York and Scarborough
Medicines Commissioning Committee

Minutes of Medicines Commissioning Committee Meeting
Wednesday 9th January 2019
9.30-12pm, West Offices, York

		JAN	FEB	MAR	APR	MAY	JUN	JUL	SEP	OCT	NOV	DEC	JAN
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)	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Principal Pharmacist Formulary, Interface and Palliative Care	Mrs Jane Crewe (JEC)	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	A	✓	A	✓	✓	A	A	✓	✓	✓	✓
Deputy Chief Pharmacist Tees, Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)	A	A	✓	A	✓	✓	✓	✓	✓	A	✓	A
GP Vale of York CCG	Dr William Ovenden (WO)	A	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
GP Lead for Acute Service Transformation - VoY CCG	Dr Shaun O'Connell (SO'C)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	✓	✓	✓	A	✓	A	✓	✓	A	✓	A	✓
Consultant Psychiatrist (TEWV)	Dr Michelle Beaumont (MB)	A	A	A		A	✓						
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	✓	✓	✓	✓	✓	✓
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mrs Elizabeth Okpara (EO)/ Mr Gavin Mankin (GM)	✓ EO	✓ EO GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM	✓ GM

Item	
1	**General business** Laura Angus (LA) chaired the meeting. Apologies were received from Richard Morris for the meeting today. The meeting was quorate **Declarations of conflicts of interest relating to the agenda** Nil

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.
2.2	**Outcome of VoY SMT/SRCCG Clinical Executive Committee** The ScR CCG CE will consider the recommendations from the December 2018 MCC meeting at its meeting in February 2019. The VoY CCG CE committee approved the recommendations from the December 2018 MCC meeting.
2.3	**Draft minutes and matters arising from last meeting** The minutes were agreed as a true record. **<u>Action log/long-term matters arising</u>** **Governance** – nothing to report since last meeting. **RAG status of dopamine agonists pramipexole and ropinirole for restless legs syndrome** – nothing to report since last meeting. MCC discussed the length of time this has been on the action log. **Action:** SO to discuss with Medical Director lack of progress in Trust clinicians reviewing draft. **Action:** To ask Kirsten Evans and Lynne Ridley to review draft and submit any comments the week before the next MCC meeting. **BAD safety alert on chloroquine and hydroxychloroquine** – await feedback and developments nationally. **Conditions for which over the counter items should not routinely be prescribed in primary care** – nothing to report since last meeting. Await regional STP guidance being led by Hull MO team. **MHRA Drug Safety Update – April 2018 – Valproate in pregnancy & women of child bearing potential** – VoY and ScR still need to check all GP practices have completed the audit. Agreed that LA ask MHRA again about clarity on any exceptions to their advice. **Taurine** – nothing to report since last meeting. **Apraclonidine Eye Drops Formulary Application** – guidance on PF eye drops is in development. **Aspirin in Pregnancy** – guidance still to be added to RSS website. **Shared Care Guidelines for Approval – Leflunomide, Sulfasalazine, Azathioprine** – Still need to follow up pneumococcal vaccine frequency with Public Health England. **Management of Diabetes in the Over 75s –** guidance still in progress. **30 Day NICE TA Implementation** –Chair's Action Process still to be finalised. **Guidance for GPs when Community Pharmacies are unable to order/dispense a product** – a brief interim update has been sent out and working ongoing to prepare guidance for GPs for when community pharmacies are unable to order/dispense a product.

	Review of Diabetes Test Strips, Needles and Lancets – this work is now being picked up the North Yorkshire CCGs Medicines Management Team. Agreed to remove from Action Log for now. **RAG status of LMWH for use by Fertility Clinics and/or Preventing Miscarriage** – RDTC still to confirm RAG status with Leeds. **Medicines Devices Commissioning Policy** – work in progress and to bring draft to February 2019 MCC. **Formulary Updates Dec 2018** – awaiting ScR CCG Exec approval. **RMOC Guidance on Liothyronine** – link added to formulary. **NHSE Items Which Should Not Routinely Be Prescribed in Primary Care: an update and a consultation on further guidance for CCGs** – email sent to MCC members requesting comments by end of Jan 2019 to prepare a submission on behalf of MMC. **Hydrochlorothiazide: review of formulary status** – safety alert and request for GP practices to audit/review patients still to be sent out. **RAG Status for Formulary Drugs in Chapter 4 & 5** – on today's agenda. **Erenumab FOC New Product Request** – on today's agenda. **Hydroxycarbamide Shared Care** – final version circulated and link added to formulary.
3	**Governance** Nil this month.
4 **4.1**	**Mental Health Medicines Commissioning** **TEWV Trimipramine De-Prescribing Guidance – link to add to formulary** The MCC discussed and agreed to add link to this document to the formulary following its approval at a previous MCC meeting. **Action:** JEC to update formulary accordingly following CCG approval.
4.2	**TEWV Depression Pathway Handy Hints** Final TEWV D&T approved version circulated for information. It was agreed to feedback to TEWV D&T that some may find the colours use in the tables confusing as they do not directly reflect the RAG status of the drug and different shades of green and yellow/amber are used throughout the document. **Action:** RDTC to feedback to TEWV comments re colour formatting of tables and potential for confusion with RAG status.
4.3	**TEWV Dementia Care Pathway AChEI Decision Aid** Final TEWV D&T approved version circulated for information.
5 **5.1**	**Formulary and Managed Entry of New Drugs** **RAG Status for Formulary Drugs with No Status – CNS and Infection** Following receipt of further information the MCC agreed the RAG status for the following drugs:

	• Tinidazole = Amber specialist recommendation as GPs would not prescribe without specialist advice. • Diloxanide = RED as no SPC available on eMC or MHRA websites, and no licensed UK product available at the moment due to long-term supply issues. • Pyrimethamine (Toxoplasmosis) = RED as patient will be under care of specialist. • Spiramycin = RED as unlicensed and patient will be under care of specialist. • Mepacrine = agreed not to assign RAG status as use likely to be very low and so more appropriate to remain non-formulary. **Action:** JEC to update formulary accordingly following CCG approval.
5.2	**Erenumab FOC New Product Request** Following the discussions at December 2018 MCC the Trust presented the requested further information in support of the Erenumab FOC New Product Request. This included: • Clinical evidence to support use of and place in therapy of Erenumab • NTAG Apprasial of Erenumab • Copy of contract • Current numbers of patients on Botox for migraine and numbers of patients who fail treatment on Botox. Erenumab would be used in patients with chronic migraine only who have not responded adequately or tolerated at least 3 different preventors, including botulinum toxin. Tight inclusion criteria will include : • Diagnosis of chronic migraine and experiencing 15 or more headache days/month, 8 of which must be migraine. • Age 18 to 65 years old • Medication Overuse Headache will be managed or excluded. • Response will be assessed after 12 weeks Exclusion criteria: • Under 18 and over 65 • Pregnant or breastfeeding • Episodic Migraine These are patients in whom botulinum toxin has not been tolerated or effective and there are currently no further treatment options available to them. The frequency of their headache is debilitating and has a significant detrimental effect on quality of life and ability to work. Erenumab is licensed for the prevention of migraine in in adults who have at least 4 migraine days per month. Therefore the above inclusion criteria are much more restrictive than the licence, pending publication of NICE guidance. NICE TA for botulinum toxin in headache supports the use of botulinum in chronic migraine, defined as headaches on at least 15 days per month of which at least 8 days are with migraine. After majority vote of voting members (7 in favour, 2 against) the MCC agreed to recommend that CCGs support the Free of Charge Scheme use of Erenumab in this patient cohort on the following basis: • The MCC agreed the evidence base was relatively weak in the chronic migraine cohort but that Erenumab may offer some benefit in some patients after existing treatment options failed. • No cost impact or financial risk to CCGs at this stage as drug is provided free of charge other than political pressure from patients should Erenumab not receive positive NICE TA approval in the future. • CCG is making no financial commitment to fund this drug in the future unless

	positive recommendation NICE TA issued. • The MCC agreed this FOC scheme was for a medicine where there is an unmet clinical need and there were currently not other treatment options in the patient cohort included in the scheme. The MCC was satisfied of the proposed place in therapy under the scheme after botulinum toxin in patients with chronic migraine only, and this did not circumnavigate current NICE TAs/guidance in this patient cohort. • The CCG as the responsible commissioner will review the commissioning position when NICE TA is issued. If NICE do not mandate the provision of the drug through a TA the CCGs will consider the appropriateness of continuing to support its provision free of charge or otherwise. • Eligible patients must sign a form as part of informed consent process acknowledging the provision of drug is via a free of charge access scheme, and future provision of the drug is not guaranteed depending on NICE guidance. • As the product is new and not established the MCC expects secondary care clinicians to formally audit the benefits of the drug in patients in whom it is tried to establish greater understanding of its place in therapy and help inform future decisions. • This recommendation is specific to this free of charge scheme only and it should not be expected that all free of charge schemes will be supported. **Action:** RDTC to include in this month's MCC recommendations to CCG Executive Committees. *Post MMC: NICE published on 10.1.2019 its Appraisal consultation document: Erenumab for preventing migraine. In it Erenumab is not recommended for use in the NHS. This appraisal is out for consultation until 31.1.2019 and NICE meets again on 14th Feb 2019. There is still no expected publication date for the NICE TA. It is important to note that is may not be final NICE guidance. Agreed via email to make CCG Executive Committees aware of this new information and if they feel it is necessary they can ask MCC to review decision in light of this new information.*
5.3	**Actipatch** In the UK, the ActiPatch device has been sold over-the-counter (OTC) for a number of years, and was added to the NHS Drug Tariff in May 2018. The MCC agreed that a local commissioning position was required following its addition to the Drug Tariff. The MCC reviewed the appraisal report prepared for NTAG and agreed not to recommend the use of Actipatch® for management of localised musculoskeletal pain on the NHS. Should patients wish to use the device it can be purchased over the counter. The MCC was concerned that the published clinical evidence was not sufficient to demonstrate the product's efficacy, and evidence from high quality randomised controlled trials was lacking. There are no RCTs comparing the efficacy of Actipatch® with other pharmacological or non-pharmacological interventions for localised musculoskeletal pain. NICE will published guidelines regarding non-pharmacological interventions in chronic pain conditions in 2020. It is not yet known if the ActiPatch will be included in this guidance. **Action:** JEC to update formulary accordingly following CCG approval.
5.4	**Biosimilar Insulin Lispro** The MCC noted that a biosimilar insulin lispro was now available which may offer some small cost savings over Humalog and the other short acting insulin analogues. The MCC had some concerns around the similarity of the packaging and the similarity of the brand name of the biosimilar to the generic name leading to the potential for dispensing/prescribing errors. It noted that that a SPS/UKMi Product Safety Assessment for the insulin lispro biosimilar was currently being produced and agreed to defer a formulary decision until this was published.

6	**Interface: Shared Care Guidelines (SCGs) and Pathways** Nil this month.
7	**National and Regional Guidance**
7.1	**Monthly NICE update (December 2018)** 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: • TA551: Lenvatinib for untreated advanced hepatocellular carcinoma • TA552: Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia • TA553: Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence • TA554: Tisagenlecleucel for treating relapsed or refractory B-cell acute 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: • TA548: Decitabine for untreated acute myeloid leukaemia (terminated appraisal) • TA549: Denosumab for preventing skeletal-related events in multiple myeloma (terminated appraisal) • TA550: Vandetanib for treating medullary thyroid cancer All of the above TAs are NHSE commissioned therefore would have no cost impact to CCGs. The group noted that NICE had published the following guidance: • NG114: Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing • NG115: Chronic obstructive pulmonary disease in over 16s: diagnosis and management • NG116: Post-traumatic stress disorder • NG117: Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing Links will be added to the formulary with no further action required. It was noted that these regional antibiotic guidelines will be updated to reflect these new national guidelines. **Medicines Safety (MHRA drug safety update – December 2018)** The group noted the drug safety updates for December 2018. The links are to be added to the relevant sections of the formulary. It was agreed in particular to raise awareness with local prescribers of the latest safety update around emollients and fire risk now being extended to all emollients regardless of the their paraffin content. **RDTC monthly horizon scanning (December 2018)** 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. **Action:** MMT and JEC to raise awareness of MHRA DSU re emollients and severe/fatal burns risk regardless of paraffin content.

7.2	**Y&S MCC work plan** Circulated for information.
7.3	**NICE NG88 (updated Nov 2018) and Esyma®** The MCC noted the updated NICE NG88 guidance from November 2018 which makes reference to use of ulipristal (Eysma®) as a potential treatment option. The MCC agreed no change to the current BLACK formulary status was required as advice from NICE is guidance not a technology appraisal, and local clinicians previously stated they do wish to use Esyma® due to risks around liver toxicity.
7.4	**Pregabalin and Gabapentin to be Controlled Drugs from 1.4.2019** The MCC noted that Pregabalin and Gabapentin to be Controlled Drugs from 1st April 2019 in Schedule 3 (CD No Reg Pom). This means that CD prescription requirements apply but not the need for safe storage. The MCC agreed to make prescribers and pharmacies aware of this change. **Action:** MMT/YFT raise awareness that Pregabalin and Gabapentin to be Controlled Drugs from 1.4.2019 The MCC also discussed a request from the local substance misuse team to make pregabalin 300mg capsules a BLACK drug as it is the formulation/strength most frequently abused. The MCC felt further information on the background to and implications of this including potential number of patients affected was required before a decision could be made. **Action:** LA to get more background information to request and information in implications of switch including numbers of patients affected.
7.5	**RMOC London Update – Nov 2018** Circulated for information.
8	**Monitoring/reporting**
8.1	**Twelve month audit data MCC outcomes for recommendations from October 2017** The group reviewed the audit reports on cost and activity for recommendations made in October 2017.
8.2	**VoY Red drugs data** Next due April 2019
8.3	**ScR Red drugs data** Next due April 2019.
8.4	**Adalimumab Biosimilars** The MMC noted the progress made introducing the biosimilar locally for all new patients and that a switch of existing patient is progressing.
9	**Patient and clinical communications** Nothing to report.
10	**Items from other groups**
10.1	**York and Scarborough Drug and Therapeutics Committee minutes – November 2018** Not yet available.

10.2	**Hull and East Riding Prescribing Committee (HERPC) – Draft minutes from November 2018 meeting** Circulated for information.
10.3	**Y&S Medicines Efficiency Sub-committee** None available
11	**Any urgent business**
11.1	**Multivitamins after Bariatric Surgery** A query has arisen around under what circumstances should GPs prescribe Multivitamins following Bariatric Surgery. NHSE guidance seems to suggest should not be prescribed for prevention but may be prescribed for treatment of deficiency. It was agreed further information was required before a decision could be taken. **Action:** SP to seek views of Trust clinicians.
11.2	**Joint Working with East Riding CCG** East Riding CCG have raised the potential for future collaborate working due to overlap of footprint covered by YFT. This just an initial approach at this and no party has made any further commitments on this as to if, when and what any form of future sharing of information/collaborative working may take.
	Date and time of next meeting: Wednesday 13th February 2019, 9:30am, Rowntree room, West Offices, York.