

Minutes of Medicines Commissioning Committee Meeting
Wednesday 11th November 2020
9.00am-11.30am, virtual meeting via Microsoft Teams

		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	SEP	OCT	NOV
Strategic Lead Pharmacist - MMT	Mrs Rachel Ainger (RA)	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	A	✓		✓	✓		✓	✓	✓	✓	✓	A
GP Prescribing Lead - S&R CCG	Dr Greg Black (GB)	✓	✓	✓		✓	✓							
GP Prescribing Lead - NY CCG	Dr Tim Rider (TR)								✓	✓	A	✓	✓	✓
Principal Pharmacist Formulary, Interface and Palliative Care	Mrs Jane Crewe (JEC)	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	A
Deputy Chief Pharmacist Tees, Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)	✓	A	✓		✓	A		✓	A	✓	✓	✓	Until item 5
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		✓	✓	✓	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Consultant Psychiatrist (TEWV)	Vacant													
Consultant Cardiologist	Dr Chris Hayes (CH)	A	A	✓		✓	✓		✓		✓	✓		✓
Senior pharmacists Vale of York CCG	Mr Faisal Majothi (FM)	✓	✓	✓		✓	A		✓	✓	✓	✓	A	A
	Mr Jamal Hussain (JH)	✓		✓		✓	✓		✓	✓	✓	✓	✓	✓
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>General business Stuart Parkes (SP) chaired the meeting. The meeting was quorate.</p> <p>Declarations of conflicts of interest relating to the agenda Nil relating to today's agenda items.</p>

	<p>In attendance Chris Ranson – Medicines Management Team, North Yorks CCG – attending in a non-voting capacity.</p>
<p>2</p> <p>2.1</p> <p>2.2</p> <p>2.3</p>	<p>Matters arising</p> <p>Outcome of VoY/NY CCG Clinical Executive/Business Committee The NY CCG e has now approved the recommendations October 2020 MCC meeting except for oral semaglutide, Taptiqom® Sativex SCG, Ciclosporin SCG, and Rifampicin SCG, which are all awaiting outcome from Harrogate APC or feedback from Harrogate Trust Clinicians. The VoY CCG CE committee has approved the recommendations from the October 2020 MCC Meeting</p> <p>Concerns were expressed around the current delays in the process for NY CCG approving Y&S MCC recommendations. It was agreed though to still update the Y&S Formulary to reflect the recommendations to enable YFT to implement the formulary decision for the patients under their care.</p> <p>Draft minutes and matters arising from last meeting The minutes were agreed as a true and accurate record.</p> <p>Action log/long-term matters arising It was noted that progress with a number of items has been delayed due to the COVID-19 vaccine planning currently being undertaken by CCG MO teams.</p> <p>Prescribing arrangements and guidelines followed by The Tuke Centre – no update available.</p> <p>RMOC Update – Sodium Oxybate in Adults Advisory Statement – still awaiting RMOC statement on pitolistant and generic sodium oxybate becoming available.</p> <p>Methenamine hippurate for recurrent UTI – formulary application still in development due to COVID-19.</p> <p>Medications in pregnancy e.g. codeine, tramadol, SSRIs - still to clarify what is required to go out to GPs and in what form. Will be picked up outside of MCC next week.</p> <p>Hydroxychloroquine SCG – still awaiting feedback from LMC on local shared care LES for hydroxychloroquine with proposed changes to monitoring responsibilities for GPs. Noted draft RMOC guidance on retinopathy monitoring.</p> <p>Fremanezumab (TA631) – Legal advice now received, and needs QIA completing to go to CCG Quality Committees. Noted NICE TA for galcanezumab due next week, and this will require local pathway to be updated again. Action: SP to review & update local pathway in light of NICE TA for galcanezumab</p> <p>Leeds APC Formulary Decisions June 2020 - new local formulary application from YFT for Grass Pollen Extract (Grazax) for the Treatment of Rhinitis and Conjunctivitis still awaited.</p> <p>Patiromer SCG – awaiting feedback from LMC on implications for LES of proposed Patiromer SCG.</p> <p>TEWV GP Information Sheet on Clozapine – on today's agenda.</p> <p>HRT Guideline – in progress.</p>

	<p>Vitamin D Guidance and Medal Ranking – final version been circulated and approved virtually. ITEM NOW CLOSED.</p> <p>Melatonin in Paediatrics SCG and TEWV Melatonin SCG - LA to seek legal advice around using an off-label form of melatonin over a licensed form as may have implications for other licensed vs unlicensed drugs now and in the future. LA/RA/CR to set up a working group to look at wider issues around melatonin prescribing. No further update available.</p> <p>Rifampicin SCG – feedback from LMC on implications for LES for Rifampicin SCG awaited. Still to check on average length of treatment course for Rifampicin for each of the indications included in the SCG.</p> <p>Formulary updates Oct 2020 – NICE TA, MHRA DSU, Sativex, Semaglutide, Taptiqom, Brolocizumab, Shared Care Guidelines – updates to website in progress.</p>
3	<p>Governance Nil for this meeting.</p>
4	<p>Mental Health Medicines Commissioning</p> <p>4.1 TEWV GP Information Sheet on Clozapine Updated TEWV GP Information Sheet on Clozapine was presented to and approved by the MCC.</p> <p>Discussion took place on the need to ensure GPs record patients in clozapine in their systems as it is a RED drug. This will be highlighted in the next CCG Medicines Safety Bulletin.</p> <p>Action: TR/RA to highlight in the next CCG Medicines Safety Bulletin</p>
5	<p>Formulary and Managed Entry of New Drugs</p> <p>5.1 Sodium zirconium rebate scheme It was agreed by the MCC that the CCGs explore use of rebate scheme which would allow sodium zirconium and patiomer to have the same RAG status. This would be more convenient for patients and ensures all prescribing is done by the same team.</p> <p>Sodium zirconium cyclosilicate was added to formulary as a RED drug to allow access to the POAS scheme price Subsequently patiomer was also approved by NICE for the same indications but as this was not subject to a PAS scheme it was approved as Amber shared care Rebate scheme The manufacturer have confirmed there is a simple rebate scheme available in primary care which means that on a quarterly basis the CCG could automatically get refunded the additional costs.</p> <p>Action: CR/JH to check if PrescQIPP recommended rebate scheme and take through CCG rebate scheme process.</p>
5.2	<p>Appeal – Fiasp insulin prefilled pens Formulary Application The MCC discussed and approved an appeal to add Fiasp insulin prefilled 5x3ml flextouch pens alongside the currently approved vials and pen cartridges. This harmonises the formulary with Harrogate, and they prefilled pens are already being prescribed in primary care.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p> <p>Action: JH/CR to review formulary insulin choices particularly around use of biosimilars.</p>

<p>5.3</p>	<p>Freestyle Libre 2 The MCC noted that next generation of the Freestyle Libre sensor has been added to the Drug Tariff from November 2020. It is not currently being actively promoted by the manufacturer. At this stage no patients on Freestyle Libre should be switched to Freestyle Libre 2. It was agreed to highlight the risks of prescribing/dispensing errors due to confusion between the two versions of the sensor to prescribers.</p> <p>The MCC also noted the latest update to the NHSE Criteria for the use of Flash Glucose Monitoring which now includes those with a learning disability on insulin. It was agreed to review the current local guidance on use of Flash Glucose Monitoring as a result.</p> <p>Action: CCG MO teams and SP to highlight the risks of prescribing/dispensing errors due to confusion between the two versions of the sensor to prescribers.</p> <p>Action: CR/JH to review local guidance on use of Flash Glucose Monitoring to reflect new criteria for use in patients on insulin with a learning disability.</p>
<p>5.4</p>	<p>Traffic light review lacosamide, and perampanel The adult epilepsy team at York Hospital have requested a review of the traffic light status of these drugs. They are currently AMBER specialist initiation but request a change to AMBER specialist recommendation. They do not feel that they are different from the majority of the other antiepileptic drugs (AEDs) which do not require Specialist initiation before transfer to primary care. It was noted that already on the Harrogate formulary as AMBER SR. It was agreed to approve this change and that that current Care Plan documents ft these drugs are no longer needed as the Specialist team already provide guidance on dose titration, withdrawal of other AEDs and any other relevant information, as necessary, on the GP clinic letter.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
<p>6</p> <p>6.1</p>	<p>Interface: Shared Care Guidelines (SCGs) and Pathways</p> <p>Fibromyalgia RSS Document The MCC discussed the updated local RSS document on fibromyalgia and agreed to Amitriptyline, nortriptyline and duloxetine to the formulary as GREEN drugs as per in their unlicensed indication in Fibromyalgia. It was noted that the use of these drugs for Fibromyalgia is included in the national patient information leaflet on Fibromyalgia. It was agreed to add a sentence to the local RSS document on fibromyalgia on the monitoring of these drugs and when to review.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p> <p>Action: SOC to add a sentence to the local RSS document on fibromyalgia on the monitoring of amitriptyline, nortriptyline and duloxetine and when to review.</p>
<p>7</p> <p>7.1</p>	<p>National and Regional Guidance</p> <p>Monthly NICE update (October 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"> • HST13: Volanesorsen for treating familial chylomicronaemia syndrome • TA653: Osimertinib for treating EGFR T790M mutation-positive advanced non-small-cell lung cancer

	<ul style="list-style-type: none"> • TA654: Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer • TA655: Nivolumab for advanced squamous non-small-cell lung cancer after chemotherapy <p>The drugs in the following TAs to be reflected in the formulary as NOT APPROVED drugs in the relevant chapters with links to the TAs:</p> <ul style="list-style-type: none"> • TA652: Alpelisib with fulvestrant for treating hormone-receptor positive, HER2-negative, PIK3CA-positive advanced breast cancer (terminated appraisal)TA650: <p>All of the above TAs are NHSE-commissioned, therefore would have no cost impact to CCGs.</p> <p>Medicines Safety (MHRA drug safety update – October 2020) The group noted the drug safety updates for October 2020. The links are to be added to the relevant sections of the formulary.</p> <p>RDTC monthly horizon scanning (November 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>RMOC Update</p> <p>The MCC noted the current draft RMOC documents that are out for consultation and members were asked to submit any comments they might have directly to RMOC South:</p> <ul style="list-style-type: none"> • Buprenorphine long-acting injection: considerations for opioid substitution treatment use in community settings and secure environments in England. • Hydroxychloroquine retinopathy monitoring.
8	<p>Other Items of Business</p> <p>8.1 Link to County Durham & Darlington Drug Monitoring Guidelines on Y&S Formulary</p> <p>It was brought to the attention of the MCC that the link to the County Durham & Darlington Drug Monitoring Guidelines on the Y&S formulary website is now out of date. A new version of these guidelines covering County Durham & Tees Valley is currently being produced.</p> <p>It was agreed to remove this link and replace with a link to the national drug monitoring recommendations available on the SPS website instead.</p> <p>Action: JEC to update formulary accordingly.</p>
9	<p>Monitoring/reporting</p> <p>9.1 Twelve-month audit data MCC outcomes for recommendations from September 2019</p> <p>Circulated for information. No issues to report.</p>
10	<p>Patient and clinical communications</p> <p>Nothing to report.</p>
11	<p>Items from other groups</p> <p>11.1 York and Scarborough Drug and Therapeutics Committee minutes – since July 2020</p> <p>Not yet available.</p>

<p>11.2</p> <p>11.3</p> <p>11.4</p> <p>11.5</p>	<p>Hull and East Riding Prescribing Committee (HERPC) minutes– since July 2020 Not yet available.</p> <p>Harrogate APC Minutes – September 2020 Circulated for information.</p> <p>Harrogate APC Agenda – October 2020 Circulated for information.</p> <p>Leeds APC Minutes – October 2019 Not yet available.</p>
<p>12</p>	<p>Any urgent business <u>Covid-19 Vaccine</u> The MCC noted the current local planning underway in preparation for national rollout of a Covid-19 vaccine once available. It was agreed once vaccine approved to just add to formulary as per JCVI recommendations.</p>
<p>Date and time of next meeting: Wednesday 9th December 2020, 9.00am-11.30am, Virtual Meeting via Microsoft Teams</p>	