York and Scarborough
Medicines Commissioning Committee

Minutes of Medicines Commissioning Committee Meeting
Wednesday 11th April 2018
9.30-12pm, West Offices, York

1. Apologies / Attendance

		MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
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	✓	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
Consultant Psychiatrist (TEWV)	Dr Michelle Beaumont (MB)	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	✓ MM EO	✓ EO	✓ MM EO	✓ MM EO	✓ MM EO	✓ MM	✓ MM EO	✓ EO	✓ EO GM	✓ GM	✓ GM

Item	
1	**General business** Greg Black (GB) chaired the meeting. Apologies were received from Laura Angus, Richard Morris, Stuart Parkes, Peter Hall and Richard Morris for the meeting today. **Declarations of conflicts of interest relating to the agenda** CH has previously received funding from Pfizer to attend a conference/meeting, and Pfizer make apixiban which is included in the anticoagulant pathway. The MMC did not

	feel that CH needed be excluded from the discussion on Item 7.2 as no changes to the choice of drugs where proposed.
2	**Matters arising**
2.1	**Chairs actions to report** There were no Chair's actions to report from ScR CCG. VoY CCG reported that a 3 month trial of brivaracetam had been approved for a patient. **Outcome of VoY SMT/SRCCG Clinical Executive Committee** The ScR CCG CE committee approved the recommendations from the March 2018 MCC meeting. The VoY CCG CE committee approved the recommendations from the February 2018 and March 2018 MCC meetings. **Draft minutes and matters arising from last meeting** The minutes were agreed as a true record subject to Item 5.2 being updated to read: "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." **<u>Action log/long-term matters arising</u>** **OAB pathway** – See agenda item 7.1 **Items which should not routinely be prescribed in primary care** – The formulary is still to be updated, TEWV are currently developing a deprescribing guideline for trimipramine. **Actions:** JEC to update formulary, RM to submit draft trimipramine deprescribing guideline when available. **Prescribing guidance for adjuvant bisphosphonates in postmenopausal women with breast cancer – amended** – formulary has been updated with a link to the guideline. **Outcome of VoY SMT/SRCGG Clinical Executive Committee – Freestyle Libre® (FSL)** - formulary has been updated now that CCG position statements have been published. **Governance** - RDTC have checked the process for decisions by Chair's action at other APCs and passed this information on to the MMT. **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. **Triple combination inhalers for COPD: Trelegy® and Trimbow®** – formulary still to be updated **Action:** JEC to update formulary. **Fiasp® appeal** – formulary still to be updated. **Action:** JEC to update formulary. **Darbepoetin alfa for use in chronic renal disease – guideline for use** – formulary still to be updated. **Action:** JEC to update formulary.

	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. RA has raised this as a potential topic on the RMOC website. **Formulary amendments agreed in March** – formulary still to be updated. **Action:** JEC to update formulary. **Process for guideline/pathway development** – this has been updated with the suggested changes post March 2018 MCC meeting and shared with the MMT. **Adult depression algorithm** – MTT to arrange for link to final document on RSS website once the final document is approved by TEWV. **Children and Young People depression algorithm** – MTT to arrange for link to final document on RSS website once the final document is approved by TEWV. Formulary also to be updated. **Benzodiazepine coroner letter** – summary of identified actions from TEWV D&T to come to May 2018 MCC. **Colesevelam** – formulary still to be updated. **Action:** JEC to update formulary. **RAG status of dopamine agonists pramipexole and ropinirole for restless legs syndrome** - formulary still to be updated. No further progress developing a pathway. **Action:** JEC to update. **Asthma Pathway formulary review** - formulary to be update once approved by VoY CCG CE. **Action:** JEC to update formulary. **Mycophenolate shared care guideline for non-transplant indications** – changes suggested at March 2018 have now been made and final approved version circulated. **Infant formulae guidance** – link still to be added to RSS website. **Erectile dysfunction medal ranking** – see agenda item 11.2 **Antimicrobial stewardship subgroup update** – has been sent to CCG Clinical Execs/Business Committees for information with MCC March 2018 recommendations. **Hull and East Riding Prescribing Committee Minutes** – LA/RA to consider sharing MCC minutes with HERPEC, and explore scope for sharing documents as part of working across STP. **BAD safety alert on chloroquine and hydrochloroquine** - SO to meet with ophthalmologists to discuss but MCC notes there is no urgency to implement this guidance, and may need to look at evidence base for this guidance. Also note hydroxychloroquine SCP is currently in development. **LES discrepancies with formulary for antipsychotics** – LES has been updated.
3	**Governance** Nil this month.

4	**Mental Health Medicines Commissioning** Nil this month.
5	**National and Regional Guidance**
5.1	**Monthly NICE update (March 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: TA509: Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer TA510: Daratumumab monotherapy for treating relapsed and refractory multiple myeloma TA512: Tivozanib for treating advanced renal cell carcinoma TA513: Obinutuzumab for untreated advanced follicular lymphoma TA514: Regorafenib for previously treated advanced hepatocellular carcinoma - **not recommended**. The group agreed to assign a black status for this indication in line with the NICE TA. TA515: Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen – **not recommended**. The group agreed to assign a black status for this indication in line with the NICE TA. TA516: Cabozantinib for treating medullary thyroid cance**r** All of the above TAs with the exception of are NHSE commissioned therefore would have no cost impact to CCGs. TA511: Brodalumab for treating moderate to severe plaque psoriasis - The group agreed to assign a RED status for this indication in line with the NICE TA. The group noted that NICE had published the following guidance: NG87: Attention deficit hyperactivity disorder: diagnosis and management NG88: Heavy menstrual bleeding: assessment and management NG89: Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism NG90: Physical activity and the environment NG91: Otitis media (acute): antimicrobial prescribing NG92: Stop smoking interventions and services NG93: Learning disabilities and behaviour that challenges: service design and delivery NG94: Emergency and acute medical care in over 16s: service delivery and organisation Links will be added to the formulary with no further action required. The group noted that local antimicrobial guidelines are currently being updated to include NG91. **NTAG Recommendations** Daily vs on-demand PDE-5 inhibitors for management of erectile dysfunction following treatment for prostate cancer There was no evidence to recommend the use of daily dosing over on-demand dosing of PDE5 inhibitors, and there was no evidence that tadalafil was superior to sildenafil. On this basis NTAG recommends on-demand dosing using the PDE5 inhibitor with the lowest acquisition cost, currently this is generic sildenafil. The group noted this recommendation for information purposes only as VoY/S&R CCGs

	are not one of the stakeholders covered by NTAG. **RMOC Recommendations** Briefing paper on adalimumab This briefing paper is provided through the RMOC system to summarise: • Advice to commissioners and providers related to next steps with best-value adalimumab uptake • Planning associated with the patent expiry of the originator product, Humira **Medicines Safety (MHRA drug safety update – March 2018)** The group noted the drug safety updates for March on Daclizumab, Ulipristal acetate (Esmya®), and head lice eradication products. The links are to be added to the relevant sections of the formulary. **RDTC monthly horizon scanning (March 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.
5.2	**Revised National Guidance on 'Responsibilities for Prescribing between Primary and Secondary/Tertiary Care'** Revised National Guidance on 'Responsibilities for Prescribing between Primary and Secondary/Tertiary Care' was issued on the 12th March 2018 and was circulated to MMC members for information.
5.3	**Conditions For Which Over The Counter Items Should Not Routinely Be Prescribed In Primary Care** Final guidance has now been issued following the NHSE consultation on which OTC items should not routinely be prescribed in the primary care. The MMC noted this consistent with the current VoY and S&R CCG polices, and discussed how these guidance could be highlighted to all stakeholders, relevant local healthcare professionals and community pharmacists. **Action:** RDTC to send out with April 2018 recommendations to CCGs. **Action:** MMT to develop a detailed implementation plan and share with May 2018 MCC. This should cover which stakeholders (e.g. health visitors, LPC, GPs) this guidance should be communicated to. **Action:** JEC/MMT to identify any drugs with the current formulary that could be endorsed as OTC or consideration given to changing to BLACK status.
5.4	**Regional Medicines Optimisation Committee Briefing Best Value Biologicals: Adalimumab Update 1** Circulated to the group for information. The MCC agreed to add adalimumab implementation as standing agenda item as suggested. The group noted there are currently 560 patients within YFT on adalimumab mainly under gastroenterology and rheumatology. Discussions on plans to switch to the biosimilar once it is launched have begun with clinicians, and a communication with patients is expected to be issued in June/July 2018. The Trust is also considering a switch of homecare provider as part of the introduction of the adalimumab biosimilar. **Action:** RDTC to add adalimumab implementation as standing MCC agenda item.

5.5	**Y&S MCC work plan** The group noted the current work plan and agreed to add the following: • Kyleena® formulary request
6 **6.1**	**Formulary and Managed Entry of New Drugs** **Formulary Review 'Inflammatory Bowel Disease Section' plus a new product submission for budesonide rectal foam.** The MCC considered a request to update the Inflammatory Bowel Disease Section of the formulary. The MMC approved the addition of Budenofalk rectal foam and Salofalk foam to the formulary. The MMC approved the removal of Asacol foam and Predfoam from the formulary. The MMC agreed further information was required on the following proposed changes before they could be approved: • Salofalk tablets – addition to formulary • Pentasa suppositories – removal from formulary • Salofalk liquid enema – addition to formulary It was also felt that a pathway for GPs on the different treatment choices and when to use them for inflammatory bowel disease would be useful. **Action:** JEC to add Budenofalk rectal foam and Salofalk foam to formulary following CCG approval. **Action:** JEC to remove Asacol foam and Predfoam from formulary following CCG approval. **Action:** JEC to confirm rationale for adding Salofalk tablets and place in therapy. **Action:** JEC to confirm rationale for removing Pentasa suppositories as MCC felt should be still included for patients who may need to switch from oral Pentasa. **Action:** JEC to get a new formulary submission Salofalk liquid enema as costs significantly more than alternatives and dose appears to be different.
6.2	**Glucodrate Withdrawal** The MMC approved the removal of Glucodrate from formulary it has been discontinued. It approved the addition of St Mark's Solution as replacement for those patients unable to prepare St Mark's Solution themselves or use Dioralyte. The majority of patients should be encouraged to prepare St Mark's Solution themselves on a daily basis by purchasing the constituents over the counter as this cheaper than getting them on prescription. **Action:** JEC to update formulary following CCG approval.
6.3	**Estriol 0.1% Cream (Ovestin®) Formulary Application** The MMC approved the addition of Estriol 0.1% cream (Ovestin®) to the formulary as GREEN drug and recommended that Estriol 0.01% cream become a RED drug. This is because the dose of both products is in effect the same but Estriol 0.1% cream (Ovestin®) is cheaper. **Action**: JEC to update formulary as above following CCG approval.

6.4	**Tadalafil Once Daily – review of RAG status** The MMC discussed correspondence received from East Riding CCG and from a practice within S&R CCG with regard to the RAG status of tadalafil once daily. It appears to be causing a problem in respect of patients receiving treatment at Hull following a RALP, (robotic assisted lapararoscopic protastectomy) for prostate cancer. This appears to be the treatment of choice for the Hull patients which includes patients from Scarborough as Hull is where they go for their surgery. The MCC discussed and agreed that is appropriate for tadalafil once daily to remain BLACK on the Y&S formulary as use not recommended in the NHSE guidance on items of low clinical value. Also the HERPC guidelines for erectile dysfunction do not include tadalafil once daily but it is not clear if tadalafil once daily is included within the Hull formulary as the Hull formulary does list product strengths. The MCC also noted the recent recommendation from NTAG with regard to daily vs on-demand PDE-5 inhibitors for management of erectile dysfunction following treatment for prostate cancer. This recommends that on the basis of evidence available there was no evidence to recommend the use of daily dosing over on-demand dosing of PDE5 inhibitors, and there was no evidence that tadalafil was superior to sildenafil. On this basis NTAG recommends on-demand dosing using the PDE5 inhibitor with the lowest acquisition cost, currently this is generic sildenafil. **Action:** RA to contact East Riding CCG to confirm RAG status is BLACK in S&R, and that if issues with Hull prescribing then this need to be addressed with Hull as not included in their erectile dysfunction guideline.
7	**Interface: Shared Care Guidelines (SCGs) and Pathways**
7.1	**Overactive Bladder in Women Pathway** The final draft of local guidance for the prescribing in overactive bladder in women was presented to and approved by the MCC. **Action:** MMT to arrange for link to document on RSS website following CCG approval
7.2	**Anticoagulant Choices in Non-Valvular AF - updated** An updated version of the local Anticoagulant Choices in Non-Valvular AF was presented to and approved by the MCC subject to the following changes: • Remove sentence re GPs from VoY can prescribe any agent. • Remove sentence re DOACs require no monitoring. **Action:** JEC to arrange for changes to be made and MMT link to document on RSS website following CCG approval.
8	**Monitoring/reporting**
8.1	**Twelve month audit data MCC outcomes for recommendations from December 2016** None available as no recommendations issued in December 2016.
8.2	**Twelve month audit data MCC outcomes for recommendations from January 2017** The group reviewed the audit reports on cost and activity for recommendations made in

	January 2017. The MMC discussed the need to consider the spend on Peptac vs Gaviscon, and dapagliflozin compared to other SGLT-2s. **Action:** MMT to do a cost analysis of Peptac spend/use vs Gaviscon over the last 12 months. **Action:** MTT to do a cost analysis of SGLT-2 spend over the last 12 months comparing the products to each other, and to the other available oral antidiabetic agents.
8.3	**VoY Red drugs data** This item is reported quarterly.
8.4	**ScR Red drugs data** This item is reported quarterly.
9	**Patient and clinical communications** Nothing to report.
10	**Items from other groups**
10.1	**Antimicrobial stewardship subgroup update** None available.
10.2	**York and Scarborough Drug and Therapeutics Committee minutes** None available.
10.3	**Hull and East Riding Prescribing Committee (HERPC) – Draft minutes from March 2018 meeting** None available as March 2018 meeting was cancelled.
10.4	**Y&S Medicines Efficiency Sub-committee** None available
11	**Any urgent business**
11.1	**Emollients Medal Ranking** The MMC approved the updated emollients medal ranking which now includes information of paraffin content and potential fire risk. **Action:** MMT to arrange for link to document on RSS website following CCG approval.
11.2	**Erectile dysfunction medal ranking** The updated Erectile dysfunction medal ranking was presented to and approved by the **Action:** MMT to arrange for link to document on RSS website following CCG approval.
	Date and time of next meeting: Wednesday 9th May 2018, 9:30am, Rowntree room, West Offices, York.