

**Minutes of Medicines Commissioning Committee Meeting
Wednesday 16 March 2016
Green Room, West Offices, York**

1. Apologies / Attendance

		MAR	APR	MAY	JUN	AUG	SEP	OCT	DEC	JAN	FEB	MAR
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	A	✓	✓	A	✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓
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	✓	✓	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	A
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	✓	✓	A	✓	✓	A	A	✓	✓	✓
Consultant Psychiatrist (TEWV)	Dr Raul Perez	A	✓	A	A	A	A	A	A	A	A	✓
Regional Drug & Therapeutics Centre, Newcastle (BR & MM alternate attending)	Ms Monica Mason (MM)								✓	✓	✓	✓
Senior Pharmacy Technician – note taker	Stuart Kerr			✓	✓	✓	✓	✓	✓	✓	✓	A

Item		Action
1	<p>General business Apologies were received from Richard Morris, Stuart Kerr</p> <p>Laura Angus (LA) chaired the meeting.</p> <p>Declarations of Conflicts of Interest None declared as relevant to the meeting's agenda.</p>	

2	<p>Minutes of last meeting The minutes were accepted as an accurate representation of the February meeting.</p>	
3	<p>Matters arising</p> <p>a) Chairperson’s actions to report VoY CCG received the following application:</p> <ul style="list-style-type: none"> • Modafanil for multiple sclerosis: funding approved. <p>Scarborough Ryedale CCG did not receive any applications.</p> <p>b) Outcome of VoY SMT / SRCCG Business Committee Items from the February meeting had been agreed in full by both VoY CCG Senior Management Committee and by Scarborough & Ryedale CCG Business Committee.</p> <p>c) Tapentadol severe chronic pain treatment pathway Nil further to report – defer to next meeting.</p> <p>d) Biosimilar glargine Acute trust to check whether has been added to the formulary.</p> <p>e) Declaration of interests - deferred to next meeting</p> <p>f) Terms of reference - update -deferred to next meeting</p> <p>g) Melatonin for sleep disorders in young people with ADHD RA to arrange meeting. MM to seek further information from GMMM review.</p> <p>h) Ulipristal feedback JEC advised that this has not as yet been referred back to the consultants. She reported that it was felt that to some extent the questions in the minutes could not be answered, as the evidence / information was simply not available. GnRH agonists are not intended for long term use so these are used short term pre surgery. There is concern that women could be on ulipristal long term as there are likely to be some patients who may not want surgery. GMMM is thought to developing a detailed pathway on this matter. JEC to ask the consultants if they can be more specific. It was also felt that the committee should understand pre surgery costs taking into account the administration costs of GnRH.</p> <p>i) Triptorelin in precious puberty Leeds SCG was distributed at the meeting: this will be uploaded to netformulary. It was noted that clarity was required on who the shared care arrangement was between.</p>	<p>MMT</p> <p>JEC</p> <p>LA</p> <p>LA/RA</p> <p>RA/MM</p> <p>JEC</p> <p>JEC</p>
4	<p>Mental Health medicines commissioning</p> <p>Nil to report.</p>	
5	<p>New medicine/product reviews (national or local)</p> <p>Nil</p>	

6	<p>NICE Technology Appraisals (TAs) New TAs from NICE since last meeting to note formal commissioning requirements to be formally ratified at SMT/Business Committee were as follows:</p> <ul style="list-style-type: none"> • Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia TA385 • TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis TA383 	MMT
7	<p>New submissions (includes new therapies and changes to existing policy positions) and appeals</p> <p>a) Epiduo® appeal The place in therapy has been agreed with the dermatologists as green. As a result the following drugs were considered as black drugs:</p> <ul style="list-style-type: none"> • Clindamycin gel • Erythromycin solution • Skinoren • Finacea • Minocycline <p>Also noted that Zineryt is not withdrawn and can be prescribed. Regarding Yasmin, VoY RSS guidance says to use however the current formulary status of this is grey. It was noted that an evidence review exists to support this. NYCC is the responsible commissioner for sexual health services. SP to feedback to Yorsexual Health. LA to circulate the RSS guidance.</p> <p>b) Tiopronin Items 7b and 8d were considered together. The aim of treatment is to avoid the need for dialysis in the longer term. Penicillamine was agreed as amber shared care. Tiopronin was agreed as a second line treatment, red drug with cost reimbursement by primary care to secondary care. It was also noted that tiopronin is unlicensed.</p> <p>c) Verteporfin PDT for CSCR A paper had been prepared by RDTC and had been circulated prior to the meeting. It was noted that feedback had been received from Mr Hanson feedback. He noted that one clinical trial has already been completed. He wondered at what price and what level of evidence the committee would require in order to approve the drug. MM agreed to reply directly to Mr Hanson to discuss the RDTC submission in more detail, which the committee felt was a detailed and robust summary of the current evidence base.</p> <p>d) Ocular lubricants Several papers were presented: it was proposed that AM meets with Kirsten Evans and the ophthalmologists to agree one document</p>	<p>LA/RA/RD TC</p> <p>MM</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) None to report</p> <p>b) RAG status of drugs with no formulary status</p> <ul style="list-style-type: none"> • Cefixime – –RED (for GUM) • Demeclocycline – can be used in SIADH (amber). RED for infections • Minocycline -black • Sodium fusidate — AMBER no shared care specialist recommendation for oral formulations • Co-trimoxazole – AMBER (Specialist recommendation) for pneumocystis prophylaxis • Sulfadiazine – RED • Dapsone – RED for infections. • Ciprofloxacin – GREEN restricted as per primary care formulary • Levofloxacin – AMBER (Specialist recommendation) NB not currently on NY antibiotic guidance but may be recommended by a microbiologist, particularly where there is penicillin allergy. • Ofloxacin – REMOVE (currently on NY antibiotic guidance for PID, York Hospital have now removed this from Formulary - RA to check with Susan Broughton) • Itraconazole – GREEN (currently on NY antibiotic guidance) • Oseltamivir (Tamiflu) – – GREEN restricted as per PHE Guidance / NICE guidance • Zanamivir – GREEN as per PHE Guidance as above • Diloxanide furoate – RED • Praziquantel – AMBER • Paraldehyde rectal – currently listed as red on Netformulary and requires further discussion • Calcitriol – not agreed • All insulins green with exception Degludec (amber) and Humulin R (red). • Sodium chloride solution – to be considered at next meeting. • Slow sodium –green <p>c) Sildenafil / tadalafil for priapism Sildenafil / tadalafil – amber specialist recommendation for priapism with conditions as per formulary: initially prn use before going to regular daily use.</p> <p>d) Penicillamine See item 7b above. Pencillamine was agreed as amber shared care.</p> <p>e) Palliative care guidelines review It was noted that this covered the use of unlicensed products and that the acute trust wished to use an already published document. It was agreed to update the current formulary to reflect the list of drugs as circulated with item 8e of the agenda.</p>	<p>JEC/RA</p> <p>JEC</p>
9	<p>Shared care guidelines</p> <p>a) Standard text to letters regarding shared care – it was agreed that Consultant teams need to know what their SCG are for their clinical specialty. Any noted added to a clinical letter must be accurate and must reflect the agreed SCG.</p> <p>b) Modafanil shared care guideline – one minor amendment was noted, this was then agreed.</p>	<p>SP/JEC</p>

10	Formulary items <ul style="list-style-type: none"> Tadalafil / sildenafil for priapism See earlier. 	
11	Monitoring / reporting <ol style="list-style-type: none"> Nortriptyline data It was noted that this had been reviewed by the MM team and actions would be agreed at CCG level. Low molecular weight heparin data It was noted that this had been reviewed by the MM team and actions would be agreed at CCG level. Epoetin / darbopoetin data It was noted that this had been reviewed by the MM team and actions would be agreed at CCG level. Red drugs at CCG level This data is reviewed and practices noted or asked to provide more detail of the request as to who and why such drugs have been prescribed. Feedback to secondary care colleagues as necessary. At this point there was discussion lidocaine patches. PH considers that these are better than giving patients pregabalin or gabapentin where there may be cognitive side effects, causing falls etc. JEC to review with support from RDTC. It was also suggested that a view from geriatrician would be helpful. 	<p>MMT</p> <p>MMT</p> <p>MMT</p> <p>MMT/ RDTC/JEC</p>
12	Medicines safety <ol style="list-style-type: none"> MHRA Safety update – noted. 	
13	Horizon scanning, NICE Guidance and NICE Bites <ol style="list-style-type: none"> New products update MM provided an update and overview of information that had been gathered by RDTC. It was agreed that we would use the current RDTC document and add in further column and that this would come as a late paper to the committee. In summary, the points covered were: generic Dovobet 30g tube; buprenorphine 15mcg patch BuTrans (new strength); TA380 – January – RA to check if this has been formally noted; new strengths of dexamphetamine – Shire brand; Oxycontin Corexil – branded generic 5,10,20 at half the cost of the brand; biosimilar etanercept now available. Branded generics – VoY update. It was asked whether there were any instances of branded generics causing a problem at hospital admission. It was reported that a patient had been admitted on Reltebon and initially no one had known what it was. This was for the consideration of the Patient safety team / committee at YHT. It was noted that SP would like to see CCG QIPP plans for next year. 	<p>RDTC/RA/ JEC</p> <p>LA/RA</p>
14	Patient and clinical communications <ul style="list-style-type: none"> Ondansetron for IBD – the PIL is with Dr Simon Smale. 	JEC
15	AOB <ul style="list-style-type: none"> Antimicrobial stewardship – Neil Todd asking who is leading. Needs to be done across MM programme board. RA to speak to Neil Todd about this. 	RA
Date of next meeting: Wednesday 20 April March 9.30am-12am, Auden Room (G047), West Offices, York		