

**Minutes of Medicines Commissioning Committee Meeting
Wednesday 8th May 2019
9.30-12pm, West Offices, York**

		JUN	JUL	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
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)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	✓
Senior pharmacists Vale of York CCG	Mr Faisal Majothi (FM)	✓	✓	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	✓ GM	✓ GM	✓ SD	✓ GM	✓ GM

Item	
1	<p>General business Faisal Majothi (FM) chaired the meeting supported Greg Black (GB). Apologies were received from Laura Angus for the meeting.</p> <p>The meeting was quorate.</p> <p>Declarations of conflicts of interest relating to the agenda – none declared</p>

2	<p>Matters arising</p>
2.1	<p>Chairs actions to report There were no Chair's actions to report from ScR CCG this month and YoY CCG have approved a request to use Brivaracetam.</p>
2.2	<p>Outcome of VoY SMT/SRCCG Clinical Executive Committee The ScR CCG CE committee approved the recommendations from the April 2019 MCC meeting and requested that the follow-up for Flash Glucose Monitoring at 6 months be done on secondary care. The VoY CCG CE committee approved the recommendations from the April 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 – no update on updated CCG Prescribing Policy available.</p> <p>BAD safety alert on chloroquine and hydroxychloroquine – still awaiting feedback and developments nationally from the RMOC system. The MCC noted that West Yorkshire are currently drafting a position statement not to support Royal College Advice and once draft available this will be brought to MCC for discussion.</p> <p>Conditions for which over the counter items should not routinely be prescribed in primary care – still await regional STP guidance being led by Hull MO team.</p> <p>MHRA Drug Safety Update – April 2018 – Valproate in pregnancy & women of child bearing potential – MHRA have now published an updated Annual Risk Acknowledgement Form which is on today's agenda.</p> <p>Taurine –Response now received from Leeds and the note that whilst the evidence base for its use is limited, their lead clinician for adult is involved in research on taurine use in CF in inflammatory pathways where it may be important so is not prepared to stop treatment. It is not associated with any safety concerns. In terms of buying over the counter - the NHSE patient information is clear that patients may still be prescribed a medicine if it is needed for a long-term condition. The MCC discussed and felt it had taken this issue as far as it could so agreed the formulary should be annotated that Taurine was an AMBER SR drug only to be used CF on advice of tertiary centre. Action: JEC to update formulary accordingly following CCG approval.</p> <p>Shared Care Guidelines for Approval – Leflunomide, Sulfasalazine, Azathioprine – Still need to follow up pneumococcal vaccine frequency with Public Health England.</p> <p>RAG status of LMWH for use by Fertility Clinics and/or Preventing Miscarriage – Leeds have confirmed that Low Molecular Weight Heparin is used by the Fertility Clinics but this would be on homecare so in practice a Red traffic light classification. ITEM NOW CLOSED.</p> <p>Oral Iron Preparations – still to be actioned.</p> <p>GPs Guidance on Monitoring of Patients Post-Bariatric Surgery – on today's agenda for final approval.</p> <p>Pain Management for End of Life Substance Misusers – on today's agenda.</p>

	<p>Medical Devices – all actions with exception of i-PORT on today's agenda.</p> <p>Bisphosphonates – formulary has now been updated. ITEN NOW CLOSED.</p> <p>Restless Legs Pathway – formulary still to be updated following CCG approval.</p> <p>Formulary updates April2019 – NICE TA & MHRA DSU – formulary still to be updated following CCG approval.</p> <p>NHSE Guidance on Flash Glucose Monitoring – on today's agenda under AOB.</p> <p>VSL#3 – formulary has now been updated. ITEN NOW CLOSED.</p>
3	<p>Governance Nil this month.</p>
4	<p>Mental Health Medicines Commissioning</p>
4.1	<p>Melatonin Shared Care - updated Final TEWV D&T approved version circulated for information and was endorsed by the MCC.</p>
5	<p>Formulary and Managed Entry of New Drugs</p>
5.1	<p>North Yorkshire Smoking Cessation Formulary The updated North Yorkshire County Council Smoking Cessation Formulary was presented to and approved by the MCC.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.2	<p>Otovent® - local commissioning position The MCC discussed the further information requested at the April 2019 meeting and on that basis approved for use in children as GREEN on basis of NICE Medtech Briefing. It did not recommended for use in Adults due to limited published clinical evidence. If wish to use in adults these products can be purchased OTC.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.3	<p>Erectile Dysfunction Vacuum Pumps – local commissioning position The MCC discussed the further information requested at the April 2019 meeting and on that basis approved use of vacuum pumps in erectile dysfunction as AMBER SI only if SLS conditions/criteria meet. The MCC did not approve use of vacuum pumps on the NHS for Peryonie's disease as not one of SLS criteria in drug tariff and therefore cannot be prescribed in NHS for this indication.</p> <p>Action: JEC to update formulary accordingly following CCG approval. Action: SP to inform urologists that not to be prescribed on NHS for use in Peryonie's disease.</p>
5.4	<p>Contiform® – local commissioning position The MCC discussed the further information requested at the April 2019 meeting and on that basis did not recommend Contiform® for routine use due to limited published clinical evidence, and also did not recommended Pelvic Toning Devices for routine use due to limited published clinical evidence. These products can be purchased OTC if needed.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>

5.5	<p>Lubiprostone for removal from formulary It was agreed to remove lubiprostone from the formulary as it has now been discontinued by the manufacturer for commercial reasons as a result the associated NICE TA has now been withdrawn.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.6	<p>Feedback from YFT D&T March 2019 Circulated for information. The following issues were highlighted to the group:</p> <ul style="list-style-type: none"> • Everolimus for refractory focal onset seizures associated with tuberous sclerosis • Home naloxone kits for patients at risk of opioid overdose • Opioid substitution pathway
5.7	<p>Hepatitis B Vaccination in Renal Patients <u>Contracting arrangements for administration of hepatitis B vaccination in renal patients</u> The MMC noted the recent communications that the GMS national contract discussions in 18/19 concluded that the responsibility for vaccinating at risk renal patients against Hep B should be clarified and that it would become the responsibility of secondary care going forward. The MCC noted that YFT do not currently have the infrastructure to administer these vaccinations in this patient group and the costs are not confined to the vaccine itself but extend to clinic time to administer the vaccine and potentially transport costs if patients need help to travel to the hospital. After discussion the MCC agreed that this a commissioning/contracting issue and as such outside of its control. The MCC agreed to recommend that that for the time being GPs are asked to carry on with current practice and no decision to change is made until more information becomes available.</p> <p><u>Formulary position of Fendrix®</u> MCC agreed to change Fendrix® from RED to GREEN but add a warning around the costs and other options if available being preferred if available. This decision was taken to help support managing any supply issues which current preferred formulary choices.</p> <p>Action: JEC to update formulary accordingly following CCG approval. Action: 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. Action: MMT to seek views of local MCC on GP Contract position with regards to Hepatitis B Vaccination in Renal Patients.</p>
5.8	<p>Phenylketonuria – local commissioning position Following a recent a commissioning query that went to all the CCGs the MCC agreed to adopt the formal commissioning position prescribing of products on NHS prescription forms for Phenylketonuria drafted by Hambleton, Richmondshire and Whitby Clinical Commissioning Group. That is that low protein items listed in part XV list A of the drug tariff should be prescribed for those patients who require them with a confirmed diagnosis of phenylketonuria.</p>
5.9	<p>Melatonin in Parkinson’s disease Formulary Application The MCC discussed a formulary application to the use of 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. The MCC deferred a final decision pending further information from the applicant as to measures to be assessed to the benefit of melatonin in this patient group.</p> <p>Action: JEC to seek further information from the applicant as to measures to be assessed to the benefit of melatonin in this patient group.</p>

<p>6</p> <p>6.1</p>	<p>Interface: Shared Care Guidelines (SCGs) and Pathways</p> <p>Pain management for end of life substance misusers The MCC note that a pathway for Pain management for end of life substance misusers is in development and will come to a future MCC meeting for approval. It noted that GPs would not be expected to prescribe for this group of patients.</p>
<p>6.2</p>	<p>Rectal Irrigation Systems The final version of supporting information to support the commissioning position agreed at the April 2019 MCC for rectal irrigation systems was presented to the group. The MCC noted that the most cost-effective products are generally the first choice locally which was reassuring.</p>
<p>6.3</p>	<p>GP Guidance – Nutrition Following Bariatric Surgery The final version of GP Guidance – Nutrition Following Bariatric was presented and approved subject to addition of examples of each type of surgery plus page numbering.</p> <p>Action: FM to make changes and publish in RSS website.</p>
<p>7</p> <p>7.1</p>	<p>National and Regional Guidance</p> <p>Monthly NICE update (April 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:</p> <ul style="list-style-type: none"> • TA573: Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma • TA577: Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma <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 in the relevant chapter with links to the TAs:</p> <ul style="list-style-type: none"> • TA576: Bosutinib for untreated chronic myeloid leukaemia (terminated appraisal) <p>The drugs in the following TAs which are CCG commissioned agreed to be reflected in the formulary as RED drugs as recommended by NICE in the relevant chapter with links to the TAs:</p> <ul style="list-style-type: none"> • TA574: Certolizumab pegol for treating moderate to severe plaque psoriasis • TA575: Tildrakizumab for treating moderate to severe plaque psoriasis <p>The group noted that NICE had published the following guidance:</p> <ul style="list-style-type: none"> • NG123: Urinary incontinence and pelvic organ prolapse in women: management • NG124: Specialist neonatal respiratory care for babies born preterm • NG125: Surgical site infections: prevention and treatment • NG126: Ectopic pregnancy and miscarriage: diagnosis and initial management <p>NTAG Recommendations – for information</p> <ul style="list-style-type: none"> • Nil this month <p>RMOC Recommendations</p> <ul style="list-style-type: none"> • Nil this month

	<p>Medicines Safety (MHRA drug safety update – April 2019) The group noted the drug safety updates for April 2019. The links are to be added to the relevant sections of the formulary.</p> <p>RDTC monthly horizon scanning (April 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>North Yorkshire Public Health Medicines Commissioning Policy and Procedure Issue 2 - 2019 Item deferred until June 2019 MCC meeting due to time constraints.</p>
7.4	<p>Updated Valproate Annual Risk Acknowledgement Form The group noted the updated Valproate Annual Risk Acknowledgement Form from the MHRA.</p>
7.5	<p>STP DOAC Procurement Proposal Workstream A verbal update was given and it was noted that a paper is being prepared to go to May 2019 YFT D&T plus the Planned Care Steering Group.</p>
8	<p>Monitoring/reporting</p>
8.1	<p>Twelve month audit data MCC outcomes for recommendations from February 2018 The audit reports on cost and activity for recommendations made in February 2018 were circulated for information</p>
8.2	<p>VoY Red drugs data Aug 2018 – Feb 2019 Circulated for information.</p>
8.3	<p>ScR Red drugs data Dec 2018 – Feb 2019 Circulated for information.</p>
8.4	<p>Adalimumab Biosimilars No update available.</p>
9	<p>Patient and clinical communications Nothing to report.</p>
10	<p>Items from other groups</p>
10.1	<p>York and Scarborough Drug and Therapeutics Committee minutes – March 2019 Not yet available</p>
10.2	<p>Hull and East Riding Prescribing Committee (HERPC) – Draft minutes March 2019 meeting Circulated for information.</p>
10.3	<p>Y&S Medicines Efficiency Sub-committee None available</p>

<p>11</p> <p>11.1</p>	<p>Any urgent business</p> <p>Flash Glucose Monitoring (Freestyle Libre) Andrew Lee, VoY CCG Director of Primary Care in attendance.</p> <p>Following the discussions at the April 2019 MCC the CCG Executive Committees have asked for a updated local commissioning position for Flash Glucose Monitoring (Freestyle Libre) be prepared for approval at May 2019 CCG Executive Committees.</p> <p>A draft updated local commissioning position for Flash Glucose Monitoring (Freestyle Libre) to support local implementation of the new NHSE criteria for use was presented to the group. This was approved by the MCC subject to the following additions:</p> <ul style="list-style-type: none"> • Highlight when GPs would be expected to take on prescribing i.e. 14 days after initiation by specialist in secondary care. • Encourage prescribing in small quantities (i.e. one month a time) to reduce waste. • Inclusion of letter templates as an appendix to be used by specialist to GP when requesting GP to take on prescribing following initiation and to continue prescribing after 6 month review if patient meets criteria for continuation. <p>The MCC also discussed the ongoing audit requirements for the use of the device.</p> <p>Action: JH to update final draft updated commissioning position on Flash Glucose Monitoring (Freestyle Libre) to go to CCG execs for approval in May 2019 with letter templates as appendix.</p> <p>Action: JH to compare Pharmaoutcomes audit tool with ABCD audit tool to inform final decision on which audit tool should be used going forward.</p> <p>Action: JH to finalise letter templates from specialist to GP requesting transfer of prescribing.</p>
	<p>Date and time of next meeting: Wednesday 12th June 2019, 9:30am-12noon, Rowntree room, West Offices, York.</p>