

**Minutes of Medicines Commissioning Committee Meeting
Wednesday 13th May 2020
9.00am-10.30am, virtual meeting via Microsoft Teams**

		MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	MAY
Strategic Lead Pharmacist - MMT	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	A	✓	✓	A	✓	✓	A	✓		✓	✓	✓
GP Prescribing Lead - S&R CCG	Dr Greg Black (GB)	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
GP Prescribing Lead - NY CCG	Dr Tim Rider (TR)												✓
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)	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	✓	✓	✓	✓		✓	✓	✓
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	✓	✓		✓		✓	✓	✓
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	General business Laura Angus (LA) chaired the meeting.

	<p>The meeting was quorate.</p> <p>Tim Rider was welcomed to his first meeting as the GP prescribing lead for the new merged North Yorkshire CCG, and a round of introductions were made</p> <p>Declarations of conflicts of interest relating to the agenda Nil</p> <p>Tim Rider – MCC noted that partner in GP Dispensing Practice which also has an interest in an online pharmacy – agreed that no action required with today’s agenda items.</p> <p>In attendance Nil</p>
<p>2</p> <p>2.1</p> <p>2.2</p> <p>2.3</p>	<p>Matters arising</p> <p>Outcome of VoY/ScR CCG Clinical Executive/Business Committee Still need to confirm if the North Yorkshire CCG has approved the recommendations from the March 2020 MCC meeting. Still need to confirm if the VoY CCG CE committee approved the recommendations from the March 2020 MCC meeting.</p> <p>General discussion took place on the process for CCGs approving MCC recommendations and MCC receiving feedback from the respective CCGs.</p> <p>Action: LA/RA to confirm approval for March 2020 MCC recommendations by respective CCGs. Action: LA/RA to confirm process for CCGs approving MCC recommendations and MCC receiving feedback from the respective CCGs prior to June 2020 MCC.</p> <p>Draft minutes and matters arising from last meeting The minutes were agreed as a true record.</p> <p>Action log/long-term matters arising Quick read algorithm for HRT – on hold until June 2020 due to current national supply issues with HRT.</p> <p>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. Need to confirm progress to date.</p> <p>Vitamin D in melanoma patients – adoption of Leeds guidance – a draft of updated existing local vitamin D guidance to include use in patients with melanoma has been prepared and will come to next MCC for comment/approval. This will include clear guidance on when to prescribe/when to purchase OTC. Noted that current formulary is clear that melanoma patients should be advised to purchase Vitamin D Supplements.</p> <p>RMOC Update – Sodium Oxybate in Adults Advisory Statement – There is currently no prescribing in primary care locally. No change to current NTAG recommendation not to use sodium oxybate in treatment naïve adults with narcolepsy but will be reviewed once RMOC statement on pitolisant is available, and also generic sodium oxybate becomes available.</p> <p>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 – still in development.</p>

	<p>Currently with YFT antimicrobial team for review/comment.</p> <p>Hydroxychloroquine & Chloroquine Pathway and Policy – pathway/policy/business case – no update available.</p> <p>Cannabis for MS - updated NICE guidance Nov 2019 – formulary application still in progress. Draft shared care guideline on today’s agenda.</p> <p>Formulary updates Feb 2020 – NICE TA, Leeds APC Dec 2019, Gender Dysphoria, Xiapex, Ingenol mebutate, Estriol Cream, Levosert, Levetiracetam – formulary has now been updated.</p> <p>TEWV First generation antipsychotic long-acting injections, shared care guideline - updated draft to be discussed at May 2020 TEWV D&T , and then final version for approval will come to future MCC.</p> <p>Asthma Guidelines (updated) – no progress due to Covid-19.</p> <p>Formulary updates Mar 2020 – NICE TA, Glibeclamide oral solution, Methotrexate 10mg, Telotristat – still to be action as awaiting confirmation of CCG exec approval.</p> <p>TA623: Patiromer for treating hyperkalaemia – on today’s agenda</p> <p>Methotrexate 10mg Tablets - SP has updated local methotrexate shared care guideline to remove reference to 10mg tablets.</p>
3	<p>Governance Nil</p>
4	<p>Mental Health Medicines Commissioning</p>
4.1	<p>TEWV Pharmacy & Medicines COVID-19 Advice Circulated for information. (noted updated version circulated post meeting)</p>
5	<p>Formulary and Managed Entry of New Drugs</p>
5.1	<p>Esyma® Recall Circulated for information. No change to current BLACK status on formulary required.</p>
5.2	<p>Patiromer A decision on the formulary RAG status of TA623: Patiromer for treating hyperkalaemia was deferred from March 2020 MCC as further information need on cost plus where it fits in pathway compared to Sodium zirconium cyclosilicate.</p> <p>It was noted that Patiromer is slightly cheaper than alternative Sodium zirconium cyclosilicate for same NICE TA approved indications.</p> <p>MCC agreed for the approved NICE TA indications patiromer should be first line and sodium zirconium second line when patiromer is ineffective or when dosing restrictions with patiromer are not possible.</p> <p>MCC agreed that Patiromer should be RED for acute emergency use and AMBER Shared Care for persistent hyperkalaemia as per NICE TA. Patiromer requires shared care status because of monitoring of potassium required and GPs require guidance on how to modify dose in response to potassium levels. It will be considered RED for all indications until shared care guideline is in place.</p>

	<p>It was noted that Sodium zirconium cyclosilicate is RED because unlike patiromer is has a hospital only commercial access agreement in place as part of the NICE TA.</p> <p>Action: JEC to update formulary accordingly following CCG approval. Action: YFT to develop shared care guideline for patiromer for next MCC meeting.</p>
6	<p>Interface: Shared Care Guidelines (SCGs) and Pathways</p>
6.1	<p>Using Ferric Maltol instead of intravenous iron treatments in Iron Deficiency The MCC approved the guidance and agreed use not just for use during Covid-19 pandemic. (Note: has already been approved by Vale of York CCG Exec)</p> <p>Action: JEC to update formulary with link to guidance following CCG approval</p>
6.2	<p>Apomorphine Shared Care Guideline The MCC approved the updated version to include the Dacepton® brand subject to minor amendment on the following sentence: “Irrespective of whether you accept prescribing responsibility or not, you should inform the consultant of relevant medical information regarding the patient and changes to the patient’s medication regime irrespective of indication.”</p> <p>General discussion on the length of review dates for Shared Care Guidelines took place. It was agreed that going forward new shared care guidelines and existing shared care guidelines that come up for review should have a new review date of 3 years instead of 2 years unless important new information (e.g. safety information, change in national guidelines) becomes available.</p> <p>Action: JEC to update Apomorphine Shared Care Guideline with suggested amendment and publish once change wording agreed via email.</p>
6.3	<p>PCSK Pathway Version 2 This was due for review and a few minor amendments/updates made. The updated version was approved by the MCC. It was noted that the expected guidance is not expected to result in increased used or costs. The pathway will be reviewed if the Accelerated Access Collaborative around these agents picks up leading to potential increased use.</p>
6.4	<p>Share Care Guideline Sativex for Spasticity in MS The first draft of a shared care guideline for Sativex® for spasticity in MS was presented for comment. No comments were made.</p> <p>It was noted that a guidance for use and formulary application was still required as per discussion at Dec 2019 MCC so that a final decision about commissioning position by the local CCGs could be made. After further discussion it was agreed that a regional/North Yorkshire commissioning position would be useful.</p> <p>Action: TR/LA/RA to check on a regional/North Yorkshire commissioning position.</p>
7	<p>National and Regional Guidance</p>
7.1	<p>Monthly NICE update (March and April 2020) 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"> • TA625: Recombinant human parathyroid hormone for treating hypoparathyroidism (terminated appraisal)

	<ul style="list-style-type: none"> • TA627: Lenalidomide with rituximab for previously treated follicular lymphoma <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:</p> <ul style="list-style-type: none"> • NG155: Tinnitus: assessment and management • NG156: Abdominal aortic aneurysm: diagnosis and management • NG158: Venous thromboembolic diseases: diagnosis, management and thrombophilia testing • NG159: COVID-19 rapid guideline: critical care in adults • NG160: COVID-19 rapid guideline: dialysis service delivery • NG161: COVID-19 rapid guideline: delivery of systemic anticancer treatments • NG162: COVID-19 rapid guideline: delivery of radiotherapy • NG163: COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community • NG164: COVID-19 rapid guideline: haematopoietic stem cell transplantation • NG165: COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community • NG166: COVID-19 rapid guideline: severe asthma • NG167: COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders • NG168: COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD) • NG169: COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response • NG170: COVID-19 rapid guideline: cystic fibrosis • NG171: COVID-19 rapid guideline: acute myocardial injury • NG172: COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response <p>Medicines Safety (MHRA drug safety update – March and April 2020) The group noted the drug safety updates for March and April 2020. The links are to be added to the relevant sections of the formulary.</p> <p>RDTC monthly horizon scanning (March and April 2020) 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. Noted lack of progress due to current Covid-19 pandemic so items will be progressed as when they can.</p>
7.3	<p>RMOC Update Nil this month.</p>
7.4	<p>West Yorkshire and Harrogate Healthy Hearts Programme – Statin Guidance Circulated for information. Noted that York already have similar guidance in place.</p>

8	Other Items of Business
8.1	<p>Hepatitis B Service for Renal Patients There has now been agreement at NY LMC to take the hepatitis B service for the renal patients back on but still unsure where this fits with York LMC. VoY CCG have also begun work on commissioning an enhanced service to cover this. It was agreed that this issue should be picked up outside of the MCC.</p>
8.2	<p>Y&S MCC Annual Report 2019/20 A draft Y&S MCC Annual Report 2019/20 was presented to and approved by the MCC.</p> <p>Action: RDTTC to circulate final approved Y&S MCC Annual Report 2019/20 to MCC members.</p>
9	Monitoring/reporting
9.1	<p>Twelve-month audit data MCC outcomes for recommendations from January 2019 Not yet available.</p>
10	<p>Patient and clinical communications Nothing to report.</p>
11	Items from other groups
11.1	<p>York and Scarborough Drug and Therapeutics Committee minutes – January 2020 Not yet available.</p>
11.2	<p>Hull and East Riding Prescribing Committee (HERPC) – Jan 2020 Circulated for information.</p>
11.3	<p>Harrogate APC Minutes – January 2020 Circulated for information.</p>
11.4	<p>Harrogate APC Agenda – February 2020 Circulated for information.</p>
11.5	<p>Leeds APC Minutes – October 2019 Not yet available.</p>
11.6	<p>HCV STP Joint Area Prescribing Meeting – Jan 2020 Circulated for information.</p>
12	Any urgent business
12.1	<p>Medications in pregnancy e.g. codeine, tramadol, SSRIs A request to issue some guidance to GPs on prescribing of certain medications in pregnancy was been received from Harrogate Trust. It was noted that Harrogate Trust, TEWV, and YFT all have slightly different internal guidelines on these medicines and length of stay/monitoring post-delivery. It was agreed that further clarification is needed on what is required to go out to GPs and in what form.</p> <p>Action: RA to clarify what is required to go out to GPs and in what form.</p>
<p>Date and time of next meeting: Wednesday 10th June 2020, 9.00am-10.30am, Virtual Meeting via Microsoft Teams</p>	