York and Scarborough
Medicines Commissioning Committee

Minutes of Medicines Commissioning Committee Meeting
Wednesday 10th July 2019
9.30-12pm, West Offices, York

		SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Strategic Lead Pharmacist - MMT	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	A	✓	✓	✓	A	✓	✓	A	✓	✓
GP Prescribing Lead – S&R CCG	Dr Greg Black (GB)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	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	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	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
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

Item	
1	**General business** Laura Angus (LA) chaired the meeting. Apologies were received from Richard Morris, Peter Hall, Chris Hayes, Faisal Majothi and Jamal Hussain. In attendance: Mr Daniel Hill, Regional Drug & Therapeutics Centre, Newcastle The meeting was not quorate as no YFT consultants present but it was agreed to ratify all decisions made with them via email.

	Declarations of conflicts of interest relating to the agenda Nil
2 2.1 2.2 2.3 2.4	**Matters arising** **Chairs actions to report** There were no Chair's actions to report from VoY CCG or ScR CCG this month. **Outcome of VoY/ScrR CCG Clinical Executive/Business Committee** The ScR CCG Business Committee approved the recommendations from the June 2019 MCC meeting. The VoY CCG CE committee approved the recommendations from the June 2019 MCC meeting. **Draft minutes and matters arising from last meeting** The minutes were agreed as a true record. It was noted that ScR CCG had approved edoxaban as their first line DOAC for AF and not apixaban. **Action log/long-term matters arising** **Governance** – the updated CCG Prescribing Policy still needs to go to the CCG Governing Body. **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. **Shared Care Guidelines for Approval – Leflunomide, Sulfasalazine, Azathioprine** – Confirmed pneumococcal vaccine frequency with local Public Health and their advice is to follow the Green Book. ITEM NOW CLOSED. **Oral Iron Preparations** – still to be actioned by MMT. RDTC to provide cost comparison chart for August MCC. **Flash Glucose Monitoring (Freestyle Libre)** – Commissioning position now approved. ITEM NOW CLOSED. **Melatonin in Parkinson's disease formulary application** – Approved as AMBER SR. Formulary now updated. ITEM NOW CLOSED. **Formulary updates June 2019 – NICE TA & MHRA DSU, Topical gabapentin, Ciclosporin eye drops -** Formulary now updated. ITEM NOW CLOSED. **Amiodarone Shared Care Guide –** Monitoring after treatment discontinuation. On today's agenda. **Self-Care – Quick Reference Guide** – final version of local guidance discussed at June 2019 MCC still to be finalised. **Biologic Pathway for Psoriatic Arthritis –** formulary now updated and pathway published. ITEM NOW CLOSED **Biologic Pathway for Ankylosing Spondylitis and Axial SpA** - formulary now updated and pathway published. ITEM NOW CLOSED **Deprescribing Proton Pump Inhibitors –** Published on website. ITEM NOW CLOSED.

3	**Governance** Nil this month
4 **4.1**	**Mental Health Medicines Commissioning** Nil this month
5 **5.1**	**Formulary and Managed Entry of New Drugs** **Melatonin** The MCC discussed that in ScR CCG it has been identified due to service changes that there are approximately 150 children prescribed melatonin from secondary care who have no neurodevelopment issues and therefore not covered by the current melatonin shared care guideline.. The MCC confirmed it does not recommend melatonin (i.e. BLACK drug) to treat primary insomnia in children where this is the sole indication. N.B. Remains AMBER shared care for treatment of sleep disorders in children with visual problems and learning difficulties, cerebral palsy, autistic spectrum disorders, complex neurodisabilities, and Chronic sleep disorders in children & young people with neurodevelopmental disorders. **Action:** JEC to update formulary accordingly following CCG approval.
5.2	**Dose of PPI for gastroprotection with antiplatelets** The MCC discussed that there is no definitive guidance regarding the dose of PPI to use for gastroprotection with dual antiplatelets in patients who are high risk of GI adverse events. Omeprazole cannot be used as there is a drug interaction with clopidogrel and the BNF recommends a dose range of 15-30mg for lansoprazole. After discussion the MCC agreed to adopt the guidance from other areas that a dose of 15mg of lansoprazole daily should be used for gastroprotection with antiplatelets in patients who are high risk of GI adverse events. This is to be added to PPI deprescribing pathway. **Action:** FM to combine with PPI deprescribing guidance and share with secondary care
5.3	**Brivaracetam – review of formulary status** The MCC discussed the current formulary status of brivaracetam that has previously only been available via Chair's action. The MCC discussed an old formulary application from 2016 that it would be used for patients who are resistant to at least two other antiepileptic drugs and who were unable to tolerate levetiracetam, or would not be suitable due to a history of mood change or behavioural disturbance. Brivaracetam is significantly more expensive than similar drugs. After discussion the MCC was minded to approve the addition of Brivaracetam to the formulary as an AMBER SI drug but before decision was made wished to confirm with neurologist place in therapy. **Action:** JEC to discuss with neurologist Dr Clare Johnston to ensure they wish to proceed with formulary application.
5.4	**Hydrochlorothiazide containing products – review of current prescribing/consideration for BLACK list** The MCC discussed the Dec 2018 MHRA Drug Safety Update on hydrochlorothiazide containing products and skin cancer. There are no hydrochlorothiazide containing products currently listed in the formulary and there are currently no combination products

	for hypertension listed in the formulary. Due to the safety issue with this drug the MCC decided to BLACK list hydrochlorothiazide containing products for new patients. Existing patients prescribed a hydrochlorothiazide containing product should have their treatment reviewed. Indapamide is an alternative option for the treatment of hypertension. **Action:** JEC to update formulary accordingly following CCG approval. **Action:** RDTC to produce a comparison of IR vs M/R of indapamide for discussion at August MCC.
5.5	**Hydrocortisone granules (Alkinid®) for children** The MCC approved hydrocortisone granules (Alkinid®) as an AMBER SR drug with a restriction for first-line treatment for infants and young children with adrenal insufficiency aged from birth to less than six years of age for whom hydrocortisone must otherwise be individually prepared by manipulation such as by compounding (or crushing) or by production of special solutions in order to produce age-appropriate doses, or hydrocortisone given as off-label buccal tablets as an AMBER drug. There is a significant additional cost when using hydrocortisone granules over tablets. However the MCC agreed there was a safety issues when crushing and dispersing tablets rendering them off label and that a licensed product should be used when available. **Action:** JEC to update formulary accordingly following CCG approval.
5.6	**DEKA Capsules CF Formulary Application** Formulary application removed prior to meeting and to return with a Paravit-CF® application next month.
5.7	**Apomorphine (Dacepton®) Formulary Application** The MCC approved the Dacepton® brand apomorphine for treatment of motor fluctuations (“on-off” phenomena) in patients with Parkinson's disease which are not sufficiently controlled by oral anti-Parkinson medication as to alternative to the Apo-go® brand of apomorphine which is already on the formulary. Dacepton® will be an AMBER Shared Care drug. Dacepton® has a longer expiry once opened, safer to use as a pump and the same price as APO-go®. New patients will be started on Dacepton®. **Action:** JEC to update formulary accordingly following CCG approval.
5.8	**Semaglutide Formulary Application** The MCC approved semaglutide as a GREEN drug for type 2 diabetes as a replacement for exenatide once weekly on the formulary. Exenatide once weekly will be for continuation in existing patients only. Semaglutide has established cardiovascular outcome data and one pen provides four doses, other GLP-1 receptor agonists have one dose per pen. Use would be in line with current Type 2 local pathway, but would be used specifically for the following cohort: • Use when the patient requires a GLP-1 receptor agonist and would prefer a weekly preparation and • Have established cardiovascular disease. (see application for evidence) or • The current GLP-1 receptor agonist has not achieved sufficient clinical response in terms of HbA1c or weight reduction or • Another GLP-1 receptor agonist has caused local skin reactions at the site of injection. **Action:** JEC to update formulary accordingly following CCG approval.

5.9	**Fixapost® Formulary Application** The MCC approved a formulary application for latanoprost and timolol preservative free eye drops (Fixapost®) as an AMBER SR drug for the treatment of glaucoma. Application was approved as a combination product will help improve compliance and has cost savings rather than using two separate products. Treatment remains in line with the proposed glaucoma pathway for those who require preservative free products. The MCC also discussed and approved the change in branded generic to Cosopt Multi®, Eyreida® and Eydelto® in glaucoma preservative free pathway subject to their availability in primary care being confirmed. **Action:** LA to check the availability of branded generics. **Action:** JEC to update formulary accordingly following CCG approval.
6 **6.1**	**Interface: Shared Care Guidelines (SCGs) and Pathways** **Monitoring following discontinuation of amiodarone** Following the discussion at the June 2019 MCC the proposed change to TFT monitoring has been discussion with the clinicians in secondary care. Following their advice and in line with national guidance the MCC agreed to recommend that TFTs and LFTs should be monitored 6 months and 12 months after stopping amiodarone. Amiodarone has a long half-life and checking only at 6 months as previous discussed may be insufficient. **Action:** JEC to update amiodarone shared care guidance**.**
6.2	**OTC Medicines on Discharge** MCC discussed adopting policy from South Tees Trust around supply of OTC Medicines on discharge prescriptions e.g. analgesia available OTC. This would help support the national OTC and self-care agenda. There could be potential savings to secondary care budgets The trusts pharmacy teams and pre-assessment services would have to be aware of the policy and inform patients prior to elective surgery. The policy would have to match the local formulary. It was agreed that this would be explored with YFT. **Action:** JEC to adapt a policy for YFT and take to Trust for discussion to explore if they would be willing to adopt something similar.
6.3	**Quick Read Algorithm for HRT** The MCC discussed the Fogarty's Formulary for HRT tool and recommended that it would be beneficial to develop a local HRT tool/formulary taking in to consideration safety, efficacy and cost. The Fogarty's formulary contains many different products and has not been updated since 2007. There are currently a number of shortages for different products of HRT and this tool would take those into consideration. **Action:** SO'C to discuss with Dr Emma Broughton for specialist advice to aid with developing HRT tool. **Action:** RDTC to add to work plan with a deadline of 6 months for production of HRT tool by VoY MMT.
7 **7.1**	**National and Regional Guidance** **Monthly NICE update (June 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: • TA584: Atezolizumab in combination for treating metastatic non-squamous non-

	small-cell lung cancer. • TA585: Ocrelizumab for treating primary progressive multiple sclerosis. • TA586: Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib • TA587: Lenalidomide plus dexamethasone for previously untreated multiple myeloma 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 GREEN drug as recommended by NICE in the relevant chapter with links to the TAs: • TA583: Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes The group noted that NICE had published the following guidance: • NG131: Prostate cancer: diagnosis and management • NG132: Hyperparathyroidism (primary): diagnosis, assessment and initial management • NG133: Hypertension in pregnancy: diagnosis and management • NG134: Depression in children and young people: identification and management **NTAG Recommendations – for information** • Nil this month **RMOC Recommendations – for information** • Nil this month **Medicines Safety (MHRA drug safety update – June 2019)** The group noted the drug safety updates for June 2019. The links are to be added to the relevant sections of the formulary. **RDTC monthly horizon scanning (June 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. It was agreed to remove Aspirin in Pregnancy PIL as no longer needed and add review of HRT section of formulary. It was also agreed to highlight in this month's recommendations the delays in updating CMPA & baby milk guidance.
7.3	**.RMOC Update** The following recent RMOC ouputs were circulated for information: • RMOC Newsletter Issue 3 • RMOC Newsletter Issue 4 • RMOC Newsletter Issue 5 • RMOC Position Statement Rarely Used and Urgent Medicines

7.4	**NHSE – Items which should not routinely be prescribed in primary care – updated June 2019** The MCC discussed that seven new items and one update have been added to this guidance. They are: • Aliskiren • Amiodarone • Bath and shower preparations for dry and pruritic skin conditions • Dronedarone • Minocycline for acne • Needles for pre-filled and reusable insulin pens • Silk garments • Rubefacients [Update] The group highlighted that amiodarone and dronedarone would not be initiated in primary care as per local shared care agreements. **Action:** RDTC to provide the MCC with prescribing data on these eight items and their current formulary status to present at the August 2019 MCC so that RAG status can be reviewed.
8 **8.1** **8.2**	**Monitoring/reporting** **Twelve month audit data MCC outcomes for recommendations from April 2018** The audit reports on cost and activity for recommendations made in April 2018 were circulated for information The MCC highlighted that despite black listing once daily tadalafil there is still significance expenditure of this drug. Further work is required to reduce prescribing. Once daily tadalafil is included in the NHSE – Items which should not routinely be prescribed in primary care. **Action:** LA to write to secondary care urology teams at Leeds, York, Hull and South Tees highlighting the black listing and for reasoning behind why once daily tadalafil is still prescribed. **Adalimumab Biosimilars** No update available.
9	**Patient and clinical communications** Nothing to report.
10 **10.1** **10.2** **10.3**	**Items from other groups** **York and Scarborough Drug and Therapeutics Committee minutes – May 2019** Not yet available **Hull and East Riding Prescribing Committee (HERPC) – Draft minutes July 2019 meeting** Not yet available **Y&S Medicines Efficiency Sub-committee** None available
11	**Any urgent business** Nil
Date and time of next meeting: Wednesday 7th August 2019, 9:30am-12noon, Cerialis Room, West Offices, York.	