NHS

York and Scarborough
Medicines Commissioning Committee

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

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	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)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓
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	✓ SD	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM

Item	
1	**General business** Laura Angus (LA) chaired the meeting. The meeting was quorate. **Declarations of conflicts of interest relating to the agenda** CH – submitted formulary application under item 5.5 – agreed could be present to answer questions on the application but not to participate in the decision-making

	process.
2	**Matters arising**
2.1	**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.
2.2	**Outcome of VoY/ScR CCG Clinical Executive/Business Committee** The ScR CCG Business Committee is still to approve the recommendations from the October and November 2019 MCC meetings. The VoY CCG CE committee approved the recommendations from the October 2019 and November 2019 MCC meeting.
2.3	**Draft minutes and matters arising from last meeting** The minutes were agreed as a true record.
2.4	**<u>Action log/long-term matters arising</u>** **BAD Safety alert on chloroquine and hydroxychloroquine –** 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. **DOAC policy –** local meeting to agree a local anticoagulation policy has been held and further work on is being undertaken to assess formulary positioning of each DOAC locally. **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 –** Ken Latta has now taken this over and is confirming current contracting arrangements plus prescribing arrangements for The Tuke Centre. **Glibenclamide Oral Solution –** RDTC to bring outcome of Leeds formulary process to future MCC for information once available. **Monthly NICE update (September 2019) –** RA has asked North Yorkshire County Council to review the new Voke® stop smoking product. A response is awaited. SP has confirmed with YFT microbiologists that they do not currently see a place in therapy or need for bezlotoxumab for preventing recurrent Clostridium difficile infection to be on the local formulary. It was noted as PBR excluded and not currently on the formulary that any requests to use Bezlotoxumab will need to go via the IFR process. **Formulary updates November 2019 – NICE TA & MHRA DSU, CoaguChek test strips, alendronate effervescent, melatonin oral liquid, co-codamol effervescent** - formulary still to be updated. **Emollient medal ranking guidance, Continence Formulary, Guideline for initiation and deprescribing of PPIs and Aspirin in pregnancy – updated guideline**

	FM has published on CCG website/RSs, and JEC still to add link to guideline on formulary. **Vitamin D in melanoma patients – adoption of Leeds guidance –** JEC still to update existing local vitamin D guidance to include use in patients with melanoma. **RMOC Update – Sodium Oxybate in Adults Advisory Statement –** RDTC to bring outcome of February 2020 NTAG meeting re Sodium Oxybate in adults. There is currently no prescribing in primary care locally. **NPPG Position Statement: Using Standardised Strengths of Unlicensed Liquid Medicines in Children –** on today's agenda. **End of life care in substance misusers –** on today's agenda under AOB. **Rifampicin for OPAT use –** on today's agenda.
3 **3.1**	**Governance** **VoY CCG Prescribing policy for primary care providers** Circulated for information. A number of minor amendments/clarifications were suggested and these will be picked when the policy is next updated.
4 **4.1**	**Mental Health Medicines Commissioning** **TEWV D&T Feedback November 2019** Circulated for information.
5 **5.1**	**Formulary and Managed Entry of New Drugs** **Leeds APC Formulary Decisions October 2019** The MCC reviewed the formulary decision from the October 2019 Leeds in APC and agreed to update the MCC formulary as follows for consistency, and in particular for tertiary centre drugs:

Testosterone Esters (Sustanon) for the treatment of delayed puberty	To mirror Leeds APC formulary decision from October 2019	AMBER Specialist Initiation
Methotrexate (oral) for the treatment of non-oncology indications in paediatrics	To mirror Leeds APC formulary decision from October 2019	AMBER SHARED CARE
Dolutegravir/lamivudine 50mg/300mg F/C tablet (Dovato) for HIV-1 infection in patients with no known or suspected resistance to integrase inhibitors or lamivudine	To mirror Leeds APC formulary decision from October 2019	RED
Nicotinamide topical gel e.g. Freederm for mild-to-moderate acne (in line with NHSE items available to purchase over the counter)	To mirror Leeds APC formulary decision from Oct 2019	BLACK
Aliskiren	To add as BLACK as use not recommended in NHSE guidance and to mirror Leeds APC formulary decision from October 2019	BLACK

Action: JEC to update formulary accordingly following CCG approval.

5.2	**Methenamine hippurate for recurrent UTI** The MCC noted that current local antimicrobial guidelines are being updated and this will include the use of methenamine hippurate for recurrent UTI. Methenamine hippurate is not currently included within the formulary and it was agreed to bring the updated guidelines plus a formulary application for methenamine hippurate for recurrent UTI to the next meeting of the MCC. **Action:** RA/JEC/Susan Broughton to bring updated antimicrobial guidelines plus a formulary application for methenamine hippurate for recurrent UTI to the next meeting of the MCC.
5.3	**Rifampicin – change in RAG status** The antimicrobial stewardship team would like the MCC to consider changing the RAG status of oral rifampicin to be AMBER specialist recommendation for all indications. After discussion the MCC approved a change from RED to AMBER Shared Care for use on recommendation of microbiologists. This is to improve ease of access for patients who require longer courses of treatment. It was noted that it requires shared care due to monitoring requirements with long courses e.g. LFTs. The IV is to remain RED and oral to remain RED when used for TB. **Action:** JEC to update formulary accordingly following CCG approval.
5.4	**Insulin Toujeo DoubleStar new product request** Toujeo Solostar pen has already been reviewed by the group and is on formulary as GREEN status for the following groups of patients. Approved for use in patients on insulin glargine (Lantus®) who require: • High dose (60+ units) per dose • Large volume of insulin + local site reactions • Twice daily insulin NOTE: Toujeo 300 units/mL is not bioequivalent to insulin glargine 100units/mL and is not directly interchangeable. The DoubleStar pen also contains 300 units/mL and would have the same criteria for use except that high dose would be 80+ units per dose. The manufacturer recommends patients must be using at least 20 units to use the DoubleStar pen. Acknowledging there may be some potential for confusion, the advantage of DoubleStar is higher dose dial up which avoids patients on high doses having to give 2 doses with the Solostar pen and in these patients the pen will last longer The MCC agreed to Insulin Toujeo DoubleStar as a GREEN drug (based on the status of Toujeo Solostar, although the diabetes team consider that they would generally be involved in any decision to switch to high strength formulation). Also need to ensure patients are counselled by diabetes team that this is a high strength insulin. **Action:** JEC to update formulary accordingly following CCG approval.
5.5	**Nadolol new product request** The MCC discussed and approved a formulary application for Nadolol for inpatients with Long QT syndrome as an AMBER specialist initiation drug. Treatment of Long QT syndrome includes the use of beta-blockers and this is supported by national and international guidance. Not all the guidance makes a recommendation on one specific beta-blocker, but where they do, they support the use of long-acting beta-blockers such as nadolol and MR propranolol, as they can be given OD or BD with avoidance of wide fluctuations in blood levels. Looking at the evidence from individual studies, the outcomes of type 1 Long QT syndrome and type 2 Long QT syndrome has most typically been looked at. In type 2

	there is consistency to support the use of nadolol over other beta-blockers, including propranolol. In type 1 Long QT syndrome patients, the outcomes are not as consistently in favour of nadolol over propranolol, but they do show better efficacy than metoprolol. Only one of the publications showed poor efficacy for nadolol in type 1 Long QT syndrome. Advantages of nadolol include: • Once daily dosing • Licenced (MR propranolol is not licenced for arrhythmias) • This group can have high rates of non-adherence which can potentially be fatal, the once daily formulation increases compliance The majority of patients also go to Leeds for assessment and, as a result, are usually started on nadolol. **Action:** JEC to update formulary accordingly following CCG approval.
6 **6.1**	**Interface: Shared Care Guidelines (SCGs) and Pathways** **WY&H Hydroxychloroquine & Chloroquine Pathway and Policy** WY&H guideline has now been published on proposed changes to eye monitoring for chloroquine and hydroxychloroquine as per updated advice from Royal College of Ophthalmologists. The latest RMOC South discussion was also presented for information. It was noted that locally there is a move to produce a pathway/policy based on the WY&H position, and work is ongoing to scope the potential patient numbers involved to support a business case for implementation. It is hoped a local policy and business case for adoption will be ready to go to the various approving committees in April 2020. It was agreed that the draft pathway/policy should be reviewed by the MCC before it goes to commissioners and that a public health view is needed on the proposals. **Action:** SP to bring draft pathway/policy and business to MCC for comment prior to seeking approval of commissioners. **Action:** SOC to ask Andrew Lee for advice on preparing business case/policy and who to contact in public health locally for their view/input.
6.2	**Biologics Pathway for Crohn's disease and Ulcerative Colitis** Within the Trust, biologic medication is currently used to treat patients with Crohn's & ulcerative colitis in accordance with NICE guidance. The aim of the pathway is to formalise and ensure the most appropriate and cost-effective treatment is given. It also mirrors the relevant NICE TAs, and using the pathway should promote cost savings within the Trust. The pathway was approved by the MCC. **Action:** JEC to add link to guideline to formulary following CCG approval.
7 **7.1**	**National and Regional Guidance** **Monthly NICE update (November 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: • TA611: Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer

	• TA612: Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab All of the above TAs are NHSE-commissioned, therefore would have no cost impact to CCGs. The drugs in the following TAs which are CCG-commissioned agreed to be reflected in the formulary as RED drugs as recommended by NICE in the relevant chapter with links to the TAs: • TA610: Pentosan polysulfate sodium for treating bladder pain syndrome The drugs in the following TA which are CCG-commissioned agreed to be reflected in the formulary as a BLACK drug for indication listed below as not recommended by NICE: • TA613: Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy The group noted that NICE had published the following guidance: • NG143: Fever in under 5s: assessment and initial management • NG144: Cannabis-based medicinal products • NG145: Thyroid disease: assessment and management • NG146: Workplace health: long-term sickness absence and capability to work • NG147: Diverticular disease: diagnosis and management **Medicines Safety (MHRA drug safety update – November 2019)** The group noted the drug safety updates for November 2019. The links are to be added to the relevant sections of the formulary. **RDTC monthly horizon scanning (November 2019)** New products that have been recently launched or licensed were highlighted to the group for information. **Action:** JEC to update formulary accordingly following CCG approval.
7.2	**Y&S MCC Work plan** Circulated for information.
7.3	**RMOC Update** Nil this month.
7.4	**NPPG Position Statement: Using Standardised Strengths of Unlicensed Liquid Medicines in Children** Item deferred again until February 2020; MCC to seek views of senior paediatric staff at YFT on changing formulary to mirror NPPG position statement or not for each individual drug included in the document. **Action:** SP/JEC to seek views of senior paediatric staff at YFT on formulary implications of adopting NPPG Position Statement: Using Standardised Strengths of Unlicensed Liquid Medicines in Children.
7.5	**NHSE Clinical Commissioning Urgent Policy Statement Cystic Fibrosis Modulator Therapies** The MCC agreed to update the formulary to mirror the NHSE Clinical Commissioning Urgent Policy Statement: Cystic Fibrosis Modulator Therapies NHS England URN: 190137P. According to this policy, NHS England will routinely commission the cystic fibrosis modulator therapies: Ivacaftor; Lumacaftor/Ivacaftor; Tezacaftor/Ivacaftor for patients in England as defined by their marketing authorisations and so these drugs will be included in the formulary as RED drugs. **Action:** JEC to update formulary accordingly following CCG approval.

7.6	**Cannabis for MS – updated NICE guidance November 2019** The MCC was asked to consider whether the local formulary should be updated to reflect updated NICE guidance November 2019 for cannabis-based medicinal products for spasticity in MS. This now recommends the use of Sativex if benefit after a four week trial. Sativex would be CCG- commissioned (confirmed with NHSE) and in tariff. It was noted that currently no immediate pressure to change the current formulary position from patients or clinicians, so the usual formulary process of seeking a formal application and pathway to support use should be followed. It was also noted a regional group is being created to look at this. **Action:** JEC to seek formulary application from YFT clinicians.
8	**Monitoring/reporting**
8.1	**Twelve-month audit data MCC outcomes for recommendations from September 2018** Circulated for information.
8.2	**Adalimumab biosimilars** No update this month and agreed no longer required to be a regular agenda item.
8.3	**RED Drugs report ScR CCG June – August 2019** Circulated for information.
9	**Patient and clinical communications** Nothing to report.
10	**Items from other groups**
10.1	**York and Scarborough Drug and Therapeutics Committee minutes – September 2019** Circulated for information.
10.2	**Hull and East Riding Prescribing Committee (HERPC) – Draft minutes** Not yet available.
10.3	**Harrogate APC Minutes – October 2019** Circulated for information.
10.4	**Harrogate APC Agenda – November 2019** Circulated for information.
10.5	**Leeds APC Minutes – September 2019** Circulated for information.
11	**Any urgent business**
11.1	**Methadone Ampoules in Primary Care** The MCC considered a formulary application to allow GPs to prescribe methadone ampules in emergency situations for patients who are at end of life, have developed swallowing difficulties and are on methadone oral solution. The MCC approved the request as an AMBER SR drug for use in substance misuse palliative care patients who cannot take oral methadone.
Date and time of next meeting: Wednesday 12th February 2020, 9:30am-12noon, Rowntree Meeting Room, West Offices, York. (N.B. January 2020 meeting cancelled due to lack of agenda items)	