

**Minutes of Medicines Commissioning Committee Meeting
Wednesday 11th September 2019
9.30-12pm, Rowntree Meeting Room, West Offices, York**

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

Item	
1	General business Laura Angus (LA) chaired the meeting. Apologies were received from Richard Morris, and William Ovenden.

	<p>The meeting was quorate.</p> <p>Declarations of conflicts of interest relating to the agenda SP – item 6.1 - educational events and advisory boards for Abbvie, Biogen, Sandoz and Amgen. As this pathway reflects current NICE TAs and covers all relevant manufacturers it was agreed SP could take part in the discussion.</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 approved the recommendations from the July 2019 and August 2019 MCC meeting. The VoY CCG CE committee approved the recommendations from the August 2019 MCC meeting.</p> <p>Discussion took place on communicating out to prescribers in both primary and secondary the recommendations around PPI dose with antiplatelets, and PPI dose in general. Action: SP/FA to draft a joint statement around PPI dose and review/deprescribing to go out to clinicians for SO/GB approve. Action: RDTTC to share guidance from Wales and Dorset to guide drafting of joint statement.</p> <p>Draft minutes and matters arising from last meeting The minutes were agreed as a true record with a minor clarification to item 5.6.</p> <p>Action log/long-term matters arising Governance – the updated CCG Prescribing Policy is now drafted/submitted but still needs to be approved by the CCG.</p> <p>BAD safety alert on chloroquine and hydroxychloroquine – this issue is now being picked up nationally by RMOC, and it was also noted that paper is being written to go to the next North Yorkshire CCGs Joint Board.</p> <p>Formulary updates July 2019 – NICE TA & MHRA DSU, Melatonin, hydrocortisone granules, apomorphine (dacepton), semaglutide and latanoprost / timolol PF eye drops - Formulary has now been updated. ITEM CLOSED.</p> <p>Amiodarone Shared Care Guide – final version has now been published. ITEM CLOSED.</p> <p>Self-Care – Quick Reference Guide – final version of local guidance discussed at June 2019 MCC to come to Oct 2019 MCC for approval.</p> <p>Dose of PPI for gastroprotection with antiplatelets – still to be added to PPI deprescribing guidance.</p> <p>Fixapost® Formulary Application - Formulary has now been updated. ITEM CLOSED.</p> <p>Hydrochlorothiazide containing products – review of current prescribing/consideration for BLACK list - Formulary has now been updated. ITEM CLOSED.</p>

	<p>OTC Medicines on Discharge – still to explore adopting suggested policy within YFT.</p> <p>Quick Read Algorithm for HRT – no update available.</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>
3	<p>Governance Nil this month</p>
4	<p>Mental Health Medicines Commissioning</p> <p>4.1 TEWV Memo – New Melatonin Products – August 2019 Circulated for information.</p>
5	<p>Formulary and Managed Entry of New Drugs</p> <p>5.1 Acetylcysteine 600mg Effervescent Tablets The formulary currently lists both Acetylcysteine 600mg effervescent tablets and capsules but there is significant cost difference. It was agreed that formulary should be amended to only include Acetylcysteine 600mg effervescent tablets noting their sodium content, with NACSYS® being the current brand of choice as currently most cost-effective. Action: JEC to update formulary accordingly following CCG approval.</p>
5.2	<p>Risankizumab Formulary Application MCC approved Risankizumab for treating moderate to severe plaque psoriasis for addition to the formulary as RED drug as per the 30 day NICE TA596 from 21.8.2019 Action: JEC to update formulary accordingly following CCG approval.</p>
5.3	<p>Enstilar® Foam Formulary Application It was agreed to defer until future meeting of MCC as completed formulary application form not received prior to today's meeting.</p>
6	<p>Interface: Shared Care Guidelines (SCGs) and Pathways</p> <p>6.1 Biologics in Psoriasis Pathway A draft biologics for Psoriasis pathway prepared by YFT was presented to and approved by the MCC subject to suggested amendment to limited number of biologics before IFR required to four (i.e. one from each class). It was noted the pathway reflects the current relevant NICE TAs. Action: SP to circulate and publish amended final version of Biologic Pathway for Psoriasis</p>

<p>7</p> <p>7.1</p>	<p>National and Regional Guidance</p> <p>Monthly NICE update (August 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"> • TA592: Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma • TA593: Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer • TA594: Brentuximab vedotin for untreated advanced Hodgkin lymphoma (terminated appraisal) • TA595: Dacomitinib for untreated EGFR mutation-positive non-small-cell lung cancer • TA598: Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy <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 links to the TAs:</p> <ul style="list-style-type: none"> • TA596: Risankizumab for treating moderate to severe plaque psoriasis <p>The drugs in the following TAs which are CCG commissioned agreed to be reflected in the formulary as an AMBER SI drug as recommended by NICE in the relevant chapter with links to the TAs:</p> <ul style="list-style-type: none"> • TA597: Dapagliflozin with insulin for treating type 1 diabetes <p>The group noted that NICE had published the following guidance:</p> <ul style="list-style-type: none"> • NG135: Alcohol interventions in secondary and further education • NG136: Hypertension in adults: diagnosis and management • NG28: Type 2 diabetes in adults (updated) • NG25: Preterm labour and birth (updated). • CG132: Caesarean section (updated) <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 – August 2019) The group noted the drug safety updates for August 2019. The links are to be added to the relevant sections of the formulary.</p> <p>RDTc monthly horizon scanning (August 2019) New products that have been recently launched or licensed were highlighted to the group for information. The new oral liquid of Glibenclamide which is associated with a significant cost was discussed and it was agreed to consider this for BLACK status at next MCC meeting plus seek views of paediatricians on need for it.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
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	Action: SP/JEC to check if need to consider adding Glibenclamide oral solution for neonatal diabetes to formulary with YFT and Leeds paediatricians.
7.2	Y&S MCC work plan Circulated for information.
7.3	RMOC Update Nothing to report.
8	Monitoring/reporting
8.1	Twelve month audit data MCC outcomes for recommendations from June 2018 The audit reports on cost and activity for recommendations made in June 2018 were circulated for information.
8.2	Adalimumab Biosimilars No update available.
9	Patient and clinical communications Nothing to report.
10	Items from other groups
10.1	York and Scarborough Drug and Therapeutics Committee minutes – July 2019 Not yet available
10.2	Hull and East Riding Prescribing Committee (HERPC) – Draft minutes July 2019 meeting Not yet available
10.3	Y&S Medicines Efficiency Sub-committee None available
11	Any urgent business
11.1	MCC Meeting Dates 2020 Circulated for information.
11.2	Communicating MMC Decisions to Clinicians Discussion took place on how to communicate MMC decisions to Clinicians in both primary and secondary care. Currently the CCGs send out a email to GPs after each meeting. In YFT communications around decision are targeted at specific clinicians/specialities rather than blanket coverage to all clinicians. It was suggested that the current YFT approach may mean that not all clinicians are aware of the MCC remit& role or how to apply for approval for new drugs/pathways. After discussion it was agreed to develop a standard email to go out to both primary and secondary care after each MCC meeting with hyperlinks at top so that clinicians/specialities can access what decisions may be applicable to their practice. Action: LA/SP/RA to develop standard email format for communicating MCC decisions to clinicians post MCC meeting.
11.3	Clonidine for Hypertension in Renal Patients It was agreed to review the current RED formulary status of clonidine for hypertension at the next MCC meeting, particularly for use in renal patients.

11.4	<p>Action: JEC to seek a formulary application for Clonidine for Hypertension in Renal Patients to come to next MCC meeting.</p> <p>MCC Members Annual Declarations of Interest It was highlighted that the last MCC DOI register for dated from Aug 2017. It was agreed that RDTC would maintain a DOI register for MCC members going forward with members submitting an annual declarations of interest form.</p> <p>Action: RDTC to circulate DOI form to MCC members for completion by next MCC meeting</p>
<p>Date and time of next meeting: Wednesday 9th October 2019, 9:30am-12noon, Rowntree Meeting Room, West Offices, York.</p>	