

**Minutes of Medicines Commissioning Committee Meeting  
Wednesday 11<sup>th</sup> March 2020  
9.30am-12pm, Rowntree Meeting Room, West Offices, York**

		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Strategic Lead Pharmacist - MMT	Mrs Rachel Ainger (RA)	A	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	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	Item 4 only	✓	A	✓	A	✓	A	✓		✓	A
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	✓	✓	✓	A	✓	A	✓		✓	✓
GP Lead for Acute Service Transformation - Vale of York CCG	Dr Shaun O'Connell (SO'C)	✓	✓	A	✓	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	✓	✓	✓	✓	✓		✓	A
	Mr Jamal Hussain (JH)	A	✓	✓	A	A	✓	✓		✓		✓	✓
Regional Drug & Therapeutics Centre, Newcastle - Professional Secretary	Mr Gavin Mankin (GM) / Mrs Sue Dickinson (SD)	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM		✓ GM	✓ GM

Item	
1	<p><b>General business</b></p> <p>Laura Angus (LA) chaired the meeting.</p> <p>The meeting was quorate.</p> <p>It was noted that this was Greg Black's last meeting as he is stepping down as GP</p>

	<p>Prescribing Lead following the North Yorkshire CCG merger. Greg was thanked for his valued contribution to the MCC over the past 6 years.</p> <p><b>Declarations of conflicts of interest relating to the agenda</b> Nil</p> <p><b>In attendance</b> Helena Nettleton, Pharmacist, RDTC.</p>
<p><b>2</b></p> <p><b>2.1</b></p> <p><b>2.2</b></p> <p><b>2.3</b></p>	<p><b>Matters arising</b></p> <p><b>Outcome of VoY/ScR CCG Clinical Executive/Business Committee</b> The ScR CCG Business Committee approved the recommendations from the February 2020 MCC meeting. The VoY CCG CE committee approved the recommendations from the February 2020 MCC meeting.</p> <p><b>Draft minutes and matters arising from last meeting</b> The minutes were agreed as a true record.</p> <p><b><u>Action log/long-term matters arising</u></b> <b>Quick read algorithm for HRT</b> – on hold until June 2020 due to current national supply issues with HRT. <b>DOAC policy</b> – on today’s agenda. <b>Prescribing arrangements and guidelines followed by The Tuke Centre</b> – Ken Latta has now taken this over and is confirming current contracting arrangements plus prescribing arrangements for The Tuke Centre. On hold currently <b>Glibenclamide Oral Solution</b> – RDTC to bring outcome of Leeds formulary process to future MCC for information once available. <b>Vitamin D in melanoma patients – adoption of Leeds guidance</b> – JEC still to update existing local vitamin D guidance to include use in patients with melanoma. <b>RMOC Update – Sodium Oxybate in Adults Advisory Statement</b> – RDTC to bring outcome of February 2020 NTAG meeting re Sodium Oxybate in adults. There is currently no prescribing in primary care locally. <b>Methenamine hippurate for recurrent UTI 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</b> – still in development. <b>Hydroxychloroquine &amp; Chloroquine Pathway and Policy – pathway/policy/business case</b> – still in development. <b>Cannabis for MS - updated NICE guidance Nov 2019</b> – formulary application still in progress. <b>Formulary updates Feb 2020 – NICE TA, Leeds APC Dec 2019, Gender Dysphoria, Xiapex, Ingenol mebutate, Estriol Cream, Levosert, Levetiracetam</b> – still to action now that CCG approved. <b>TEWV Safe Transfer of Prescribing Guidance (updated)</b> - still to action. <b>TEWV Dementia treatment algorithm</b> - still to action. <b>TEWV Lisdexamfetamine shared care guidelines</b> - still to action.</p>

	<p><b>TEWV First generation antipsychotic long-acting injections, shared care guidelines</b> still to action.</p> <p><b>Asthma Guidelines (updated)</b> – JH still to link with NY CCGs and Harrogate Trust.</p>
<b>3</b>	<p><b>Governance</b> Nil</p>
<b>4</b>	<p><b>Mental Health Medicines Commissioning</b> Nil this month</p>
<b>5</b>	<p><b>Formulary and Managed Entry of New Drugs</b></p>
<b>5.1</b>	<p><b>Ivabradine for the treatment of Postural Orthostatic Tachycardia Syndrome (POTS)</b> The MCC noted that formulary application from YFT is currently in process. It noted also that there was a pathway from SE London to support use.</p>
<b>5.2</b>	<p><b>Telotristat – for BLACK listing</b> Agreed to list on formulary as BLACK as per NHSE Not for Routine Commissioning Policy for Telotristat for treating carcinoid syndrome diarrhoea in adults</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>
<b>5.3</b>	<p><b>North Yorkshire Horizons medicines formulary updates</b> The updated North Yorkshire County Council Horizons formulary relating to opioid and alcohol dependence was noted and endorsed by the MCC. The removal of Vitamin B co strong for alcohol dependence was noted</p>
<b>6</b>	<p><b>Interface: Shared Care Guidelines (SCGs) and Pathways</b></p>
<b>6.1</b>	<p><b>NY&amp;Y Guidance on Self-Monitoring of Blood Glucose</b> The MCC approved the updated Guidance on the Self-Monitoring of Blood Glucose for Adults with Diabetes for Primary Care in North Yorkshire and York including the associated local choices of test strips and meters.</p>
<b>7</b>	<p><b>National and Regional Guidance</b></p>
<b>7.1</b>	<p><b>Monthly NICE update (February 2020)</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:</p> <ul style="list-style-type: none"> <li>• TA624: Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis</li> </ul> <p>All of the above TAs are NHSE-commissioned, therefore would have no cost impact to CCGs.</p> <p>A decision on the following TAs which are CCG-commissioned was deferred until the next MCC meeting to allow for accurate local assessment of potential patient numbers and drug costs:</p> <ul style="list-style-type: none"> <li>• TA623: Patiromer for treating hyperkalaemia</li> </ul> <p>The drugs in the following TAs which are CCG-commissioned agreed to be reflected in the formulary as recommended by NICE in the relevant chapter with links to the TAs once launched in the UK:</p> <ul style="list-style-type: none"> <li>• TA622: Sotagliflozin with insulin for treating type 1 diabetes</li> </ul> <p>The group noted that NICE had published the following guidance:</p> <ul style="list-style-type: none"> <li>• NG152: Leg ulcer infection: antimicrobial prescribing</li> </ul>

	<ul style="list-style-type: none"> <li>• NG153: Impetigo antimicrobial prescribing</li> <li>• NG154: Neonatal parenteral nutrition</li> <li>• NG80: Asthma: diagnosis, monitoring and chronic asthma management (updated)</li> </ul> <p><b>Medicines Safety (MHRA drug safety update – February 2020)</b> The group noted the drug safety updates for February 2020. The links are to be added to the relevant sections of the formulary.</p> <p><b>RDTC monthly horizon scanning (February 2020)</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. <b>Action:</b> SP to bring costings and patients numbers for TA623 to next MCC meeting.</p>
7.2	<p><b>Y&amp;S MCC Work plan</b> Circulated for information.</p>
7.3	<p><b>RMOC Update</b> Nil this month.</p>
8	<p><b>Other Items of Business</b></p> <p>8.1 <b>Guidance on hypersalivation treatment options</b> The suggestion of Harrogate CCG to have some local guidance on hypersalivation treatment options and review local prescribing of Glycopyrronium will be taken up outside of the MCC by the Chair with Harrogate. It was agreed to not to add to the MCC workplan at this stage.</p>
9	<p><b>Monitoring/reporting</b></p> <p>9.1 <b>Twelve-month audit data MCC outcomes for recommendations from December 2018</b> Circulated for information.</p> <p>9.2 <b>Red drugs report for MCC ScRCCG Sept, Oct, Nov 19</b> Circulated for information.</p>
10	<p><b>Patient and clinical communications</b> Nothing to report.</p>
11	<p><b>Items from other groups</b></p> <p>11.1 <b>York and Scarborough Drug and Therapeutics Committee minutes – January 2020</b> Not yet available.</p> <p>11.2 <b>Hull and East Riding Prescribing Committee (HERPC) – Nov 2019 + Jan 2020</b> Not yet available.</p> <p>11.3 <b>Harrogate APC Minutes – January 2020</b> Not yet available.</p> <p>11.4 <b>Harrogate APC Agenda – February 2020</b> Not yet available.</p> <p>11.5 <b>Leeds APC Minutes – October 2019</b> Not yet available.</p>

<p><b>12</b></p> <p><b>12.1</b></p>	<p><b>Any urgent business</b></p> <p><b>Anticoagulant Choice Review - for embolism prophylaxis for patients with non-valvular atrial fibrillation (NVAF)</b>  The MCC discussed and reviewed the current formulary position for edoxaban as a first-line DOAC choice.  The MCC agreed to change to 'no preferred' DOAC. All options are available and given equal formulary status, including warfarin. If a DOAC is required it is selected based on individual patient circumstances.  The MCC also agreed to adopt the Harrogate Clinical decision making tool for embolism prophylaxis for patients with non-valvular atrial fibrillation</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>			
<p><b>12.2</b></p>	<p><b>Methotrexate 10mg Tablets</b>  Following a recent incident the MCC discussed and agreed to remove 10mg tablets from the local methotrexate shared care guideline AND that ONLY 2.5mg tablets should be prescribe in primary care.  If 10mg tablets are required in exceptional circumstances then these should ONLY be prescribed and supplied in secondary care.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.  <b>Action:</b> SP to update local methotrexate shared care guideline.</p>			
<p><b>12.3</b></p>	<p><b>Hydroxycarbamide for Psoriasis SCG</b>  A request to consider change this to a RED drug for this indication has been received and will be discussed at the next MCC meeting. It was noted this shared care guideline is currently being reviewed.</p>			
<p><b>12.4</b></p>	<p><b>Hepatitis B Vaccination in Renal Patients</b>  The MCC noted that this issue of Hepatitis B vaccination in renal patients is it still to be resolved. It was agreed that this not an MCC issue but a commissioning issue and appears to have been escalated within the CCG.</p>			
<p><b>12.5</b></p>	<p><b>Leeds APC Formulary Decisions February 2020</b>  The MCC reviewed the formulary decision from the February 2020 Leeds in APC and agreed to update the MCC formulary as follows for consistency, and in particular for tertiary centre drugs:</p> <table border="1" data-bbox="233 1440 1394 1809"> <tr> <td data-bbox="233 1440 531 1809"> Glibenclamide oral solution for neonatal diabetes mellitus </td> <td data-bbox="531 1440 1158 1809"> To mirror Leeds APC formulary decision from Feb 2020.   For the treatment of neonatal diabetes mellitus, for use in newborns, infants and children. (The licensed product was considered by LTHT Drug and Therapeutics Group (Nov 2019). It will not be used due to significant patient safety concerns. Neonatal diabetes mellitus: LTHT will continue to use glibenclamide oral suspension 2.5mg/5mL (Specials Laboratory); this is an unlicensed medicine.) </td> <td data-bbox="1158 1440 1394 1809"> 0.6mg/ml &amp; 6mg/ml = BLACK   2.5mg/5ml = AMBER SI </td> </tr> </table> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>	Glibenclamide oral solution for neonatal diabetes mellitus	To mirror Leeds APC formulary decision from Feb 2020.  For the treatment of neonatal diabetes mellitus, for use in newborns, infants and children. (The licensed product was considered by LTHT Drug and Therapeutics Group (Nov 2019). It will not be used due to significant patient safety concerns. Neonatal diabetes mellitus: LTHT will continue to use glibenclamide oral suspension 2.5mg/5mL (Specials Laboratory); this is an unlicensed medicine.)	0.6mg/ml & 6mg/ml = BLACK  2.5mg/5ml = AMBER SI
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<p><b>Date and time of next meeting: Wednesday 13<sup>th</sup> May 2020, 9:30am-12noon, Rowntree Meeting Room, West Offices, York. (n.b. April 2020 meeting cancelled as non-quorate)</b></p>				