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

Item 17.1

Minutes of Medicines Commissioning Committee Meeting,
Wednesday 17 September 2014
Severus Room, West Offices, York

1. Apologies / Attendance

		FEB	MAR	MAY	JUN	JUL	SEP
Chair & GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	✓	✓	A	✓	✓
Strategic Lead Pharmacist- CSU	Mrs Rachel Ainger (RA)	✓	✓	A	✓	✓	✓
GP Prescribing Lead – S&RCCG	Dr Greg Black (GB)	✓	✓	✓	✓	✓	✓
Principal Pharmacist - Medicines Information	Mrs Jane Crewe (JEC)	✓	✓	✓	✓	✓	✓
Senior Innovation & Improvement Manager	Mrs Becky Case (BC)	A	✓	A	A	A	A
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	✓	✓	✓	A	✓
Deputy Chair & Consultant Physician	Dr David Humphriss (DH)	A	A	X	A	A	A
Chief Pharmacist	Mr David Pitkin (DP)	✓	A	X	A	A	A
GP Vale of York CCG	Dr William Ovenden			✓	✓	A	A
Senior Pharmacist - Clinical Effectiveness, CSU	Mrs Diane Tomlinson (DT)	✓	✓	✓	✓	✓	✓
Consultant Physician	Dr Paul Jennings (PJ)	✓	A	A	✓	✓	
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	A	✓	✓	✓	A	✓
Consultant Rheumatologist	Dr Mark Quinn (MAQ)	✓	A	X	A	A	A
Management Assistant – VoYCCG	Ms Rachael Murray (RM)	✓	✓	✓	A	A	A
Team Administrator	Ms Heather McPherson-Lee (HML)			✓	A	A	A
Chief Pharmacist, Leeds and York Partnership, Mental Health	Ms Elaine Weston			✓	A	A	✓
Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)				✓	A	✓
Senior Pharmacist	Mr Alex Molyneux -Guest				✓	A	✓

Item		Action
1	**General business** **Apologies** Dr William Ovenden Dr Shaun O'Connell chaired the meeting **Declarations of Conflicts of Interest** None noted	
2	**Minutes of last meeting**	

	To record under the item of SCG that ulcerative colitis to be added to ciclosporin SCG and that the evidence needs to be seen by the MCC. As a result this SCG needs to come back to the committee (for next meeting). It was noted that an action from the last minutes was that the diabetes formulary needs to be sent out. Otherwise, the minutes were accepted as an accurate record of the meeting.	
3	**Matters arising** a) Chairperson's actions to report: Zoely. SOC advised the committee that Chair's action had been made regarding a request to prescribe Zoely. b) Eflornithine 11.5% cream - Vaniqua PIL approved. c) Picato Gel – update of pathway. This document has been reviewed by dermatologists, Dr Stainforth and Dr Williams and a local GPwSI. It was agreed to approve that Picato Gel comes onto the formulary and that the 5FU leaflet needs to be added to the document as a green drug. This is approved for use by SR and VoY CCGs subject to these minor amendments. d) Loperamide use in patients with stomas – approved the use of tablets in such patients. Capsules remain formulation of choice for other patients. Formulary to be amended accordingly. It was noted that there are no current supply issues and that the CSU protocols would be updated accordingly. e) Biologics monitoring document – this was shared with Gastroenterology and Dermatology colleagues and these indications have been added. It was suggested that there should there be a link to the antimicrobial guidelines – and a comment to seek microbiological advice earlier in these patients – JC to chase views of Neil Todd. Also to check about whether there are any implications re conception for men taking these drugs. Approved subject to these checks. **f)** Domperidone use in breastfeeding – this arose following a query for a patient treated in Hull. Advice given was for doses of domperidone above the recent MHRA advice. This is now resolved. Guidance on netformulary on use in this indication is requested and a request to resend letter re domperidone to SRCCG GPs.	SOC DT JC RA
4	**North Yorkshire and Humber Treatment Advisory Group (TAG) recommendations – update on CCG agreed/outstanding decisions** a) Avanafil – approved as green as 3rd line treatment option. Formulary to be amended accordingly. b) Silk garments – no NICE guidance. Poor evidence from published trials. One response from Dr Highet. No substantive advice / evidence given as to place in therapy. It was requested that the CSU looks at practice level data. Defer decision at this stage. c) Certolizumab – rheumatology are keen to use but patient numbers not clear at this stage. Approve as a red drug as a treatment option. **Draft, in consultation: – awaiting further clarification and consultation**	SOC, GB, DT DT SOC, GB, DT, JC

	• Ketamine for chronic pain – suggestion that there are approx. 30 patients in SR area that are being prescribed by pain clinic. Patients in SR need to be referred back to pain clinic. It is considered that this is not for GP prescribing. • Mirvaso gel – the committee does not feel that the evidence for its use is convincing. Await further advice from TAG. • Jaydess (LARC) – for information only as this is a drug that would be commissioned by public health.	
5	**NICE Publications** **a) NICE TAs** – new TAs from NICE since last meeting to note formal commissioning requirements to be formally ratified at SMT/Business Committee **a) Lubiprostone –** a verbal update was given advising that this is a laxative as an alternative to prucalopride and it has been NICE approved. NICE recommended as an option for adults. Approved as per NICE guidance as an amber drug. This needs to be reflected in the local treatment pathway. **b) Prasugrel** – no paperwork – this is an update of original document. Approved as per NICE guidance. **b) NICE Guidance / NICE Bites** • MI Secondary Prevention CG172 http://guidance.nice.org.uk/CG172 The formulary is compliant with this guidance. • Prostate Cancer – CG175 http://guidance.nice.org.uk/CG175 It was suggested that a summary of compliance or areas of non-compliance should be presented a future meeting to agree any actions required.	SOC, GB, DT, JC SOC, GB, DT, JC
6	**New submission (include new therapies and changes to existing policy positions)** There were no new submissions.	
7	**Other medicines issues (local and/or national)** a) Sildenafil – it was noted that there had been some recent changes to national regulations re NHS prescribing. A letter that had been sent to SRCCG GPs was provided for information. b) New CCG QIPP topics – VoY and SRCCGs. There was discussion regarding the QIPP items and a request for this information to be shared sooner. Secondary care colleagues were concerned about switching patients on Longtec if this was not available in the hospital setting. There was discussion regarding the choice of calcium & vitamin D and noted that Calceos was preferred to Adcal D3 in primary care now. There was some broad discussion about the use of branded generics. c) Ciclosporin preservative free eye drops – DT updated the committee about the various	RA

	products available and their commissioning positions. It was recommended that the position for all topic ciclosporin eye products is red, hospital only, and this was agreed by the committee. d) Low molecular weight heparin (LMWH) proposal – discussion about RAG status. It was noted that there are still some outstanding questions regarding this and that the document should come back to the next meeting. e) A&E Leaflet re supply of emergency medicines – it was considered that this would be discussed outside of the MCC meeting. f) VoY / SR choice of blood glucose monitoring meters / strips – GlucoRx. It was noted that this was now the preferred meter of choice in VoY and also that the diabetes centre was supporting this recommendation. On that basis, it was considered appropriate for SRCCG to adopt the same stance, subject to agreement by its Business Committee. It was also noted that in VoY, some practices have refused to supply strips for other machines e.g. ketone strips for antenatal patients. g) Octasa – primary care colleagues advised that Octasa was the preferred mesalazine 400mg product of choice and wished to confirm that specialists were aware of this and in agreement. SP advised that Pentasa remained the secondary care first line mesalazine choice. JC to check current stocks at Healthcare at Home Pharmacy. h) Feedback on decisions (GSK, Vesomni). It was noted that there had been feedback on the recent decision on Vesomni by Mr Hilmy. This would come to a future meeting as a formal appeal, as per the appeals process. i) Mupirocin – it was noted that there had been recent availability issues but that these were now resolved.	DT SOC, GB, JC GB, RA, AM JC JC
8	**Formulary items** a) Respiratory chapter – it was noted that the VoY working group was now starting to look at asthma and at new inhalers. b) Epilepsy chapter – to come back to next meeting	DT
9	**Shared Care Guidelines** • Ciclosporin (gastrointestinal use) – evidence was sent to the CSU but this has not been processed. To come back to the next meeting. • Dronedarone - to be discussed at the next meeting. • Cinacalet – to be discussed at the next meeting.	RA, DT, JC JC, DT JC, DT
10	**Red and Black Drug Exception Reporting** Nil to report	
11	**Mental Health Medicines Commissioning** *This item to be moved up the agenda for future meetings.* Leeds York Partnership update • Confirmation of current chlordiazepoxide shortage • Depot choice – there is a move to ensure that there are typical and atypicals as options# • Lurasidone – noted that this had not been approved at the MOG meeting (commissioning	RA

	status black) TEWV • Clozapine leaflet – it was felt that this is very useful and it is to go onto net formulary and websites • Lithium shared care guideline to go on the formulary – RM to send CSU colleagues a screenshot of their intranet site	DT, RA RM, DT, RA
12	**Medicines safety** Nil reported.	
13	**Local pathways** Nil reported.	
14	**Baseline data** To follow – no usage data available at present	
15	**Horizon scanning** Nil reported.	
16	**Patient and clinical communications** Nil reported.	
17	**AOB** • GnRH analogue letter –the content of this letter for GPs had been agreed with Mr Wilson. • Leuprorelin – agreed to re-commission as an amber drug (no shared care). GPs are at liberty to choose the GnRH analogue of choice, as per the letter above. • RAG status – discussion re how to take forward outstanding • Methotrexate decommissioning of 10mg – it was considered that this was the responsibility of the clinician. The CSU is to draft some supporting guidance. • It was noted that Jill Sykes has asked to join the group. The committee felt that this was essentially a clinical committee and therefore that such representation was not necessary. • Bronchiectasis and tobramycin – it was noted that there were outstanding issues regarding the commissioning status of this drug. It was agreed that this would be discussed in full at the next meeting, pending receipt of a new product request.	DT RA, DT JC
	Date of next meeting: Wednesday 15 October, 10am-12pm, West Offices, Station Rise, York, YO1 6GA	