Minutes of Medicines Commissioning Committee Meeting, Wednesday 17 June 2015 Severus Room, West Offices, York

1. Apologies / Attendance

		NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	✓	A	✓	✓	✓	✓	A
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	✓
Chair & 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
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	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	A	✓	✓	✓	✓	✓	✓	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	A

Item		Action
1	**General business** Apologies were received from Dr P Hall, Richard Morris, Dr R Perez, Dr S O'Connell, Elaine Weston (Jo Goode [JG] deputised), Stuart Parkes (Kirsten Evans [KE] deputised). Dr G Black chaired the meeting. **Declarations of Conflicts of Interest** None to report.	
2	**Minutes of last meeting** Were accepted as an accurate representation of the May meeting. RG asked for clarification regarding 3d (erectile dysfunction treatment pathway). It had not been approved due to the inclusion of tadalafil 5mg daily which is not commissioned and the requirement to be considered by Vale of York CCG clinical pathway group. LA to check (with SO'C) if there were any other reason for its rejection and whether it was felt that it would be approved if tadalafil 5mg daily was replaced. At present, the pathway is not approved. GB sought clarification on items:	**LA**

	3e-Modafinil for fatigue in MS. York Trust is reviewing this internally; the current agreed position is not commissioned. 4 -Vitamin B compound strong for alcohol detoxification. The SO'C action is carried forward to the next meeting. 8f- Inhaled tobramycin for bronchiectasis. The formulary has been updated to show it as specialist use only (red) until an application is received to MCC. 11- Tadalafil, it was reported that the action is complete.	**SO'C**
3	**Matters arising** a) **Chairperson's actions to report** - Nil to report from either CCG. b) **Outcome of VoY SMT / SRCCG Business Committee**. Items from the previous meeting had been agreed in full by both CCG Business Committees. Rivarovaban for ACS is outstanding for Vale of York CCG and the approved position will be disseminated in due course. c) **Alprostadil cream (Vitaros) for erectile dysfunction** Pathway has not been approved given the inclusion of non commissioned tadalafil 5mg daily along with any other concerns LA identified following consultation with SO'C (see under minutes of last meeting). d) **Methotrexate prescribing** It had been identified that current custom and practice from Scarborough hospital was for clinicians to recommend to GPs to initiate methotrexate, rather than the specialist initiate, stabilise then ask primary care to continue. The latter reflects practice in York and the wording of the current methotrexate shared care guideline. It was reported that the difference was due to capacity issues at Scarborough Hospital. Clarification was sought on the capacity issue and whether this could be resolved so there was consistency across the trust and in the shared care guideline, KE indicated she would investigate. If a capacity issue is the problem and not resolvable then this needs to be discussed and shared care guidance (and any clinical communication) must be clear and reflect clinical practice to minimise safety risks. e) **Rifaximin - for preventing episodes of overt hepatic encephalopathy** – It was noted that NICE guidance was unclear regarding any stopping criteria for this treatment. GB asked if there was a recurrence of disease, who would review the patient and whether treatment should continue? Trust to seek advice and report back. f) **Vitamin B compound strong for alcohol detoxification** SP had attended a Gastroenterology directorate meeting and fed back that the clinical team accepted there was no evidence but many patients are undernourished (re-feeding syndrome), they were happy for GPs to stop treatment. It was reported that NICE Guidance considers the use of thiamine only, given this has no role it as asked why does gastroenterology continue to prescribe? It was reported that for this indication, other providers are now prescribing thiamine only and both CCGs requested a consistent approach. JEC/SP to feed this back and obtain a response.	**KE/JEC** **KE/JEC** **JEC/SP**
4	**Mental Health medicines commissioning** <u>Leeds York Mental Health Partnership -</u> a summary of recent decisions was not available in time to be circulated. However JG reported on the following points from their last meeting: Alcohol detoxification– there should be no future discharges of patients on Vitamin B or vitamin B Co strong preparations for this indication. Lisdexamphetamine – the Trust have reviewed and categorised as an Amber drug, it was reported that this treatment was hospital only (red) for both Scarborough & Ryedale and York CCGs.	

	Escitalopram – Leeds have finalised the position and concluded it is an amber drug. Tees, Esk and Wear Valley Mental Health Trust - a summary of recent decisions was circulated. These included: *Melatonin* – TEWV are looking to agree a revised position (amber) and to use Circadin®MR tablets or where an immediate release preparation is required suggest crushing the Circadin® MR tablets. KE was asked to feed this back and to ask for York Trust's view on this given this is a different approach to the recommendations on product choice for York Trust. *Depot Injections, a shared care guideline to be developed for discussion with interface prescribing groups*– It was pointed out that officially VoY GPs do not prescribe or administer depot injections, how ever Scarborough & Ryedale GPs do. It was commented that prescribing by GPs becomes a potential issue when patients did not attend. *A clozapine safety bulletin is in development.* *TEWV have agreed to adopt the North East and Cumbria antibiotic prescribing guidelines.*	**KE/JEC**
5	**North Yorkshire and Humber Treatment Advisory Group recommendations – notification of approved items from TAG** – for agreement of recommendation by MCC • Tapentadol for pain It was noted that an new product request from York Trust was pending subject to clarification on how the clinicians would use the drug. It was therefore agreed that this item is deferred to the September meeting.	**DT/JEC**
6	**NICE Technology Appraisals (TAs)** New TAs from NICE to be formally commissioned / formally ratified at SMT/Business Committee: • Vedolizumab for treating moderate to severely active ulcerative colitis- Recommended to commission as hospital only treatment. • Apixaban for treatment and secondary prevention of DVT and/or pulmonary embolism- Agreed as a treatment option (green) alongside other anticoagulants. • Ustekinumab for treating active psoriatic arthritis (rapid review of TA 313) - Recommended to commission as a hospital only (Red) treatment.	
7	**New submissions (includes new therapies and changes to existing policy positions) and appeals** a) Biosimilar infliximab – Much of the background to this submission had been previously discussed, it was noted that this was a biosimilar and offered significant savings to the CCG and that a gain share scheme was subject to discussion with the commissioners. It was agreed that this should be approved as hospital only for indications the CCG commission as per NICE. b) Lercanidipine for hypertension – It was noted that there was not a formal commissioning position on this treatment, primary care do use this agent and this is formalising the current prescribing arrangements. It was noted that UKMI suggest it is slightly better in terms of adverse effects, however it was felt this was simply a "me too" after amlodipine on the formulary. It was recommended to commission RAG status GREEN. It was reported that both CCGs now plan to actively switch patients currently on felodipine to lercanidipine in patients where amlodipine is not an option. c) Vale of York CCG COPD pathway The current CCG COPD pathway was introduced in May 2014, however subsequently a number of newly licensed inhaled products have become available. The COPD working group have	

revised the current pathway and are seeking approval from this committee. It was noted that SOC had indicated that full submission for every new drug included in the pathway (or non formulary) was not required as the pathway provides a better explanation. Additional tabulated information/evidence has still been submitted alongside the pathway and given that this constitutes a BNF section formulary review, it is felt to be the best way of submitting to the Committee. It was noted that some of the new drug reviews had been previously brought to the committee for approval but decisions had been deferred until the respiratory group had finalised this pathway.
GB expressed a concern that the chosen first line products had been chosen because the devices used to deliver the drug were the same and that, if approved, GPs would be asked to prescribe new products that they were unfamiliar with. This was noted.
It was also asked why prices needed to be shown next to each drug on the pathway. It was acknowledged that the 1st line products had been generally chosen because of price. However it was suggested that this could quickly become dated and inaccurate and had a potential for future confusion. It was suggested that a £, ££, £££ code could be used instead of actual current prices. The COPD pathway was approved, GB indicated that he was happy to have the inhaled therapies on formulary but had reservations regarding recommending the COPD pathway.

d) Ultibro Breezhaler® for COPD - Accepted in line with COPD pathway - GREEN for formulary.

e) Relvar Ellipta® for COPD appeal
The product had been rejected by the committee previously due to it being blue and of potential confusion to patients given relievers are coloured blue. The manufacturer has since changed the colour to yellow. The fluticasone dose is the equivalent to that within Seretide - Accepted in line with COPD pathway - GREEN for formulary.

f) Indacaterol (Onbrez breezhaler) for COPD appeal - Accepted in line with COPD pathway - GREEN for formulary.

g) Umeclidinium (Incruse Ellipta®) for COPD - Accepted in line with COPD pathway - GREEN for formulary.

h) Budesonide/formoterol (DuoResp Spiromax®) for COPD - Accepted in line with COPD pathway - GREEN for formulary.

i) Umeclidinium/ vilanterol (Anoro Ellipta®) for COPD - Agreed should be GREEN for formulary.

j) Aclidinium/ formoterol (Duaklir Genuair®) for COPD - Accepted in line with COPD pathway - GREEN for formulary.

It was additionally noted that Seretide inhaler was unlicensed for COPD and it was recommended not to be commissioned (BLACK).

k) Salofalk granules for ulcerative colitis (with oral ASA review)

It was reported that this is cheaper than what is currently used if prescribed at its usual dose of 500mg TDS, but if prescribed as 3g OD this is not licensed (and is less cost effective). UKMI state that there is little to choose between current medication options. The oral ASA review positions this treatment on formulary as a 1st line option alongside Pentasa and Octasa. It was agreed to recommend addition to the formulary with RAG status as GREEN.

8	**Other medicines issues (local and/or national) including pathways/guidelines** a) New presentation VTE anticoagulant treatment pathway GB advised that at bottom of 2nd page it mentions "refer to anticoagulation clinic" however SR CCG is moving to community based management of these patients and suggested changing wording to ensure statement covers that option. Also, with apixaban now being NICE approved for DVT, it was noted that York Trust would be reviewing their NOAC of choice to gain wider experience of a particular product, therefore was it better rather that state a particular NOAC to include a link to the formulary? It was considered in the hospital setting this would not be acceptable. The treatment pathway was APPROVED subject to the Trust making the above minor changes. b) Long term VTE prevention anticoagulant treatment pathway This now includes mention of NOACs as a choice. GB pointed out that when the patient was not on warfarin, the pathway did not have an option for warfarin as a long term treatment noting this might be appropriate in some instances. The box on the right hand side requires to be rectified accordingly i.e. "is NOAC/warfarin a choice" or something similar. It was asked if the pathway was a primary/secondary care pathway or only a secondary care one. Agreed that it was useful for both. The treatment pathway was APPROVED subject to the Trust making the above minor changes and sharing these with DT. c) Competency for use of LMWH (to accompany above pathways) - APPROVED d) Outpatient policy York and Scarborough Trust The changes suggested at the last meeting had now been included. It was agreed that it was APPROVED once the word "necessity" was included when assessing whether an emergency supply of medicines was indicated. e) 5HT3 antagonists for nausea & vomiting These are licenced for use with chemotherapy however it was noted there was some specialist recommendation to primary care for other indications and noted that there was prescribing in primary care as reflected in the CCG prescribing activity data. It was agreed for York Trust to check which specialities are prescribing these agents for patients and then consider further action dependent on findings. f) Fosfomycin for UTI This is now a licenced product available therefore resolving issues relating to obtaining specials. It had previously been agreed that the hospital would dispense prescriptions. Trust to re-issue fact sheet on the product/condition and for formulary to be updated, however it will remain AMBER- specialist microbiologist recommendation.	**JEC** **JEC** **JEC** **JEC** **JEC**
9	**Shared care guidelines** a) Shared care guidelines – rheumatology update Discussed previously where some new indications for DMARDs had been raised, it was agreed that a list be brought to the Committee to discuss. It was noted that these were more than just	**RA**

	rheumatology indications and that there needed to be some clarification regarding historic (but not included in the SCG) use and evidence versus new indications. It was agreed that a new submission be drafted to manage such formulary requests as new product requests do not apply particularly well to this type of request. The paperwork can then be tested out on this request as more information is required, therefore NOT APPROVED at this time pending further information.	
10	**Formulary items** • Stoma guidance RA indicated that this guidance on quantities to prescribe was written by York Trust employed stoma nurses, in collaboration with SR CCG. The document had not been approved by York Trust and it was thought it therefore appropriate to bring to this committee for joint approval once it had been reviewed. Review carried out but still requires Trust sign off approval. VoY are currently reviewing stoma costs and quantities so wish to conclude that review before any approval given to this. Therefore the guidance was recommended for approval by SRCCG , however, VoY have NOT APPROVED and will consider the document as part of a wider stoma review. • Eye products for glaucoma WO indicated he had discussed this with Dr Tim Manners and raised concern regarding safety of ophthalmology letters and scripts or TANs given the department confuse GPs by these not including generically prescribed medicines. Letters often do not mirror the drugs reported in a TAN or what drugs the patient was prescribed. Request made that Committee asks that Trust colleagues raise this issue with ophthalmology colleagues and report back. • Oral mesalazine products (see new product request Salofalk 7.11) See 7.11 above - Agreed should be GREEN for formulary.	**JEC**
11	**Monitoring / reporting** a) Follow up data – recommendations March 2015 The Committee having reviewed the information agreed sildenafil chewable would remain a non commissioned item (BLACK). Lixisenatide – It was noted that usage not increasing as hoped. CCGs to promote use of this preferred formulary product over and above other products within the class. b) Humulin R – ePACT data checked and considered to be accurate. It was indicated that the data is not representative of patients Dr Jennings is aware of. He suggests patients in Malton area are prescribed this by GPs. Computer system at Derwent Practice to be interrogated to ensure it is being prescribed as per ePACT and BNF description. SK to ask SR MMT to carry search out with practice permission and report back. c) Red / black drugs quarterly report - Deferred	**LA/GB** **SK**
12	**Medicines safety** a) Drug Safety update - items in the current months drug safety report were discussed.	
13	**Horizon scanning -** New Products for May 2015 a) New products May 2015 – Levosert Information was reported as requested however, it was noted that this item is the commissioning responsibility of local authorities. It was noted that currently the Mirena device is listed on formulary. b) New products for June 2015 - NONE	

14	**Patient and clinical communications** • GnRH agonists – supplementary information JEC has had replies from the gynaecology department who are happy with either wording. However, it was noted that if tibolone to be used as adjunct therapy then it shouldn't be given to patients on Zoladex. York Trust is currently working on formulary wording to make this clear. JEC to ask urologists for comment.	**JEC**
15	**AOB - None**	
	Date of next meeting: Wednesday 15 July, 10-12 noon, Severus Room, West Offices	