

Minutes of Medicines Commissioning Committee Meeting Wednesday 14th March 2018 9.30-12pm, West Offices, York

1. Apologies / Attendance

		MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Strategic Lead Pharmacist- MMT	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	A	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	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	✓	A	✓
Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)	A	CW	A	✓	A	✓	A	✓	A	✓	A	A	✓
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
GP Prescribing Lead – VoY CCG	Dr Shaun O’Connell (SO’C)	A	A	✓	✓	A	✓	A	✓	A	A	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	A	✓	✓	✓	A	✓	✓	A	✓	A	✓	✓	✓
Consultant Psychiatrist (TEWV)	Dr Michelle Beaumont (MB)	A	✓	A	A	A	A	A	A	A	A	A	A	A
Consultant Cardiologist	Dr Chris Hayes (CH)	✓	✓	A	✓	✓	✓	A	A	✓	A	✓	A	✓
Senior pharmacists Vale of York CCG	Mr Faisal Majothi (FM)								✓		✓	✓	✓	✓
	Mr Jamal Hussain (JH)										✓	✓	✓	✓
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mrs Elizabeth Okpara (EO)/ Mr Gavin Mankin (GM)	✓ MM EO	✓ BR EO	✓ MM EO	✓ MM EO	✓ EO	✓ MM EO	✓ MM EO	✓ MM EO	✓ MM	✓ MM EO	✓ EO	✓ EO GM	✓ GM

Item	
1	<p>General business Laura Angus (LA) chaired the meeting. Apologies were received from Michelle Beaumont for the meeting today.</p> <p>Declarations of conflicts of interest relating to the agenda MCC noted that all GPs may have a conflict of interest around drugs which are included in a LES.</p>

<p>2</p> <p>2.1</p>	<p>Matters arising</p> <p>Chairs actions to report There were no Chair's actions to report from VoY CCG or ScR CCG.</p> <p>Outcome of VoY SMT/SRCCG Clinical Executive Committee The ScR CCG CE committee approved the recommendations from the February 2018 MCC meeting. The VoY CCG CE committee is meeting next week and the formulary will not be updated until their approval is also received.</p> <p>Draft minutes and matters arising from last meeting The minutes were agreed as a true record. The updated COPD pathway will be circulated and uploaded to the website once approved by VoY CCG CE next week.</p> <p><u>Action log/long-term matters arising</u></p> <p>Mycophenolate Shared Care Guidelines (SCGs) – See agenda item 7.1</p> <p>OAB pathway – The revised pathway prepared by MMT is currently being reviewed by Scarborough and is hoped to be submitted for the April 2018 meeting. Action: MMT to submit revised version for the April 2018 MCC meeting.</p> <p>TEWV anxiety and depression medication pathways – See agenda item 4.1</p> <p>Items which should not routinely be prescribed in primary care - The formulary has been updated. RM who confirmed that TEWV were currently developing a deprescribing guideline for trimipramine. Actions: RM to submit draft trimipramine deprescribing guideline when available.</p> <p>Antipsychotic RAG status discrepancies – See agenda item 11.2</p> <p>Wound care formulary – the formulary has been updated.</p> <p>Algorithm for management of T2DM – the RSS website and formulary have been updated.</p> <p>Change of first line DPP4 inhibitor on formulary from alogliptin to sitagliptin – the formulary has been updated.</p> <p>Change of RAG status of nateglinide and repaglinide from green to amber specialist recommendation – the formulary has been updated.</p> <p>Updated “who to test, when to test? guidelines” – the RSS website and formulary have been updated.</p> <p>Issues with new IFR application system –SP reported that YFT are still asking clinicians to complete paper copies to ensure Trust Pharmacy oversight. GM reported that he had contacted North East Commissioning Support in the North East as requested and they confirmed that they had a local process in place to contact the appropriate Trust Pharmacy each time a medicine IFR request is received. It was suggested that YFT contact NECS to put in place a similar system for Yorkshire & Humber. Action: GM to provide SP with contact email and telephone number for NECS Yorkshire IFR team.</p>
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Prescribing guidance for adjuvant bisphosphonates in postmenopausal women with breast cancer – amended – formulary to be updated with a link to the guideline.

Action: JEC to double-check formulary has been updated.

Outcome of VoY SMT/SRCGG Clinical Executive Committee – Freestyle Libre® (FSL)

March update:

- Information governance issues around audit tool resolved as now use pharmoutcomes rather than survey monkey.
- Some comments received re CCG criteria for use which are currently being reviewed.
- IFR requests are required for any patients not meeting the CCG agreed criteria, this includes Continuous Monitoring requests.
- Requests to review the current Continuous Monitoring policy should be directed to SO.

Action: JEC to update formulary once CCG position statements are published.

Draft minutes and matters arising from last meeting – vitamin D - MMT are considering the issue regarding equality impact assessment and will bring back to with MCC when ready. Considering that it may be useful to await the results of the national consultation on OTC products and build on that. SP confirmed that biochemistry have no specific criteria or policy for Vitamin D testing.

Governance - Following the Governance issues raised at the Feb 2018 MCC a meeting was held within the CCG with the legal advisor to discuss in particular governance around decisions made by Chair's action. It was felt a standard process was required to ensure equity of decision making/provision of advice. The MCC does not have delegated authority to make decisions on behalf of the CCGs neither does the Chair. The MCC agreed that members of the MMC should be excluded from any part of the agenda relating to applications they have submitted or members of their departments to manage conflicts of interest, and ensure equity of decision making with those who are not represented at or members of MCC.

Action: RDTG to check the process for decisions by Chair's action at other APCs.

Action: MMT to work-up proposed process/options for governance of decisions made by Chair's actions to come to April 2018 MCC.

Action: MMT to ask CCG legal team to do some training for MCC members on conflicts of interest, their definition and how they should be managed.

Formulary amendments agreed in February 2018 - formulary to be update once approved by VoY CCG CE.

Action: JEC to update formulary once CCG approved.

MCC response on NHSE consultation on conditions for which over the counter items should not routinely be prescribed in primary care - agreed response has been submitted on behalf of Y&S MCC.

Triple combination inhalers for COPD: Trelegy® and Trimbow® – formulary to be update once approved by VoY CCG CE.

Action: JEC to update formulary once CCG approved.

Fiasp® appeal – formulary to be update once approved by VoY CCG CE.

Action: JEC to update formulary once CCG approved.

Colesevelam appeal – See agenda item 6.1

Darbepoetin alfa for use in chronic renal disease – guideline for use – formulary to be update once approved by VoY CCG CE.

	<p>Action: JEC to update formulary once CCG approved.</p> <p>Repatriation of transplant immunosuppressants and cystic fibrosis drugs – it was suggested at Feb 2018 MCC that this could be a topic for the RMOC to consider as progress seems to have stalled.</p> <p>Action: RA to raise the issue as a topic with RMOC.</p>
<p>3</p> <p>3.1</p>	<p>Governance</p> <p>Process for guideline/pathway development</p> <p>A proposed process for the development and review of future MCC pathways/guidelines was presented to and approved by the subject to the following changes:</p> <ul style="list-style-type: none"> • Give stakeholders 2-4 weeks to respond during consultation • All relevant declarations of interest need to be declared by both authors and stakeholders who respond during consultation • RDTC review should take place after consultation period • Relevant stakeholders may include patient groups and also equality impact assessments may be required. <p>This will be trialled over the next few months to see how it works in practice. It was agreed that this process does not apply to guidelines developed by TEWV as they have their own process to follow.</p> <p>Action: RDTC to make suggested changes and circulate to MMT.</p>
<p>4</p> <p>4.1</p>	<p>Mental Health Medicines Commissioning</p> <p>Tees, Esk and Wear Valley Mental Health Trust</p> <p>D&T confirmed minutes from November 2017</p> <p>The minutes were noted by the group.</p> <p>The MCC discussed the ongoing work around clozapine and ensuring GPs are aware of who is prescribed clozapine. It was noted that an audit was underway to ensure GPs are aware of all patients who are prescribed clozapine and it was felt this should be repeated every 6-12 months.</p> <p>January 2018 D&T summary</p> <p>RM updated the group on the issues to note for primary care:</p> <ul style="list-style-type: none"> • A PGD for York & Scarborough Crisis Team for the use of zopiclone and diazepam has been approved. <p>TEWV D&T Terms of Reference</p> <p>The updated TEWV D&T Terms of Reference were circulated to the group for information.</p> <p>Adult depression algorithm</p> <p>The final draft of an adult depression algorithm produced by TEWV was presented to the group. This had been put on hold awaiting updated NICE guidance which was due in March 2018 but has now been delayed with no firm date for publication. This pathway is going to the TEWV D&T this month for approval.</p> <p>The MCC approved the algorithm in principle subject to the following changes:</p> <ul style="list-style-type: none"> • Response to medication should be assessed after 4 to 6 weeks. • Psychological therapy should appear higher up the pathway as it is complimentary to medication from the start. • Step 5 – Alternative monotherapies should be listed as RED drugs as they are on the formulary

	<ul style="list-style-type: none"> • Step 4 – change to “Secondary care initiation or on advice from secondary care”. This is because some combination prescribing may be suitable for GP prescribing and suitable for GPs to initiate following a guideline. <p>Action: RM to make suggested changes and algorithm to be shared with MCC once finally approved by TEWV D&T.</p> <p>Children and Young People Depression Pathway The final draft of the reviewed TEWV Children and Young People Depression Pathway was presented to the group for information. This pathway is going to the TEWV D&T this month for approval and will be used mostly internally within TEWV. It was agreed that the formulary should be updated to show that these fluoxetine, citalopram and sertraline are classed as Amber specialist initiation when used in children and young people for depression as opposed to Green when used in adults.</p> <p>Action: Algorithm to be shared with MCC once finally approved by TEWV D&T. MTT to arrange for link to final document on RSS website.</p> <p>Action: Formulary to be updated with Amber specialist initiation for these drugs when used in children and young people as opposed to Green when used in adults.</p> <p>Benzodiazepine corner letter The national letter from mental health leads to raise awareness of the potential risks of suicide associated with benzodiazepine prescribing and withdrawal as presented to the group for information. It was agreed that a summary of identified actions from TEWV D&T will come to April 2018 MCC</p> <p>Action: RM to bring summary of identified actions from TEWV D&T to April 2018 MCC.</p>
<p>5</p> <p>5.1</p>	<p>National and Regional Guidance</p> <p>Monthly NICE update (February 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:</p> <p>TA504: Pirfenidone for treating idiopathic pulmonary fibrosis</p> <p>TA505:Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma</p> <p>TA507: Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C</p> <p>All of the above TAs with the exception of are NHSE commissioned therefore would have no cost impact to CCGs.</p> <p>TA506: Lesinurad for treating chronic hyperuricaemia in people with gout - not recommended. The group agreed to assign a black status for this indication in line with the NICE TA.</p> <p>The group noted that NICE had published NG85 (Pancreatic cancer in adults: diagnosis and management). The link is to be added to the formulary with no further action required.</p> <p>NTAG Recommendations None published since last MCC meeting.</p> <p>RMOC Recommendations None published since last MCC meeting.</p> <p>Medicines Safety (MHRA drug safety update – February 2018) The group noted the drug safety updates for February on Mysodelle®, mycophenolate and gadolinium-containing contrast agents. The links are to be added to the relevant</p>

	<p>sections of the formulary.</p> <p>Requested formulary amendments The group approved the addition of the newly licensed ciprofloxacin 2mg/mL drops for use in the ear (Cetraxal®) as Green drugs. Traditionally the off-label use of eye drops in the ear has been widely recommended but this product now offers a licensed alternative.</p> <p>RDTC monthly horizon scanning (February 2018) 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>
5.2	<p>Outcome of NHSE Consultation on Gluten-Free Prescribing Following the NHSE consultation on Gluten-free Prescribing the decision has been taken nationally to restrict prescribing to gluten-free bread and flour mixes from 1st February 2018. The MMC noted that VoY CCG are going with NHSE recommendations and S&R CCG are remaining with their current policy on gluten-free prescribing.</p>
5.3	<p>Y&S MCC work plan The group noted the current work plan and agreed to add the following:</p> <ul style="list-style-type: none"> • Review of formulary status of vaginal oestrogens • Development of an OAB pathway • Development of a Male Lower Urinary Tract System pathway • Ongoing review of local shared care guidelines
6	<p>Formulary and Managed Entry of New Drugs</p>
6.1	<p>Colesevelam – feedback from specialists Following the review of an appeal for colesevelam for bile salt malabsorption at the February 2018 MCC the group considered the proposed audit suggested by the hepatology team to support its inclusion in the formulary for this indication. The group approved this audit letter and proposal, and therefore agreed to add colesevelam to the formulary as Amber following specialist initiation for this indication.</p> <p>Action: JEC to update formulary following CCG approval.</p>
6.2	<p>RAG status of dopamine agonists pramipexole and ropinirole for restless legs syndrome The group discussed a request to assign a RAG status for pramipexole and ropinirole when used for restless legs syndrome. The MCC agreed to assign Green RAG status to ropinirole for restless legs. No status was assigned to pramipexole as it is not currently included in the formulary for this indication. Developing a pathway for management of restless legs syndrome was also discussed.</p> <p>Action: MMT to develop a pathway for the management of restless legs syndrome.</p> <p>Action: RDTC to send MMT examples of pathways for restless legs syndrome from elsewhere.</p> <p>Action: MMT to look into spend on pramipexole and ropinirole in primary care to see if formulary application required for pramipexole.</p> <p>Action: JEC to update formulary following CCG approval.</p>

6.3	<p>Asthma pathway formulary review</p> <p>A request to add Fobumix Easyhaler to the current local asthma pathway was presented to and approved by the group because there is not a current easyhaler included in the pathway. The MCC noted that this change will be cost-neutral.</p> <p>The MCC is also noted that it has been agreed with the respiratory team that the local asthma pathway will continue to follow BTS guidelines as this stage rather than NICE Guidance due to the errors within NICE guidance. The respiratory group also considered the clinical evidence for LABA to be stronger than using LTRA at this time.</p> <p>Action: JEC to update formulary as above following CCG approval.</p>
7	<p>Interface: Shared Care Guidelines (SCGs) and Pathways</p> <p>7.1 Mycophenolate Shared Care Guideline for non-transplant indications</p> <p>A draft Mycophenolate Shared Care Guideline for non-transplant indications was presented to and approved by the group subject to the following changes:</p> <ul style="list-style-type: none"> • Specialist to give advice about shingles vaccination • Monitoring must be up to date before prescribing is shared with GP. <p>The group noted that the recent updated advice around the use of mycophenolate and pregnancy has been included. It was also noted that the monitoring is consistent with what is done locally in practice rather than matching BTS guidance.</p> <p>Action: SP to make suggested changes and circulate final approved version.</p> <p>7.2 Infant formulae guidance</p> <p>The final draft of local guidance for the prescribing of specialist infant formula was presented to and approved by the MCC.</p> <p>The group discussed the need to engage with health visitors to get them to follow the guidance. There may also be a need to review the quantities of milk that are available on prescription locally and to encourage parents/carers to purchase some to supplement the amount that is available on prescription.</p> <p>7.3 Action: MMT to arrange for link to document on RSS website following CCG approval.</p> <p>Erectile dysfunction medal ranking</p> <p>The updated Erectile dysfunction medal ranking was presented to and approved by the MCC subject to the following changes:</p> <ul style="list-style-type: none"> • Addition of guidance on which drugs are subject to SLS restrictions on prescribing • Inclusion of Alprostadil cream (Vitaros®) <p>Action: MMT to arrange for changes to be made and link to document on RSS website following CCG approval.</p>
8	<p>Monitoring/reporting</p> <p>8.1 Twelve month audit data MCC outcomes for recommendations from November 2016</p> <p>The group reviewed the audit reports on cost and activity for recommendations made in November 2016.</p> <p>8.2 VoY Red drugs data</p> <p>This item is reported quarterly.</p>

8.3	<p>ScR Red drugs data This item is reported quarterly.</p>
9	<p>Patient and clinical communications Nothing to report.</p>
<p>10</p> <p>10.1</p> <p>10.2</p> <p>10.3</p> <p>10.4</p>	<p>Items from other groups</p> <p>Antimicrobial stewardship subgroup update An annual progress report from the North Yorkshire Antimicrobial Stewardship Group was presented to the MCC for information.</p> <p>Action: RDTC to send out with MCC March 2018 recommendations to go to CCG Clinical Execs/Business committees.</p> <p>York and Scarborough Drug and Therapeutics Committee minutes None available.</p> <p>Hull and East Riding Prescribing Committee (HERPC) – Draft minutes from January 2018 meeting The minutes were noted. Currently MCC do not share our minutes with them and there may be some opportunity to reduce duplication of effort in some areas of work/prescribing initiatives/guideline development.</p> <p>Action: LA/RA to consider sharing MCC Minutes with Hull & East Riding, and scope for sharing documents as part of working across STP.</p> <p>Y&S Medicines Efficiency Sub-committee A verbal update on biosimilar update was given to the group for information together with an update on plans for the introduction of adalimumab biosimilars.</p>
<p>11</p> <p>11.1</p> <p>11.2</p>	<p>Any urgent business</p> <p>BAD safety alert on chloroquine and hydroxychloroquine Updated guidance from the Royal College of Ophthalmologists was brought to MCC for information/discussion. Local rheumatologists feel these recommendations are not appropriate and do not need to be implemented locally, in part because of the significant cost impact of these recommendations on eye screening. SO felt CCG as commissioners need to understand why local clinicians wish to deviate from national guidelines. Any changes to monitoring will need to be reflected in the shared care guidelines.</p> <p>Action: SP to copy SO into email stream.</p> <p>Action: SP to scope potential patient numbers involved.</p> <p>Local enhanced scheme discrepancies with formulary for antipsychotics A paper detailing the discrepancies between the LES and the formulary with regard to antipsychotics was presented to the group.</p> <ol style="list-style-type: none"> 1. Flupentixol (po/inj) - grey on York formulary & on amber LES list <ul style="list-style-type: none"> • injections amber on York/Scarborough net formulary & TEWV • oral formulation Black on York/Scarborough net formulary or TEWV <p>Agreed to keep injection on amber LES list, but to remove oral formulation.</p>

	<p>2. Paliperidone (po) - Black on York formulary but on amber LES list. Agreed to remove from the amber LES list.</p> <p>3. Zuclopendixol (po/inj) – on current amber LES list</p> <ul style="list-style-type: none"> • Zuclopendixol (po) – Amber SI York and TEWV • Zuclopendixol Decanoate (inj) – Amber SI York and TEWV • Zuclopendixol Acetate (inj) Black York formulary and TEWV <p>Agree to keep zuclopendixol oral and zuclopendixol decanoate injection on the amber LES, however remove zuclopendixol acetate from the LES.</p> <p>4. Pericyazine (po) not on York formulary but being prescribed</p> <p>5. Perphenazine (po) not on York formulary but being prescribed</p> <p>6. Pimozide (po) not on York formulary but being prescribed</p> <p>7. Pipotiazine (inj) now discontinued, no longer available. – agreed to remove from LES list.</p> <p>4,5,6,7 are not on the formulary and probably relate historical prescribing which pre-dates TEWV services in York. It was therefore agreed to continue LES for only those patients that have been prescribed this historically, but not any new patients.</p> <p>Action: MMT to update LES.</p>
	<p>Date and time of next meeting: Wednesday 11th April 2018, 9:30am, Rowntree room, West Offices, York.</p>