NHS

York and Scarborough
Medicines Commissioning Committee

Approved Minutes of Medicines Commissioning Committee Meeting
Wednesday 13th February 2019
9.30-12pm, West Offices, York

		FEB	MAR	APR	MAY	JUN	JUL	SEP	OCT	NOV	DEC	JAN	FEB
Strategic Lead Pharmacist- MMT	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	A	✓	A	✓	✓	✓	✓	A	✓	✓	✓	A
GP Prescribing Lead – S&R CCG	Dr Greg Black (GB)	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Principal Pharmacist Formulary, Interface and Palliative Care	Mrs Jane Crewe (JEC)	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	A	✓	A	✓	✓	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	✓	✓	✓	✓	✓
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	A		A	✓							
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
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mrs Elizabeth Okpara (EO)/ Mr Gavin Mankin (GM)	✓ EO GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM

Item	
1	**General business** Greg Black (GB) chaired the meeting. Apologies were received from Laura Angus and Jamal Hussain for the meeting today. The meeting was quorate. **Declarations of conflicts of interest relating to the agenda** SP – item 6.2 - educational events and advisory boards for Abbvie, Biogen, Sandoz and

	Amgen. As this pathway reflects current NICE TAs and other regional guidelines it was agreed SP could take part in the discussion.
2	**Matters arising**
2.1	**Chairs actions to report** There were no Chair's actions to report from VoY CCG or ScR CCG this month.
2.2	**Outcome of VoY SMT/SRCCG Clinical Executive Committee** The ScR CCG CE committee approved the recommendations from the December 2018 MCC meeting. The ScR CCG CE committee approved the recommendations from the January 2019 MCC meeting except the FoC Erenumab Scheme. It was considered a matter for YFT to offer the scheme at its own risk but the CCG was not in a position to endorse it. It would though like to be kept informed of any future FoC schemes involving potentially future or current CCG commissioned drugs The VoY CCG CE committee approved the recommendations from the January 2019 MCC meeting with no comments (confirmed post-meeting via email).
2.3	**Draft minutes and matters arising from last meeting** The minutes were agreed as a true record.
2.4	**<u>Action log/long-term matters arising</u>** **Governance** – nothing to report since last meeting. **RAG status of dopamine agonists pramipexole and ropinirole for restless legs syndrome** – agreed to circulate draft to MCC members for comment prior to approval at March 2019 MCC without secondary care clinician involvement due to ongoing issues getting the appropriate secondary care clinicians to engage with the development of this guidance **Action:** RDTC to circulate draft to MCC members for comment prior to approval at March 2019 MCC **BAD safety alert on chloroquine and hydroxychloroquine** – await feedback and developments nationally. **Conditions for which over the counter items should not routinely be prescribed in primary care** – nothing to report since last meeting. Await regional STP guidance being led by Hull MO team. **MHRA Drug Safety Update – April 2018 – Valproate in pregnancy & women of child bearing potential** – VoY and ScR still need to check all GP practices have completed the audit. Still awaiting a response from MHRA about clarity on any exceptions to their advice. **Taurine** – RDTC have contacted Leeds asking them to review evidence base as the tertiary centre but no respond as yet. **Apraclonidine Eye Drops Formulary Application** – guidance on PF eye drops is in development and will come to March 2019 MCC for approval. **Aspirin in Pregnancy** – guidance now added to RSS website. **Shared Care Guidelines for Approval – Leflunomide, Sulfasalazine, Azathioprine** – Still need to follow up pneumococcal vaccine frequency with Public Health England.

	Management of Diabetes in the Over 75s – guidance on today's agenda for approval. **30 Day NICE TA Implementation** – Chair's Action Process still to be finalised. **Guidance for GPs when Community Pharmacies are unable to order/dispense a product** – guidance for GPs for when community pharmacies are unable to order/dispense a product has been sent out. **Review of Diabetes Test Strips, Needles and Lancets** – this work is now being picked up the North Yorkshire CCGs Medicines Management Team. Agreed to remove from Action Log for now. **RAG status of LMWH for use by Fertility Clinics and/or Preventing Miscarriage** – RDTC contacting Leeds to confirm RAG status and response awaited. **Medicines Devices Commissioning Policy** – draft on today's agenda for comment. **Formulary Updates Dec 2018** – formulary still to be updated **NHSE Items Which Should Not Routinely Be Prescribed in Primary Care: an update and a consultation on further guidance for CCGs** – email sent to MCC members requesting comments by end of Jan 2019 to prepare a submission on behalf of MMC. **Hydrochlorothiazide: review of formulary status** – safety alert and request for GP practices to audit/review patients has been sent out. Agreed to review prescribing data in June 2019. **RAG Status for Formulary Drugs in Chapter 4 & 5** – formulary still to be updated. **TEWV Trimipramine De-Prescribing Guidance –** link has been added to formulary. **TEWV Depression Pathway Handy Hints** – comments re formatting have been feedback to TEWV and will be considered next time the document is reviewed. **Actipatch** – formulary still to be updated. **Formulary updates Jan 2019** – formulary still to be updated. **Pregabalin and Gabapentin to be Controlled Drugs from 1.4.2019** – awareness has been raised in YFT, TEWFT and primary care. Still are awaiting more information from local substance misuse team around request to make pregabalin 300mg capsules BLACK locally. **Multivitamins after Bariatric Surgery –** on today's agenda.
3	**Governance** Nil this month.
4 **4.1**	**Mental Health Medicines Commissioning** **TEWV D&T Feedback January 2019** Circulated for information.
4.2	**TEWV Hyperprolactinaemia Guideline** Final TEWV D&T approved version circulated for information and was endorsed by the MCC.

5	**Formulary and Managed Entry of New Drugs**
5.1	**Multivitamins for Bariatric Surgery** A query has arisen around under what circumstances should GPs prescribe Multivitamins following Bariatric Surgery. NHSE guidance seems to suggest should not be prescribed for prevention but may be prescribed for treatment of deficiency. Following the last meeting it has been confirmed with YFT clinicians that Bariatric patients are asked to purchase their own multivitamins (prior to surgery), and YFT do not routinely discharge patients with them. The multivitamin supplementation is prevention. If patients have other deficiencies (e.g. copper, selenium) these would require a separate prescription. Vitamin D deficiencies would be treated with the agreed policy. Discussions also took place on the possible need for a LES for GPs to manage and monitor these patients post surgery, and the need for some simple guidance for GPs on what to monitor plus when. **Action:** RDTC to include in this month's recommendations that patients should generally purchase their own multivitamins post bariatric surgery. **Action:** FM to produce a simple guideline for GPs on monitoring of patients post-bariatric surgery based on BOSS guidelines.
5.2	**Ferric Maltol Clarification** It was clarified that on the log of MCC decisions that goes to ScR CCG that ferric maltol for its license extensions should be listed as AMBER SR rather than AMBER SI as per Nov 2018 MCC minutes and the summary of recommendations that went to CCGs for approval.
5.3	**Ranitidine Injection in Palliative Care** The MCC approved a formulary application for Ranitidine Injection in Palliative Care as an AMBER SR drug but that it would remain RED for all other indications. Application was approved based on the evidence submitted in the application and because the cost impact is expected to be low. **Action:** JEC to update formulary accordingly following CCG approval.
5.4	**York MCC Medical Devices Commissioning Policy** The MCC was asked for comment on a review of MCC commissioning policy for various medical devices which was currently being undertaken by the RDTC on behalf of the MCC. The MCC agreed with the suggested format of the document with the inclusion of information on current local spend to aid making a decision, and the addition of information on some general principles around the prescribing of medical devices. It was agreed that medical devices should be subject to the local formulary process as all drugs are. It was agreed to add information on which medical devices are approved and which are not approved to the formulary rather than having a standalone document on medical devices. It was agreed to consider the following medical devices in addition to those already included: • Otovent • Bacterial decolonisation products • Stoma deodorants • Dry mouth products • Ear wax removal devices (make reference to OTC guidance)

	• Head lice treatment devices (make reference to OTC guidance) It was agreed not to include stoma products as part of the review as these are all on the formulary anyway. **Action:** RDTC to continue to workup review of medical devices for consideration by MCC for a local commissioning position. **Action:** RDTC to produce a general principles document around the prescribing of medical devices within the area covered by the MCC.
5.5	**Hernia Support Belts and Briefs** The MCC had previously assigned Hernia Briefs a BLACK status on the formulary. It has now been asked for a commissioning statement on use of hernia support belts. It was noted that published clinical evidence and guidelines for the different types of hernias was limited. It was agreed that was appropriate for GPs to prescribe support belts for stoma related hernias on the advice of stoma nurses. It was noted that stoma nurses do not recommend the use of support underwear for stoma related hernias. Before discussing use for inguinal hernias the MCC agreed to check how much current prescribing of support belts and if spend was low then no commissioning position was needed. **Action:** FM to check spend on hernia support belts locally and report back to March 2019 MCC.
6 **6.1**	**Interface: Shared Care Guidelines (SCGs) and Pathways** **Algorithm for Management of Type 2 Diabetes** An updated local diabetes algorithm developed with the local diabetes team was presented to the group. It has been updated to include an injectable pathway and guidance on management of diabetes in the over 75 age group. The MCC raised issues around product choice and cardiovascular outcomes. Should more emphasis be placed on the use of SGLT2's over DPP4i's? It there still a place for DPP4i's at all? It was agreed to seek the views of the diabetes team on the place in therapy of DPP4i's before the MCC could approve the updated algorithm. **Action:** FM to seek the views of the diabetes team on the place in therapy of DPP4i's
6.2	**Biologics for RA Pathway** A draft biologics for RA pathway prepared by YFT was presented to and approved by the MCC. It was noted the pathway is largely based in guidance from Hull and reflects the current relevant NICE TAs. It was agreed to check what the current local practice is regarding the number of sequential treatment courses of biologic that are used/commissioned before treatment with biologic is no longer an option or is stopped. **Action:** SP to check what the current local practice is regarding the number of sequential treatment courses of biologic that are used/commissioned before treatment with biologic is no longer an option or is stopped. **Action:** SP to circulate and publish final version of Biologics for RA Pathway

7	**National and Regional Guidance**
7.1	**Monthly NICE update (January 2019)** 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: • TA555: Regorafenib for previously treated advanced hepatocellular carcinoma • TA557: Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer • TA558: Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease • TA559: Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies All of the above TAs are NHSE commissioned therefore would have no cost impact to CCGs. The drugs in the following TAs which are CCG commissioned agreed to be reflected in the formulary as BLACK drugs as not recommended by NICE in the relevant chapter with links to the TAs: • TA556: Darvadstrocel for treating complex perianal fistulas in Crohn's disease The group noted that NICE had published the following guidance: • NG118: Renal and ureteric stones - Links will be added to the formulary with no further action required.. **NTAG Recommendations – for information** • Nil this month **RMOC Recommendations** • Nil this month **Medicines Safety (MHRA drug safety update – January 2019)** The group noted the drug safety updates for January 2019. The links are to be added to the relevant sections of the formulary. **RDTC monthly horizon scanning (January 2019)** New products that have been recently launched or licensed were highlighted to the group for information. **Action:** JEC to update formulary accordingly following CCG approval.
7.2	**Y&S MCC work plan** Circulated for information.
7.3	**RMOC Midlands and East Update – Dec 2018** Circulated for information.
8	**Monitoring/reporting**
8.1	**Twelve month audit data MCC outcomes for recommendations from November 2017** The group reviewed the audit reports on cost and activity for recommendations made in

	November 2017.
8.2	**VoY Red drugs data** Next due April 2019
8.3	**ScR Red drugs data** Next due April 2019.
8.4	**Adalimumab Biosimilars** The MMC noted the progress made introducing the biosimilar locally for all new patients and that a switch of existing patient is continuing to progress
9	**Patient and clinical communications** Nothing to report.
10	**Items from other groups**
10.1	**York and Scarborough Drug and Therapeutics Committee minutes – November 2018** Circulated for information.
10.2	**Hull and East Riding Prescribing Committee (HERPC) – Draft minutes January 2019 meeting** Not yet available.
10.3	**Y&S Medicines Efficiency Sub-committee** None available
11	**Any urgent business**
11.1	**Ibandronic Acid Tablets Supply Issue** The MCC discussed the current supply issues with generic ibandronic acid tablets which are used as part of the breast cancer pathway to reduce recurrence. Currently only branded ibandronic acid tablets are available and the current drug tariff price including a recent price concession does not fully cover the cost of a branded alternative for community pharmacies when dispensing a prescription written generically. The MCC agreed that prescribing of ibandronic acid tablets should continue as normal via generic prescriptions without patients suffering a break in treatment. If there are any issues around reimbursement and current price concessions then these should be feedback to the PSNC. Any issues around pharmacies refusing to supply should be feedback to the CCG and NHSE. **Action:** MMT to send out email to GP practices asking them to continue to prescribe ibandronic acid tablets as before and expect this to be generically. If asked to prescribe by brand then CCG should be informed.
11.2	**Antipsychotic Depot Injection Enhanced Service Commissioning in York** Continuing issues with some GP practices in York CCG refusing to participate in shared care for Antipsychotic Depot Injections was raised. The MCC agreed that this was an issue for the Primary Care Commissioning Team in York CCG as part of their management of the LES rather than the MCC. TEWVT will contact the Director of Mental Health Commissioning within York CCG to take this issue forward.
11.3	**STP Proposal Around Procurement of DOACs** The stakeholders within the MCC have been approach to participate in an STP workstream looking at the procurement of DOACs within the STP area. It was agreed that more information was needed on the proposal before the MCC and its individual

	stakeholders could consider supporting it but the MMC stakeholder organisations were prepared to be involved in ongoing discussions.
11.5	**Oral Iron Preparations** It was agreed to review the local formulary choices of oral iron preparations due price changes at a future MCC meeting. **Action:** SP/JEC to prepare a paper reviewing the local formulary choices of oral iron preparations due price changes for a future MCC meeting.
11.3	**MCC Updating the IFR Team With New Commissioning Positions** The local IFR panel have asked if they could be informed each month of any new commissioning positions adopted by the MCC. It was agreed the RDTC would share with a named contact of the IFR panel the MCC Recommendations each month once they have been approved by the CCGs.
	Date and time of next meeting: Wednesday 13th March 2019, 9:30am, Rowntree room, West Offices, York.