York and Scarborough
Medicines Commissioning Committee

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

		APR	MAY	JUN	JUL	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Strategic Lead Pharmacist - MMT	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	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	✓
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mr Gavin Mankin (GM) / Mrs Sue Dickinson (SD)	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ SD

Item	
1	**General business** Faisal Majothi (FM) chaired the meeting supported by Laura Angus (LA). Apologies were received from William Ovenden for the meeting. The meeting was quorate. **Declarations of conflicts of interest relating to the agenda** – none declared

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 February 2019 MCC meeting. The VoY CCG CE committee approved the recommendations from the February 2019 MCC meeting. It was also noted that recommendations from January MCC meeting had been approved by both CE committees.
2.3	**Draft minutes and matters arising from last meeting** The minutes were agreed as a true record subject to agreed amendments.
2.4	**<u>Action log/long-term matters arising</u>** **Governance** – nothing to report since last meeting. Note staff on maternity leave had now returned to work **RAG status of dopamine agonists pramipexole and ropinirole for restless legs syndrome** –RDTC circulated draft to MCC members for comment and is on today's agenda for approval. **BAD safety alert on chloroquine and hydroxychloroquine** – await feedback and developments nationally from the RMOC system. **Conditions for which over the counter items should not routinely be prescribed in primary care** – Await regional STP guidance being led by Hull MO team. Noted progress made at STP footprint level. Comms teams heavily involved and have been working to liaise with Trust for a consistent message. Significant savings have been made within one Federation – lessons can be learnt and shared elsewhere. **MHRA Drug Safety Update – April 2018 – Valproate in pregnancy & women of child bearing potential** – VoY GP practice level audit results – most have completed searches a but variation exists in actions undertaken as a result. A similar situation reported in ScR where a follow up is required on audit returns. Still awaiting a response from MHRA about clarity on any exceptions to their advice. RDTC will ask in other areas what advice if any has been received. A discussion regarding the responsibilities of individuals and organisations to respond to medicines related CAS alerts took place. Noted within Trusts the MSO will assume responsibility for actioning. **Taurine** – RDTC have contacted Leeds asking them to review evidence base as the tertiary centre. GM to contact Leeds again and obtain a response for next meeting. **Apraclonidine Eye Drops Formulary Application** – guidance on PF eye drops has been developed and is on today's agenda for approval.. **Shared Care Guidelines for Approval – Leflunomide, Sulfasalazine, Azathioprine** – Still need to follow up pneumococcal vaccine frequency with Public Health England. LA to action. **30 Day NICE TA Implementation** – Chair's Action Process still to be finalised. **RAG status of LMWH for use by Fertility Clinics and/or Preventing Miscarriage** –

	RDTC contacting Leeds to confirm RAG status and response awaited. GM to contact Leeds again and obtain a response for next meeting. **Formulary Updates Dec 2018** – formulary updated. ITEM NOW CLOSED. **NHSE Items Which Should Not Routinely Be Prescribed in Primary Care: an update and a consultation on further guidance for CCGs** – email sent was to MCC members requesting comments by end of Jan 2019. Based on the comments received the RDTC prepared a submission on behalf of the MMC. ITEM NOW CLOSED. **RAG Status for Formulary Drugs in Chapter 4 & 5** – formulary updated. CCGs audit of oral pethidine patients still to be completed. **Actipatch** – formulary to be updated following ratification. ITEM NOW CLOSED. **Formulary updates Jan 2019** – formulary to be updated following ratification. ITEM NOW CLOSED. **Pregabalin and Gabapentin to be Controlled Drugs from 1.4.2019** – No further action to be taken. Concerns expressed over implications of switching and transferring issue to 150mg strength. ITEM CLOSED **Multivitamins after Bariatric Surgery –** guidance for GPs on today's agenda for approval. **Ranitidine injection in palliative care** – formulary to be updated following ratification. **York MCC Medical Devices Commissioning Policy** – RDTC continue to work up a review of medical devices for consideration by MCC at April 2019 meeting. **Hernia Support Belts and Briefs** – not to be taken further due to low spend compared with that for stoma appliances. ITEM CLOSED **Algorithm for Management of Type 2 Diabetes** – on today's agenda. **Biologics for RA Pathway** – SP reported that no more than 5 agents appear to be used routinely before treatment with a biologic no longer and option or is stopped. Biologics pathway published. Formulary to be updated following ratification. **Formulary Updates Feb 2019** – formulary updated. ITEM NOW CLOSED. **Ibandronic Acid Tablets Supply Issue** – Clarified that YFT has provided direction on prescribing to GPs only where an individual query has been received. YFT will send communication used to MMT for use as basis for communication out to GP practices asking them to continue to prescribe ibandronic acid as before and expect this to be generically. **Oral Iron Preparations** – MMT to liaise with SP/JEC and agree a preferred oral iron preparation.
3	**Governance** Nil this month.
4 **4.1**	**Mental Health Medicines Commissioning** Nil this month.

5	**Formulary and Managed Entry of New Drugs**
5.1	**Opicapone Formulary Application** The submission was presented to the meeting by JEC and considered alongside the RDTC review and Leeds shared care guideline. Noted that opicapone had been discussed 12 months ago and determined as BLACK. The revised application more clearly defined intolerance to entacapone. 15 patients per annum were likely to be suitable as identified by Neurology and Elderly Care physicians at YST. The MCC noted that unlike other areas a second line agent wasn't currently offered. In addition it was felt that the patient group under consideration were more likely to be taking entacapone up to 5 times daily so the financial impact was likely to be reduced. Following discussion where concern was expressed over the need to objectively assess the improvement in symptom control the application was approved for use second line subject to further clarification over the mechanism for defining criteria for success in the patient cohort. The development of a simple symptom improvement rating scale to be used for future formulary applications to be explored. In addition numbers of patients started on opicapone to be monitored to ensure use in line with application. To be added as an AMBER medicine to the formulary once the above is in place. **Action:** JEC to liaise with MMT regarding development of symptom improvement rating scale. **Action:** JEC to update formulary accordingly following CCG approval.
6	**Interface: Shared Care Guidelines (SCGs) and Pathways**
6.1	**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. DPP4i agents were considered appropriate for use in elderly and frail patients. The group approved the algorithm for use with the addition of example medicines in each step alongside drug group. **Action:** FM to make suggested amendments and circulate final approved version.
6.2	**GPs guidance on monitoring of patients post-bariatric surgery** A guideline for GPs on monitoring of patients post-bariatric surgery based on BOSS guidelines was presented. A statement had been added regarding the purchase of supplements as opposed to prescribing treatment of deficiencies. Subject to reformatting (VoY, SCR and MCC logos to be added) and the suggested addition of a quick reference table the guidelines were approved. Circulation to include bariatric team and dieticians **Action:** FM to make suggested amendments and circulate final approved version.
6.3	**Restless Legs Pathway** A guideline for the management of Restless Legs Syndrome (RLS) in primary care was considered. Additional comments had subsequently been received regarding dosing in renal impairment which would necessitate the document to be recirculated. Requests for amendments detailing monthly costs as opposed to cost per pack plus the addition of examples of first line agents were made and accepted. SOC will share the revision with Jim Taylor at YFT. The group noted that the formulary only lists ropinirole for use in RLS. Whilst the YFT neurologist preference is for ropinorole first line, NICE CKS recommends pramipexole as first choice with rotigotine patches also an option. Formulary will need amendment once pathway approved. Guideline to be brought back to next meeting with changes made and badged as a joint

	CCG document **Action:** JH to make changes and present to April MMC meeting for approval
6.4	**Guidance on Preservative Free Eye Drops** The group discussed the guidance with concern raise over the potential numbers of patients who could be identified as suitable for preservative free formulations. However the guidance was accepted as explaining best practice with the opportunity to influence current prescribing practice. The guideline was approved. **Action:** JEC to circulate final approved version.
7 **7.1**	**National and Regional Guidance** **Monthly NICE update (February 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: • TA560: Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer (terminated appraisal) • TA561: Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia • TA562: Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma • TA563: Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer • TA564: Dabrafenib with trametinib for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer (terminated appraisal) All of the above TAs are NHSE commissioned therefore would have no cost impact to CCGs. The group noted that NICE had published the following guidance: • NG120: Cough (acute): antimicrobial prescribing – to be picked up by MMT in update of NY antimicrobial guidelines. **NTAG Recommendations – for information** • Nil this month **RMOC Recommendations** • Nil this month **Medicines Safety (MHRA drug safety update – February 2019)** The group noted the drug safety updates for February 2019. The links are to be added to the relevant sections of the formulary. With respect to use of carbimazole and risk of congential malformations an extra warning to be added to Optomise Rx and to be taken to the Medicines Management Group meeting for information. Highlighted need for appropriate governance regarding responsibility for actioning such warnings. SGLT2 inhibitors – RDTC to determine if patient facing information is available from the

	MHRA. **RDTC monthly horizon scanning (February 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** The work plan was reviewed and the following changes noted: • Chairs action: Discussion took place regarding need for appropriate process to follow. Noted not IFRs. LA to develop question regarding whether such a process is in fact needed and prepare a recommendation to be taken to Board for consideration. • Melatonin for Parkinson's disease: being worked up for consideration at April MCC • Ongoing identification of guidelines for review: related to guidance and links held on formulary. A spreadsheet is being developed to help tracking within YFT: JEC to follow up. • Ongoing identification if shared care guidelines due for review: Links with above. SOC linking with RMOC national work. • LUTS: remove from work plan • CMPA & baby milk guidance: To bring back to April MCC meeting. SOC will work to gain engagement from YFT. Still awaiting dietician input however MMT will update the guidance following a meeting already held. • Medal Ranking – Hay fever & Allergic Rhinitis: Agreed this needs to be updated quickly. LA to progress. • Aspirin in Pregnancy PIL: LA to lead on leaflet development • Biosimilar uptake data: due May 2019 • Hydrochlorothizide: CCGs to report to June MCC A new item was added to the work plan: Pathways for use of biologic agents in psoriasis, ankylosing spondylitis and psoriatic arthritis: led by SP. Date for discussion tbc
7.3	**RMOC North Shared Care Survey** The response prepared and submitted on behalf of the MCC was circulated for information.
7.4	**RMOC Position Statement on Heparinised Saline for Central Venous Catheter Lock in Adults** Circulated for information.
7.5	**Freestyle Libre Adhesive Alert** An alert was issued on the 29th Jan 2019 by the MHRA that some users of the FreeStyle Libre flash glucose monitoring system are experiencing skin reactions to the sensor adhesive. Circulated for information
7.6	**Updated DVLA Guidance on Flash Glucose Monitoring** Circulated for information. As of 14th Feb 2019 drivers can now choose to use flash and continuous glucose monitoring devices to take glucose readings before they drive, or during breaks in driving. Until now, drivers had to check their glucose levels with a finger prick blood reading no more than 2 hours before driving and then again on a break after every 2 hours of driving. The updated guidelines on glucose testing apply to car and motorcycle drivers who treat their diabetes with insulin. The requirements for glucose

	testing for bus and lorry drivers remain the same (finger prick blood reading).
8	**Monitoring/reporting**
8.1	**Twelve month audit data MCC outcomes for recommendations from December 2017** The group reviewed the audit reports on cost and activity for recommendations made in December 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 – January 2019** Not yet available.
10.2	**Hull and East Riding Prescribing Committee (HERPC) – Draft minutes January 2019 meeting** Circulated for information..
10.3	**Y&S Medicines Efficiency Sub-committee** None available
11	**Any urgent business**
11.1	**Calcipotriol ointment formulary status** 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. **Action:** FM to review and amend as necessary to ensure availability in line with NICE recommendation.
11.2	**DOAC STP procurement exercise** SP informed the group of a meeting in April to consider the above. SP will represent the MCC however unclear at this point what the detailed procurement proposition is despite a proposal having been circulated. Views of YFT cardiologist and stroke clinicians would be sought. Noted that the clinicians priorities are of safety and efficacy considerations and not simply cost driven. Patient issues eg renal function also require an element of flexibility in choice to be maintained. Due to the timing of this meeting SP would be unable to attend the next MCC meeting.
11.3	**STOMP and STAMP programmes** SOC highlighted the national programmes and queried whether they should be added to the MCC work programme. Feedback was given that they were already being picked up within each CCG

11.4	**Pain management for end of life substance misusers** JH highlighted a recently identified issue regarding the availability of injectable methadone for end of life substance misusers as a request would be submitted to YFT D&T for consideration. In particular the availability of secure storage arrangements in hostel settings had been questioned. MMT would seek advice from North Yorkshire substance misuse team and report back to the MCC in April. The need for clear advice on dose conversion from oral to parenteral formulations would be required as well as guidance around the responsibility for prescribing which may vary depending on area eg hospice clinician or GP **Action:** to be added to April MCC agenda
	Date and time of next meeting: Wednesday 10th April 2019, 9:30am-12noon, Rowntree room, West Offices, York.