

**Minutes of Medicines Commissioning Committee Meeting
Wednesday 9th October 2019
9.30-12pm, Rowntree Meeting Room, West Offices, York**

		NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
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)	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
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	✓	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	✓	A	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	A	✓	✓	✓	A	✓	✓	A	A	✓	✓
Consultant Psychiatrist (TEWV)	Vacant												
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	A	✓	✓
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mr Gavin Mankin (GM) / Mrs Sue Dickinson (SD)	✓ GM	✓ GM	✓ GM	✓ GM	✓ SD	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM

Item	
1	General business Jamal Hussain (JH) chaired the meeting supported by Laura Angus (LA). Apologies were received from Chris Hayes. The meeting was quorate.

	<p>Declarations of conflicts of interest relating to the agenda Nil</p> <p>Noted that Greg Black is now a Director of North Riding PCN, and that Laura Angus is now a locum GP Practice Pharmacist.</p>
<p>2</p> <p>2.1</p> <p>2.2</p> <p>2.3</p> <p>2.4</p>	<p>Matters arising</p> <p>Chairs actions to report There were no Chair's actions to report from VoY CCG or ScR CCG this month.</p> <p>Outcome of VoY/ScR CCG Clinical Executive/Business Committee The ScR CCG Business Committee is still to approve the recommendations from the September 2019 MCC meeting. The VoY CCG CE committee approved the recommendations from the September 2019 MCC meeting.</p> <p>Draft minutes and matters arising from last meeting The minutes were agreed as a true record.</p> <p>Biologics in Psoriasis Pathway – following discussions with dermatology and regionally since pathway restricting use to 4 biologics was approved at Sept 2019 MCC it has been agreed to change this limit to 6 biologics followed by a regional MDT review. This has the support of Leeds Trust who are happy for YFT to be included in a regional MDT.</p> <p><u>Action log/long-term matters arising</u></p> <p>Governance – the updated CCG Prescribing Policy has now been approved by VoY CCG and will come to Nov 2019 MCC for information.</p> <p>BAD safety alert on chloroquine and hydroxychloroquine – Susan Broughton still to prepare paper for NY CCGs to come to MCC for discussion.</p> <p>Self-Care – Quick Reference Guide – final version of local guidance on today's agenda for approval.</p> <p>Dose of PPI for gastroprotection with antiplatelets – SP/FM still to draft a joint statement around PPI dose and review/deprescribing to go out to clinicians for SO/GB approve. RDTC have shared guidance from Wales and Dorset to guide drafting of joint statement.</p> <p>OTC Medicines on Discharge – confirmed that YFT already counsel patients in pre-assessment to buy analgesics OTC, and the same occurs in paediatrics. ITEM NOW CLOSED.</p> <p>Quick Read Algorithm for HRT – agreed to put on hold until June 2020 due to current national supply issues with HRT.</p> <p>Twelve month audit data MCC outcomes for recommendations from April 2018 - LA still 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.</p> <p>Formulary updates Aug 2019 – NICE TA & MHRA DSU, Melatonin, Brivaracetam, Indapamide MR, Alimemazine, Myocrisin®, Bath & Shower Emollients, links to TEWV policies – formulary still to be updated.</p> <p>DOAC Policy – local meeting to agree a local anticoagulation policy still to be arranged.</p>

	<p>Formulary updates Sept 2019 – NICE TA & MHRA DSU, Acetylcysteine 600mg Effervescent Tablets, Risankizumab – formulary still to be updated.</p> <p>Glibenclamide oral solution – on today’s agenda.</p> <p>Communicating MMC Decisions to Clinicians - LA/SP/RA still to develop standard email format for communicating MCC decisions to clinicians post MCC meeting.</p> <p>Clonidine for Hypertension in Renal Patients – formulary application received and on today’s agenda.</p> <p>MCC Members Annual Declarations of Interest - RDTC to have circulate DOI form to MCC members for completion by next MCC meeting. Those who have not completed a form were reminded to do so.</p>
3	<p>Governance Nil this month</p>
4	<p>Mental Health Medicines Commissioning</p>
4.1	<p>TEWV D&T Feedback September 2019 Circulated for information.</p>
4.2	<p>Lisdexamfetamine in adults – review formulary status for Tuke Centre The Tuke Centre have started an adult patient on lisdexamfetamine for ADHD (now switched to methylphenidate) and the question has arisen are the Tuke Centre commissioned to prescribe lisdexamfetamine in adults. The MCC noted Lisdexamfetamine is now a first-line option for adults in NICE guidelines and included TEWV shared care guidelines for adults and children.</p> <p>It was agreed Lisdexamfetamine should be AMBER Shared Care as per all other ADHD drugs in adults with the Tuke Centre following TEWV shared care guidelines.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
4.3	<p>Prescribing arrangements and guidelines followed by The Tuke Centre The MCC discussed in general the prescribing arrangements and guidelines followed by The Tuke Centre following a request to clarify the commissioning arrangements for prescribing undertaken by the Tuke. It was noted that the Tuke have an FP10 prescription pad and should be initiating medication plus following TEWV shared care guidelines. It was agreed to confirm this, and also what happens with patients with other mental health disorders as well as ADHD – do Tuke just manage their ADHD or refer to another provider for both mental health & ADHD?</p> <p>Action: LA to confirm prescribing arrangements for Tuke and that they do not just initiate patients but follow-up as per TEWV shared care.</p> <p>Action: LA to confirm what happens with patients with other mental health disorders as well as ADHD, and is responsible for each aspect of care.</p>
5	<p>Formulary and Managed Entry of New Drugs</p>
5.1	<p>Bezafibrate Shortage and Review of Fibrate Usage There is currently a shortage of bezafibrate and it has been suggested that this may be an opportunity to review fibrate usage in general given that NICE no longer recommend</p>

	<p>the routine use of fibrates for CVD prevention. Fibrates are now only used for treating established familial hyperlipidaemia and hypertriglyceridemia to prevent CVD events or pancreatitis.</p> <p>There are also ongoing safety concerns with fibrates including a previous MHRA Drug Safety Update.</p> <p>It was agreed that fenofibrate should remain only fibrate listed on the formulary, and that the formulary entry be expanded to explain the limited circumstances in which it should be prescribed.</p> <p>It was also agreed that given the higher cost of ciprofibrate, all patients currently in ciprofibrate should be reviewed and switched to fenofibrate or stopped.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
<p>5.2</p>	<p>Modafinil in Parkinson’s Disease</p> <p>The MCC reviewed the current formulary entry for modafinil and considered approving use in Parkinson’s disease as per NICE NG71.</p> <p>It was agreed to keep as BLACK as just an option in NICE for excessive daytime sleepiness in people with Parkinson's disease. Also there is no appetite from local specialists to use.</p> <p>The MCC agreed that any requests received to prescribe by Harrogate clinicians should be referred back to those clinicians as use requires ongoing specialist review.</p>
<p>5.3</p>	<p>Glibenclamide Oral Solution</p> <p>The new oral liquid of Glibenclamide which is associated with a significant cost was discussed</p> <p>YFT confirmed they have never used a special for Glibenclamide Oral Solution. Leeds have feedback that in the past they have used a special for neonatal diabetes and this new licensed product is currently going through their formulary process.</p> <p>It was noted that there no prescribing of Glibenclamide Oral Solution specials or otherwise in primary care and never has been according ePACT suggesting that this would be RED a drug.</p> <p>It was agreed to await the outcome of the Leeds formulary process and also add a note to Optimise Rx that should not be prescribed for adults.</p> <p>Action: JH add a note to Optimise Rx that should not be prescribed for adults.</p> <p>Action: RDTC to bring outcome of Leeds formulary process to future MCC for information.</p>
<p>5.4</p>	<p>Changes to Respimat Inhalers</p> <p>The MCC noted that as of September 2019 Spiriva Respimat, Striverdi Respimat and Spiolto Respimat inhalers will now be available in a reusable inhaler and cartridge pack plus a single refill pack rather than single use inhaler/cartridge packs.</p>
<p>5.5</p>	<p>Clonidine for Hypertension – Formulary Status Review</p> <p>The MCC discussed a formulary application from the renal team for clonidine for hypertension.</p> <p>It was agreed to approved a change from RED to AMBER SR for use in hypertension by the renal team where patients are unresponsive tor alternative anti hypertensives and methyl dopa is not appropriate due to e.g. a history of depression. Note both methyl dopa and clonidine can cause depression, but methyl dopa is contra indicated.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>

5.6	<p>Enstilar® Foam Formulary Application</p> <p>The MCC discussed and approved a formulary application for Calcipotriol/betamethasone cutaneous foam spray (Enstilar®) for the treatment of psoriasis vulgaris in adult patient as a GREEN drug.</p> <p>There is evidence which supports that Calcipotriol /Betamethasone aerosol foam showed significantly greater efficacy after 4 weeks, than 8 weeks of treatment with the gel formulation, with similar tolerability. Compared with the ointment, treatment success after four weeks was significantly more frequent with the foam. Local experience to date is that most patients find the psoriasis clears quicker with Enstilar than with the Dovobet. It has avoided a few patients having to have systemic treatments and phototherapy due to its better efficacy. The hope is it will avoid some patients having to be seen at the hospital and allow them to be managed in the community.</p> <p>It was noted that it is cost neutral compared to Dovobet and if better efficacy would be cost saving.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.7	<p>Paravit CF Formulary Application</p> <p>The MCC discussed and approved a formulary application for Paravit CF Capsules and Oral liquid for use in Cystic Fibrosis as an AMBER SI drug. It was noted that the capsules are likely to be a cost advantage compared to separate constituents in primary care. The equivalent dose of liquid would be equivalent to the cost of the separate constituents so would not be a cost saving.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.8	<p>CoaguChek Test Strips for Paediatric Cardiology (Leeds)</p> <p>The MCC discussed a request from Leeds to review the current BLACK status of CoaguChek Test Strips on the Y&S formulary in particular for use in patients under paediatric cardiology in Leeds.</p> <p>After much discussion including around the wider issue of the provision of anticoagulant monitoring in York & Scarborough in adults as well as children it was agreed that the MCC required some further information to assess this request fully.</p> <p>The MCC would like to know the following before reaching a decision on use in these children under the care of Leeds:</p> <ul style="list-style-type: none"> • Who supplies the CoaguChek machine and maintains it? • Who is responsible for providing dosing advice and managing any out of range results for this group of children? <p>It was agreed that the wider issue of the provision of anticoagulant monitoring in York & Scarborough is not any MCC issue but a CCG exec issue albeit that it will require a paper from CCG Meds Op Team to CCG exec for consideration.</p> <p>Action: JH/RDTC to seek further information requested by MCC from Leeds for next meeting of MCC.</p>
5.9	<p>MCC Commissioning Position With Regard to Drugs Initiated by Tertiary Centres (e.g. Leeds)</p> <p>VoY CCG would like to clarify the position for items recommended by tertiary centres, there have been instances where tertiary centres have recommended products that may be not be on Y&S MCC Formulary or they are black.</p> <p>The MCC agreed in principal with the letter sent by Leeds CCG/Trust to commissioners in Dec 2016 regarding tertiary services:</p> <ul style="list-style-type: none"> • If they are referred to Leeds as a tertiary service (specialised service or referred

	<p>from another secondary care provider for a specialist opinion) then the Leeds agreed prescribing recommendation should be followed.</p> <ul style="list-style-type: none"> • If they are referred to Leeds for a secondary care service, through patient choice or because they live on a CCG boundary, then Leeds understand that there may be drug choice differences that require further compromise and negotiation. <p>However in all cases agreed final decision rests with GP to accept prescribing or not, and that Y&S MCC reserves right to query/challenge Leeds APC on their formulary decisions if MCC feel decision is inappropriate or not all evidence has been considered.</p> <p>It was also agreed that going forward that the Leeds APC Minutes should come to the MCC each month for information and sharing of their recent formulary decisions.</p> <p>Action: JH/RDTC to draft a response to Leeds and also copy in Hull.</p> <p>Action: RDTC to request MCC received Leeds APC minutes each month.</p>
5.10	<p>Alendronate 70mg Effervescent Tablets Formulary Application This will be discussed in full at the November 2019 MCC meeting.</p>
6	<p>Interface: Shared Care Guidelines (SCGs) and Pathways</p>
6.1	<p>Self-Care Quick Reference Guide The final version of a quick reference guide for clinicians around self-care and OTC items was presented to and approved by the MCC following comments received at the June 2019 MCC meeting.</p> <p>Action: FM to circulate and publish final version of Self-Care Quick Reference Guide</p>
6.2	<p>YFT Outpatient Prescribing Guidelines The existing document was due for review and an updated version was presented to the MMC for comment before final ratification at YFT D&T Committee. It was approved by the MCC noting the minor amendments made about Self-Care and OTC meds.</p>
7	<p>National and Regional Guidance</p>
7.1	<p>Monthly NICE update (September 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"> • TA600: Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer • TA602: Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal) – add note to say NICE unable to make a recommendation for this indication. • TA603: Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma (terminated appraisal) – add note to say NICE unable to make a recommendation for this indication. <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 CCG commissioned agreed to be reflected in the formulary as a RED drug as recommended by NICE in the relevant chapter with</p>

	<p>links to the TAs:</p> <ul style="list-style-type: none"> • TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia <p>The group noted that NICE had published the following guidance:</p> <ul style="list-style-type: none"> • NG137: Twin and triplet pregnancy • NG138: Pneumonia (community-acquired): antimicrobial prescribing • NG139: Pneumonia (hospital-acquired): antimicrobial prescribing • NG140: Abortion care • NG141: Cellulitis and erysipelas: antimicrobial prescribing <p>NTAG Recommendations – for information</p> <ul style="list-style-type: none"> • Nil this month <p>RMOC Recommendations – for information</p> <ul style="list-style-type: none"> • Nil this month <p>Medicines Safety (MHRA drug safety update – September 2019) The group noted the drug safety updates for September 2019. The links are to be added to the relevant sections of the formulary.</p> <p>RDTC monthly horizon scanning (September 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> <p>Action: RA to ask North Yorkshire County Council to review the new Voke® stop smoking product.</p> <p>Action: SP/JEC to check with YFT microbiologists their views on bezlotoxumab for preventing recurrent Clostridium difficile infection give NICE were unable to make a recommendation.</p>
7.2	<p>Y&S MCC work plan Circulated for information.</p>
7.3	<p>RMOC Update Nothing to report.</p>
8	<p>Monitoring/reporting</p>
8.1	<p>Twelve month audit data MCC outcomes for recommendations from July 2018 The audit reports on cost and activity for recommendations made in July 2018 were circulated for information.</p>
8.2	<p>Adalimumab Biosimilars SP gave a verbal update on this and plans for the introduction of the teraparotide biosimilar next year.</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 – July 2019 Circulated for information</p>

<p>10.2</p> <p>10.3</p>	<p>Hull and East Riding Prescribing Committee (HERPC) – Draft minutes July 2019 meeting Not yet available</p> <p>Harrogate APC None available</p>
<p>11</p> <p>11.1</p> <p>11.2</p> <p>11.3</p>	<p>Any urgent business</p> <p>Brexit and Potential for Medicines Supply Issues General discussion took place on local arrangements in primary and secondary care that are in place to manage any medicines supply issues that may occur if and when UK leaves the EU.</p> <p>Alfacalcidol It was agreed that YFT renal team can approach an individual GP to discuss use of calcitriol instead for alfacalcidol in an individual patient as long as the rationale for the choice of therapy is fully explained to the GP.</p> <p>Hepatitis B Vaccine in Renal Patients Item raised for information. This issue has been discussed previously by MCC following the change in NHSE commissioning arrangements and the GP contract. The proposed repatriation to secondary care poses some capacity issues and had been agreed that GPs should continue to administer until all the issues had been resolved with NHSE. The MCC note a further meeting is planned with NHSE next week to look at the issues around their change in policy that have been raised.</p>
<p>Date and time of next meeting: Wednesday 13th November 2019, 9:30am-12noon, Rowntree Meeting Room, West Offices, York.</p>	