester (Public Health). Currently, further work is required before alprostadil cream and the erectile dysfunction pathway can be approved and for York CCG, pathways will need to be submitted to the Clinical Effectiveness Committee.</p> <p>e) Modafinil for fatigue in MS – update</p> <p>Despite NICE guidance Dr A Heald has replied indicating he will continue to recommend for patients, and provided some guidance on stopping therapy as requested to provide to GPs.</p> <p>The updated revised commissioning position for this indication is BLACK. The shared care guideline to be removed from the Trust website and the formulary updated.</p> <p>f) Nalmefene – CYC update</p>	<p>LA</p> <p>LA</p> <p>DT</p>

	<p>CoY position received and now on VoY website alongside the NYCC position. The ERoYC position is awaited. CCG formulary position reiterated (from last month minutes) as RED – alcohol specialist services prescribing only in accordance with specification.</p> <p>g) Biosimilar infliximab – update</p> <p>SP provided an update since the previous meeting. There was reassurance offered given that Remicade is already a biosimilar of itself. £550k savings are predicted – this does not take into account the potential additional savings associated with any new patients. A gain share was suggested which should be discussed at CMB.</p> <p>A submission for biosimilar infliximab will come to MCC next month.</p>	
<p>4</p>	<p>Mental Health medicines commissioning <u>Leeds York Mental Health Partnership</u> - a summary of recent decisions was circulated.</p> <p>Gender dysphoria was discussed and it was noted that the GPs in Leeds were not happy to initiated treatments for adults or children but happy to take on when the patients were stable, therefore the specialist will initiate and refer out to GPs via shared care. Dr Jennings indicated he is happy to provide advice to GPs of patients seen by LYMHT.</p> <p><u>Tees, Esk and Wear Valley Mental Health Trust</u> - a summary of recent decisions was circulated.</p> <p>Vitamins in alcohol detoxification – The guidance was discussed and RM indicated that TEWV patients are discharged with two weeks supply of thiamine only, no vitamin B compound strong. The decision to be made by GPs as to whether thiamine should continue based on the patient’s nutritional status and whether they are a harmful drinker. It was confirmed that this position does not include any patients with re-feeding syndrome where vitamin B compound strong may be prescribed.</p> <p>Leeds position was that Duncan Raistrick wanted to maintain the prescribing of thiamine and vit B compound strong, but EW indicated that the TEWV document would be discussed to identify if the same position could be achieved.</p> <p>Now the TEWV position is clearer this committee suggested that vit B co strong could be decommissioned for this indication and that Dr Smale and Dr Nelson at York & Scarborough Trust be asked if they would support. Also to be shared with community providers NY solutions and York Lifeline.</p> <p>TEWV depot injections approved following recommendation from Northern Treatment Group – the RAG status now needs to be agreed. SOC will take advice from Louise Barker regarding RAG status. LYMHT already have amber status for paliperidone and risperidone, and had for some time, it was noted that patients on risperidone won’t have their treatment switched. Lirasidone was not recommended but this position is not ratified with TEWV as yet.</p>	<p>SO’C</p> <p>SO’C</p>
<p>5</p>	<p>North Yorkshire and Humber Treatment Advisory Group recommendations – notification of approved items from TAG – final recommendations</p> <ul style="list-style-type: none"> • Verteporfin PDT for CSCR <p>It was concluded that given the lack of compelling evidence, the position should remain not commissioned- BLACK. It would be considered in the future with the presentation of a very clear pathway.</p> <ul style="list-style-type: none"> • Tiotropium inhaler (Respimat) for asthma <p>VoY asthma review group is about to commence, therefore it was decided to await results from this review. The drug is not commissioned, BLACK until the review is concluded.</p>	

6	<p>NICE Technology Appraisals (TAs) New TAs from NICE to be formally commissioned / formally ratified at SMT/Business Committee:</p> <p>None</p>	
7	<p>New submissions (includes new therapies and changes to existing policy positions) and appeals</p> <p>No new product requests this month however new product requests currently being worked on for submission next month: tapentadol; mesalazine; biosimilar for Crohn's disease.</p>	JEC
8	<p>Other medicines issues (local and/or national) including pathways/guidelines</p> <p>a) New presentation VTE anticoagulant treatment pathway – bring to next meeting.</p> <p>b) Long Term VTE prevention anticoagulant treatment pathway – bring to next meeting.</p> <p>It was requested if the NOAC decision aid could be changed and refer to DVT.</p> <p>c) Outpatient prescribing policy - York and Scarborough NHS Trust</p> <p>GB commented that there needed to be an expectation of receipt of a consultant's letter within a reasonable time frame. GPs needed to know if the patient had received an initial supply of their treatment. SP suggested the Treatment Advisory Note (TAN) be added as an appendix. JEC noted those comments to amend existing draft. The wording regarding patients who presented at A&E after running out of meds being directed to register as a temporary resident with a GP to obtain a supply was requested to be changed to refer the patient to a community pharmacy for an emergency supply or recommend the patient contacts their own GP for advice/an electronic prescription.</p> <p>d) 5HT3 antagonists for nausea & vomiting</p> <p>This has previously been raised as an outstanding matter, given ondansetron is licensed for chemotherapy induced nausea and vomiting only, and may be used for intractable nausea/vomiting off label. Position requires to be clarified as it is currently RED for licensed indication. It was suggested that a practice level review be undertaken to identify themes once prescribing data available (for next meeting). Trust to ask for comments regarding prescribing by specialities.</p> <p>e) Ketamine for chronic pain – pathways</p> <p>Ketamine confirmed to remain as a RED (hospital only) therefore no need for pathway and can come off agenda.</p> <p>f) Tobramycin nebulas for bronchiectasis</p> <p>A submission is being developed. There have been matters to address regarding gentamycin nebulas prescribing with Scarborough specialists. It was confirmed that until the application to MCC was agreed tobramycin, gentamycin and colomycin for this indication all to remain RED for now.</p>	<p>JEC</p> <p>JEC</p> <p>DT</p> <p>JEC</p> <p>DT/JEC</p> <p>DT/ JEC</p>

9	<p>Shared care guidelines The outstanding SCG's have been worked through by DT and comments passed back to the Trust. JEC is still waiting for some comments from dermatology before these are completed.</p> <p>GB stated that rather than methotrexate prescribing being commenced by Scarborough clinicians, GPs have received letters asking them to commence methotrexate which is classed as amber with shared care guidance. It was indicated that this was due to capacity issues at Scarborough Trust. This issue to be brought to next meeting.</p>	<p>JEC</p> <p>SP/DT</p>
10	<p>Formulary items</p> <ul style="list-style-type: none"> • Diclofenac formulations – place on formulary A query had been received by Vale of York Rxline regarding the commissioning position for diclofenac. GP advised by consultant to prescribe diclofenac tablets but VoY formulary states diclofenac is being decommissioned. It was confirmed that diclofenac tablets remain as a treatment option taking in to account the safety issues with NSAIDs and the commissioning position remains GREEN. • 5-ASA review – take to next month's meeting 	<p>DT</p> <p>JEC</p>
11	<p>Monitoring / reporting</p> <p>a) Audit report of recommendations from March 2014 MCC meeting. The report was presented and the comments noted were as follows:</p> <p>Insulin (Tresiba) - PEJ indicated that this prescribing data would take to next trust diabetes meeting.</p> <p>Humulin R – PEJ queried the accuracy of the data for SR CCG. Data to be checked and brought to next meeting.</p> <p>Lixisenatide (Lyxumia) – It was requested that data be compared alongside other agents within the class to show any change in practice in the prescribing. This data to be brought to the next meeting.</p> <p>Tadalafil 5mg tablets – It was suggested that some prescribing is being used for ED inappropriately. SK to provide data showing practice use and LA to write to those practices.</p> <p>Hydrocortisone modified release (Plenadren®) - Use to be looked at by acute trust. Additionally SK to identify which practices are using this formulation.</p> <p>Linaclotide (Constella®) – Usage is greater than predicted in the original submission. It was asked which practices were prescribing. SK to identify practices and the information to be shared with MMT to audit prescribing.</p> <p>Dymista® nasal spray – SK to identify practices to inform future audit work.</p> <p>Midodrine – SK to identify prescribing trends for CCG GP practices and pass details to LA.</p>	<p>PEJ</p> <p>DT</p> <p>DT</p> <p>LA</p> <p>SP</p> <p>AM/RA</p> <p>AM/RA/ LA LA</p>
12	<p>Medicines safety – not discussed</p>	

13	<p>Horizon scanning - New Products for May 2015</p> <p>A summary of new products for May was discussed. It was indicated that the description for Mirena® and Levosert® on GP clinical systems were identical yet their licencing differed, therefore it was suggested that these items should be referred to by brand to avoid confusion. It was also noted that Mirena® should be classed as green RAG status. A summary of costs of these products to come back to next meeting.</p> <p>Human insulin – no need to come to committee for approval.</p>	DT
14	<p>Patient and clinical communications</p> <ul style="list-style-type: none"> • GnRH agonists – supplementary information <p style="text-align: right;">Not discussed at meeting</p>	
15	AOB - Nil	
<p>Date of next meeting: Wednesday 17 June, 10-12 noon, Severus Room, West Offices</p>		