NHS Vale of York Clinical Commissioning Group | NHS Scarborough and Ryedale Clinical Commissioning Group | York Teaching Hospital NHS NHS Foundation Trust

Item 16.2

Minutes of Medicines Commissioning Committee Meeting, Wednesday 18 June 2014 Green Room, West Offices, York

1. Apologies / Attendance

		FEB	MAR	MAY	JUN	JUL	AUG
Chair & GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	✓	✓	✓		
Strategic Lead Pharmacist- CSU	Mrs R Ainger (RA)	✓	✓	A	✓		
GP Prescribing Lead – S&RCCG	Dr G Black (GB)	✓	✓	✓	✓		
Principal Pharmacist - Medicines Information	Mrs J.E. Crewe (JEC)	✓	✓	✓	✓		
Senior Innovation & Improvement Manager	Mrs B Case (BC)	A	✓	A	A		
Consultant Anaesthetist	Dr P Hall (PH)	✓	✓	✓	✓		
Deputy Chair & Consultant Physician	Dr D Humphriss (DH)	A	A	X	A		
Chief Pharmacist	Mr D Pitkin (DP)	✓	A	X	A		
GP Vale of York CCG	Dr W Ovenden			✓	✓		
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs D Tomlinson (DT)	✓	✓	✓	✓		
Consultant Physician	Dr PE Jennings (PJ)	✓	A	A	✓		
Deputy Chief Pharmacist	Mr S Parkes (SP)	A	✓	✓	✓		
Consultant Rheumatologist	Dr M Quinn (MAQ)	✓	A	X	A		
Management Assistant – VoYCCG	Rachael Murray (RM)	✓	✓	✓	A		
Team Administrator	Heather McPherson-Lee (HML)			✓	A		
Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Richard Morris (RM)				✓		
Senior Pharmacist - CSU	Alex Molyneux (guest)				✓		

Item		Action
1	**General business** **Apologies** Dr Shaun O'Connell. Dr Greg Black chaired the meeting **Declarations of Conflicts of Interest** GB reported attendance at a GP development meeting which was sponsored by Astra Zeneca.	
2	**Minutes of last meeting** The minutes were accepted as an accurate record of the meeting.	
3	**Matters arising** a) Chairperson's action: Nil to report. b) Flutter device – JC had emailed SOC regarding anticipated local activity data for the flutter device which was accepted by VoY SMT. c) OAB guidance – **GB to take to the July CCG Business Committee**	GB
4	**North Yorkshire and Humber Treatment Advisory Group (TAG) recommendations – update on CCG agreed/outstanding decisions** **a) Picato Ge**l – It was reported that the actinic keratosis treatment pathway was still under consultation. **To report next month.** **Draft, in consultation – awaiting further consultation.** a) **Ocular vitamins for macular degeneration –** it was reported that this was a review of the previous North Yorkshire PCT policy and was updated in response to the AREDs2 clinical study, however the proposed policy remained not to	SOC

	commission the dietary supplements. The ophthalmologists had not made any additional comments on the draft document. It was asked that if ophthalmologists make recommendations to patients to take such products, can it be clear that they are asking the patient to purchase the product and not recommend the GP to prescribe. **Recommendation: Not approved** b) **Eflornithine 11.5% cream (Vaniqa) for facial hirsuitism in women.** The policy was drafted in response to queries from other CCG's considering its place in therapy, noting that locally, eflornithine is on York & Scarborough formulary. Evidence included in the document was discussed in addition to whether this therapy was purely a cosmetic product. It was also noted that this treatment may be recommended for male to female gender reassignment. Comments were received from endocrinology and dermatology specialists at York and Scarborough Trust. PEJ indicated that eflornithine may be used for 4-6 months whilst a patient undergoes hormone manipulation and is waiting for this systemic therapy to exert a therapeutic effect. **Recommendation: Approved for specialist recommendation to GPs. GP information sheet to be revised to support the limited place in therapy.** **c) Zostervax for prevention of *herpes zoster.*** Represented an update to the existing policy and recommended for prescribing only as per the national immunisation campaign. **Recommendation: Approved** **ACTION: CCG recommendations to be forwarded to CCG SMTs for ratification**	
5	**NICE Technology Appraisals** a) **NICE compliance sheet** JC reported that a number of ophthalmology appraisals were outstanding still. It was indicated that these technologies had been clinically agreed at this committee and any outstanding issues were to be raised with the relevant contracting board for resolution. b) **NICE Update** – Accepted with no cost pressured incurred for CCGs. Degarelix had not been reported by NICE as yet. c) **Summary of NICE guidance –** Reported John Hampton (Formulary Pharmacist York & Scarborough Trust) was liaising with clinicians regarding the prostate cancer guideline to identify any changes/updates required for discussion. PH commented on the neuropathic pain clinical guideline with no major changes, but noting the guidance indicates initiation of tramadol for neuropathic pain in secondary care. WO sought clarification on the use of lidocaine patches where there was discordance between the formulary position and actual usage. It was requested that this be brought back to the Committee for clarification. Managing Medicines in Nursing Homes will be addressed directly with CCGs from Sandra Sweeney (CSU Care Homes Senior Pharmacist). **ACTION: Summary of all NICE guidance to be reported at next meeting and formulary position of lidocaine patches to be brought back to the MCC for clarification.**	
6	**New submission (include new therapies and changes to existing policy positions)** **a) Lisdexamphetamine (Elvanse) -** ADHD Scarborough Hospital Community Paediatrics. JC outlined the application for lisdexamphetamine, there was uncertainty regarding the Leeds & York mental Health position and whether the treatment was 2nd or 3rd line. Richard Morris indicated that TEWV had supported an application to their trust as a hospital only red drug as a 2nd line stimulant or 3rd line after atomoxetine and lisdexamphetamine had advantages as available as both solid/liquid formulations. Given Scarborough & Ryedale CCG would	

	primarily utilise TEWV services, it was agreed to support this approach. **Recommendation: Red drug as 2nd/3rd line option in line with NICE clinical guidance for ADHD.** Item 11 discussed at this point in the agenda **b) Apixiban for pre-post cardioversion –** The proposal is to use apixiban as the preferred agent when patients are to undergo cardioversion as it eliminates cancellations due to low INRs (with warfarin) and cardioversion can be undertaken after 3 weeks with the whole treatment episode of 8 weeks. The application noted treatment will be stopped by the consultant or swapped to warfarin if cardioversion unsuccessful and it was questioned whether this would be likely to occur. Given the limited duration of treatment, it was proposed that this would be better placed as a hospital only treatment. **Recommendation: Approved pre-post cardioversion as a red (hospital only) drug.** **c) Solifenacin 6mg/tamsulosin 400mcg combination (Vesomni) for storage/voiding symptoms –** Application received from York Trust Urology team to be used as a single tablet formulation when both therapies are indicated. Questions were raised regarding the strength of solifenacin versus existing products and the patent expiry of solifenacin was noted. The application was rejected given the separate formulations are currently available on the formulary and generic solifenacin is expected to be available in medium term. **Recommendation: Not approved.**	
7	**Local pathways or guidelines (new or revised)** **COPD pathway –** Scarborough and Ryedale CCG to discuss.	
8	**Shared care guidelines (SCG)** a) **Dornase alfa** – accepted b) **Inhaled antibiotics** – accepted c) **Mycophenolate** – dermatology were seeking the addition to the SCG as a steroid sparing agent. Agreed that a short summary of changes (rather than full submission) be brought to the Committee to agree any additions to the commissioning position. d) **Joint injections** – Rheumatology requesting a SCG for joint injections as some GPs are not prescribing. Agreed this is not required and may be reflection of different GP skill mix. Acute trust to feedback. e) **Modafinil** – agreed to revisit on next agenda as questions were raised over the evidence and whether it was acceptable to remain as an amber shared care drug RM reported that melatonin at TEWV was red (hospital only) whilst agreed as an amber SCG drug locally. It was reported that at York and Scarborough Trust, Scarborough were delivering melatonin under homecare.	
11	**Mental Health Medicines Commissioning** RM reported that they were trying to identify a medical representative to attend this committee. It was agreed to share Drug & Therapeutics Committee which meet every other month and RM had sent confirmed minutes of March meeting. RM reported that TEWV had: • Updated dementia prescribing guidance to clarify arrangements, oral generic rivastigmine/galantamine are agreed as 2nd line choices. • Supported switching MR quetiapine to plain. • Accepted NETAG position for nalmefene which was not recommended. • Were developing a clozapine info sheet for GPs, to highlight key issues to be	

	aware of, blood tests, and physical health. There were a few interface issues, TEWV were improving communication to GPs when 2nd/subsequent line therapy is chosen 1st line. Specialist need to communicate rationale for the decision. RA asked whether TEWV consultants need to be informed of a MR quetiapine to plain switch? Agreed communicate back to consultants when done. **ACTION: RM to share guidance about switching with RA – MM team to support the process.**	
12	**Medicines Safety** **a) Ticagrelor –** it was reported that there was a need to confirm the duration of therapy after discharge to ensure patients are not left on treatment inappropriately. **b) Domperidone –** whilst the MHRA bulletin revised contraindications and duration of therapy for domperidone, it has been raised that there are a number of exceptions e.g. patients on apomorphine where choices limited in addition to some paediatric use. **It was agreed to look at the exceptions and update the formulary to offer an indication of when the circumstances may arise.**	
13	**Other medicines issues (local or national)** **a) MHRA guidance antiepileptic's –** a meeting had been convened with local epilepsy specialists in adult/paediatric service to discuss this. A number of actions are required to ensure continuity of supply. **The formulary will be updated with recommended positions/accompanying documentation and brought back to the Committee.** **b) Perampamel –** tabled as there was uncertainty whether this had been agreed as a red drug or amber. **To bring back to next meeting for confirmation.** **c) Non needle insulin devices –** Evidence article attached to the agenda, it was reported that local clinicians did not recommend the use of these devices and PEJ confirmed the devices can rip the skin. **Recommendation – these devices are not commissioned** **d) Benzathine penicillin –** SO requested the item be tabled after an earlier query requesting a GP prescribe. SP indicated more detailed circumstances would be forwarded to DT but it was suggested any future requests for this should be subject to chairman's action**.** **e) Repatriation of CF and other drugs –** nil new to report **f) VTE prophylaxis in lower limb injury –** JEC outline the paper and it was concluded that the pathway was complicated and asked whether the fracture clinic prescribe as immobile patients will struggle to attend GP practices**. Lynn Ridley (Pharmacist York Trust VTE Committee) to attend the next D&T meeting.** **g) Network view on NICE familial breast cancer guidance –** questions were raised over the pathway – regarding whether referrals to breast clinic *then* the genetic clinic were required and was there any additional value that this would provide. **The meeting was drawn to a close at this point with any outstanding matters tabled for the July meeting.**	
	Date of next meeting: Wednesday 16 July, 10am-12pm, Severus Room, West Offices, Station Rise, York, YO1 6GA	

Recommendations from York and Scarborough Medicines Commissioning Committee 18 June 2014

Drug and Brand name	Indication	Recommendation	Place in therapy	RAG status	Potential full year cost impact Vale of York CCG
Ocular vitamins e.g. Viteyes II formula	Age related macular degeneration	Not approved	Not recommended for prescribing at NHS cost. Where specialists recommend these dietary supplements to patients, must advise there are purchased over the counter.	Black	Nil
Shingles vaccine (Zostervax)	Prevention of *herpes zoster*	Approved	Updated recommendation in accordance with national vaccination programme only.	Green	Cost – public health national campaign.
Lisdexamphetamine (Elvanse)	Attention deficit hyperactivity disorder child 6-18 years	Approved	As a 2nd or 3rd line treatment choice when used as per NICE clinical guidance.	Red	Hospital only prescribing of in-tariff treatment.
Apixiban (Eliquis)	Pre and post cardioversion	Approved	Approved as a treatment option when indicated for patients planned to receive elective cardioversion	Red	Hospital only prescribing of in-tariff treatment.
Solifenacin and tamsulosin combination product (Vesomni)	Storage and voiding symptoms associated with benign prostatic hyperplasia.	Not approved	Single agents already formulary items and combination product does not offer advantages to health economy when taking in to account patent expiries of solifenacin.	Black	Nil
Non needle insulin devices (Insuject™ & Injex™)	Medical devices to deliver insulin	Not approved	Evidence indicates the devices being associated with pain and bruising. Local diabetes specialist opinion does not support their use.	Black	Nil