

Minutes of Medicines Commissioning Committee Meeting Wednesday 13th June 2018 9.30-12pm, West Offices, York

1. Apologies / Attendance

		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Strategic Lead Pharmacist- MMT	Mrs Rachel Ainger (RA)	✓	A	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	✓	✓	✓	✓	✓	A	A	✓	A	✓	✓
GP Prescribing Lead – S&R CCG	Dr Greg Black (GB)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	✓	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	✓	✓	✓	✓	✓	✓
Deputy Chief Pharmacist	Mr Stuart Parkes (SP)	A	✓	✓	A	✓	A	✓	✓	✓	A	✓	A
Consultant Psychiatrist (TEWV)	Dr Michelle Beaumont (MB)	A	A	A	A	A	A	A	A	A		A	✓
Consultant Cardiologist	Dr Chris Hayes (CH)	✓	✓	A	A	✓	A	✓	A	✓	✓	✓	✓
Senior pharmacists Vale of York CCG	Mr Faisal Majothi (FM)				✓		✓	✓	✓	✓	✓	A	✓
	Mr Jamal Hussain (JH)						✓	✓	✓	✓	✓	✓	A
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Mrs Elizabeth Okpara (EO)/ Mr Gavin Mankin (GM)	✓ EO	✓ MM EO	✓ MM EO	✓ MM EO	✓ MM	✓ MM EO	✓ EO	✓ EO GM	✓ GM	✓ GM	✓ GM	✓ GM

Item	
1	<p>General business Laura Angus (LA) chaired the meeting. Apologies were received from Stuart Parkes and Jamal Hussain for the meeting today.</p> <p>Declarations of conflicts of interest relating to the agenda Nil declared.</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 ScR CCG or VoY CCG this month.</p> <p>Outcome of VoY SMT/SRCCG Clinical Executive Committee The ScR CCG CE committee approved the recommendations from the May 2018 MCC meeting. The VoY CCG CE committee approved the recommendations from the May 2018 MCC meetings.</p> <p>Draft minutes and matters arising from last meeting The minutes were agreed as a true record subject to the following changes:</p> <ul style="list-style-type: none"> • Corrected spelling of Haxby • Item 2 – BZE Letter – sentence missing word “was needed”. <p><u>Action log/long-term matters arising</u></p> <p>Items which should not routinely be prescribed in primary care – De-prescribing guideline for trimipramine on today’s agenda.</p> <p>Governance – Proposed process/options for governance of decisions made by Chair’s Action still in development, and conflicts for interest training for MCC members still to be arranged. Currently MMT are giving advice on appropriateness of prescribing for GP to make an informed decision on whether to prescribe or not in particular instance.</p> <p>RAG status of dopamine agonists pramipexole and ropinirole for restless legs syndrome – development of a pathway for restless legs is still ongoing.</p> <p>Hull and East Riding Prescribing Committee Minutes – LA/RA still to consider sharing MCC minutes with HERPEC, and explore scope for sharing documents as part of working across STP.</p> <p>BAD safety alert on chloroquine and hydroxychloroquine – RA has referred this topic to RMOC but as yet no feedback on whether it has been accepted into RMOC workplan. LA contacted NICE who have no plans to do any work on this issue. SO has spoken with local ophthalmologists who are not keen on implementing this new guidance as their opinion is that is not cost-effective, and indicated that the guidance was being challenged nationally. Action: SO to take the issue to CCG Exec for discussion.</p> <p>Conditions for which over the counter items should not routinely be prescribed in primary care – implementation of this guidance is being looked at as an STP wide issue. JEC is still working to identify any drugs within the current formulary that should be endorsed as OTC or consideration given to changing to BLACK status. The group discussed the need for all secondary care prescribers to be aware of the guidance and encourage patients to buy these products over the counter where possible. Action: JEC to send out guidance to all prescribers in YFT.</p> <p>Formulary review Inflammatory Bowel Disease section – formulary still to be updated. New formulary submission still in progress for Salofalk liquid enema. Feedback for rationale for removing Pentasa suppositories and adding Salofalk tablets still to be confirmed.</p> <p>Glucodrate withdrawal – formulary has now been updated.</p> <p>Estriol 0.1% cream (Ovestin) formulary application – formulary has been updated. It</p>
-----------------------------------	--

	<p>was discussed and agreed that some guidance on how to use the product was required as some evidence locally that being prescribed for too long and at the wrong dose. Action: to develop some local guidance on how to prescribe/use Estriol 0.1% cream (Ovestin).</p> <p>Overactive Bladder in women pathway – link has been added to RSS website.</p> <p>Anticoagulant choice in non-valvular AF – updated – link has been added to RSS website.</p> <p>12 month audit data MCC outcomes for recommendations from Jan 2017 – MMT (FA) still to a cost analysis of Peptac vs Gaviscon, and also SGLT2-spend.</p> <p>Emollients medal ranking – link has been added to RSS website.</p> <p>Erectile dysfunction medal ranking - link has been added to RSS website.</p> <p>Formulary amendments agreed in May – formulary has been updated.</p> <p>MHRA Drug Safety Update – April 2018 – Valproate in pregnancy & women of child bearing potential – on today’s agenda for discussion.</p> <p>Standardising strengths of high risk unlicensed oral liquid formulations of anti-TB medicines – formulary has been updated.</p> <p>Bisphosphonates medal ranking – link has been added to RSS website and DNP tool for risedronate 5mg on today’s agenda.</p> <p>Calcium and Vitamin D medal ranking - link has been added to RSS website.</p> <p>Kyleena® Formulary application – currently with the local authority for approval.</p> <p>Topical NSAIDs Formulary Review – on today’s agenda for discussion.</p> <p>Bisphosphonates in breast cancer pathway - link has been added to RSS website.</p>
3	<p>Governance Nil this month.</p>
4	<p>Mental Health Medicines Commissioning</p> <p>May 2018 TEWV D&T summary RM updated the group on the issues to note for primary care:</p> <ul style="list-style-type: none"> • TEWV are currently developing a guideline on the management of drug induced hyperprolactinaemia <p>Trimipramine de-prescribing guidance This was approved by the group to support the implementation of the NHSE guidance on items of low clinical value.</p> <p>Dosulepin de-prescribing guidance – updated The updated version which now references the recent NHSE guidance on items of low clinical value was approved by the group.</p> <p>ADHD prescribing algorithms The Children & Young People ADHD prescribing algorithm has been updated to reflect the new NICE NG87. This document has been approved by the TEWV D&T and was</p>

	<p>shared with the group for information. A new ADHD Prescribing algorithm for adults has been produced to reflect the recommendations in NG87. This document has been approved by the TEWV D&T and was shared with the group for information. The group noted adult ADHD services in VoY and ScR are not currently commissioned from TEWV.</p> <p>ADHD shared care guidelines – methylphenidate, atomoxetine and lisdexamfetamine The current shared care guidelines from TEWV for methylphenidate, atomoxetine and lisdexamfetamine have been updated in line with the revised monitoring recommendations from MG87. These updated shared care guidelines were approved by the MCC with the addition to the GP responsibilities of the need to ensure an annual specialist review is in place.</p> <p>ADHD shared care guideline – guanfacine A draft of new shared care guideline for guanfacine was shared with the MCC for comment. Members were asked to submit any comments by email prior to the July 2018 MCC meeting. Action: RDTc to circulate draft shared care guideline for guanfacine with MCC members for comment prior to the July 2018 MCC meeting.</p> <p>Fluphenazine (Modecate®) discontinuation This guidance produced by TEWV for primary care on what do with any outstanding patients who have not yet been switched from Fluphenazine (Modecate®) in light of its imminent discontinuation was shared with the group for information.</p> <p>Psychotropics in women of child bearing potential This guidance produced by TEWV was shared with the group for information.</p> <p>Paliperidone LAI & aripiprazole LAI shared care guidelines The drafts of new shared care guideline for paliperidone LAI & aripiprazole LAI were shared with the MCC for comment. Members were asked to submit any comments by email prior to the July 2018 MCC meeting. Action: RDTc to circulate draft shared care guidelines for paliperidone LAI & aripiprazole LAI with MCC members for comment prior to the July 2018 MCC meeting.</p>
<p>5</p> <p>5.1</p>	<p>National and Regional Guidance</p> <p>Monthly NICE update (May 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: TA520: Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy</p> <p>All of the above TAs are NHSE commissioned therefore would have no cost impact to CCGs.</p> <p>NTAG Recommendations None for this meeting.</p> <p>RMOC Recommendations Antidotes and rarely used medicines statement The MMC noted the recommendations from the RMOC and discussed under item 5.3.</p> <p>Medicines Safety (MHRA drug safety update – May 2018) The group noted the drug safety updates for March on Braltus® (Tiotropium), and</p>

	<p>Valproate medicines. The links are to be added to the relevant sections of the formulary.</p> <p>RDTC monthly horizon scanning (May 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>
<p>5.2</p>	<p>MHRA Drug Safety Update – April 2018 – Valproate in pregnancy & women of child bearing potential The MCC further discussed implementation of the new pregnancy prevention programme locally in light of the latest MHRA Drug Safety Update now that the supporting information and consent forms from the manufacturer have been published.</p> <p>A SystemOne search in VoY suggested there may be 104 patients currently on valproate medicines covered by this alert.</p> <p>Dr Johnston, Consultant Neurologist and lead for Epilepsy at YFT feels they have a reasonable idea of women who may be affected by the MHRA guidance and have been completing a checklist for probably the last 9 month. At this stage do not know if the documentation has changed, but assuming it has not Dr Johnston thinks that the majority of women will have the necessary documentation already completed as a baseline. Neurology at YFT also have a register of patients and it should therefore be possible to send the GPs a copy of the completed form the team have on file. This will help the GPs know who needs to be referred back into the service more immediately.</p> <p>Dr Johnson would rather the patients were referred back to Neurology as she says that it is an appropriate time to review if an alternative anticonvulsant can be used, and this should be done by the usual referral route.</p> <p>The MCC agreed that that was the responsibility of the specialist to complete the consent forms each year as suggested by the MHRA Alert supporting information.</p> <p>It was agreed that mental health should follow the same approach as neurology.</p> <p>The MCC agreed to ask GP practices to identify which patients covered by the alert have not been seen by neurology or mental health and have a completed consent form on file. Any identified patients should then be referred back to neurology or mental health for the form to be completed. It was agreed that this work should be completed by November 2018 so that CCG have assurance that all relevant patients have been identified, contacted and reviewed.</p> <p>Action: JEC to confirm YFT Neurology are using the correct forms. Action: MMT to communicate to GPs need to do search for relevant patients who do not have a completed form on file and/or have not been seen by neurology/mental health in last 12 months. Action: LA/RA/JEC/RM to develop an action plan for VoY/ScR to ensure implantation of this alert by Nov 2018.</p>
<p>5.3</p>	<p>RMOC Statement on Access to pan-regional antidotes and other rarely used medicines The RMOC Statement on Access to pan-regional antidotes and other rarely used medicines was circulated to the group for information. It was noted that YFT are compliant with the stock holding for antidotes and that Leeds hold the pan-regional stock.</p>

5.4	<p>Y&S MCC work plan</p> <p>The group noted the current work plan and agreed to add the following:</p> <ul style="list-style-type: none"> • Implementation of Valproate Drug Safety Update with date of completion of Nov 2018 • CMPA Guidance and Baby Milks – guidance may need updating around whey based products and links within document need updating.
6 6.1	<p>Formulary and Managed Entry of New Drugs</p> <p>Topical NSAIDs Formulary Review</p> <p>The group discussed the formulary status of topical NSAIDs as none are currently listed on the locally formulary.</p> <p>A summary of the clinical evidence comparing each of the topical NSAIDs prepared by the RDTC was presented to the group.</p> <p>The group agreed to consider this further at its July 2018 meeting</p> <p>Action: RDTC to confirm which strength of ibuprofen gel was included in the Cochrane review and to bring local prescribing data for last 12 months to July 2018 MCC meeting.</p>
6.2	<p>Risedronate 5mg – DNP List review</p> <p>The group review the DNP tool for risedronate 5mg that was prepared following the May 2018 MCC meeting.</p> <p>The group agreed to add risedronate 5mg to the DNP list as not cost-effective compared to other oral bisphosphonates.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>
6.3	<p>Taurine</p> <p>The group discussed adding taurine to the local DNP list as it as classed as food supplement and may be cheaper to buy over the counter rather than be prescribed.</p> <p>The group noted that regionally is approved as AMBER drug with shared care guideline as it is used by the Leeds CF service for the treatment of cystic fibrosis related liver disease.</p> <p>The group agreed further information was required before a decision could be made.</p> <p>Action: RA to check if recently high cost issue by a local pharmacy was an isolated incident and if community pharmacies can source taurine at same price as it can be bought over the counter.</p> <p>Action: JEC to check with hub and spoke cystic fibrosis clinic at YFT reasons for using taurine, and do they follow Leeds guidance.</p>
6.4	<p>Guselkumab NICE TA for Psoriasis – 30 day implementation</p> <p>The group discussed and approved the addition of guselkumab to the formulary as a RED drug as per the NICE TA issued in June 2018. The group noted no cost impact is expected and the number of patients requiring guselkumab is expected to be 3 to 4 per year.</p> <p>Action: JEC to update formulary accordingly following CCG approval.</p>

7	Interface: Shared Care Guidelines (SCGs) and Pathways
7.1	Nil
8	Monitoring/reporting
8.1	Twelve month audit data MCC outcomes for recommendations from March 2017 The group reviewed the audit reports on cost and activity for recommendations made in March 2017.
8.2	VoY Red drugs data This item is reported quarterly.
8.3	ScR Red drugs data This item is reported quarterly.
8.4	Adalimumab biosimilars implementation – update No update available this month.
8.5	Ticagrelor spend/use The group reviewed an updated audit reports on cost and activity for recommendations made in March 2017 around the use of Ticagrelor 60mg following the positive NICE TA.
9	Patient and clinical communications Nothing to report.
10	Items from other groups
10.1	York and Scarborough Drug and Therapeutics Committee minutes None available.
10.2	Hull and East Riding Prescribing Committee (HERPC) – Draft minutes from April 2018 meeting For information
10.3	Y&S Medicines Efficiency Sub-committee None available
11	Any urgent business
11.1	<u>August 2018 MCC Meeting</u> This may be cancelled nearer the time due to the number of potential apologies
	Date and time of next meeting: Wednesday 11th July 2018, 9:30am, Rowntree room, West Offices, York.