

**Minutes of Medicines Commissioning Committee Meeting
Wednesday 14th August 2019
9.30-12pm, West Offices, York**

		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Strategic Lead Pharmacist - MMT	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	A	✓	✓	✓	A	✓	✓	A	✓	✓	A
GP Prescribing Lead – S&R CCG	Dr Greg Black (GB)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Principal Pharmacist Formulary, Interface and Palliative Care	Mrs Jane Crewe (JEC)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
Consultant Anaesthetist	Dr Peter Hall (PH)	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	A
Deputy Chief Pharmacist Tees, Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)	✓	✓	A	✓	A	✓	A	A	Item 4 only	✓	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)	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	A
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	A	✓	A	✓	✓	✓	A	✓	✓	A	A
Consultant Psychiatrist (TEWV)	Dr Michelle Beaumont (MB)												
Consultant Cardiologist	Dr Chris Hayes (CH)	A	A	✓	✓	✓	✓	✓	✓	✓	✓	A	✓
Senior pharmacists Vale of York CCG	Mr Faisal Majothi (FM)	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓
	Mr Jamal Hussain (JH)	✓	✓	✓	✓	✓	A	✓	A	✓	✓	A	A
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mr Gavin Mankin (GM) / Mrs Sue Dickinson (SD)	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ SD	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM

Item	
1	<p>General business Greg Black (GB) chaired the meeting. Apologies were received from Jamal Hussain, Peter Hall, Shaun O'Connell, Stuart Parkes, Jane Crewe and Laura Angus.</p> <p>The meeting was not quorate as no YFT pharmacist present but it was agreed to ratify all decisions made with them via email.</p>

	<p>Declarations of conflicts of interest relating to the agenda Nil</p>
2	<p>Matters arising</p>
2.1	<p>Chairs actions to report There were no Chair's actions to report from VoY CCG or ScR CCG this month.</p>
2.2	<p>Outcome of VoY/ScR CCG Clinical Executive/Business Committee The ScR CCG Business Committee has not yet approved the recommendations from the July 2019 MCC meeting due to changes in CCG committee structure. The VoY CCG CE committee approved the recommendations from the July 2019 MCC meeting.</p>
2.3	<p>Draft minutes and matters arising from last meeting The minutes were agreed as a true record.</p>
2.4	<p><u>Action log/long-term matters arising</u></p> <p>Governance – the updated CCG Prescribing Policy still needs to go to the CCG Governing Body.</p> <p>BAD safety alert on chloroquine and hydroxychloroquine – still awaiting the final feedback West Yorkshire position statement not to support Royal College Advice and once draft available this will be brought to MCC for discussion.</p> <p>Oral Iron Preparations – on today's agenda.</p> <p>Formulary updates July 2019 – NICE TA & MHRA DSU, Melatonin, hydrocortisone granules, apomorphine (dacepton), semaglutide and latanoprost / timolol PF eye drops - Formulary still to be updated.</p> <p>Amiodarone Shared Care Guide – final version still to be published.</p> <p>Self-Care – Quick Reference Guide – final version of local guidance discussed at June 2019 MCC still to be finalised.</p> <p>Dose of PPI for gastroprotection with antiplatelets – still to be added to PPI deprescribing guidance.</p> <p>Brivaracetam – review of formulary status – on today's agenda. Feedback received from Dr Johnston.</p> <p>Fixapost® Formulary Application - Formulary still to be updated.</p> <p>Hydrochlorothiazide containing products – review of current prescribing/consideration for BLACK list - Formulary still to be updated. Indapamide issue on today's agenda.</p> <p>OTC Medicines on Discharge – still to explore adopting suggested policy within YFT.</p> <p>Quick Read Algorithm for HRT – no update available.</p> <p>NHSE – Items which should not routinely be prescribed in primary care – updated June 2019 – on today's agenda.</p> <p>Twelve month audit data MCC outcomes for recommendations from April 2018 - LA still to write to secondary care urology teams at Leeds, York, Hull and South Tees</p>

	highlighting the black listing and for reasoning behind why once daily tadalafil is still prescribed.
3	Governance Nil this month
4	Mental Health Medicines Commissioning
4.1	TEWV D&T Feedback July 2019 Circulated for information.
4.2	TEWV D&T Minutes May 2019 Circulated for information.
4.3	TEWV Medicines Optimisation Annual Report 2018/19 Circulated for information.
4.4	TEWV Medicines Optimisation Annual Plain 2019/20 Circulated for information.
4.5	TEWV Discharge on Psychotropic Medication Algorithm A flowchart developed by TEWV to guide the length of supply required at in-patient discharge from TEWV, to support appropriate transfer of care to community teams or primary care, was endorsed by the MCC. Action: JEC to add link to formulary accordingly following TEWV/CCG final approval.
4.6	TEWV Dexamfetamine Shared Care A new document, completing the set of shared care guidelines for ADHD medication, was approved by MCC. Action: JEC to add link to formulary accordingly following TEWV/CCG final approval.
4.7	TEWV Bipolar Disorder Medication Pathway A draft of this new algorithm which reflects NICE guidance was approved by the MCC. Action: JEC to add link to formulary accordingly following TEWV/CCG final approval.
4.8	TEWV Clozapine Annual Review Checklist This new checklist to be completed by specialists and shared with GPs for information was approved by MCC. It was agreed that in the drug history section the following should be recorded against each drug: continued, stopped or amended.
5	Formulary and Managed Entry of New Drugs
5.1	Brivaracetam – review of formulary status Following discussions at the July 2019 MCC it has been confirmed with Dr Johnston that the proposed place in therapy for Brivaracetam remains as per the application from 2016. That is for use to be in place of Levetiracetam for epilepsy patients with unacceptable side effects such as irritability or insomnia, or in those where Levetiracetam has been avoided due to a history of mood change or behavioural disturbance and also to have another antiepileptic in their treatment toolkit. It would be reserved for patients who are resistant to at least 2 other antiepileptic drugs.

	<p>The MCC agreed to approve the addition of Brivaracetam to the formulary as an AMBER SI drug on this basis.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
<p>5.2</p>	<p>Indapamide MR – review of formulary status</p> <p>The use of indapamide is covered in the NICE clinical guideline for the management of hypertension (2016). NICE lists both indapamide immediate release tablets (2.5 mg OD) and indapamide modified release tablets (1.5 mg OD) as options when a thiazide-like diuretic is indicated; the guideline does not specify a preference of one over the other.</p> <p>Two studies were identified which showed no significant differences between IR and MR indapamide in terms of antihypertensive efficacy. The only difference seen was a lower incidence of hypokalaemia with standard release indapamide.</p> <p>Indapamide MR tablets cost around three times the price of the IR tablets, therefore the IR tablets are the more cost-effective option of the two.</p> <p>Many areas have indapamide IR tablets as the preferred choice of the two e.g. Harrogate, Durham and Darlington, Newcastle, Pan Mersey.</p> <p>The MCC agreed that Indapamide MR tablets should appear on the formulary as BLACK as less cost-effective than IR tablets and no real difference in efficacy.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
<p>5.3</p>	<p>Oral Iron – review of current products on formulary</p> <p>The MCC reviewed the current formulary choices of oral iron to ensure the most cost-effective products are used.</p> <p>It was agreed to make no change to the current formulary choices of Ferrous fumerate tabs/caps/syrup (1st choice) and Ferrous sulphate tabs (2nd choice). Sytron® remains the 2nd choice oral liquid.</p>
<p>5.4</p>	<p>New licensed melatonin 3mg tablets and 1mg/ml oral solution for jet lag – Black list assessment.</p> <p>A number of melatonin preparations have recently become licensed including:</p> <ul style="list-style-type: none"> • Melatonin 3 mg film coated tablets (Colonis Pharma) • Melatonin 1 mg/mL oral solution (Colonis Pharma) • Melatonin 1 mg and 5 mg prolonged release tablets (Slentyo®) <p>The MCC agreed the following proposal with regard to the new melatonin products:</p> <ul style="list-style-type: none"> • BLACK for jet lag as not cost-effective use of NHS resources. • No change to Melatonin use in children as per current shared care guideline from TEWV. Melatonin First line (licensed product): Melatonin MR 2mg tablets (Circadin®). Circadin® can be crushed if unable to swallow tablets, swallowing difficulties or immediate release action is required (off-label). Second line only if crushing tablets inappropriate: Melatonin 5mg/5ml alcohol free oral solution (200ml) (unlicensed product). Off-label Circadin® remains most cost-effective preparation in children. • The new licensed oral liquid is unsuitable for use in children due to excipients e.g. propylene glycol • TEWV are currently seeking views from within their Trust on a formulary application for the Slentyo® product as licensed in children with autism so to meet MHRA guidance that a licensed product when available for the indication and age

	<p>in group in question should normally be used over an unlicensed product.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.5	<p>Vitamin B compound strong – review of formulary status Following a query raised by ScR CCG it was confirmed that Vitamin B compound strong is BLACK except for re-feeding syndrome when it is AMBER SI.</p>
5.6	<p>Cyanocobalamin tablets – review of formulary status The MCC discussed the formulary status of Cyanocobalamin tablets locally following a query raised by ScR CCG. It was noted that there is currently a limited evidence for using the tablets over the injection in the UK and that the tablets have “less suitable for prescribing” status in the BNF. One of the issues was what to prescribe for patients without pernicious anaemia who have borderline deficiency for vitamin B12. It was agreed after discussion not to assign a BLACK status to the tablets but that they should have non-formulary status to allow GPs to use their clinical discretion and prescribe on patient by patient basis if needed. Usage of the tablets is currently low and no change in current prescribing patterns is expected.</p>
5.7	<p>Octreotide – clarification of formulary status ScR CCG received a query recently regarding the commissioning position of octreotide in a palliative care patient that led us to think that the commissioning statements for this drug are not altogether clear. The GP interpreted it being a RED drug when in actual fact we think it was for the amber indication. The MCC confirmed that use in palliative care for bowel obstruction or high output stomas is AMBER SR.</p>
5.8	<p>Alimemazine – Black list assessment The MCC received a request to complete a “Do Not Prescribe” tool for alimemazine from VoY CCG. However MCC have previously black listed alimemazine in June 2017 (recommendations and tool attached). While the formulary lists alimemazine as a BLACK drug, it only mentions the liquid. The decision was for both tablets and liquid as stated in the tool. It was agreed to amend the formulary entry to indicate both tablets as well as liquids are BLACK drugs. Action: JEC to update formulary accordingly following CCG approval.</p>
5.9	<p>Myocrisin® discontinued The MCC noted that Sodium aurothiomalette (Myocrisin®) has recently been discontinued by the manufacturer and no licensed direct alternative is available. It was agreed to stand down the existing shared care for Sodium aurothiomalette and remove the product from the formulary as it has been discontinued. Existing patients should be switched to an alternative DMARD following advice/review from rheumatology. No significant cost impact expected as low numbers of patients on Gold injection currently and other DMARDs of a similar cost. Action: JEC to update formulary accordingly following CCG approval.</p>
5.10	<p>Liraglutide (Saxenda®) - clarification of formulary status A presentation was given to GPs in York CCG at Protected Learning Time in January 2019 that included a comment that Saxenda is NHS approved. The MCC confirmed that Liraglutide (Saxenda®) for obesity is currently listed as BLACK on the Y&S MCC formulary as per it’s Oct 2015 recommendation. This will be reviewed</p>

	when NICE TA published - expected in March 2020.
5.11	<p>Melatonin in paediatrics in in ScR CCG following service change</p> <p>The MCC discussed the new ScR CCG commissioning arrangements for services for children with neurodevelopmental disorders.</p> <p>The MCC confirmed that Melatonin is not commissioned for children with sleep disorder alone (i.e. with no neurodevelopmental disorder) – this was a recommendation from the July MCC meeting</p> <p>Melatonin is an amber shared care drug for children with sleep disorders associated with neurodevelopmental disorders – the committee was NOT minded to change the prescribing status of melatonin in light of the news that there is currently no medical provision for the specialist element of the current shared care arrangement. The committee felt that the commissioning organisation had a responsibility to ensure that there is an appropriate service in place to enable the shared care guideline requirements to be met.</p>
5.12	<p>DOAC Policy</p> <p>The MCC discussed again the HCV Cardiology/Cardiac ODN DOAC policy that has been circulated for consideration for local adoption.</p> <p>The decision to use edoxaban for new patients but not to switch existing patients has been to MCC previously and was approved but CCGs are requesting this decision is reviewed. The supporting policy from HCV has been circulated since and there are some concerns from the CCGs around the governance behind the development of this policy. It was noted that YFT have gone live with using edoxaban for AF 1st line.</p> <p>After discussion the MCC agreed the best way forward was for a meeting to be set up locally with clinicians, contracting, finance, and pharmacy teams to agree a York and Scarborough position rather than simply just adopting the HCV Cardiology/Cardiac ODN proposal.</p> <p>Action: MMT to set up locally meeting to agree a local anticoagulation policy</p> <p>Action: LA to request list of declarations of interest declared by those attending HCV Cardiology/Cardiac ODN DOAC meeting.</p>
6	Interface: Shared Care Guidelines (SCGs) and Pathways
6.1	<p>Oral Contraceptives Medal Ranking v2</p> <p>The MCC approved a reviewed and updated version of the Oral Contraceptives Medal Ranking. The only change is the date and that Lizinna has been added due to a price reduction making it more competitive.</p>
6.2	<p>AgaMatrix Wavesense Jazz Glucose Monitoring in Ante-Natal Diabetes Services – pilot</p> <p>The MCC approved the use of the Wavesense test strips, solely for the purposes of pilot of new app in antenatal diabetes noting that cost price is less than GlucoRx currently. Once the pilot is complete the results are expected to be presented to the MCC. Use of the Wavesense test strips post-pilot is contingent on a formulary application being submitted.</p>
7	National and Regional Guidance
7.1	<p>Monthly NICE update (July 2019)</p> <p>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"> • TA588: Nusinersen for treating spinal muscular atrophy

	<ul style="list-style-type: none"> • TA589: Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity • TA591: Letemovir for preventing cytomegalovirus disease after a stem cell transplant <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 a RED drug as recommended by NICE in the relevant chapter with links to the TAs:</p> <ul style="list-style-type: none"> • TA590: Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis <p>The group noted that NICE had published the following guidance:</p> <ul style="list-style-type: none"> • NG115: Chronic obstructive pulmonary disease in over 16s: diagnosis and management (update) <p>NTAG Recommendations – for information</p> <ul style="list-style-type: none"> • Nil this month <p>RMOC Recommendations – for information</p> <ul style="list-style-type: none"> • Nil this month <p>Medicines Safety (MHRA drug safety update – July 2019) The group noted the drug safety updates for July 2019. The links are to be added to the relevant sections of the formulary.</p> <p>RDTC monthly horizon scanning (July 2019) New products that have been recently launched or licensed were highlighted to the group for information.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
7.2	<p>Y&S MCC work plan Circulated for information.</p>
7.3	<p>.RMOC Update The following recent RMOC outputs were circulated for information:</p> <ul style="list-style-type: none"> • RMOC Newsletter Issue 6 • Liothyronine guidance - updated
7.4	<p>NHSE – Items which should not routinely be prescribed in primary care – updated June 2019 The MCC discussed current prescribing data for the seven new items that have been added to this guidance.</p> <ul style="list-style-type: none"> • Aliskiren – not currently listed on formulary so no action required. • Amiodarone – currently listed as AMBER Shared Care – no change required. • Bath and shower preparations for dry and pruritic skin conditions – currently listed as a mix of GREEN and BLACK. The MCC agreed these should all be listed as BLACK on the formulary as per recommendation in NHSE. BATHE trial showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema. Soap avoidance and ‘Leave-on’ emollient moisturisers can still be used for treating eczema.

	<ul style="list-style-type: none"> • Dronedarone – currently listed as AMBER Shared Care – no change required. • Minocycline for acne – currently listed as BLACK – no change required. • Needles for pre-filled and reusable insulin pens – needles not currently listed in formulary. Prescribers encouraged locally to follow NHSE recommendations and prescribe products costing <£5 per 100, and current local choices reflect this • Silk garments – currently listed as BLACK – no change required. <p>Action: JEC to update formulary accordingly following CCG approval.</p>
8	Monitoring/reporting
8.1	Twelve month audit data MCC outcomes for recommendations from May 2018 The audit reports on cost and activity for recommendations made in May 2018 were circulated for information.
8.2	Adalimumab Biosimilars No update available.
8.3	RED Drugs Report ScR CCG March-May 2019 Circulated for information.
9	Patient and clinical communications Nothing to report.
10	Items from other groups
10.1	York and Scarborough Drug and Therapeutics Committee minutes – May 2019 Circulated for information.
10.2	Hull and East Riding Prescribing Committee (HERPC) – Draft minutes July 2019 meeting Not yet available
10.3	Y&S Medicines Efficiency Sub-committee None available
11	Any urgent business Nil
Date and time of next meeting: Wednesday 11th September 2019, 9:30am-12noon, Cerialis Room, West Offices, York.	