

**Minutes of Medicines Commissioning Committee Meeting
Wednesday 13th November 2019
9.30am-12pm, Rowntree Meeting Room, West Offices, York**

		DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
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	Item 4 only	✓	A	✓	A	✓	A
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	✓	A	✓	✓	✓	✓	✓	A	✓	A
GP Lead for Acute Service Transformation – Vale of York 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	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	✓ SD	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM

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

2	<p>Matters arising</p>
2.1	<p>Chairs actions to report There were no Chair's actions to report from VoY CCG or ScR CCG this month. It was agreed to remove this item from future agendas as no Chair's Action process exists under the terms of reference for the MCC with its stakeholder CCGs.</p>
2.2	<p>Outcome of VoY/ScR CCG Clinical Executive/Business Committee The ScR CCG Business Committee is still to approve the recommendations from the October 2019 MCC meeting. The recommendations from the September 2019 MCC meeting have now been approved The VoY CCG CE committee is still to approve the recommendations from the October 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> Governance – the updated CCG Prescribing Policy has now been approved by VoY CCG and will be circulated with the December 2019 MCC papers for information. BAD safety alert on chloroquine and hydroxychloroquine – the WY&H guideline has now been published and will come to the December 2019 MCC meeting. SO will continue to chase up national RMOC position. Self-care – quick reference guide – final version of local guidance on today's agenda for approval. Dose of PPI for gastroprotection with antiplatelets – on today's agenda. Quick read algorithm for HRT – agreed to put on hold until June 2020 due to current national supply issues with HRT. 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 blacklisting and reasoning behind why once daily tadalafil is still prescribed. Formulary updates August 2019 – NICE TA & MHRA DSU, Melatonin, Brivaracetam, Indapamide MR, Alimemazine, Myocrisin[®], bath & shower emollients, links to TEWV policies – formulary has now been updated. ITEM NOW CLOSED. DOAC Policy – local meeting to agree a local anticoagulation policy has been arranged for next week. Formulary updates September 2019 – NICE TA & MHRA DSU, Acetylcysteine 600mg Effervescent Tablets, Risankizumab – formulary has now been updated. ITEM NOW CLOSED. Communicating MMC decisions to clinicians - LA/SP/RA still to develop standard email format for communicating MCC decisions to clinicians post-MCC meeting. Formulary updates October 2019 – NICE TA & MHRA DSU, Fenofibrate, Clonidine, Lisdexamfetamine, Enstilar Foam, Paravit-CF – formulary still to be updated. Prescribing arrangements and guidelines followed by The Tuke Centre – LA still to confirm prescribing arrangements for Tuke and that they do not just initiate patients but follow-up as per TEWV shared care. LA also to still to confirm what happens with patients with other mental health disorders</p>

	<p>as well as ADHD, and is responsible for each aspect of care.</p> <p>Glibenclamide Oral Solution - added a note to Optimise Rx that should not be prescribed for adults. RDTG to bring outcome of Leeds formulary process to future MCC for information once available. MCC noted that glibenclamide tablets have now been discontinued.</p> <p>CoaguChek test strips for paediatric cardiology (Leeds) – on today’s agenda.</p> <p>MCC Commissioning position with regard to drugs initiated by tertiary centres (e.g. Leeds) - a response has been sent to Leeds and MCC to receive Leeds APC minutes each month. ITEM NOW CLOSED.</p> <p>Monthly NICE update (September 2019) - RA still to ask North Yorkshire County Council to review the new Voke[®] stop smoking product. SP/JEC still to check with YFT microbiologists about their views on bezlotoxumab for preventing recurrent Clostridium difficile infection given NICE were unable to make a recommendation.</p>
3	Governance
3.1	<p>Creation of new North Yorkshire and York APC Ken Latta was present and gave a verbal briefing to the MCC on the proposals to create a new North Yorkshire and York APC, replacing the existing MCC and Harrogate APC. The driving force behind this proposal is a merger of the North Yorkshire CCGs from 1st April 2020 and a desire to reduce duplication of effort plus conflicting commissioning positions.</p> <p>The MCC expressed a number of concerns around the proposal:</p> <ul style="list-style-type: none"> • Local GPs have bought into MCC and local decision-making; moving to wider North Yorkshire APC could risk damaging local engagement. • Risk of moving to one group in terms of local engagement may outweigh benefits – are there financial savings to be made around moving to one group? • Trusts will still need their own D&Ts and again may lose local engagement with a larger group. • How will neighbouring APCs and their formularies relate to a new group – still risks of conflicting commissioning positions, particularly for Hambleton, Richmondshire & Whitby. <p>During the discussion an alternative model of creating a smaller group to look at conflicting commissioning positions as they arise and feed into the existing APCs for resolution was suggested. This would still maintain local decision-making and the aim of consistent decision-making across North Yorkshire.</p> <p>Action: Ken Latta to revise proposal in light of suggestion of alternative model and report back to future MCC meeting.</p>
4	Mental Health Medicines Commissioning
4.1	<p>TEWV D&T Minutes July 2019 Circulated for information.</p>
5	Formulary and Managed Entry of New Drugs
5.1	<p>CoaguChek test strips for paediatric cardiology (Leeds) 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</p>

	<p>paediatric cardiology in Leeds.</p> <p>Following the receipt from Leeds of the information requested at the October 2019 MCC meeting, the MCC approved for use as part of agreed pathway for paediatric patients managed by the Tertiary Paediatric Haematology & Congenital Cardiac service at LTHT.</p> <p>The MCC noted that the meters are supplied and maintained by LTHT. All dosing information and management of abnormal results is carried out by LTHT.</p> <p>The MCC agreed that once a patient reaches adulthood they expect them transfer to a local anticoagulant service and that this may mean provision of test strips may cease.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.2	<p>Alendronate 70mg Effervescent Tablets Formulary Application</p> <p>The MCC discussed and did not approve the formulary application for Alendronate 70mg Effervescent Tablets for use in patients who cannot tolerate oral bisphosphonates because not cost advantage over IV bisphosphonate, plus concerns no difference in dosing administration advice and contra-indications to other oral bisphosphonate. Also concerned if not just restricted to those with swallowing difficulties, could lead to creep in use and is IV not a better option in these patients for efficacy plus compliance?</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.3	<p>Melatonin oral liquid formulations</p> <p>The MCC discussed and agreed to clarify on formulary that if an oral liquid is required because crushing tablets is unsuitable then only the Melatonin 5mg/5mL oral solution which is alcohol-free and propylene glycol-free (unlicensed special from Rosemont) should be used. This product is currently included in local shared care guidelines.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.4	<p>Co-codamol Effervescent – review of formulary status</p> <p>The MCC agreed to add note to formulary to state only for use in patients with confirmed swallowing difficulties, noting concerns around sodium content which may contra-indicate use in some patients.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
5.5	<p>Sacubitril with valsartan – review of formulary status</p> <p>The MCC discussed a request to a change in the current formulary so that GPs can prescribe the initial dose of Sacubitril with valsartan, as well as the up titrations, under guidance/recommendation from HFSN/cardiologist.</p> <p>The MCC agreed that there should be no change in the current RAG status of AMBER specialist initiation which is recommended as NICE guidance states should be specialist initiation.</p>
6	<p>Interface: Shared Care Guidelines (SCGs) and Pathways</p>
6.1	<p>Emollient medal ranking guidance</p> <p>The update to the medal ranking guidance due to the changes in our local formulary and the additional medicines included in NHS England's items not to be routinely prescribed in primary care as presented to and approved by the MCC.</p> <p>Action: FM to publish on CCG website/RSS. Action: JEC to add link to guideline on formulary.</p>
6.2	<p>Continence Formulary</p> <p>The specialist continence nurses have produced a continence formulary with some product information to support nurses and prescribers in primary care.</p> <p>If a prescriber or primary care continence nurse decides that their patients require items that are not present on the formulary they may seek advice and recommendation from specialist continence nurses to prescribe these products. It is envisaged that this</p>

	<p>formulary will manage any inappropriate prescribing of continence products, with support from the specialist team. The continence formulary was approved by the MCC.</p> <p>Action: FM to publish on CCG website/RSS. Action: JEC to add link to guideline on formulary.</p>
6.3	<p>Guideline for initiation and deprescribing of PPIs Updated the PPI guidance with the dosing information for high-risk patients on antiplatelet therapy and added some further detail around PPI initiation - presented to and approved by the MCC. It was agreed to change the title around initiation to just read initiation with antiplatelets.</p> <p>Action: FM to publish on CCG website/RSS. Action: JEC to add link to guideline on formulary.</p>
6.4	<p>Aspirin in pregnancy – updated guideline The update of the guideline on the use of aspirin in pregnancy for patients at risk of pre-eclampsia was presented to and approved by the MCC. This recommends a dose of 150mg aspirin based on Saving Babies Lives Guidance, NICE still recommends a dose of 75mg-150mg.</p> <p>Action: FM to publish on CCG website/RSS. Action: JEC to add link to guideline on formulary.</p>
6.5	<p>Vitamin D in melanoma patients – adoption of Leeds guidance Leeds has a tertiary service for skin cancer and had produced these evidence-based guidelines for vitamin D supplementation which has been approved by their DTC. GPs have requested to the team that the guideline is ratified locally for inclusion in the formulary. The MCC decided to update existing MCC guidance on Vitamin D to include use in patients with melanoma. It was agreed that melanoma patients were no different to other patients with low levels due to low exposure to sunlight with regard to preventative doses of Vitamin D and so should be asked to buy supplements OTC. If they then require a treatment dose this could be prescribed as per the guidelines.</p> <p>Action: FM/SP to update existing local vitamin D guidance to include use in patients with melanoma.</p>
6.6	<p>Supply of baby milk for women with HIV The MCC discussed and supported making baby milk available to women with HIV who should not breastfeed to prevent vertical transmission of HIV, but felt this is not the sole responsibility of CCGs. It is also a public health issue and CCGs should work with public health to put in place a system to supply these milks to HIV mothers, particularly those on low incomes. Noted that baby milk is not available on prescription unless specialised formula (e.g. for CMPA), so a non-prescription supply route is required. Any requests prior to local commissioning position/supply route being put in place should be dealt with on an individual basis by CCGs.</p>
7	<p>National and Regional Guidance</p>
7.1	<p>Monthly NICE update (October 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"> • TA604: Idelalisib for treating refractory follicular lymphoma (n.b. not recommended by NICE for this indication) • TA606: Lanadelumab for preventing recurrent attacks of hereditary angioedema • TA608: Ibrutinib with rituximab for treating Waldenstrom’s macroglobulinaemia

	<p>(terminated appraisal)</p> <ul style="list-style-type: none"> • TA609: Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib (terminated appraisal) • HST11: Voretigene neparvovec for treating inherited retinal dystrophies caused by RPE65 gene mutations <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 an AMBER specialist initiation drug as recommended by NICE in the relevant chapter with links to the TAs:</p> <ul style="list-style-type: none"> • TA607: Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease <p>The group noted that NICE had published the following guidance:</p> <ul style="list-style-type: none"> • NG142: End of life care for adults: service <p>NTAG Recommendations – for information</p> <ul style="list-style-type: none"> • Andexanet alfa for reversal of factor Xa inhibitors • Patiromer cation exchange resin for hyperkalaemia <p>RMOC Recommendations – for information</p> <ul style="list-style-type: none"> • See separate agenda item re sodium oxybate <p>Medicines Safety (MHRA drug safety update – October 2019) The group noted the drug safety updates for October 2019. The links are to be added to the relevant sections of the formulary.</p> <p>RDTC monthly horizon scanning (October 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>RMOC Update – Sodium Oxybate in Adults Advisory Statement An RMOC Advisory Statement on sodium oxybate in adult patients with narcolepsy with cataplexy has been published. This document aims to facilitate local decisions by a CCG on whether to commission sodium oxybate for use in all adult patients. It suggests a framework by which a CCG can ensure that sodium oxybate is used appropriately and safely under the strict criteria set out within the statement. The statement does not stipulate that sodium oxybate must be commissioned, but aims to assist with the decision-making process and improve consistency.</p> <p>The current Y&S Formulary position is that sodium oxybate is BLACK for all indications and age groups.</p> <p>It was agreed to await the outcome of the February 2020 NTAG meeting before discussing further and to check local prescribing data.</p> <p>Action: RDTC to report outcome of February 2020 NTAG meeting re sodium oxybate in adults.</p> <p>Action: RDTC to check local prescribing data for sodium oxybate.</p>

7.4	<p>NPPG Position Statement: Using Standardised Strengths of Unlicensed Liquid Medicines in Children Item deferred until December 2019, MCC to seek views of paediatrics at YFT.</p> <p>Action: SP to seek views of paediatrics at YFT on formulary implications of adopting NPPG Position Statement: Using Standardised Strengths of Unlicensed Liquid Medicines in Children.</p>
7.5	<p>DHSC/CMU Guideline to Managing Medicines Supply and Shortages Circulated for information.</p>
8	<p>Monitoring/reporting</p>
8.1	<p>Twelve-month audit data MCC outcomes for recommendations from August 2018 There were no MCC recommendations in August 2018.</p>
8.2	<p>Adalimumab biosimilars No update this month.</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 - September 2019 Not yet available.</p>
10.2	<p>Hull and East Riding Prescribing Committee (HERPC) – Draft minutes - September 2019</p>
10.3	<p>Circulated for information.</p>
10.4	<p>Harrogate APC Minutes - August 2019 Circulated for information.</p> <p>Leeds APC Minutes Not yet available.</p>
11	<p>Any urgent business</p>
11.1	<p>End of life care in substance misusers It was noted that a switch from oral opioids to subcutaneous opioids in such patients by GPs was happening more regularly despite the intention discussed at MCC previously that the hospice should prescribe for this group of patients at end of life. It was agreed that a paper was required to come to MCC for full discussion at a later meeting.</p> <p>Action: JH to produce a paper on the issue for future MCC meeting.</p>
11.2	<p>Rifampicin for OPAT Use A request has been received to review the RED RAG status for rifampicin and change to AMBER SR for OPAT use. It was agreed that a paper was required to come to MCC for full discussion at a later meeting.</p> <p>Action: JEC to produce a paper on the issue for future MCC meeting.</p>
<p>Date and time of next meeting: Wednesday 11th December 2019, 9:30am-12noon, Rowntree Meeting Room, West Offices, York.</p>	