

Minutes of Medicines Commissioning Committee Meeting Wednesday 12th December 2018 9.30-12pm, West Offices, York

		DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	SEP	OCT	NOV	DEC
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)	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Principal Pharmacist Formulary, Interface and Palliative Care	Mrs Jane Crewe (JEC)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	A	✓	A	✓	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)	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	A	✓	✓	✓	A	✓	A	✓	✓	A	✓	A
Consultant Psychiatrist (TEWV)	Dr Michelle Beaumont (MB)	A	A	A	A		A	✓					
Consultant Cardiologist	Dr Chris Hayes (CH)	A	✓	A	✓	✓	✓	✓	✓	A	A	✓	✓
Senior pharmacists Vale of York CCG	Mr Faisal Majothi (FM)	✓	✓	✓	✓	✓	A	✓	✓	A	✓	✓	✓
	Mr Jamal Hussain (JH)	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mrs Elizabeth Okpara (EO)/ Mr Gavin Mankin (GM)	✓ MM EO	✓ EO	✓ EO GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM

Item	
1	<p>General business</p> <p>Laura Angus (LA) chaired the meeting. Apologies were received from Stuart Parkes for the meeting today.</p> <p>The meeting was quorate</p>

	<p>Declarations of conflicts of interest relating to the agenda Nil</p>
2	<p>Matters arising</p> <p>2.1 Chairs actions to report There were no Chair's actions to report from VoY CCG or ScR CCG this month.</p> <p>2.2 Outcome of VoY SMT/SRCCG Clinical Executive Committee The ScR CCG CE approved the recommendations from the November 2018 MCC meeting. The VoY CCG CE committee approved the recommendations from the November 2018 MCC meeting.</p> <p>2.3 Draft minutes and matters arising from last meeting The minutes were agreed as a true record.</p> <p><u>Action log/long-term matters arising</u></p> <p>Governance – nothing to report since last meeting.</p> <p>RAG status of dopamine agonists pramipexole and ropinirole for restless legs syndrome – nothing to report since last meeting.</p> <p>BAD safety alert on chloroquine and hydroxychloroquine – agreed to park issue for now and await NHSI and MHRA view due to differing views nationally.</p> <p>Conditions for which over the counter items should not routinely be prescribed in primary care – nothing to report since last meeting. Await regional guidance being led by Hull MO team.</p> <p>MHRA Drug Safety Update – April 2018 – Valproate in pregnancy & women of child bearing potential – VoY still need to check all GP practices have completed the audit. ScR CCG have sent communication to all their practices and asked them to audit – this will be followed up in January 2019 to check completed.</p> <p>Taurine – nothing to report since last meeting.</p> <p>Apraclonidine Eye Drops Formulary Application – guidance on PF eye drops is in development. YFT Ophthalmology have confirmed they support generic prescribing.</p> <p>Formulary amendments agreed in Sept 2018 – formulary updated.</p> <p>Ketotifen Eye Drops Formulary Application - formulary updated.</p> <p>Ulipristal acetate for uterine fibroids - formulary updated.</p> <p>Kyleena® Formulary Application – on today's agenda.</p> <p>Formulary amendments agreed in Oct 2018 – formulary updated</p> <p>Aspirin in Pregnancy – guidance still to be added to RSS website.</p> <p>Shared Care Guidelines for Approval – Leflunomide, Sulfasalazine, Azathioprine – final versions have been circulated. Still need to follow up pneumococcal vaccine frequency with Public Health England.</p> <p>Management of Diabetes in the Over 75s – guidance in progress. Expected to come to</p>

	<p>January 2019 MCC.</p> <p>30 Day NICE TA Implementation – added to MCC ToR but Chair’s Action Process still to be finalised.</p> <p>Y&S MCC Terms of Reference Update – completed.</p> <p>Formulary amendments agreed in Nov 2018 – formulary updated.</p> <p>Medal Ranking for Oral Contraceptives – final version on RSS website. MMT still to prepare guidance for GPs for when community pharmacies are unable to order/dispense a product.</p> <p>Review of Diabetes Test Strips, Needles and Lancets – still to be actioned.</p> <p>RAG status of LMWH for use by Fertility Clinics and/or Preventing Miscarriage – RDTC still to confirm RAG status with Leeds.</p> <p>Mesalazine Liquid Enema Formulary Application – on today’s agenda.</p> <p>Medicines Devices Commissioning Policy – work in progress and on agenda for January 2019 MCC.</p>
<p>3</p>	<p>Governance Nil this month.</p>
<p>4 4.1</p>	<p>Mental Health Medicines Commissioning</p> <p>TEWV D&T Feedback November 2018 Circulated for information.</p>
<p>5 5.1</p>	<p>National and Regional Guidance</p> <p>Monthly NICE update (November 2018) 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"> • TA545: Gemtuzumab ozogamicin for untreated acute myeloid leukaemia • TA546: Padeliporfin for untreated localised prostate cancer <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 red drugs in the relevant chapters with links to the TAs:</p> <ul style="list-style-type: none"> • TA547: Tofacitinib for moderately to severely active ulcerative colitis <p>The group noted that NICE had published the following guidance:</p> <ul style="list-style-type: none"> • NG113: Urinary tract infection (catheter-associated): antimicrobial prescribing Links will be added to the formulary with no further action required. It was noted that these regional antibiotic guidelines will be updated to reflect these new national guidelines. <p>NTAG Recommendations – for information</p> <ul style="list-style-type: none"> • Erenumab and galcanezumab for prophylaxis of migraine • Pitolisant (Wakix®) for the treatment of narcolepsy with or without cataplexy in

	<p>adults (updated)</p> <ul style="list-style-type: none"> • Actipatch® for management of localised musculoskeletal pain <p>RMOC Recommendations</p> <ul style="list-style-type: none"> • RMOC guidance: prescribing of liothyronine • RMOC guidance: homely remedies • STOMP resources <p>Medicines Safety (MHRA drug safety update – November 2018) The group noted the drug safety updates for November 2018. The links are to be added to the relevant sections of the formulary.</p> <p>RDTC monthly horizon scanning (November 2018) 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>
5.2	<p>Y&S MCC work plan Circulated for information.</p>
5.3	<p>RMOC South Update – July 2018 Circulated for information.</p>
5.4	<p>RMOC Guidance on Liothyronine Circulated for information and agreed to add link to formulary.</p> <p>Action: JEC to add link to formulary.</p>
5.5	<p>RMOC Guidance on Homely Remedies Policy for Residential Care/Nursing Homes Circulated for information. MCC noted that local guidance is currently in development and will come to MCC once available.</p>
5.6	<p>RMOC STOMP Guidance Circulated for information.</p>
5.7	<p>Freestyle Libre The MCC noted the recent press release from NHS England regarding the availability of Freestyle Libre on the NHS from the 1st April 2019. Further guidance is awaited on the agreed national criteria for prescribing that will be used and the funding arrangements before local commissioning positions are reviewed and updated.</p>
5.8	<p>Changes to Gluten Free Prescribing The MCC noted changes to the Drug Tariff from December 2018 around Gluten Free prescribing. ScR CCG will update their policy to reflect this offering bread only, and York CCG will update their policy.</p>
5.9	<p>NHSE Items Which Should Not Routinely Be Prescribed in Primary Care: an update and a consultation on further guidance for CCGs The MCC noted the current NHSE consultation on further Items Which Should Not Routinely Be Prescribed in Primary Care. It was agreed to agree an MCC response via email for submission.</p> <p>Action: RDTC to gather comments from MCC members and agree an MCC response to the consultation.</p>

<p>6</p> <p>6.1</p>	<p>Formulary and Managed Entry of New Drugs</p> <p>Medicinal Cannabis</p> <p>The MCC discussed the recent guidance from NHS England on the use of Medicinal Cannabis. It noted that NICE guidance is due in October 2019.</p> <p>Due to the potential for requests from patients to GPs and secondary the MCC agreed the following position until further NICE guidance and a licensed product is available:</p> <table border="1" data-bbox="233 376 1401 1599"> <tr> <td data-bbox="233 376 619 1420"> <p>Cannabis Based Medicinal Products (CBPM) for epilepsy or nausea & vomiting caused by chemotherapy</p> </td> <td data-bbox="619 376 1174 1420"> <p>MCC noted the following: Regulations restrict prescribing of cannabis-based products for medicinal use to only those clinicians listed on the Specialist Register of the General Medical Council.</p> <p>Only the following patient groups may be currently considered appropriate for CBPM on a case by case basis (when other treatments weren't suitable or had not helped) and prescribed in line with interim professional guidance from RCP and British Paediatric Neurology Association (BPNA).</p> <ul style="list-style-type: none"> - Children with rare, severe forms of epilepsy (Epidiolex® - unlicensed is the product recommended by the BPNA. - Adults with vomiting or nausea caused by chemotherapy <p>Any prescribing for these indications should be by secondary care only.</p> <p>General Practitioners are legally not able to prescribe cannabis-based products for patients in primary care.</p> <p>N.B. Cannabis extract (Sativex®) for MS-related muscle spasticity is already listed as BLACK on the formulary as not approved by NICE.</p> </td> <td data-bbox="1174 376 1401 1420"> <p>No status at this time as no licensed product available and not routinely commissioned</p> </td> </tr> <tr> <td data-bbox="233 1420 619 1599"> <p>Cannabis Based Medicinal Products (CBPM) for pain</p> </td> <td data-bbox="619 1420 1174 1599"> <p>Not recommended based on RCP advice and Faculty of Pain Medicine advice and GPs should not refer to secondary care to consider use of CBPM for this indication. See above general comments.</p> </td> <td data-bbox="1174 1420 1401 1599"> <p>BLACK</p> </td> </tr> </table> <p>Action: JEC to update formulary accordingly following CCG approval.</p>			<p>Cannabis Based Medicinal Products (CBPM) for epilepsy or nausea & vomiting caused by chemotherapy</p>	<p>MCC noted the following: Regulations restrict prescribing of cannabis-based products for medicinal use to only those clinicians listed on the Specialist Register of the General Medical Council.</p> <p>Only the following patient groups may be currently considered appropriate for CBPM on a case by case basis (when other treatments weren't suitable or had not helped) and prescribed in line with interim professional guidance from RCP and British Paediatric Neurology Association (BPNA).</p> <ul style="list-style-type: none"> - Children with rare, severe forms of epilepsy (Epidiolex® - unlicensed is the product recommended by the BPNA. - Adults with vomiting or nausea caused by chemotherapy <p>Any prescribing for these indications should be by secondary care only.</p> <p>General Practitioners are legally not able to prescribe cannabis-based products for patients in primary care.</p> <p>N.B. Cannabis extract (Sativex®) for MS-related muscle spasticity is already listed as BLACK on the formulary as not approved by NICE.</p>	<p>No status at this time as no licensed product available and not routinely commissioned</p>	<p>Cannabis Based Medicinal Products (CBPM) for pain</p>	<p>Not recommended based on RCP advice and Faculty of Pain Medicine advice and GPs should not refer to secondary care to consider use of CBPM for this indication. See above general comments.</p>	<p>BLACK</p>
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<p>6.2</p>	<p>Pentasa and Salofalk Enemas Formulary Application</p> <p>After reviewing the prescribing data from Harrogate/Leeds the MCC agreed to approve Pentasa as 1st line on grounds of cost with Salofalk 2nd line.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>								

6.3	<p>Haleraids – review of formulary status</p> <p>It has been identified that Haleraids are listed as GREEN on the formulary but they are not listed in the Drug Tariff and the BNF states not available on NHS prescription. It was agreed to change their status to RED on the basis that cannot be prescribed on prescription in primary care.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
6.4	<p>Hydrochlorothiazide – review of formulary status</p> <p>The MCC noted that recent MHRA Drug Safety Update with regard to Hydrochlorothiazide and skin cancer. It was noted that no products containing Hydrochlorothiazide are on the formulary but that there may be non-formulary prescribing in primary care.</p> <p>It was agreed that the CCGs should highlight this alert to GPs and ask practices to audit/review the patients they currently have on hydrochlorothiazide containing products with a view to switching to chlorthalidone or indapamide.</p> <p>Action: MMT to circulate alert to GP practices and audit audit/review the patients they currently have on hydrochlorothiazide containing products with a view to switching to chlorthalidone or indapamide.</p>
6.5	<p>Kyleena® Commissioning Approved Application</p> <p>The MCC noted the now agreed NYCC Public Health commissioning statement for Kyleena® and agreed to update the formulary to reflect this. It will be classed as a GREEN drug.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
6.6	<p>Medal Ranking for Oral Contraceptives</p> <p>A local medal ranking for oral contraceptives was presented to and approved by the MCC.</p> <p>Action: MMT to update RSS website.</p>
6.7	<p>Clarification on use of Naloxegol</p> <p>It has been identified that the formulary information for naloxegol is incorrect and does not reflect NICE guidance.</p> <p>The formulary currently states: <i>Approved for use in line with NICE TA 345- naloxegol for treating opioid induced constipation, in those who have not responded to at least 2 full dose laxatives and dietary advice.</i></p> <p>But NICE TA345 July 2015 states: <i>Naloxegol is recommended, within its marketing authorisation, as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives. An inadequate response is defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.</i></p> <p>It was agreed to update the formulary to reflect the NICE TA</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>

<p>6.8</p>	<p>RAG Status for Formulary Drugs The MCC agreed a RAG status for the formulary drugs in Chapter 4 and 5 of the formulary as per the paper presented with the following exceptions:</p> <ul style="list-style-type: none"> • Diconal = Black • Pethidine tablets = Red • Drugs for treatment of malaria = RED <p>It was agreed that further information was required before a RAG status could be agreed for the following</p> <ul style="list-style-type: none"> • Tinidazole • Diloxanide • Pyrimethamine (Toxoplasmosis) <p>Action: JEC to update formulary accordingly following CCG approval. Action: CCGs to audit number of patients currently on oral pethidine.</p>
<p>6.9</p>	<p>Erenumab FOC New Product Request The MCC discussed an Erenumab FOC New Product Request from YFT. It was noted that this request had the support of the YFT D&T.</p> <p>The MCC agreed that any treatment that could be CCG commissioned should be approved by CCG commissioners and not the Trust alone as a whole system decision was needed.</p> <p>The MCC felt it need the following information before a decision on approving the request could be taken:</p> <ul style="list-style-type: none"> • Clinical evidence to support use of and place in therapy of Erenumab • Copy of contract • Current numbers of patients on Botox for migraine and numbers of patients who fail treatment on Botox. <p>Action: JEC to bring evidence based from Trust to January 2019 MCC. Action: RDTG to bring NTAG review to January 2019 MCC.</p>
<p>7</p> <p>7.1</p>	<p>Interface: Shared Care Guidelines (SCGs) and Pathways</p> <p>Hydroxycarbamide Shared Care The MCC approved the reviewed hydroxycarbamide shared care guideline subject to the addition of the need for the GP to ensure that bloods have been done and ensure it is safe to continue prescribing. The MCC noted that no changes to the monitoring requirements have been made.</p> <p>Action: JEC to circulate final approved version. Action: JEC to update formulary accordingly following CCG approval. Action: MMT to update RSS website with final approved version.</p>
<p>8</p> <p>8.1</p> <p>8.2</p>	<p>Monitoring/reporting</p> <p>Twelve month audit data MCC outcomes for recommendations from September 2017 The group reviewed the audit reports on cost and activity for recommendations made in September 2017.</p> <p>VoY Red drugs data The group reviewed the audit reports on prescribing of RED drugs in primary care from April 2018-August 2018.</p>

8.3	ScR Red drugs data Next due April 2019.
8.4	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 – September 2018 Circulated for information.
10.2	Hull and East Riding Prescribing Committee (HERPC) – Draft minutes from November 2018 meeting Not yet available
10.3	Y&S Medicines Efficiency Sub-committee None available
11	Any urgent business Nil
	Date and time of next meeting: Wednesday 9th January 2019, 9:30am, Rowntree room, West Offices, York.