

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

		JUL	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
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)	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	Item 4 only	✓
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	✓	✓
Consultant Psychiatrist (TEWV)	Dr Michelle Beaumont (MB)											
Consultant Cardiologist	Dr Chris Hayes (CH)	✓	A	A	✓	✓	✓	✓	✓	✓	✓	✓
Senior pharmacists Vale of York CCG	Mr Faisal Majothi (FM)	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Mr Jamal Hussain (JH)	✓	✓	✓	✓	✓	✓	A	✓	A	✓	✓
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mr Gavin Mankin (GM) / Mrs Sue Dickinson (SD)	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ SD	✓ GM	✓ GM	✓ GM

Item	
<b>1</b>	<p><b>General business</b></p> <p>Laura Angus (LA) chaired the meeting. Apologies were received from Shaun O'Connell for the meeting.</p> <p>In attendance: Dr Peter Roderick, Public Health, City of York Council.</p> <p>The meeting was quorate.</p>

	<p><b>Declarations of conflicts of interest relating to the agenda</b> – SP – item 6.4 &amp; 6.5 - educational events and advisory boards for Abbvie, Biogen, Sandoz and Amgen. As these pathways reflect current NICE TAs and other regional guidelines it was agreed SP could take part in the discussion.</p>
<b>2</b>	<p><b>Matters arising</b></p>
<b>2.1</b>	<p><b>Chairs actions to report</b> There were no Chair's actions to report from ScR CCG this month and YoY CCG have approved a further request to use Brivaracetam. There were no Chair's actions to report from VoY CCG or ScR CCG this month.</p>
<b>2.2</b>	<p><b>Outcome of VoY SMT/SRCCG Clinical Executive Committee</b> The ScR CCG CE committee approved the recommendations from the May 2019 MCC meeting, and approved edoxaban as their 1<sup>st</sup> line DOAC for AF (warfarin remains their 1<sup>st</sup> line anticoagulant). The VoY CCG CE committee approved the recommendations from the May 2019 MCC meeting.</p>
<b>2.3</b>	<p><b>Draft minutes and matters arising from last meeting</b> The minutes were agreed as a true record. It was noted that the local formulary position on various medical devices is being record in the miscellaneous section of the formulary.</p>
<b>2.4</b>	<p><b><u>Action log/long-term matters arising</u></b></p> <p><b>Governance</b> – the updated CCG Prescribing Policy still needs to go to the CCG Governing Body.</p> <p><b>BAD safety alert on chloroquine and hydroxychloroquine</b> – 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><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 but local guidance has been developed and is on today's agenda.</p> <p><b>Shared Care Guidelines for Approval – Leflunomide, Sulfasalazine, Azathioprine</b> – Still need to follow up pneumococcal vaccine frequency with Public Health England.</p> <p><b>Oral Iron Preparations</b> – still to be actioned by MMT.</p> <p><b>GPs Guidance on Monitoring of Patients Post-Bariatric Surgery</b> – final version has now been circulated. ITEM NOW CLOSED.</p> <p><b>Restless Legs Pathway</b> – formulary now updated and pathway published. ITEM NOW CLOSED.</p> <p><b>Formulary updates April 2019 – NICE TA &amp; MHRA DSU</b> – formulary now updated. ITEM NOW CLOSED.</p> <p><b>Formulary updates May 2019 – NICE TA &amp; MHRA DSU, Otovent, NYCC Smoking Cessation Formulary, ED Vacuum Pumps, Contiform, Pelvic Toning Devices, Fendrix, Lubiprostone</b> - formulary now updated. ITEM NOW CLOSED.</p> <p><b>Hepatitis B Vaccination in Renal Patients</b> - MMT to send out message to GPs that no change in current process around Hepatitis B Vaccination in Renal Patients until local contracting decision taken/implemented. ITEM NOW CLOSED from MCC agenda.</p>

	<p><b>Melatonin in Parkinson's disease Formulary Application</b> – on today's agenda.</p> <p><b>Flash Glucose Monitoring (Freestyle Libre)</b> - updated commissioning position on Flash Glucose Monitoring (Freestyle Libre) now approved by CCG execs and awaiting Pharmaoutcomes audit tool being updated before being published.</p>
<b>3</b>	<p><b>Governance</b> Nil this month.</p>
<b>4</b>	<p><b>Mental Health Medicines Commissioning</b></p>
<b>4.1</b>	<p><b>TEWV D&amp;T Feedback May 2019</b> Circulated for information.</p>
<b>4.2</b>	<p><b>TEWV D&amp;T Minutes March 2019</b> Circulated for information.</p>
<b>4.3</b>	<p><b>Valproate Pregnancy Prevention Programme and TEWV Shared Care (updated)</b> The TEWV shared care and information on Valproate Pregnancy Prevention Programme has been updated to reflect the new annual risk acknowledgment form which now allows clinician option of not prescribing contraception if other compelling reasons why patient unlikely to become pregnant. These were circulated for information and were endorsed by the MCC.</p>
<b>4.4</b>	<p><b>TEWV Anxiety Medication Pathway for Adults updated following recent NICE guidance on PTSD.</b> Final updated TEWV D&amp;T approved version to reflect the new NICE guidance on PTSD circulated for information and was endorsed by the MCC.</p>
<b>4.5</b>	<p><b>TEWV Safe Lithium Prescribing and Shared Care</b> Final updated TEWV D&amp;T approved version circulated for information and was endorsed by the MCC. Changes have been made in response to recent findings from an audit looking at blood sampling for monitoring lithium levels, and in response to other queries from clinical teams in the York area.</p>
<b>5</b>	<p><b>Formulary and Managed Entry of New Drugs</b></p>
<b>5.1</b>	<p><b>Melatonin in Parkinson's disease Formulary Application</b> The MCC discussed again the formulary application for melatonin for REM Sleep Behaviour Disorder in patients with Parkinson's disease. It noted that whilst the evidence base is limited, use is recommended in NICE NG71. Following the last meeting the applicant has agreed to develop a rating scale to assess the outcome/benefit of melatonin in this patient group as no such scale is available. The MCC agreed to approve the application as an AMBER SR drug subject the rating scale being presented to the CCG executive committees together with this month's MCC recommendations.</p> <p><b>Action:</b> JEC to ask applicant to submit rating scale to measure the benefit of melatonin in this patient group to CCG execs with this month's MCC recommendations. <b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>

5.2	<p><b>Progestogens particularly Norethisterone to delay or defer menstruation during a forthcoming holiday or event</b></p> <p>The MCC discussed the prescribing of Norethisterone or medroxyprogesterone for postponement of menstruation for non-medical reasons and whether such prescribing should be via private prescription as this may be considered a lifestyle choice rather than the treatment of a medical condition (N.B. medroxyprogesterone is unlicensed for this indication). Some community pharmacies also supply norethisterone (in store or online) via a private PGD for this indication.</p> <p>After discussion it was agreed that MCC should not have formulary position on this but that each GP practice could have their own policy if they wished. This is because the drug costs are small, the MCC felt the number of requests was small, and members felt this not really an issue where a CCG policy was required. The consensus was that GP should assess each patient request and prescribe at their own discretion.</p>
5.3	<p><b>Colestyramine Supply Issue</b></p> <p>The MCC discussed the current supply issue with colestyramine and if patients should be switched to alternatives in the longer term such as colesevelam.</p> <p>It was agreed that the GP should contact the specialist for advice on alternatives if colestyramine is unavailable and that the GP should prescribe following the specialist's recommendation.</p>
5.4	<p><b>Topical Gabapentin Formulary Application</b></p> <p>The MCC approved a formulary application for the use of Topical Gabapentin Gel 6% for vulvodynia only following a majority vote as RED drug</p> <p>It was noted that this is unlicensed special with a very limited published evidence base, with the most evidence being in the management of vulvodynia.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>
5.5	<p><b>Ciclosporin 1mg/ml Eye Drops (Verkazia®) Formulary Application</b></p> <p>The MCC approved a formulary application for Ciclosporin 1mg/ml Eye Drops (Verkazia®) as an AMBER SR drug for the treatment of severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents.</p> <p>Application was approved based on the evidence submitted in the application and the SMC review. It was also a licensed alternative to the unlicensed product that is currently used.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>
6	<p><b>Interface: Shared Care Guidelines (SCGs) and Pathways</b></p> <p><b>6.1 Amiodarone Shared Care Guide</b></p> <p>The MCC approved the reviewed amiodarone shared care guideline subject to the to a minor change to the suggested monitoring of thyroid function to read "every 6 months during treatment and then at 6 months after treatment discontinued.</p> <p><b>Action:</b> JEC to circulate final approved version.  <b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>
6.2	<p><b>Self Care – Quick Reference Guide</b></p> <p>A draft Self-Care quick reference guide to support GP's and primary care prescribers in daily practice was presented to the MCC. It lists items of low clinical value, self limiting conditions and minor ailments where self care may be more appropriate in line with NHSE guidance. The document provides information on the different minor ailments and gives examples of the licenced medicines that can be purchased over the counter or are</p>

	<p>available to purchase in general stores. It also highlights where the OTC licensing exceptions would prohibit self care, where a prescription may be more appropriate.</p> <p>The following amendments were suggested:</p> <ul style="list-style-type: none"> <li>• Pg 3 – Change General Exceptions to Potential Exceptions</li> <li>• Pg 3 – Change sentence starting “There are certain scenarios ...” to “There are certain scenarios where patients may continue to have their treatments prescribed at the GP/Prescriber’s discretion and these are outlined below:”</li> <li>• Loperamide – consider removing as OTC use not recommend for acute diarrhoea</li> <li>• Cold and Flu Remedies – consider removing as poor evidence based for use including when used OTC.</li> </ul> <p><b>Action:</b> FM to make changes and present final version at July 2019 MCC for approval.</p>
<p><b>6.3</b></p>	<p><b>Pain management for end of life substance misusers</b></p> <p>A local pathway for pain management for end of life substance misusers was circulated for information. It noted that GPs would not be expected to prescribe for this group of patients. It was agreed that the CCGs would look at which community pharmacies stocked methadone injection to support the pathway outside of the MMC meeting.</p>
<p><b>6.4</b></p>	<p><b>Biologic Pathway for Psoriatic Arthritis</b></p> <p>A draft biologics for Psoriatic Arthritis pathway prepared by YFT was presented to and approved by the MCC.</p> <p>It was noted the pathway reflects the current relevant NICE TAs.</p> <p><b>Action:</b> SP to circulate and publish final version of Biologic Pathway for Psoriatic Arthritis</p>
<p><b>6.5</b></p>	<p><b>Biologic Pathway for Ankylosing Spondylitis and Axial SpA</b></p> <p>A draft biologics for Ankylosing Spondylitis and Axial SpA pathway prepared by YFT was presented to and approved by the MCC.</p> <p>It was noted the pathway is reflects the current relevant NICE TAs.</p> <p><b>Action:</b> SP to circulate and publish final version of Biologics for RA Pathway</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 (May 2019)</b></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"> <li>• TA578: Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation</li> <li>• TA579: Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy</li> <li>• TA581: Nivolumab with ipilimumab for untreated advanced renal cell carcinoma</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 NHSE commissioned agreed to be reflected in the formulary as BLACK drugs for this indication as not NICE unable to make a recommendation or were not recommended in the relevant chapter with links to the TAs:</p> <ul style="list-style-type: none"> <li>• TA580: Enzalutamide for hormone-relapsed non-metastatic prostate cancer</li> <li>• TA582: Cabozantinib for previously treated advanced hepatocellular carcinoma (terminated appraisal)</li> </ul>

	<p>The group noted that NICE had published the following guidance:</p> <ul style="list-style-type: none"> <li>• NG127: Suspected neurological conditions: recognition and referral</li> <li>• NG128: Stroke and transient ischaemic attack in over 16s: diagnosis and initial management</li> <li>• NG129: Crohn's disease: management</li> <li>• NG130: Ulcerative colitis: management</li> </ul> <p><b>NTAG Recommendations – for information</b></p> <ul style="list-style-type: none"> <li>• Nil this month</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 – May 2019)</b> The group noted the drug safety updates for May 2019. The links are to be added to the relevant sections of the formulary.</p> <p><b>RDTC monthly horizon scanning (May 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>
<b>7.2</b>	<p><b>Y&amp;S MCC work plan</b> Circulated for information.</p>
<b>7.3</b>	<p><b>North Yorkshire Public Health Medicines Commissioning Policy and Procedure Issue 2 - 2019</b> The new North Yorkshire County Council Public Health Medicines Commissioning Policy and Procedure was circulated for information and the MCC were happy with the content.</p>
<b>7.4</b>	<p><b>English De-Prescribing Network Briefing</b> Briefing on creation of new English De-Prescribing Network circulated for information.</p>
<b>8</b>	<p><b>Monitoring/reporting</b></p>
<b>8.1</b>	<p><b>Twelve month audit data MCC outcomes for recommendations from March 2018</b> The audit reports on cost and activity for recommendations made in March 2018 were circulated for information</p>
<b>8.2</b>	<p><b>Adalimumab Biosimilars</b> No update available.</p>
<b>8.3</b>	<p><b>Prescribing data for hydrochlorothiazide containing products to see if fall in prescribing following Dec 2018 MHRA Drug Safety Update</b> Circulated for information. This shows a slight fall in use of hydrochlorothiazide containing products since the MHRA Drug Safety Update was published in Dec 2018. It was agreed to consider making BLACK at the next MMC meeting.</p>
<b>9</b>	<p><b>Patient and clinical communications</b> Nothing to report.</p>

<b>10</b>	<b>Items from other groups</b>
<b>10.1</b>	<b>York and Scarborough Drug and Therapeutics Committee minutes – March 2019</b> Circulated for information
<b>10.2</b>	<b>Hull and East Riding Prescribing Committee (HERPC) – Draft minutes May 2019 meeting</b> Circulated for information.
<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>STP DOAC Procurement Workstream</b> A verbal update was given on progress locally.
<b>11.2</b>	<b>Deprescribing Proton Pump Inhibitors</b> A new document to support primary care clinicians in deprescribing proton pumps inhibitors to ensure PPIs are not continued long-term unnecessarily and manage the risks with long-term PPI use was approved by the MCC.  <b>Action:</b> FM to circulate final version.
<b>11.3</b>	<b>Prescribing of Fidaxomicin in Primary Care</b> Vancomycin or Fidaxomicin are the recommended treatments for severe or recurrent C. difficile infection (CDI) but it was noted Vancomycin capsules are currently unavailable due to a supply problem. It was noted that Fidaxomicin already has a AMBER SR status on the formulary but there may be issues with being able to access stock promptly from community pharmacies. Therefore agreed that could the Fidaxomicin could be dispensed by the hospital pharmacy if a GP prescribes it, then the hospital reimbursed by the CCG as it is a PBR excluded drug.
	<b>Date and time of next meeting: Wednesday 10<sup>th</sup> July 2019, 9:30am-12noon, Rowntree room, West Offices, York.</b>