

**Minutes of Medicines Commissioning Committee Meeting
Wednesday 21 October 2015
Severus Room, West Offices, York**

1. Apologies / Attendance

		DEC	JAN	FEB	MAR	APR	MAY	JUN	AUG	SEP	OCT
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	✓	✓	✓	✓	✓	A
Principal Pharmacist - Medicines Information	Mrs Jane Crewe (JEC)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	A	✓	✓	✓	✓	✓	A	A	✓	A
Consultant Physician	Dr Paul Jennings (PJ)	✓	✓	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 (SO'C)	✓	A	✓	✓	✓	✓	A	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	✓	✓	✓	✓	✓	A	✓	✓	A
Consultant Psychiatrist (TEWV)	Dr Raul Perez				A	✓	A	A	A	A	A
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs Diane Tomlinson (DT)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓

Item		Action
1	<p>General business Apologies were received from Dr Perez, Dr G Black, SP, Richard Khafagy, and Peter Hall.</p> <p>Laura Angus (LA) chaired the meeting.</p> <p>Declarations of Conflicts of Interest PJ – Speaker at Eli Lilly sponsored meeting.</p>	
2	<p>Minutes of last meeting Following a change to the date in the title of the document, the minutes were accepted as an accurate representation of the September meeting.</p>	
3	<p>Matters arising</p> <p>a) Chairperson's actions to report</p> <ul style="list-style-type: none"> Tadalafil daily for erectile dysfunction – Vale of York CCG. It was agreed that it should be communicated back to GP that the request should be submitted as an IFR. 	LA

	<p>b) Outcome of VoY SMT / SRCCG Business Committee Items from the September meeting had been agreed in full by VoY CCG Senior Management Committee and by Scarborough & Ryedale Business Committee.</p> <p>c) Alprostadil cream (Vitaros®) for erectile dysfunction The RSS guidance has been agreed by Vale of York CCG and added to the RSS library. It was noted that need to add in MUSE and Caverject (RAG status – green).</p> <p>d) Tapentadol severe chronic pain treatment pathway Dr Black had indicated has he is working on the pathway with consultant colleagues.</p> <p>e) Vale of York DVT pathway It was indicated that the pathway had been sent to Jayne Knights (anticoagulation pharmacist) and that the pathway indicates that upon confirmation of an unprovoked DVT patients will be transferred from treatment with rivaroxaban to warfarin.</p> <p>f) Antimicrobial stewardship primary and secondary care RA indicated that links had been established with Susan Broughton, antimicrobial principal pharmacist and that the updated antimicrobial guidance had been developed in consultation with trust microbiologists. It was indicated that time commitment and priorities versus other work programmes need to be established and currently, work needs to be done regards implementing the new antimicrobial guidance. ACTION: SOC/LA to identify any immediate opportunities in this area. Susan Broughton/RA/microbiologist potentially meets to discuss further development work.</p> <p>g) Biosimilar glargine to be considered by the Trust – For November meeting</p> <p>h) VSL3 prescribing for prevention of <i>C difficile</i> (update from September D&T meeting) JEC indicated that VSL3 was currently still being used alongside antimicrobials in the agreed patient groups and the audit finding had been submitted to the executive board to determine the Trust position going forward but no decision available at present. To keep on the agenda for an update.</p> <p>i) Declaration of interests LA indicated that the CCG were currently reviewing their documentation and will further review and discuss at the November MCC meeting. PJ indicated that departmental conflicts of interest needed to be discussed and LA indicated that both organisational/departmental conflicts were to be discussed with Penny Furneux.</p>	<p>SO'C/LA RA</p> <p>LA</p>
4	<p>Mental Health medicines commissioning Tees, Esk and Wear Valley Mental Health Trust</p> <p>Drug & Therapeutics Committee Feedback document - noting the plans for TEWV to be smoke-free and that e-cigarettes use would only be in designated smoking areas. It was also noted the restriction on use of varenicline/bupropion which takes in to the account the MHRA warnings regarding suicide ideation. Benzodiazepine prescribing had previously been raised and a reminder was provided regarding formal communications and not to request benzodiazepines are prescribed over the phone or a third party request. SO'C asked if the document could be circulated to colleagues and this was agreed.</p> <p>Lithium SBARD - discussed and the action to be taken. It was noted that blood monitoring for lithium levels can be taken more than 12 hours after last lithium dose was taken but need to document the number of hours post dose with the sample for correct results. It is recommended that lithium is taken in the evening between 8pm-10pm to allow a blood sample to be taken in the morning.</p> <p>Draft melatonin shared care guideline – An update was provided noting the guidance on</p>	

	<p>crushing Circadin®. RM indicated TEWV were promoting Circadin as preferred option. And crushing will be required where an immediate release formulation is required, it was indicated that there was information to indicate this can be done safely. It was proposed that TEWV guidance is adopted across all of primary/secondary care to supersede existing shared care guidance. It was stated that the clinical indications proposed in the document needed to be looked at and there as a need to get in touch with Leeds service regarding the chronic fatigue clinic. JEC noted that for Scarborough trust, it was only 6 weeks since patients were transferred to shared care. It was agreed that there needs to be MMT support to switch to Circadin® or crushing tablets. The use of the liquid formulation was stated to be limited to certain groups e.g. learning difficulties, PEG/NG tubes. It was also reported that there needed to be discussion regarding current practice and product choice for Paediatrics and Paediatricians will want that detail around formulation choice and preference. If was agreed that if organisations can move towards Circadin® as the preferred products, this would provide consistency across the area.</p> <p>ACTION: York Trust to take the draft SCG to Paediatricians and bring back to D&T/MCC.</p> <p>Discontinuation and price changes of Camcolit® formulations – it was raised Camcolit® 250mg tablets have been discontinued and now only a generic lithium carbonate 250mg tablet (lithium carbonate essential pharma 250mg film-coated tablets is available at additional cost. This item was to be further discussed at TEWV Drug & Therapeutics Committee.</p>	<p>LA</p> <p>JEC</p>
<p>5</p>	<p>North Yorkshire and Humber Treatment Advisory Group recommendations – notification of draft items from TAG.</p> <p>a) Naltrexone/bupropion tablets (Mysimba®) for weight management The recommendation was discussed and it was noted that without costing information, the product could not be commissioned – BLACK. PEJ asked about bariatric surgery/weight loss management, SO’C indicated that the directorate manager for diabetes been sent the template for submitting a business case.</p> <p>a) Insulin degludec/ liraglutide (Xultophy®) for diabetes mellitus</p> <p>The proposal was discussed and JEC indicated that the diabetologists had proposed that the product would be used following basal insulin failure, go to premixed route for symptomatic control OR if go intense could go to basal bolus. There was debate as to the place in therapy for this product and what advantage it offers. Agreed current position is not commissioned -BLACK but in order to consider it further a formal position to MCC would be required as the commissioner would need to know how it would be more cost effective than the current options? How it would be used? What monitoring would be required?</p>	
<p>6</p>	<p>NICE Technology Appraisals (TAs) New TAs from NICE to be formally commissioned / formally ratified at SMT/Business Committee:</p> <p>TA 355 Edoxaban for preventing stroke and systemic embolism in people with non valvular atrial fibrillation. Edoxaban (Lixiana) is recommended as an option for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation who have one or more risk factors. JEC indicated that the stroke/cardiology physicians had not been approached but Jayne Knights (anticoagulation pharmacist) was undertaking some rationalisation of the current available options.</p> <p>TA 356 Ruxolitinib for treating polycythaemia vera (terminated appraisal) - no evidence submitted to NICE from Novartis Pharmaceuticals.</p>	<p>CCGs</p>
<p>7</p>	<p>New submissions (includes new therapies and changes to existing policy positions) and appeals</p>	

	<p>a) Epiduo® appeal – is currently awaiting further information.</p> <p>b) Fumaderm for plaque psoriasis JEC advised that this is to be taken up with Dr Stainforth who had indicated she would be happy to do a flow chart or advise colleagues to go straight to biologics but it wasn't clear which is to be undertaken.</p> <p>c) Humalog 200 unit Kwikpen The application was discussed and clarification sought on the cost impact which indicates the cost to primary care to be cost neutral compared with the Humalog 100 unit Kwikpen. It was indicated that the number of units dialled on the pen rarely exceed 20 units. It was agreed to approve the product – Green.</p> <p>d) Branded generic template The document was agreed subject to removal of information relating to rebate schemes and update to the BNF category section.</p>	<p>LA</p> <p>JEC</p> <p>AM</p>
8	<p>Other medicines issues (local and/or national) including pathways/guidelines</p> <p>a) York & Scarborough Drug & Therapeutics Committee minutes (latest approved) It was noted that key items had already been addressed on the MCC agenda.</p> <p>b) Anticoagulant questionnaire SO'C indicated that information had been received from Dr Gupta. Remove from the agenda.</p> <p>c) Palliative care formulary Agreed to add the document to the formulary and identify the items which are not on formulary and add accordingly.</p> <p>d) Primary care antimicrobial guidance RA discussed the document and it was requested to publish the document on the front page of formulary. The plan is to have the most up to date on the Harrogate CCG website and update that master copy with any subsequent changes.</p> <p>e) 5HT3 antagonists for nausea & vomiting JEC had reviewed some of the outpatient prescribing which appeared to include some use for IBD with constipation which was noted as off license use. It was requested that data be brought to the November meeting.</p> <p>f) NHS England specialist commissioning briefing DT highlighted the plans for the commercial medicines unit for information which included medicines which the responsible commissioner. SO'C asked for an update from the groups and it was suggested that SP would be able to provide this.</p>	<p>SP</p> <p>JEC</p> <p>SP</p>
9	<p>Shared care guidelines</p> <p>a) Update on methotrexate prescribing – amendment JEC indicated that SP had spoken with the Scarborough rheumatology team who are currently referring methotrexate directly to GPs. It was indicated that this was because of departmental capacity and the service is looking to review in 6-9 months to address this. It was indicated that this should be flagged as a potential issue to the new medical director for York & Scarborough Trust. It was also indicated that senior managers for SRCCG should pick this up with Scarborough hospital.</p>	<p>RA/JEC</p>

10	Formulary items <ul style="list-style-type: none"> Tadalafil / sildenafil for priapism Deferred to next meeting.	
11	Monitoring / reporting <p>1) Audit report – Committee recommendations from May/June 2014</p> The audit reports were noted and SO’C was keen for prescribing of the black drugs to be investigated further at practice level. <p>Clarification was sought to identify how patients scheduled for cardioversion receive apixaban. It was not clear whether GPs are asked to prescribe or in one instance further supplies were sought from the GP. It was agreed that there needed to be assurances to ensure that the mechanism for prescribing is in place.</p>	LA/AM
12	Medicines safety <p>a) Drug Safety update</p> The updated safety advice on mirabegron was discussed and it was indicated that the urogynaecological pathway needs to be updated.	DT
13	Horizon scanning - New Products <p>a) New products update</p> Tiotropium & olodaterol (Spiolto Respimat) became available after the COPD pathway was discussed; it was agreed not routinely commissioned - Black. To be considered at the next COPD pathway review.	
14	Patient and clinical communications <ul style="list-style-type: none"> GnRH agonists – supplementary information. The information was discussed and it was requested that specialists include the supplementary information in the clinic letter so it is clear to GPs what information the patients are given. It was suggested this request should be put to the gynae/urologists to clarify if this can be incorporated in to the letters. <p>RA raised a subsequent separate issue of how clinicians alert GPs (Scarborough and East Riding) to shared care in general. Is there standard text that can be included in letters about shared care? Table for November agenda.</p>	JEC
15	AOB <p>DT indicated the MMT had been asked regarding a new liraglutide product which appears to be recently licensed for the treatment of obesity, but not launched in the UK called Saxenda. It was indicated that this product should be classed as not routinely commissioned – Black.</p> <p>Update of terms of reference</p> RA indicated that regional Drug & Therapeutics Committee had sought representation at MCC either to attend or virtually attend, it was agreed that it would be appropriate to invite be an official partner. <p>Coaguchek appeal</p> JEC sought further clarification on the existing position. SO’C indicated that discussions were ongoing and the service is under active review and the CCG is currently rethinking the issues.	
Date of next meeting: Wednesday 18 November 9.30am-12am, Severus Room, West Offices, York.		