

**Minutes of Medicines Commissioning Committee Meeting,
Wednesday 18 March 2015
Severus Room, West Offices, York**

1. Apologies / Attendance

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

Item		Action
1	<p>General business Apologies Dr G Black, Mr R Khafagy, Dr P Jennings, Ms E Weston (Ms Jo Goode deputising)</p> <p>Dr S O'Connell chaired the meeting.</p> <p>Declarations of Conflicts of Interest None</p>	
2	<p>Minutes of last meeting Were accepted as an accurate representation of the February meeting however regarding item 3e Tobramycin, SP clarified that the full pathway would take a few months to complete.</p>	

<p>3</p>	<p>Matters arising</p> <p>a) Chairperson’s actions to report – Nil</p> <p>b) Outcome of VoY SMT / SRCCG Business Committee</p> <p>All recommendations from last month’s meeting had been accepted by Vale of York CCG and by Scarborough Ryedale CCG.</p> <p>c) Vesomni treatment pathway. SO’C reported is still with the urologists and requested SP to chase up.</p> <p>d) Alprostadil cream (Vitaros). SO’C reported the pathway is still with the urologists and asked SP to chase up.</p> <p>e) Modafinil for fatigue in MS – update. A draft letter to advise GPs on the decommissioning of modafinil from neurologist, Andrew Heald is awaited for approval.</p> <p>f) Nalmefene – update SO’C updated the Committee on the discussions and progress against the 90 day period required to adopt NICE recommendations. The financial challenges and the support required to implement the guidance were noted. City of York Council Drug and Alcohol Service plans to provide the required support , Vale of York CCG and Scarborough & Ryedale CCG do not support the use of nalmefene in primary care i.e. outwith specialist drug & alcohol services. North Yorkshire County Council have submitted an application to Harrogate Area Prescribing Committee for consideration of nalmefene as RED, not for secondary care hospital initiation but for specialist commissioned alcohol services to prescribe. SO’C reported that VoY CCG are currently content that it is not commissioned in primary care and for local authorities discussion to be ongoing noting this to be a similar position nationally.</p> <p>g) Request for GPs to undertake blood monitoring for pirfenidone in idiopathic pulmonary fibrosis</p> <p>SP stated that he had seen (and shared) a letter being sent out with patients from Leeds and brought to the attention of commissioners. SO’C stated that the CCG was not happy with the potential for Leeds prescribing for Vale of York patients to occur when their laboratory test results were not known to the prescriber. Laboratory test results should be shared with Leeds prior to prescribing taking place. It was suggested that local phlebotomy could be carried out using Leeds forms and the test results communicated to Leeds prior to the patient attending for a prescription. Otherwise a potential clinical governance issue exists. Further discussion ensued and SP was to explore whether there were any opportunity to safely resolve the issues highlighted.</p>	<p>SP</p> <p>SP</p> <p>LA/SO’C to chase</p> <p>SP to chase further info</p>
<p>4</p>	<p>Mental Health medicines commissioning <u>Leeds York Mental Health Partnership</u> JG advised that the meeting that :</p> <ul style="list-style-type: none"> • LYMHP had decided that nalmefene is a drug which is more appropriate for primary care and alcohol services use and therefore should not be prescribed in LYPFT. • It was still reviewing its position on Vitamin B Compound Strong use in alcohol detoxification. <p><u>Tees, Esk and Wear Valley Mental Health Trust</u></p>	

	<p>RM advised the meeting that he would produce and provide future meetings with a similar document to that of the Leeds “Headlines from Medicines Optimisation Group” to reflect minutes from TEWV’s committee meetings.</p> <p>Currently TEWV are working on:</p> <ul style="list-style-type: none"> Continuing to progress advice regarding Vitamin supplements after alcohol detoxification. A paper has been shared with the 10 CCGs (including VoY and SR) it works with. This has only just been received by DT and feedback will be sent back to TEWV Hyperprolactinaemia guidance A lithium information sheet for GPs Advice regarding the prescribing of melatonin Advice regarding two new long acting antipsychotic injections, aripiprazole and paliperidone. Currently waiting to hear the NTAG recommendation before formalising position. Expect a recommendation from NTAG and therefore TEWV will then work out how they should be commissioned after that decision. <p><u>Escitalopram – update from LYMHPT</u></p> <p>LYMHPT had decided to allow its use i.e. move it from grey to amber, but not to recommend switching patients.</p> <p>Following the discussion, it was noted that the existing position of the CCGs is GREEN therefore no change to the commissioning position. However consideration of a further medal ranking document initially proposed sertraline 1st line and citalopram 2nd line.</p>	<p>DT</p> <p>LA</p>
<p>5</p>	<p>North Yorkshire and Humber Treatment Advisory Group recommendations – notification of approved items from TAG – for agreement of recommendation by MCC:</p> <ul style="list-style-type: none"> Rituximab for autoimmune haemolytic anaemia (unlicensed) <p>NICE has issued a review on this unlicensed use of rituximab which differentiated between the cold and warm disease. Local specialist opinion also supported this position. It is recommended as 1st line for cold disease and second line after corticosteroids for warm disease.</p>	<p>DT</p>
<p>6</p>	<p>NICE Technology Appraisals (TAs)</p> <p>New TAs from NICE since last meeting to note formal commissioning requirements to be formally ratified at SMT/Business Committee</p> <p>a) Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy</p> <p>Historically NICE have not supported infliximab for sub-acute ulcerative colitis; however the updated guidance is a step change and supports the use of biologics for this population. This has potentially a large cost impact on CCGs (potentially £750k in VoY alone according to the NICE costing template). NICE included consideration of biosimilars as part of its guidance and this could offset some costs. SO’C suggested that CCG contract management need to be aware. DT was requested to highlight to Stacey Marriott given her current work on gastroenterology.</p>	<p>CCGs</p>
<p>7</p>	<p>New submissions (includes new therapies and changes to existing policy positions) and appeals</p> <p>No new product requests</p>	

<p>8</p>	<p>Other medicines issues (local and/or national) including pathways/guidelines</p> <p>a) Vale of York CCG medal ranking – Vitamin D supplements Cost differences between products driving development of this medal ranking. SP advised that patients with swallowing difficulties should remain with Adcal D3 chewable.</p> <p>Medal ranking AGREED</p> <p>b) Vale of York CCG medal ranking – Oral bisphosphonates (with and without daily preparations) SO’C advised that the team at Vale of York Bone Protection Service which was being launched 18 March had seen this proposed medal ranking. This group had questioned the inclusion of alendronic acid 10mg daily but it has been decided that it should remain. SP advised that the hospital drug costs quoted were inaccurate and that once corrected, they were commercial in confidence and should not be included. The BNF prices would be used instead. Risedronate was discussed and agreement reached that it should remain bronze on the medal ranking. Table two – it was agreed that ibandronic acid would be classed as a red (hospital only drug) on formulary and change strontium to amber – specialist recommendation only.</p> <p>c) LHRH agonists – consistency of advice It had been suggested that advice on choice was not being followed i.e. GPs were not being directed to the most cost effective option. It was noted that the current letter did not offer a recommendation but to use the most cost effective choice and indicated there is no evidence to support switching patients. There were concerns whether both York and Scarborough urologists were working to the same documentation. WO indicated that if a patient can’t be switched then GPs would potentially have to stock a wider range of products. It was agreed that hospital clinicians should be using Dr Wilson’s standard template letter which mentions making the best use of resources i.e. the most cost effective product.</p> <p>At this point the meeting digressed and a discussion took place about degaralix, which is not commissioned. A patient had treatment initiated at Leeds and York Trust had contacted the CCG however, no communication had been received from VoY, and the Trust had continued treatment. SO’C advised that the CCG position was still not to commission. NICE are due to review this drug in June and therefore the position would be reviewed once NICE had published their guidance. It was noted that future similar requests should come to the meeting as a chairman’s action if the drug had been started elsewhere and continuation was recommended. SO’C to write to Leeds and to Hull hospitals to advise them of CCG commissioning positions</p> <p>d) Insulin pumps- cost and comparison Insulin aspart (Novarapid®) PumpCart cartridges 1.6mL had previously been submitted as a new product application however, Vale of York CCG had requested a comparison of current insulin pump costs. The comparison of pumps and equipment was discussed and the Accucheek Insight insulin pump cost effectiveness information presented was supported noting that prefilled insulin cost less than self filled insulin. The request was therefore APPROVED.</p>	<p>RA to discuss with Dr W</p> <p>LA/SO’C</p>
<p>9</p>	<p>Shared care guidelines – list of shared care guidelines</p> <p>Those recorded as outstanding are now with DT. Several will require review given that the review dates on the documents are due to expire. Amiodarone and hydroxycarbamide shared</p>	

	<p>care are now due. Rheumatology have emailed to say that there are additional indications for various drugs not included in the shared care guidance. These additional indications should be brought to the next meeting for discussion.</p> <p>Goserelin for all indications to become AMBER - specialist recommendation and therefore no longer required to be formal shared care, but if was considered some additional information should be given. The required information or link should be added to the clinic letter to GPs so they know what the patient has been informed by the specialist or to allow this information to be passed to the patient. DT agreed to look for summary information.</p>	<p>JEC</p> <p>SP/JC to resend to DT</p>
10	<p>Formulary items – Nil to report</p> <p>It was reported that a review of respiratory is underway. Dermatologists are keen for moisturisers to be reviewed. SO’C advised that he would like this prioritised at CCG level.</p>	LA
11	<p>Monitoring / reporting</p> <p>a) Review of commissioning recommendations at 12 months</p> <p>How should data be produced for those recommendations that require a 12 month review? It was agreed that for review purposes, the most up to date prescribing data should be brought to each meeting and produced alongside details of the expectation of use suggested at the time of the recommendation as per the new product request form.</p> <p>b) Simbrinza – to report at April meeting</p>	
12	<p>Medicines safety – MHRA Drug Safety update</p> <p>Drug safety items were reported briefly noting: Tiotropium – cardiovascular risks should be taken into account. New law around impaired driving due to drugs/medication. Information regarding these to be passed to GPs via newsletter.</p>	LA
13	Horizon scanning, NICE Guidance and NICE Bites – Nil to report	
14	Patient and clinical communications – Nil to report	
15	AOB - Nil	
<p>Date of next meeting: Wednesday 15 April, 10-12 noon, Severus Room, West Offices</p>		