

**Minutes of Medicines Commissioning Committee Meeting  
Wednesday 19 August 2015  
Severus Room, West Offices, York**

**1. Apologies / Attendance**

		DEC	JAN	FEB	MAR	APR	MAY	JUN	AUG
GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	A	✓	✓	✓	✓	A	✓
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	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
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	✓
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
Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Mr Chris Williams (CW)								✓
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	A

Item		Action
<b>1</b>	<p><b>General business</b> Apologies were received from Dr Peter Hall, Mr Richard Morris, Mrs Rachel Ainger, Dr David Humphriss, and Dr Raul Perez.</p> <p>Laura Angus (LA) chaired the meeting.</p> <p><b>Declarations of Conflicts of Interest</b> None to report.</p>	
<b>2</b>	<p><b>Minutes of last meeting</b> Were accepted as an accurate representation of the August meeting with the exception that SO'C asked that the topic of eye products for glaucoma should be an agenda item for today's meeting therefore see further below.</p>	

<p><b>3</b></p>	<p><b>Matters arising</b></p> <p>a) <b>Chairperson’s actions to report</b> The outcome of the Chairpersons action received by the CCGs were noted and accepted.</p> <p>b) <b>Outcome of VoY SMT / SRCCG Business Committee</b> Items from the previous meeting had been agreed in full by VoY CCG Senior Management Committee. All items were agreed by Scarborough &amp; Ryedale Business Committee except ustekinumab which was outstanding for SRCCG and will be taken to their next committee meeting.</p> <p>c) <b>Degarelix for prostate cancer</b> This had been a request to the CCG to fund continuation of treatment and supported for one patient who had previously been initiated on treatment out of area. Current guidance on this treatment was noted to be in draft, once NICE has formally published its guidance, the CCG will review and update its position. SO’C asked that should any clinicians have any future, similar urgent requests for this treatment which is currently not commissioned, then these should be brought to the attention of the CCG as a Chairpersons action as a matter of urgency.</p> <p>d) <b>Alprostadil cream (Vitaros) for erectile dysfunction</b> SO’C had reviewed and submitted the erectile dysfunction treatment pathway (which includes Vitaros) to Dr Arron Brown and the urologists with some suggested minor amendments. These would need to be confirmed and agreed by the urologists before coming back to this committee.</p> <p>e) <b>Methotrexate prescribing</b> Different service models exist between Scarborough hospital and York hospital and this is not reflected in the shared care document. JEC stated that she had been waiting for a fuller review of the shared care guideline before amending. GB suggested that with the impending move of the treatment of rheumatology patients into the community there was an urgent need to ensure the shared care guideline reflected all the NPSA guidance. JEC to progress amending the guideline this coming month.</p> <p>f) <b>Rifaximin for preventing episodes of overt hepatic encephalopathy – stopping criteria</b> GB had sought clarification on a stopping criteria and SP indicated that there were two treatment pathways for this group of patients either transplant and palliative care. There is currently no stopping criterion for the palliative care pathway. It was agreed that treatment with rifaximin should stop for patients who had received a transplant.</p> <p>g) <b>Vitamin B compound strong for alcohol detoxification</b> NICE recommends thiamine for alcohol detoxification and does not advice on vitamin B compound strong other than in its guidance for re-feeding i.e. a short course. The hospital gastroenterology team have differing views and currently prescribe vitamin B compound strong for 28 days on discharge with the GP to continue box ticked. A constant view is requested from the gastroenterology team, one which directs discharging junior doctors more appropriately. It was noted that both TEWV and L&amp;YMHP have removed any recommendation on this product from their guidance. SO’C asked if Dr Robbins and the acute physicians could be asked to give a consistent view given both CCGs (and both MH Trust’s) positions.</p> <p>h) <b>Eye products for glaucoma</b> This item was highlighted from the minutes, the issue raised was of ophthalmology communications stating the branded products rather than generic names of products. Jane to enquire on the discussions regarding this matter. It was agreed to share the UK Medicines Information list on which products should be prescribed by brand.</p>	<p>SO’C</p> <p>JEC</p> <p>JEC/SP</p> <p>JEC/DT</p>
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4	<p><b>Mental Health medicines commissioning</b>  <u>Leeds York Mental Health Partnership</u>  a) Their headline points from their Medicines Optimisation Group meeting had been distributed along with the agenda.  It was noted that Leeds antimicrobial guidance is now available. Major changes include the use of pivmecillinam first line for UTIs due to the increasing resistance to trimethoprim. EW asked about the position in North Yorkshire and it was confirmed that current guidance had been sent to Richard Mellor noting that the North Yorkshire antimicrobial guidance is currently being reviewed.</p> <p>The MHRA update for prescribers regarding the potential misuse of hyoscine hydrobromide was noted as was the discontinuation of orphenadrine 50mg tablets in Dec 15, although the liquid would continue to be available.</p> <p>EW advised the Committee that with TEWV having service responsibility for patient care in North Yorkshire (with the exception of forensics and CAMHs); she would be working with CW to achieve a smooth transition including formulary review. Leeds would potentially be sub contracted by TEWV to continue to carry our current work until such time as NHS England decide on whether the provision of forensics and CAMHs services will be put out to tender.</p> <p>In light of the above EW said that she would no longer attend this meeting but would continue to send pertinent articles from their Medicines Optimisation Group meetings. SO’C thanked Elaine for all her work.</p> <p><u>Tees, Esk and Wear Valley Mental Health Trust -</u></p> <p>CW advised that the TEWV website was currently down but would be back up, much improved, in September. CW advised that he would continue to make TEWV MH meeting summaries available to the meeting although the latest was delayed and did not go out with the papers for this meeting.  It was noted that CCGs had been prescribing the Venlalic brand of quetiapine XL in North Yorkshire.</p> <p>The TEWV formulary would continue to be linked to that of Durham and Darlington Trust.  DT and CW to arrange to discuss formulary choices</p>	DT
5	<p><b>North Yorkshire and Humber Treatment Advisory Group recommendations – notification of approved items from TAG – for agreement of recommendation by MCC</b></p> <p>No items were discussed; tapentadol has been deferred to September meeting.</p>	
6	<p><b>NICE Technology Appraisals (TAs)</b>  New TAs from NICE to be formally commissioned / formally ratified at SMT/Business Committee:</p> <ul style="list-style-type: none"> <li>• TA 346 Aflibercept for treating diabetic macular oedema APPROVED</li> <li>• TA 350 Secukinumab for treating moderate to severe plaque psoriasis APPROVED</li> <li>• TA 349 Dexamethasone intravitreal implant for treating diabetic macular oedema APPROVED</li> <li>• TA 351 Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy (<u>terminated appraisal</u>) No action Required</li> </ul>	CCGs



	<p>The decision reached was to NOT APPROVE the request at present however Dr Dodwell be asked to submit further evidence to support it from in the 4<sup>th</sup> line setting, and to describe more fully how he intends to use it.</p> <p>h) Tiopronin for cystinuria – This had been supported by York Trust’s internal D&amp;T however as it would involve an additional cost to the Trust it was submitted to MCC for funding. Currently treatment is conservative i.e. by hydration. Tiopronin is unlicensed for treating this condition and currently a licensed drug; penicillamine is not used due to its potential side effects therefore the submission sought to use an unlicensed therapy ahead of a licensed product. The committee discussed this at length and felt that the submission could not be approved as currently presented, however a re-submission would be considered as a drug to be used 2<sup>nd</sup> line after penicillamine and that penicillamine needs to be submitted to D&amp;T for formulary inclusion to treat this condition. Therefore the request was REJECTED and a new full position should be raised for the MCC to consider as a new application.</p> <p>i) Epiduo appeal – It was asked that this be deferred to the next meeting to enable LA to look at the request against the CCG RSS guidance. DEFERRED</p> <p>j) NYCC - Jaydess: long acting intrauterine contraception – HaRD APC has already approved this NYCC application requesting its use in family planning. It was explained that in primary care, the use of long acting intrauterine contraceptive devices was funded by local authorities and therefore any costs borne by CCGs were recharged to either NYCC or CoYC as appropriate. APPROVED</p>	<p>JEC</p> <p>LA</p>
8	<p><b>Other medicines issues (local and/or national) including pathways/guidelines</b></p> <p>a) Anticoagulant questionnaire – this item was deferred to the next meeting.</p> <p>b) 5HT3 antagonists for nausea &amp; vomiting – this item was deferred to the next meeting.</p> <p>c) Medal ranking – adult oral nutrition formulary and guidelines The document and guidelines have previously been discussed at MCC but have undergone further review and it was requested that this finalised document which has been discussed with key individuals be recommended for use. Discussion took place regarding continuation of dietary supplements following a hospital admission and it was noted that GPs would be encouraged to use the primary care recommendations where a treatment is to be continued. APPROVED</p> <p>d) Updated NHS England commissioning policies – An update of commissioning intentions was circulated which indicates which treatments are commissioned or not commissioned for information.</p>	LA
9	<p><b>Shared care guidelines</b> It was noted that whilst modafinil is decommissioned by CCGs for the treatment of fatigue in Multiple Sclerosis, it was still available for the treatment of narcolepsy as amber shared care; however the York &amp; Scarborough Trust shared care guideline was not available. JEC stated that this is being addressed and would be brought to the committee when complete.</p>	JEC
10	<p><b>Formulary items</b></p> <ul style="list-style-type: none"> <li>Tadalafil / sildenafil for priapism This item had been raised under any other business at Drug &amp; Therapeutics Committee</li> </ul>	

	<p>for a patient initiated on treatment and it was brought to MCC for clarification on how to proceed with these requests given the current formulary position is Approved for use on a case by case basis for patients with severe recurrent priapism resistant to other therapies. All requests for new patients to be referred to D&amp;T Committee before initiation. Clarification was sought why sildenafil was not chosen. More information was required to discuss this item.</p> <ul style="list-style-type: none"> <li>• GlucoRx blood glucose monitoring device - APPROVED</li> <li>• Loperamide capsules and tablets The formulary states capsules are the product of choice however the prices of both the tablet and capsule formulation fluctuates. Approval was sought to change formulary entry to read “routinely use lowest cost formulation, use tablets for high output stoma patients” or similar wording. APPROVED</li> <li>• Tamsulosin for renal colic This item had arisen due to a female patient prescribed this treatment and clarity sought whether this was usual practice. The clinical study indicated that the treatment was not beneficial however it was noted that tamsulosin is regularly used on discharge where patients are given one month’s supply from secondary care. Given this is not currently on formulary it was indicated a new product request was required to be submitted to the Committee with input from Dr Wilson.</li> </ul>	<p><b>JEC</b></p> <p><b>DT</b></p> <p><b>DT</b></p> <p><b>JEC</b></p>
<p><b>11</b></p>	<p><b>Monitoring / reporting</b></p> <p>a) Humulin R – this item was deferred to the next meeting.</p> <p>b) Red / black drugs quarterly report - this item was deferred to the next meeting</p>	
<p><b>12</b></p>	<p><b>Medicines safety</b></p> <p>a) Drug Safety update - this item was deferred to the next meeting.</p>	
<p><b>13</b></p>	<p><b>Horizon scanning - New Products</b></p> <p>a) New products June 2015 - this item was deferred to the next meeting.</p> <p>b) Product discontinuations</p> <p>Co-danthramer capsules are to be discontinued although the liquid formulations are still available however these are more costly and this will create a cost pressure to CCGs. JEC stated that all co-danthramer preparations had been removed from the palliative care formulary.</p> <p>c) Insulin glargine 300u/mL (Toujeo) expected September 2015- this item was deferred to the next meeting.</p> <p>PEJ stated that a full application for its use would be required with salient points highlighted if it were to be considered.</p> <p>d) Novopen 4 phased out – replaced by Novopen 5 – this item was deferred to the next meeting.</p> <p>e) “Bramox” – Midodrine 2.5mg and 5mg has obtained a UK license for postural hypotension – It was noted that the CCG had an agreed position based on the unlicensed product. It was agreed that the position be updated to reflect the newly available licensed product. APPROVED.</p>	

14	<p><b>Patient and clinical communications</b></p> <ul style="list-style-type: none"> <li>GnRH agonists – supplementary information. This item was deferred to the next meeting.</li> </ul>	
15	<p><b>AOB</b></p> <p>GB advised the committee that illegible handwritten prescriptions had been reported as being issued by Scarborough A&amp;E. He requested that these be printed on patient safety grounds. GB asked to obtain further information to allow this matter to be investigated.</p>	<b>GB</b>
<p><b>Date of next meeting:</b> Wednesday 16 September 2015 10am-12 midday</p>		