

**Minutes of Medicines Commissioning Committee Meeting**  
**Wednesday 9<sup>th</sup> December 2020**  
**9.00am-11.30am, virtual meeting via Microsoft Teams**

		NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	SEP	OCT	NOV	DEC
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	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	✓		✓	✓		✓		✓	✓		✓	
Senior pharmacists Vale of York CCG	Mr Faisal Majothi (FM)	✓	✓		✓	A		✓	✓	✓	✓	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><b>General business</b></p> <p>Stuart Parkes (SP) chaired the meeting until Item 3.1 and then Laura Angus (LA) took over.</p> <p>The meeting was quorate.</p>

	<p><b>Declarations of conflicts of interest relating to the agenda</b>  SP – item 5.3 – provided nurse training and received payment for this for another Lilly drug (not Galcanezumab) – agreed could participate as not directly related to drug in question.</p> <p><b>In attendance</b>  Chris Ranson – Medicines Management Team, North Yorks CCG – attending in a non-voting capacity.</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/NY CCG Clinical Executive/Business Committee</b>  The NY CCG Exec has now approved the outstanding recommendations October 2020 MCC meeting (oral semaglutide, Taptiqom®, Ciclosporin SCG, and Rifampicin SCG) except for the Sativex SCG.  The NY CCG Exec has approved the recommendations from the November 2020 MCC Meeting.  The VoY CCG CE committee has approved the recommendations from the November 2020 MCC Meeting.</p> <p><b>Draft minutes and matters arising from last meeting</b>  The minutes were agreed as a true and accurate record.</p> <p><b>Action log/long-term matters arising</b></p> <p>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><b>Prescribing arrangements and guidelines followed by The Tuke Centre – no update available.</b></p> <p><b>RMOC Update – Sodium Oxybate in Adults Advisory Statement – still awaiting RMOC statement on pitolistant and generic sodium oxybate becoming available.</b></p> <p><b>Methenamine hippurate for recurrent UTI – formulary application still in development due to COVID-19.</b></p> <p><b>Medications in pregnancy e.g. codeine, tramadol, SSRIs - has been picked up outside of MCC. ITEM NOW CLOSED.</b></p> <p><b>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.</b></p> <p><b>Fremanezumab (TA631) – local pathway in light of NICE TA for galcanezumab has been updated and is on today’s agenda.</b></p> <p><b>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.</b></p> <p><b>Patiromer SCG – awaiting feedback from LMC on implications for LES of proposed Patiromer SCG.</b></p> <p><b>HRT Guideline – in progress.</b></p> <p><b>Melatonin in Paediatrics SCG and TEWV Melatonin SCG - working group to look at wider issued around melatonin prescribing in process of being set-up.</b></p>

	<p><b>Rifampicin SCG</b> – 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><b>Sodium zirconium rebate scheme</b> – to double check not a PrescQIPP recommended rebate scheme and take through CCG rebate scheme process. Initial check suggested not a PrescQIPP approved rebate scheme.</p> <p><b>Formulary insulin choices particularly around use of biosimilars</b> – work in progress.</p> <p><b>Freestyle Libre 2</b> – updated local commissioning statement on today’s agenda for approval.</p> <p><b>Fibromyalgia RSS Document to add a sentence to the local RSS document on fibromyalgia on the monitoring of amitriptyline, nortriptyline and duloxetine and when to review</b> – in progress.</p> <p><b>Formulary updates Nov 2020 – NICE TA, MHRA DSU, link to drug monitoring recommendations, Fiasp pre-filled pens, Lacosamide, Perampanel, Fibromyalgia drugs</b> – updates to website in progress. ITEM NOW CLOSED.</p>
<p><b>3</b></p>	<p><b>Governance</b>  <u>Moving to a joint Harrogate/North Yorkshire and York Area Prescribing Committee</u>  An adjusted proposal was brought to the February 2020 Medicines Commissioning Committee – The adjusted proposal that evolved from the discussion included retaining the local MCC and APCs with relevant CCG and trust membership, which would make recommendations to each other and to a single over-arching committee that would facilitate and ensure consistency in medicines and formulary commissioning decision between NY and VoY CCGs and the local trusts – Medicines Commissioning and Formulary Committee.  As various stakeholders have worked through the processes to set in motion the Medicines Commissioning and Formulary Committee, it has become more apparent that it would be more appropriate to move to a joint North Yorkshire and York area prescribing committee.  The proposal is, for the initial ‘start-up’ period, for example for the first 12 months (to be decided), all existing members of Medicines Commissioning Committee and Harrogate Area Prescribing Committee would attend the same monthly meeting, made practically easier with the advent of the use of virtual meeting technology, for example, Microsoft Teams.  The proposal to move to a joint Harrogate/North Yorkshire and York Area Prescribing Committee was approved by seven votes in favour to one vote against. This proposal therefore now goes to the stakeholder Trusts and CCGs for approval.    <b>Action:</b> LA to take to move to joint Harrogate/North Yorkshire and York Area Prescribing Committee to the stakeholder Trusts and CCGs for approval.</p>
<p><b>4</b></p> <p><b>4.1</b></p>	<p><b>Mental Health Medicines Commissioning</b></p> <p>Nil this month.</p>
<p><b>5</b></p> <p><b>5.1</b></p>	<p><b>Formulary and Managed Entry of New Drugs</b></p> <p><b>Doxazosin for off-label use in PTSD</b>  TEWT D&amp;T have recently approved doxazosin for off-label use in PTSD as an alternative to prazosin (in light of on-going supply disruption).  The MCC agreed to approve Doxazosin for addition to formulary as AMBER SI drug for off-label use in PTSD as an alternative or prazosin.</p>

	<b>Action:</b> JEC to update formulary accordingly following CCG approval.														
<b>5.2</b>	<p><b>Leeds APC Formulary Decisions September and November 2020</b></p> <p>The MCC reviewed the formulary decisions from the September and November 2020 Leeds APC and agreed to update the MCC formulary as follows for consistency, and in particular for tertiary centre drugs:</p> <table border="1"> <tr> <td>Renavit Tablets ( Renavit) - Vitamin supplement in dialysis patients (reclassified from Amber level 2)</td> <td>Amber Level 1</td> <td>Add to formulary as AMBER SR.</td> </tr> <tr> <td>Penicillamine 125 and 250mg Tablets - Wilsons disease</td> <td>Amber Level 2</td> <td>Change RAG status to AMBER SI.</td> </tr> <tr> <td>Tamoxifen tablets: for the chemo prevention of familial breast cancer in line with NICE and Yorkshire &amp; Humber Strategic Clinical Networks Guidance</td> <td>Amber Level 1</td> <td>No action required as already listed as AMBER SI.</td> </tr> <tr> <td>Coagucheck &amp; Coagucheck Softclix - Children who are under the care of the Leeds paediatric warfarin clinic or anticoagulation service who will assume responsibility for ensuring that the training is appropriate and that the testing machines are appropriately calibrated at least every 6 to 12 months against either a venous blood sample or a healthcare professional's coagulometer which is checked in line with an external quality assurance scheme.</td> <td>Grey  (Note: Red in adults)</td> <td>No action required as already listed as AMBER SI</td> </tr> </table> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>			Renavit Tablets ( Renavit) - Vitamin supplement in dialysis patients (reclassified from Amber level 2)	Amber Level 1	Add to formulary as AMBER SR.	Penicillamine 125 and 250mg Tablets - Wilsons disease	Amber Level 2	Change RAG status to AMBER SI.	Tamoxifen tablets: for the chemo prevention of familial breast cancer in line with NICE and Yorkshire & Humber Strategic Clinical Networks Guidance	Amber Level 1	No action required as already listed as AMBER SI.	Coagucheck & Coagucheck Softclix - Children who are under the care of the Leeds paediatric warfarin clinic or anticoagulation service who will assume responsibility for ensuring that the training is appropriate and that the testing machines are appropriately calibrated at least every 6 to 12 months against either a venous blood sample or a healthcare professional's coagulometer which is checked in line with an external quality assurance scheme.	Grey  (Note: Red in adults)	No action required as already listed as AMBER SI
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<b>5.3</b>	<p><b>Galcanezumab for Preventing Migraine (NICE TA659)</b></p> <p>The MCC discussed and approved the addition to the formulary of Galcanezumab for Preventing Migraine as per NICE TA659. The updated local pathway was also approved stating that the most cost-effective biologic should be used.</p> <p>It noted that Galcanezumab approved for both episodic and chronic migraine. Fremanezumab was only approved for chronic migraine (15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine). Same price per month as Fremamezumab based on NHS list price. Treatment with a second anti- CGRP in the NICE Guidance e.g. fremanezumab is not recommended.</p> <p>So the implications would be that fremanezumab would be removed from the pathway as much less cost-effective but remain on formulary as NICE TA approved as an option.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>														
<b>5.4</b>	<p><b>Fentanyl Patches Post Hip Fracture</b></p> <p>The MCC was informed of a change in practice for analgesia in patients following hip fracture within YFT discussed and approved at the November 2020 D&amp;T. This follows the recent MHRA alert regarding not starting opioid patches in opioid naïve patients.</p> <p>Fentanyl Patches 6-12mcg/hour post hip fracture surgery will continue to be used peri-operatively on ward 36 and whilst the patient is an inpatient or at a community unit. 24-48 hours prior to discharge the patches will be removed and either oramorph and codeine, or oxycodone syrup started for patients with an eGFR of less than 30. Patients must not be discharged on fentanyl patches for this indication or any other surgical based indication.</p> <p>The impact on primary care will be a reduction in patients which end up with fentanyl patches inappropriately on their repeat prescription and potentially a reduction in patient's experiencing ADRs.</p>														

	<p>The #NOF team are collecting some data to support safety, efficacy and impact of length of stay of this approach to provide assurance to the Trust of their continued use.</p> <p><b>Action:</b> Continuation of this practice to be discussed again at future MCC once the Trust has further information to report back on.</p> <p><b>Action:</b> Katie Mellor/JH to produce a PIL on opioid use post discharge to manage patient expectations around length of treatment course and prevent opioids ending up on repeat prescriptions inadvertently.</p>
5.5	<p><b>Pre-NICE use of Bempedoic Acid and the combination product of Bempedoic Acid and Ezetimibe</b></p> <p>A request has been received to consider approving Bempedoic Acid and the combination product of Bempedoic Acid and Ezetimibe ahead of a NICE TA being issued for Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia who are considered high/very-high risk and who are statin intolerant or for whom a statin is contra-indicated and who are not at goal with ezetimibe but are not eligible for PCSK9 inhibitors (alirocumab or evolocumab).</p> <p>The MCC agreed to not to approve ahead of NICE TA expected in 2021 as not approved by SMC on 7.12.20. SMC had some concerns around the evidence based and cost-effectiveness.</p>
5.6	<p><b>Upadacitinib</b></p> <p>The MCC approved the addition of Upadacitinib to the formulary as a RED drug as per NICE TA for severe rheumatoid arthritis. It has the same place in the pathway as other JAK inhibitors. Potential benefits may include reduced VTE risk and positive evidence compared to adalimumab.</p> <p>Noted that no significant cost impact to CCGs expected as overall cost savings compared to other JAK inhibitors.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>
5.7	<p><b>Freestyle Libre (update)</b></p> <p>The MCC approved addition of FSL 2 to the formulary which is being made available from January 2021, the key improvement is FSL 2 has an alarm function which can notify when glucose is high, low or if there is an issue with the sensor or reader.</p> <p>The MCC also approved updated local commissioning position to reflect the latest NHSE criteria for FSL updated in November 2020 to include patients with learning disabilities on insulin.</p> <p><b>Action:</b> JEC to update formulary accordingly following CCG approval.</p>
5.8	<p><b>Oilatum Plus – appeal</b></p> <p>The YFT Dermatologists have appealed the decision of MCC to class Oilatum Plus as BLACK on the Medicines Formulary. They wish to make it available for the management of recurrent localised skin infections, particularly leg eczema, leg ulcers and those with recurrent staphylococcal skin infections with eczema.</p> <p>The MCC discussed and agreed that the presented appeals form does not contain enough information to make a decision, and requires the view of microbiology.</p> <p>Agreed to defer further discussion until next MCC meeting so further supporting information can be requested from applicant.</p>
5.9	<p><b>Dapagliflozin for Heart Failure</b></p> <p>The MCC discussed and agreed not to consider ahead of NICE TA being issued in 2021. This is because NICE TA due in February 2021 and because of the potential large cost impact which is best assessed by NICE.</p>

<p><b>6</b></p> <p><b>6.1</b></p>	<p><b>Interface: Shared Care Guidelines (SCGs) and Pathways</b></p> <p><b>Asthma and COPD guidelines – minor amendments</b>  The noted for information the recent minor amendments to local Asthma and COPD guidelines:  <u>Asthma:</u></p> <ul style="list-style-type: none"> <li>• Highlighted the use of spacer device with MDI inhalers in the key</li> <li>• Made clear that once daily dosing (relvar) should only be used if bd dosing has poor adherence following a formal assessment</li> <li>• Stipulated how many courses of corticosteroid are too much and indicates poor asthma management (in the red when to refer to specialist opinion box)</li> </ul> <p><u>COPD:</u></p> <ul style="list-style-type: none"> <li>• Change to the lay out to make clear move from step 1 should be to either 2a or 2b and then to 3</li> </ul> <p>Agreed not review these guidelines or make any further changes for another 12 months.</p>
<p><b>7</b></p> <p><b>7.1</b></p>	<p><b>National and Regional Guidance</b></p> <p><b>Monthly NICE update (November 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>• TA656: Siponimod for treating secondary progressive multiple sclerosis</li> <li>• TA657: Carfilzomib for previously treated multiple myeloma</li> <li>• TA658: Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma</li> </ul> <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 are CCG-commissioned and 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>• TA659: Galcanezumab for preventing migraine – approved in line with updated proposed local pathway stating that the most cost-effective biologic should be used.</li> </ul> <p><b>Medicines Safety (MHRA drug safety update – November 2020)</b>  The group noted the drug safety updates for November 2020. The links are to be added to the relevant sections of the formulary.</p> <p><b>RDTc monthly horizon scanning (November 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.</p>
<p><b>7.2</b></p>	<p><b>RMOC Update</b>  Nil this month</p>
<p><b>8</b></p> <p><b>8.1</b></p>	<p><b>Other Items of Business</b></p> <p>Nil.</p>

<b>9</b>	<b>Monitoring/reporting</b>
<b>9.1</b>	<b>Twelve-month audit data MCC outcomes for recommendations from October 2019</b> Circulated for information. No issues to report.
<b>10</b>	<b>Patient and clinical communications</b> Nothing to report.
<b>11</b>	<b>Items from other groups</b>
<b>11.1</b>	<b>York and Scarborough Drug and Therapeutics Committee minutes – September 2020</b> Circulated for information.
<b>11.2</b>	<b>Hull and East Riding Prescribing Committee (HERPC) minutes– September 2020</b> Not yet available.
<b>11.3</b>	<b>Harrogate APC Minutes – October 2020</b> Circulated for information.
<b>11.4</b>	<b>Harrogate APC Agenda – November 2020</b> Circulated for information.
<b>11.5</b>	<b>Leeds APC Minutes – October 2019</b> Not yet available.
<b>11.6</b>	<b>North Yorkshire CCG Medicines Commissioning and Formulary Sub-Committee minutes – Nov 2020</b> Circulated for information.
<b>12</b>	<b>Any urgent business</b>  <u>COVID-19 Vaccine and Covid-19 vaccination: Governance, handling, and preparation of vaccines by GP led Local Vaccination Centres (PCN designated sites)</u> The MCC approved the addition of COVID-19 Vaccine to the formulary and the MCC will continue to act in accordance with national recommendations and guidance on the use of COVID-19 Vaccine.  <u>LMC</u> Need to agree timescales for agreeing with LMC any funding/contracting issues arising from the approval by MCC of shared care guidelines discussed.
<b>Date and time of next meeting: Wednesday 13<sup>th</sup> January 2021, 9.00am-11.30am, Virtual Meeting via Microsoft Teams</b>	