

**Minutes of Medicines Commissioning  
Committee Meeting  
Wednesday 10<sup>th</sup> October 2018  
9.30-12pm, West Offices, York**

		NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	SEP	OCT
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	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	A	✓	✓	✓	A	✓	A	✓	✓	A
Consultant Psychiatrist (TEWV)	Dr Michelle Beaumont (MB)	A	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	✓ MM EO	✓ EO	✓ EO GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM

Item	
1	<p><b>General business</b> Greg Black (GB) chaired the meeting. Apologies were received from Laura Angus, Stuart Parkes, and Chris Hayes for the meeting today.</p> <p>The meeting was quorate</p> <p><b>Declarations of conflicts of interest relating to the agenda</b> Nil</p>

2	<p><b>Matters arising</b></p>
2.1	<p><b>Chairs actions to report</b> There were no Chair's actions to report from ScR CCG or VoY CCG this month.</p> <p><b>Outcome of VoY SMT/SRCCG Clinical Executive Committee</b> The ScR CCG CE committee deferred a decision on the recommendations from the September 2018 MCC meeting until their November 2018 meeting. The VoY CCG CE committee approved the recommendations from the September 2018 MCC meetings.</p> <p><b>Draft minutes and matters arising from last meeting</b> The minutes were agreed as a true record. It was noted that email correspondence was received post meeting from secondary care clinicians confirming happy with decisions taken. The MMC noted that the following the meeting the Trust clinicians indicated that they would propose to make Ulipristal acetate 5mg BLACK instead of RED on the grounds of safety and because they no longer wished to use. This was approved. <b>Action:</b> MMT to confirm no prescribing of Ulipristal acetate 5mg in primary care.</p> <p><b><u>Action log/long-term matters arising</u></b></p> <p><b>Governance</b> – nothing to report since last meeting.</p> <p><b>RAG status of dopamine agonists pramipexole and ropinirole for restless legs syndrome</b> – nothing to report since last meeting.</p> <p><b>BAD safety alert on chloroquine and hydroxychloroquine</b> – no further progress since last update. Await RMOC and outcome of correspondence with PHE/BSR.</p> <p><b>Conditions for which over the counter items should not routinely be prescribed in primary care</b> – nothing to report since last meeting. Await regional guidance being led by Hull MO team.</p> <p><b>Formulary review Inflammatory Bowel Disease section</b> – formulary still to be updated. New formulary submission still in progress for Salofalk liquid enema. Feedback for rationale for removing Pentasa suppositories and adding Salofalk tablets still to be confirmed.</p> <p><b>MHRA Drug Safety Update – April 2018 – Valproate in pregnancy &amp; women of child bearing potential</b> – feedback on exceptions awaited from MHRA. RA to meet with Scarborough Neurology Team to discuss how they will implement the recommendations.</p> <p><b>Taurine</b> – response awaited from Leeds re current AMBER status on their formulary and the evidence base.</p> <p><b>Apraclonidine Eye Drops Formulary Application</b> - YFT Ophthalmology have been asked to prescribe eye drops generically. Guidance is still being developed locally around use of preservative free eye drops. <b>Action:</b> JEC to develop local guidance around the use of preservative free eye drops. <b>Action:</b> JEC to request formal response from YFT Ophthalmology about being asked to prescribe eye drops generically.</p> <p><b>Formulary amendments agreed in Sept</b> – formulary still to be updated. Awaiting ScR CCG approval.</p> <p><b>RMOC Free of Charge Medicines Scheme Policy</b> – went to YFT D&amp;T who are in support. Now going to YFT Finance and Medical Director for their approval for adoption.</p>

	<p>YFT have developed a checklist to be used for schemes to be considered in the future.</p> <p><b>Ketotifen Eye Drops Formulary Application</b> - formulary still to be updated. Awaiting ScR CCG approval.</p> <p><b>Ulipristal acetate for uterine fibroids</b> - formulary still to be updated. Awaiting ScR CCG approval.</p> <p><b>Kyleena® Formulary Application</b> – response awaited from North Yorkshire Public Health.</p> <p><b>Stoma Prescribing Guidance</b> – has been added to RSS website. RA still to check if the same as existing ScR CCG guidance.</p> <p><b>Adrenaline Autoinjectors</b> – formulary has been updated.</p>
3	<p><b>Governance</b> Nil this month.</p>
4	<p><b>Mental Health Medicines Commissioning</b></p> <p><b>July 2018 TEWV Drug &amp; Therapeutics Committee Minutes</b> Circulated for information.</p> <p><b>September 2018 TEWV Drug &amp; Therapeutics Committee Summary</b> Circulated for information. It was noted that some issues around transfer of patients on depot antipsychotics have arisen in York and these are being addressed. The MCC confirmed that depots are included in the local amber drugs lists and GPs are commissioned to prescribe/monitor them locally as part of the enhance service but this is voluntary on a per patient basis. <b>Action:</b> TEWV to share specific issues that arise on an ongoing basis with MMT for resolution.</p> <p><b>Dementia Care Pathway AChEI Decision Aid</b> The Dementia Care Pathway AChEI Decision Aid has been updated to reflect the latest NICE guidance and this approved in principle by the MCC subject to final version being approved at TEWV D&amp;T next month. The following changes were suggested:</p> <ul style="list-style-type: none"> <li>• Addition of information about when to consider adding in memantine (it was acknowledge that locally this still likely to be on the basis of secondary care involvement rather than GPs initiating themselves which NICE now allows).</li> </ul> <p><b>Shared Care with Pocklington GPs</b> Ongoing issues with Pocklington GPs accepting shared care particularly around ADHD were raised, and the MCC confirmed that they would be expected to follow the commissioning arrangements elsewhere in VoY CCG. <b>Action:</b> JH/FM to investigate any ongoing issues.</p>
5	<p><b>National and Regional Guidance</b></p> <p><b>5.1 Monthly NICE update (September 2018)</b> 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: <a href="#">TA540</a>: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma (n.b. not recommended by NICE) <a href="#">TA541</a>: Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute</p>

	<p>lymphoblastic leukaemia</p> <p>All of the above TAs are NHSE commissioned therefore would have no cost impact to CCGs.</p> <p>The group noted that NICE had published the following guidance:  NG106: Chronic heart failure in adults: diagnosis and management  NG99: Brain tumours (primary) and brain metastases in adults</p> <p>Links will be added to the formulary with no further action required.</p> <p><b>NTAG Recommendations – for information</b></p> <ul style="list-style-type: none"> <li>• Ferric Maltol for the treatment of iron-deficiency anaemia in Inflammatory Bowel Disease only (updated)</li> <li>• Ferric Maltol for the treatment of iron-deficiency anaemia in patients without Inflammatory Bowel Disease</li> <li>• Lycra Garments for the management of cerebral palsy and other neurological or musculoskeletal conditions (reviewed)</li> <li>• Transcutaneous vagus nerve stimulation for treatment of cluster headache and migraine (updated)</li> </ul> <p>It was agreed to update the formulary entry for ferric maltol to reflect the license extension and that is be approved for all iron deficiency anaemia after two oral iron preparations been tried and in those in whom IV iron is being considered.</p> <p><b>RMOC Recommendations</b>  None for this meeting.</p> <p><b>Medicines Safety (MHRA drug safety update – Sept 2018)</b>  The group noted the drug safety updates for September 2018. The links are to be added to the relevant sections of the formulary.</p> <p><b>RDTc monthly horizon scanning (Sept 2018)</b>  New products that have been recently launched or licensed were highlighted to the group for information.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>
5.2	<p><b>Update on Gluten Free Prescribing</b></p> <p>The MCC noted the proposed changes to the Drug Tariff from December 2018 around Gluten Free prescribing which are currently out for consultation.</p> <p>Nationally is it is proposed that prescribing be restricted to Gluten free bread (incl rolls, part baked bread and pizza bases), and Gluten free mixes only.</p> <p>This will have implications for ScR CCG as flours will no longer be prescribable.</p> <p><b>Action:</b> To include in recommendations to CCG executives this month.</p>
5.3	<p><b>Adalimumab Commissioning Intentions</b></p> <p>Circulated for information.</p>
5.4	<p><b>RMOC London Update – July 2018</b></p> <p>Circulated for information.</p>

5.5	<b>RMOC Midlands &amp; East Update – Sept 2018</b> Circulated for information.
5.6	<b>Y&amp;S MCC work plan</b> Circulated for information.
6  6.1	<b>Formulary and Managed Entry of New Drugs</b>  <b>Thalidomide and Lanreotide for Angiodysplasia Formulary Application</b> The group discussed the formulary application for Thalidomide and Lanreotide for Angiodysplasia. These are both tariff excluded drugs and subject to IFR for this indication as there is no formal commissioning position. The MCC noted that the evidence base for these drugs in angiodysplasia is relatively weak with small numbers of patients, but there was more evidence for thalidomide. There is also more evidence for octreotide than lanreotide. Local clinicians favour lanreotide over octreotide because it can be given by SC injection instead of IM injection, and it is longer acting. They would favour lanreotide 1 <sup>st</sup> line over thalidomide because of differences in safety profile even though there is more evidence supporting the use of thalidomide. The MCC agreed it need more information and clear reason for not using thalidomide 1 <sup>st</sup> line before a decision could be made. It was also want a clear rationale for using lanreotide over octreotide as it was not in position to say if therapeutic efficacy in angiodysplasia was a class effect of somatostatin analogues.  <b>Action:</b> JEC to request a clear pathway and rationale for therapeutic choices from clinicians to come back to future MCC, together with costings versus decreased blood transfusions.
6.2	<b>Review of Items with no RAG Status on Formulary</b> The MCC agreed a RAG status for the following formulary drugs which currently have no RAG status: <ul style="list-style-type: none"> <li>• Simeticone liquid (Infacol) = BLACK , patients should normally be advised to purchase OTC</li> <li>• Hydrocortisone injection 100mg = GREEN</li> <li>• Sotalol = AMBER SPECIALIST RECOMMEDATION</li> <li>• Aminophylline = GREEN</li> <li>• Theophylline = GREEN</li> <li>• Sodium chloride 0.9% nebuliser = GREEN</li> <li>• Beclometasone Dipropionate (Clenil Modulite) Inhaler = GREEN</li> <li>• Fluticasone Propionate (Flixotide) Inhaler = GREEN</li> <li>• Montelukast = GREEN</li> <li>• Hydroxyine Hydrochloride = GREEN</li> <li>• Doxapram Hydrochloride (Dopram) = RED</li> <li>• Poractant Alfa (Curosurf) = RED</li> <li>• Codeine Linctus = BLACK , patients should normally be advised to purchase OTC</li> <li>• Pholcodine Linctus (Pavacol D) = BLACK , patients should normally be advised to purchase OTC</li> <li>• Simple Linctus = BLACK , patients should normally be advised to purchase OTC</li> </ul> The RAG status of the LMWH for the following indications was also agreed:

<b>Treatment or prophylaxis</b>	<b>Indication</b>	<b>Proposal</b>
<b>Treatment</b>	DVT and PE treatment – early treatment prior to warfarin in therapeutic range (typically less than a week)	GREEN
<b>Treatment</b>	Patients with diagnosis e.g. prosthetic valves and arterial thrombosis where high risk of thrombosis treated with warfarin and temporarily outside therapeutic range	GREEN (Responsibility of the service monitoring INRs e.g. anticoagulant clinic or GP)
<b>Treatment</b>	Pre-operative use as replacement for warfarin where indicated	RED
<b>Treatment</b>	DVT/PE treatment - full anticoagulation required but warfarin not tolerated or poor venous access (see local pathway2). See above for advice on patients with solid tumours	NOAC or LMWH (AMBER specialist initiation)
<b>Prophylaxis</b>	Prophylactic use e.g. immobile patients (e.g. fracture) or those deemed to be at particularly high risk of DVT at home or in care situation.	AMBER specialist initiation (unlicensed)
<b>Prophylaxis</b>	Medical prophylaxis	RED – medical prophylaxis as in-patient GREEN - high risk patients at home or in care home
<b>Prophylaxis</b>	Prophylaxis of VTE in oncology patients on VTE inducing therapy	RED
<b>Prophylaxis</b>	Post-operative use e.g. Orthopaedic surgery, Patients who have had major surgery in the abdomen or pelvis	RED

**Action:** JEC to update formulary accordingly following CCG approval.

The MCC agreed further work was required before a RAG status could be agreed for the following:

- LMWH in pregnancy
- LMWH - Extended treatment of VTE in patients with solid tumours
- LMWH – fertility clinic use
- QVAR inhaler

It was also agreed that work was need to confirm the perioperative pathway for patients on anticoagulants.

**Action:** JEC to confirm the perioperative pathway for patients on anticoagulants within YFT.

**6.3**

### **Inguinal Hernia Pants**

The group discussed the formulary and local commissioning status of Inguinal Hernia pants.

It was agreed to make Black as not a cost-effective use of NHS resources and lack of clinical evidence to support use. They may be bought Over the Counter if required.

**7**

### **Interface: Shared Care Guidelines (SCGs) and Pathways**

**7.1**

#### **Aspirin in Pregnancy**

A draft guideline on the use of aspirin in pregnancy was presented for approval.

	<p>There was a recent problem with a pregnant woman who should have taken aspirin in pregnancy but the GP refused to prescribe it. This was highlighted as a risk at the Trust Medication Safety Group and an action plan was agreed which included information being produced for GPs so they would have the background to allow them to prescribe aspirin for eligible patients.</p> <p>A meeting subsequently took place between Laura Angus and the community Midwife manger, and they agreed that in the first instance women would be asked to purchase aspirin and GP prescribing to be a backup. This has been reported back to the Trust Medication Safety Committee and their preference would still be for prescribing by the GP.</p> <p>The MCC agreed to approve the guideline on the basis that patients be asked to buy aspirin over the counter in the first instance and GPs to prescribe if they unable to do this.</p> <p><b>Action:</b> MMT to update RSS website with final approved version following CCG approval.  <b>Action:</b> JEC to circulate final approved version following CCG approval.</p>
7.2	<p><b>Shared Care Guidelines for Approval</b></p> <p><u>Leflunomide</u>  The MCC approved the reviewed leflunomide shared care guideline subject to the need for contraception in men being confirmed, and the need for pneumococcal vaccine every 5 years before confirmed.  The MCC noted that no changes to the monitoring requirements have been made until regional guidelines are updated to reflect the latest BSR guidance.</p> <p><b>Action:</b> JEC to circulate final approved version once need for male contraception and need for pneumococcal vaccine every 5 years confirmed.  <b>Action:</b> JEC to update formulary accordingly following CCG approval.  <b>Action:</b> MMT to update RSS website with final approved version.</p> <p><u>Sulfasalazine</u>  The MCC approved the reviewed sulfasalazine shared care guideline subject to the need for pneumococcal vaccine every 5 years before confirmed.  The MCC noted that no changes to the monitoring requirements have been made until regional guidelines are updated to reflect the latest BSR guidance.</p> <p><b>Action:</b> JEC to circulate final approved version once need for pneumococcal vaccine every 5 years confirmed.  <b>Action:</b> JEC to update formulary accordingly following CCG approval.  <b>Action:</b> MMT to update RSS website with final approved version.</p> <p><u>Azathioprine</u>  The MCC approved the reviewed azathioprine shared care guideline subject to the need for pneumococcal vaccine every 5 years before confirmed.  The MCC also approved the addition of atopic eczema and inflammatory eye conditions as indications.  The MCC noted that no changes to the monitoring requirements have been made until regional guidelines are updated to reflect the latest BSR guidance.</p> <p><b>Action:</b> JEC to circulate final approved version once need for pneumococcal vaccine every 5 years confirmed.  <b>Action:</b> JEC to update formulary accordingly following CCG approval.  <b>Action:</b> MMT to update RSS website with final approved version.</p>

7.3	<p><b>Management of Diabetes in the Over 75s</b>  A suggested guideline for the Management of Diabetes in the Over 75s in Primary Care from Harrogate was presented to the group for consideration for local adoption. It was agreed that this needed discussion with the local diabetes team before any decision on possible local adoption could be taken.</p> <p><b>Action:</b> FA to discuss Harrogate Management of Diabetes in the Over 75s guideline with local York diabetes team.</p>
8	<p><b>Monitoring/reporting</b></p> <p>8.1 <b>Twelve month audit data MCC outcomes for recommendations from July 2017</b>  The group reviewed the audit reports on cost and activity for recommendations made in July 2017.</p> <p>8.2 <b>VoY Red drugs data</b>  This item is reported quarterly.</p> <p>8.3 <b>ScR Red drugs data</b>  This item is reported quarterly.</p> <p><b>Action:</b> RA to follow-up production of CCG Red drugs report and bring to Nov 2018 meeting.</p>
9	<p><b>Patient and clinical communications</b>  Nothing to report.</p>
10	<p><b>Items from other groups</b></p> <p>10.1 <b>York and Scarborough Drug and Therapeutics Committee minutes – July 2018</b>  For information.</p> <p>10.2 <b>Hull and East Riding Prescribing Committee (HERPC) – Draft minutes from September 2018 meeting</b>  Not yet available.</p> <p>10.3 <b>Y&amp;S Medicines Efficiency Sub-committee</b>  None available</p>
11	<p><b>Any urgent business</b></p> <p>11.1 <b>30 Day NICE TA Implementation</b>  It was agreed to ensure formulary compliance with any NICE TAs that are published with a 30 day implementation period that these would be approved via Chair’s Action making a recommendation for adoption to the CCG execs before then coming to the next available MCC meeting for information.</p> <p><b>Action:</b> LA to include approval of 30 day NICE TAs in Chair’s Action Process.  <b>Action:</b> GM to update MCC ToR to reflect process for adopting 30 day NICE TAs.</p>
	<p><b>Date and time of next meeting: Wednesday 14<sup>th</sup> November 2018, 9:30am, Rowntree room, West Offices, York.</b></p>