

**Minutes of Medicines Commissioning Committee Meeting  
Wednesday 10<sup>th</sup> April 2019  
9.30-12pm, West Offices, York**

		MAY	JUN	JUL	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
Strategic Lead Pharmacist - MMT	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	✓	✓	✓	A	✓	✓	✓	A	✓	✓
GP Prescribing Lead – S&R CCG	Dr Greg Black (GB)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Principal Pharmacist Formulary, Interface and Palliative Care	Mrs Jane Crewe (JEC)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	✓	A	A	✓	✓	✓	✓	✓	✓	✓
Deputy Chief Pharmacist Tees, Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)	✓	✓	✓	✓	✓	A	✓	A	✓	A	A
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	✓	A	✓	✓	✓	✓	✓	A	✓
GP Lead for Acute Service Transformation - VoY CCG	Dr Shaun O'Connell (SO'C)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	A	✓	✓	A	✓	A	✓	✓	✓	A
Consultant Psychiatrist (TEWV)	Dr Michelle Beaumont (MB)	A	✓									
Consultant Cardiologist	Dr Chris Hayes (CH)	✓	✓	✓	A	A	✓	✓	✓	✓	✓	✓
Senior pharmacists Vale of York CCG	Mr Faisal Majothi (FM)	A	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
	Mr Jamal Hussain (JH)	✓	A	✓	✓	✓	✓	✓	✓	A	✓	A
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mr Gavin Mankin (GM) / Mrs Sue Dickinson (SD)	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ SD	✓ GM

Item	
<b>1</b>	<p><b>General business</b> Faisal Majothi (FM) chaired the meeting supported by Laura Angus (LA). Apologies were received from Stuart Parkes, Richard Morris, Rachel Ainger and Jamal Hussain for the meeting.</p> <p>Richard Mellor attended the meeting as deputy for Richard Morris.</p>

	<p>The meeting was quorate.</p> <p><b>Declarations of conflicts of interest relating to the agenda</b> – none declared</p>
<b>2</b>	<p><b>Matters arising</b></p> <p><b>2.1 Chairs actions to report</b> There were no Chair's actions to report from VoY CCG or ScR CCG this month.</p> <p><b>2.2 Outcome of VoY SMT/SRCCG Clinical Executive Committee</b> The ScR CCG CE committee approved the recommendations from the March 2019 MCC meeting. The VoY CCG CE committee approved the recommendations from the March 2019 MCC meeting.</p> <p><b>2.3 Draft minutes and matters arising from last meeting</b> The minutes were agreed as a true record.</p> <p><b>2.4 <u>Action log/long-term matters arising</u></b></p> <p><b>Governance</b> – following discussion with VoY CCG has been agreed there is no need for a Chair's Action Process as MMT in fact giving professional advice to GP to enable them to make an informed decision on prescribing of non-formulary/non-routinely commissioned medicines and medical devices. The CCG Prescribing Policy will be updated to reflect this and also include the process for adding NICE 30 day TA drugs to the formulary.</p> <p><b>BAD safety alert on chloroquine and hydroxychloroquine</b> – await feedback and developments nationally from the RMOC system.</p> <p><b>Conditions for which over the counter items should not routinely be prescribed in primary care</b> – still await regional STP guidance being led by Hull MO team.</p> <p><b>MHRA Drug Safety Update – April 2018 – Valproate in pregnancy &amp; women of child bearing potential</b> – MCC noted the publication of the Royal College of Psychiatrists position statement on Valproate Use in Women and Girls of Childbearing years which provides some pragmatic advice on exceptions to MHRA advice and how to handle them. JEC will share this with YFT for their view and the RDTC with TEWV for their view.</p> <p><b>Taurine</b> – RDTC have contacted Leeds asking them to review evidence base as the tertiary centre but no response as yet. Response obtained post meeting and to be shared at May 2019 MCC.</p> <p><b>Shared Care Guidelines for Approval – Leflunomide, Sulfasalazine, Azathioprine</b> – Still need to follow up pneumococcal vaccine frequency with Public Health England. LA to action.</p> <p><b>30 Day NICE TA Implementation</b> – see under Governance. ITEM NOW CLOSED</p> <p><b>RAG status of LMWH for use by Fertility Clinics and/or Preventing Miscarriage</b> – RDTC contacting Leeds to confirm RAG status but no response received. Response obtained post meeting and to be shared at May 2019 MCC.</p> <p><b>York MCC Medical Devices Commissioning Policy</b> – on today's agenda.</p> <p><b>Formulary Updates Feb 2019</b> – formulary updated. ITEM NOW CLOSED.</p> <p><b>Oral Iron Preparations</b> – MMT to liaise with SP/JEC and agree a preferred oral iron</p>

	<p>preparation.</p> <p><b>Opicapone Formulary Application</b> – confirmed that no particular symptom improvement scale is in use or available but the relevant questions are asked of each patient. ITEM NOW CLOSED.</p> <p><b>GPs Guidance on Monitoring of Patients Post-Bariatric Surgery</b> – still to make amendments and circulate final approved version.</p> <p><b>Restless Legs Pathway</b> – on today’s agenda for approval.</p> <p><b>Formulary Updates March 2019</b> – formulary to be updated now recommendations approved by CCGs. Confirmed SGLT2 PILs have been updated with latest MHRA DSU around Fournier’s gangrene.</p> <p><b>Calcipotriol ointment formulary status</b> A mismatch between the current status (restricted) and NICE guidance (CG153 – should be offered following use of combination preparation if control not achieved) was highlighted previously and it was agreed to update the formulary to list GREEN.</p> <p><b>Pain Management for End of Life Substance Misusers</b> – on today’s agenda.</p>
3	<p><b>Governance</b> Nil this month.</p>
4 4.1	<p><b>Mental Health Medicines Commissioning</b></p> <p><b>TEWV D&amp;T Feedback March 2019</b> Circulated for information.</p>
5 5.1	<p><b>Formulary and Managed Entry of New Drugs</b></p> <p><b>Medical Devices</b> A general principles document about the commissioning and consideration of medical devices for the local formulary was presented to and approved by the MCC.</p> <p>The MCC reviewed the evidence for and reached a local commissioning recommendation based on a review by the RDTCC on the following medical devices included in the Drug Tariff which currently have no formal local formulary status or commissioning position:</p> <ul style="list-style-type: none"> <li>• Resperate - The Resperate® device is a breathing device that encourages a reduction in breathing rate that is hypothesised to decrease blood pressure. The British Hypertensive Society state that there is not sufficient evidence for this equipment to be recommended. Agreed should be classed as BLACK on this basis.</li> <li>• Vaginal Dilators – agreed not recommended for routine use due to limited published clinical evidence. These products can be purchased OTC. Agreed to list on formulary as BLACK.</li> <li>• Jaw rehabilitation device (TheraBite®) – agreed not recommended due poor evidence base. Agreed should be classed as BLACK on this basis.</li> <li>• Eye drop compliance aids - agreed not to add to formulary as can be purchased OTC for £2 to £5. Many are already not available to be prescribed on the NHS.</li> <li>• Transanal irrigation- approved and used currently when all other treatment options for chronic constipation been exhausted. Agreed should be classed as</li> </ul>

	<p>AMBER Specialist Initiation.</p> <ul style="list-style-type: none"> <li>• Stoma deodorants – agreed not recommended for routine use; deodorants should not be required. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air-fresheners are sufficient in most cases. Agreed should be classed as BLACK on this basis.</li> <li>• Head Lice Treatment Devices – Full Marks Solution, Hedrin Once Spray gel, Lincin Lotion Agreed not should not routinely be prescribed on NHS prescription as per current CCG policy. These are all available OTC. Agreed may circumstances when appropriate to prescribe in hospital so agreed to list as RED on formulary.</li> </ul> <p>A decision on the following medical devices was deferred until the May 2019 MCC meeting as further information was requested before a decision could be made:</p> <ul style="list-style-type: none"> <li>• Pelvic toning devices – also requested to look evidence based for Contiform®</li> <li>• i-PORT Advance® - to seek views of local clinicians</li> <li>• Otovent® - requested to look at evidence based for reducing nasal steroid use in adults with glue ear.</li> <li>• Vacuum Pumps – to find out if can be bought OTC and also the evidence base for Peryonie’s disease.</li> </ul> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.  <b>Action:</b> JEC to seek views on i-PORT Advance® from local diabetes team.  <b>Action:</b> FM to contact specialists to seek local pathway for use, criteria for use, and preferred initial choice of product.  <b>Action:</b> RDTTC to look at evidence based for Otovent® reducing nasal steroid use in adults with glue ear.  <b>Action:</b> RCTC to find out if vacuum pumps can be bought OTC and also the evidence base for Peryonie’s disease.</p>
<p><b>5.2</b></p>	<p><b>Bisphosphonates</b>  The MCC approved new criteria for use of adjuvant bisphosphonates in post-menopausal women with breast cancer in line with East Yorks and some other trusts in Yorkshire. It noted Should be cost saving as potentially less patients available.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>
<p><b>6</b></p> <p><b>6.1</b></p>	<p><b>Interface: Shared Care Guidelines (SCGs) and Pathways</b></p> <p><b>Pain management for end of life substance misusers</b>  Item deferred until May 2019 MCC agenda</p>
<p><b>6.2</b></p>	<p><b>Restless Legs Pathway</b>  The final version of a guideline for the management of Restless Legs Syndrome (RLS) in primary care was presented and approved subject to the following:</p> <ul style="list-style-type: none"> <li>• Adding in caution around use of ropinirole and pramipexole in patients on antipsychotics</li> <li>• Change the order of pregabalin and gabapentin</li> <li>• Use of correct logo</li> </ul> <p>The MCC agreed to add the included drugs to the formulary as GREEN drugs for use in the management of restless legs.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.  <b>Action:</b> JH to make changes and publish in RSS website.</p>

<p><b>7</b></p> <p><b>7.1</b></p>	<p><b>National and Regional Guidance</b></p> <p><b>Monthly NICE update (March 2019)</b>  It was agreed that the formulary would be updated to reflect NICE guidance as follows:  The drugs in the following TAs to be reflected in the formulary as red drugs in the relevant chapters with links to the TAs:</p> <ul style="list-style-type: none"> <li>• TA565: Benralizumab for treating severe eosinophilic asthma</li> <li>• TA567: Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies</li> <li>• TA569: Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer</li> <li>• TA570: Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (terminated appraisal)</li> <li>• TA571: Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib</li> </ul> <p>All of the above TAs are NHSE commissioned therefore would have no cost impact to CCGs.</p> <p>The drugs in the following TAs which are CCG commissioned agreed to be reflected in the formulary as BLACK drugs for this indication as not NICE unable to make a recommendation in the relevant chapter with links to the TAs:</p> <ul style="list-style-type: none"> <li>• TA568: Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal)</li> </ul> <p>The drugs in the following TAs which are CCG commissioned agreed to be reflected in the formulary as GREEN drug as recommended by NICE in the relevant chapter with links to the TAs:</p> <ul style="list-style-type: none"> <li>• TA572: Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes</li> </ul> <p>The group noted that NICE had published the following guidance:</p> <ul style="list-style-type: none"> <li>• NG121: Intrapartum care for women with existing medical conditions or obstetric complications and their babies</li> <li>• NG122: Lung cancer: diagnosis and management</li> </ul> <p><b>NTAG Recommendations – for information</b></p> <ul style="list-style-type: none"> <li>• iPort Advance® for use in children and adults with Type 1 diabetes</li> </ul> <p><b>RMOC Recommendations</b></p> <ul style="list-style-type: none"> <li>• Nil this month</li> </ul> <p><b>Medicines Safety (MHRA drug safety update – March 2019)</b>  The group noted the drug safety updates for March 2019. The links are to be added to the relevant sections of the formulary.</p> <p><b>RDTC monthly horizon scanning (March 2019)</b>  New products that have been recently launched or licensed were highlighted to the group for information.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>
<p><b>7.2</b></p>	<p><b>Y&amp;S MCC work plan</b>  Circulated for information. Noted that melatonin in Parkinson’s disease formulary application expected to presented at May 2019 MCC.</p>

7.3	<p><b>RMOC Newsletter Issue 2 - 2019</b> Circulated for information.</p>
7.4	<p><b>NHSE Guidance on Flash Glucose Monitoring</b></p> <p>The MCC agreed to recommend to CCG Execs that the current local policy for Flash Glucose Monitoring (Freestyle Libre®) be updated to reflect the Criteria for NHS England Flash Glucose Monitoring Reimbursement as of the 1st April 2019 with the addition of another optional criteria of two or more admissions to hospital per year with diabetic ketoacidosis as per the current local policy and RMOC criteria.</p> <p>CCG Exec are asked to note that the funding for Flash Glucose Monitoring from NHSE is only for 2 years (after 2 years the cost will come to the CCG) AND only if Flash Glucose Monitoring is prescribed via FP10 prescriptions i.e. primary care prescribing.</p> <p>The case for the inclusion of any other groups of patients e.g. pregnant type 2 diabetic patients and type 1 diabetic patients trying to conceive would require an application to the MCC and CCG Execs. These are not currently included in the NHSE criteria.</p> <p>There is a small cohort of existing patients who currently meet NHS VoY criteria but not the new NHSE criteria: pregnant women with type 1 or type 2 diabetes on a basal bolus regimen. MCC recommend existing patients only are allowed to continue using Freestyle Libre, as it is time limited use of the device.</p> <p>All other existing patients currently receiving the device on the NHS will continue to do so provided they continue to meet the NHSE criteria for continuation.</p> <p>The recommendation of the MCC to CCG Execs is that Flash Glucose Monitoring should be classed as AMBER Specialist Initiation with the first 14 days provided by the specialist, and then the GP taking on prescribing after this. We recommend Amber specialist initiation as it requires a specialist to determine suitability in line with NHS criteria and the patient needs education and training on how to use the device. It should be noted that NHSE will not reimburse the CCG for this initial supply, as it not provided by NHS FP10 prescribing. There should be a review at 6 months to ensure the patient meets the NHSE criteria for continuation. MCC would like CCG Exec to consider who is best place to do this review (the specialist or GP) and how this can be supported, as the review will require capacity.</p> <p>MCC also ask CCG Exec to consider the consequences of a 6-month review not being completed, for example, is Flash Glucose Monitoring stopped for the individual patient?</p> <p>The MCC recommended that the existing audit should continue to collect more information on patient outcomes to inform future commissioning of the device. CCG Execs are asked to consider a) the need to incentivise completion of audit; b) who completes audit, c) and how to ensure audit is completed.</p> <p>It should be noted that as a requirement for the current CCG commissioning statement the diabetes specialists were requested to complete an audit tool for all patients 6-months post initiation of Freestyle Libre. To date only 40 continuation forms have been completed out of 127 patients for Vale of York patients.</p> <p><b>Action:</b> To be included in MCC recommendations to CCG execs this month. <b>Action:</b> MMT to update current VoY/ScR Commissioning Statement on Flash Glucose Monitoring following CCG exec decision.</p>
7.5	<p><b>Managing Medicines Shortages</b></p> <p>Letter sent by North Yorkshire and York CCGs MMT to GP practices on Managing Medicines Shortages dated 25.3.2029 circulated for information.</p>

<b>8</b>	<b>Monitoring/reporting</b>
<b>8.1</b>	<b>Twelve month audit data MCC outcomes for recommendations from January 2018</b> The group reviewed the audit reports on cost and activity for recommendations made in January 2018.
<b>8.2</b>	<b>VoY Red drugs data</b> Next due April 2019
<b>8.3</b>	<b>ScR Red drugs data</b> Next due April 2019.
<b>8.4</b>	<b>Adalimumab Biosimilars</b> No update available.
<b>9</b>	<b>Patient and clinical communications</b> Nothing to report.
<b>10</b>	<b>Items from other groups</b>
<b>10.1</b>	<b>York and Scarborough Drug and Therapeutics Committee minutes – January 2019</b> Circulated for information.
<b>10.2</b>	<b>Hull and East Riding Prescribing Committee (HERPC) – Draft minutes March 2019 meeting</b> Not yet available.
<b>10.3</b>	<b>Y&amp;S Medicines Efficiency Sub-committee</b> None available
<b>11</b>	<b>Any urgent business</b>
<b>11.1</b>	<b>VSL#3</b> The MCC approve change from GREEN to a BLACK formulary status as VSL#3 no longer as ACBS status as of November 2018, and there is a lack of robust clinical evidence supporting its use. It is still available as a food supplement OTC without a prescription.  <b>Action:</b> JEC to update formulary accordingly following CCG approval.
	<b>Date and time of next meeting: Wednesday 8<sup>th</sup> May 2019, 9:30am-12noon, Rowntree room, West Offices, York.</b>