York and Scarborough
Medicines Commissioning Committee

Minutes of Medicines Commissioning Committee Meeting
Wednesday 12th December 2017
9.30-12pm, West Offices, York

1. Apologies / Attendance

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Strategic Lead Pharmacist- MMT	Mrs Rachel Ainger (RA)	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GP Prescribing Lead – S&R CCG	Dr Greg Black (GB)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Principal Pharmacist Formulary, Interface and Palliative Care	Mrs Jane Crewe (JEC)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	✓	✓	A	✓	✓	A	✓	A	✓	✓	A
Consultant Physician	Dr Paul Jennings (PJ)	✓	✓	✓	A	A	A	✓	A	✓	✓	✓	A
Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)	✓	A	A	CW	A	✓	A	✓	A	✓	A	✓
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GP Prescribing Lead – VoY CCG	Dr Shaun O'Connell (SO'C)	A	A	A	A	✓	✓	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
Consultant Cardiologist	Dr Chris Hayes (CH)			✓	✓	A	✓	✓	✓	A	A	✓	A
In attendance	Faisal Majothi (FM) (VoY CCG pharmacist)										✓		✓
	Jamal Hussain (JH) (VoY CCG pharmacist)												✓
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary	Ms Bhavana Reddy (BR)/ Mrs Monica Mason (MM)/ Mrs Elizabeth Okpara (EO)	✓ MM	✓ MM	✓ MM EO	✓ BR EO	✓ MM EO	✓ MM EO	✓ EO	✓ MM EO	✓ MM EO	✓ MM EO	✓ MM	✓ MM EO

Item	
1	**General business** Laura Angus (LA) chaired the meeting. Apologies were received from Dr Peter Hall, Dr Chris Hayes, and Dr Paul Jennings, Dr

	Shaun O'Connell, Dr Michelle Beaumont and Stuart Parkes, for the meeting today. Group members welcomed and introduced themselves to Jamal Hussain, newly appointed pharmacist at Vale of York CCG who attended the meeting today. It was acknowledged that the meeting was not quorate due to no consultant attendance. However it was agreed to go ahead to avoid building up a backlog and agreement of decisions/recommendations would be sought from the consultants by email after the meeting. **Declarations of conflicts of interest relating to the agenda** GB informed the group of a sponsored lunch by Chiesi – manufacturer of Trimbow. It was noted that this item was on the work plan but was not being discussed today therefore no further action was taken. However, when this item is considered by MCC, GB would be excluded from the discussions. RA noted that an extended family member was diabetic in relation to the FreeStyle Libre agenda item, however, the person does not reside in the area. No further action was deemed necessary. There were no other DOIs for the agenda items being discussed today.
2 **2.1**	**Matters arising** **Chairs actions to report** VoY CCG received a request for primary care continuation of granisetron patches for nausea and vomiting following initiation in secondary care. This has been raised with SP. A request for Iry Pump transanal irrigation was approved as this was less costly compared to the cost of the stoma products being used by the patient. ScR CCG had no Chair's actions to report. **Outcome of VoY SMT/SRCCG Clinical Executive Committee** All recommendations from the November MCC meeting had been approved by ScR CCG CE Committee. The VoY CCG CE Committee approved recommendations from both the October and November MCC meeting. **Draft minutes and matters arising from last meeting** The minutes were agreed as a true record following a minor amendment. **Action log/long-term matters arising** **Apixaban – prescribing data for non-valvular AF** – MMT agreed to gather apixaban prescribing data for non-valvular AF to enable MCC to review an issue that had been raised regarding patients unnecessarily prescribed low doses. This work is being handed over to their new pharmacist. They will be working with YFT who have carried out some work on this. **Action:** MMT to submit findings to a future MCC meeting. **Mycophenolate Shared Care Guidelines (SCGs)** – The first draft of the SCG for transplant indications was on the agenda (item 7.2), as well as the reviews on the use of mycophenolate mofetil for ulcerative colitis and ocular sarcoidosis (item 7.4) for inclusion in the non-transplant SCG. However these items were deferred to the next meeting due to insufficient time. The SCG for non-transplant indications is yet to be submitted. **Action**: SCGs and review to be submitted for the January meeting. **OAB pathway** – Following review of a first draft of this pathway submitted by SP, MMT will be taking over its development, incorporating the comments made by the group. **Action**: MMT to submit revised draft for a future MCC meeting. **TEWV Depression and Anxiety Medication Algorithms** – See agenda item 4.1 for the final anxiety medication pathway.

	RM informed the group that the depression pathway would be slightly delayed as NICE had postponed the publication date of the revised depression guidelines to March 2018, so TEWV will await this to ensure that the pathway is aligned with NICE guidance. However, RM agreed to bring the pathway to the February 2018 meeting to be reviewed by the group for any further comments. **Action**: RM to submit TEWV depression medication pathway for February meeting. **Formulary amendments agreed in November (TAs 477-482, DSUs on clozapine, isotretinoin, gabapentin and methylprednisolone, RAG status of Depo-Provera®, phenoxymethyl penicillin, co-amoxiclav and doxycycline)** – JEC had updated the formulary with the TAs but not the other recommendations as she was awaiting confirmation of CCG approval. **Action:** JEC to update formulary. **Biosimilar uptake paper** – see agenda item 5.2 **RAG status review: Sayana Press®** - The group agreed to a change in RAG status from red to green. JEC was yet to update the formulary as she was awaiting confirmation of CCG approval. **Action:** JEC to update formulary. **Flash glucose monitoring in Type 1 Diabetes** – see agenda item 6.1.
3	**Governance**
3.1	**Terms of reference** Though the full TOR weren't due for review until Oct 2018, the membership was due for annual review. The group also took the opportunity to look at quoracy arrangements. The following was agreed: **Membership** The MCC will draw membership from stakeholder organisations across the Vale of York and Scarborough and Ryedale and will consist of: • Pharmacists from VoY and ScR CCGs • GPs employed by VoY and ScR CCGs • Another GP representative from VoY/ScR • Acute Trust Drug and Therapeutics Committee Chair • Acute Trust senior medical representation • Acute Trust deputy chief/chief pharmacist plus other senior pharmacist • Mental health Trust pharmacy and medical representation The group may consult with other individuals as needed prior to agreeing any changes in policies. **Chair, Deputy Chair and other appointments will be reviewed annually.** **Quoracy** A quorum of five members will be required, with representation from stakeholder organisations: • VoY CCG representative x 1 • ScR CCG representative x 1 • VoY/ScR GP representative x 1 • York Teaching Hospital Trust clinician (x1) and pharmacist (x1). In addition, a mental health Trust representative must be present for any mental health agenda items discussed. It was agreed that the appointments would be open for nominations by the stakeholder organisations – the stakeholder organisations would be approached to nominate their representatives for MCC. It was acknowledged that these may be current members continuing the roles. WO queried whether GP representatives should be nominated by the council of representatives, LA agreed to raise this issue with the CCG. **Action**: Members to approach their organisations for nominations; LA to liaise with CCG

	regarding nomination of GP representative.
4	**Mental Health Medicines Commissioning**
4.1	**Tees, Esk and Wear Valley Mental Health Trust** **D&T confirmed minutes from September 17** – the minutes were noted by the group. **November 17 D&T summary** RM updated the group on the issues to note for primary care - Depression and anxiety medication pathways: the anxiety pathway is discussed below, while the depression pathway has been deferred until the publication of the revised NICE depression guideline expected in March 2018. However RM will bring the depression pathway to the February meeting for further review by the group. - STOMP-LD (stopping over medication of people with a learning disability): TEWV are developing guidance to support de-prescribing, in support of the national campaign. Once ready, this will be brought for discussion. - Clozapine Drug Safety Update: Following the recent alert on the potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus associated with clozapine, TEWV are exploring ways of ensuring GPs are aware of all patients on clozapine, and raising awareness of its adverse effects. - The children and young persons' depression guidance is being reviewed and expected to be brought for discussion in February. - D&T agreed that promazine is a non-formulary drug, although it was already non-formulary, it was included in the safe transfer of prescribing (STP) guidance which will be updated to reflect this. De-prescribing guidance has been developed to support this – see below. The group noted that promazine was included in the Y&S formulary likely based on the STP guidance and agreed that it should be removed from the formulary. **Promazine de-prescribing guidance for comment** The first draft of the guidance was well received. It was requested that MMT check prescribing levels of promazine to determine if this is an issue. **New drug application process** The recently updated process was provided for information. RM noted that there had not been major changes from the previous version. **Final anxiety medication pathway** RM presented the final version of the anxiety pathway which had been approved by TEWV D&T. He noted that comments raised by MCC regarding the inclusion of citalopram as an option within step 2 had been addressed. Also, the dose for sertraline had been clarified. The pathway now indicates which drugs are recommended by NICE. GB queried whether the GAD-7 could be used for all manifestations of anxiety e.g. OCD – RM would check this and feedback. On the whole, the group found the document to be really useful. The pathway was yet to be uploaded on the TEWV website. Once this is done, RM agreed to share the link so that it could be included in the Y&S formulary. **Action**: JEC to remove promazine from formulary following CCG approval MMT to check levels of promazine prescribing RM to bring TEWV depression pathway to February meeting, forward the link to the anxiety pathway once available for inclusion in the Y&S formulary, and feedback to GB about GAD-7.

5	**National and Regional Guidance**
5.1	**Monthly NICE update (November 2017)** It was agreed that the formulary would be updated to reflect NICE guidance as follows: TA483: Nivolumab for previously treated squamous non-small-cell lung cancer; TA484: Nivolumab for previously treated non-squamous non-small-cell lung cancer; TA485: Sarilumab for moderate to severe rheumatoid arthritis; TA486: Aflibercept for treating choroidal neovascularisation; TA487: Venetoclax for treating chronic lymphocytic leukaemia; TA488: Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours; TA490: Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy; TA491: Ibrutinib for treating Waldenstrom's macroglobulinaemia All of the above are to be reflected in the formulary as RED drugs. All are commissioned by NHS England except TAs 485 and 486 which are CCG commissioned. Estimated patient numbers for TA485 (sarilumab) are 3 new patients a year across Y&S. it was noted that sarilumab is cheaper than tocilizumab so would be used in preference. Specialist feedback regarding TA486 (aflibercept) was that they would use either aflibercept or ranibizumab which is also NICE approved for CNV and used by the Trust for this indication. The group asked JEC to confirm how the costs compared when the PAS for the TA is taken into account and to confirm expected patient numbers. TA489: Vismodegib for treating basal cell carcinoma - NICE did not recommend the use of this drug due to uncertainty in the evidence and because it is not cost effective – the group decided that it should be assigned a black status based on the TA. TAs 417, 462 and 458 were updated to replace references to PAS with details of commercial access arrangements. No further action was necessary. A lot of the TAs were noted to have been assigned a grey RAG status i.e. no formal commissioning position. It was reiterated that the group previously agreed this status should no longer be used as it is not always helpful and drugs in NICE TAs should be reflected on the formulary after consideration and agreement of RAG status at MCC. The group noted that NICE had published NG80: Asthma: diagnosis, monitoring and chronic asthma management and that there were some differences between the recommendations in this guideline and the BTS/SIGN guideline which is currently the basis of the Y&S Asthma Pathway. LA informed the group that MMT had started to look at this. BTS intent to publish a clinical response to the NICE guideline and the group agreed to await this response before any further action by MCC. All drug classes mentioned in the guideline are included in the formulary. NG81: Glaucoma: diagnosis and management was also noted. Drugs from each class recommended in the guideline are included in the formulary. The recently approved Y&S glaucoma pathway was noted to be more specific in terms of product choice. CG71: Familial hypercholesterolaemia: identification and management (update) was noted for information only. **Medicines Safety (MHRA drug safety update – November 2017)** The group noted the drug safety updates for November on Live attenuated vaccines, antiepileptic drugs, oral tacrolimus, quinine and gentamicin. JEC confirmed that all of the links have been added to the formulary. The alert on quinine was a reminder of dose-dependent QT prolonging effects. It was noted that the formulary included both 200 and 300mg quinine sulphate tablets and questioned whether the 300 mg needed to be included; MMT would look into this.

	RDTC monthly horizon scanning (November 2017) The group noted that the second triple combination inhaler for COPD, Trelegy® has been licensed. This product was already on the MCC work plan. Guselkumab, a monoclonal antibody against IL-23 for moderate to severe plaque psoriasis is now available; a NICE TA for this is due in June 2018. Also, the first generic of ezetimibe and the second generic of tadalafil had been launched although the prices of these were not yet available. **Formulary amendments** It was noted that fluphenazine depot injection would cease to be available in the UK from the end of 2018 as manufacture is being discontinued. The formulary will be annotated with this information. **Action:** JEC to update formulary accordingly following CCG approval, and obtain requested information from specialists. MMT to look into whether both quinine sulphate strengths are necessary to be included in the formulary.
5.2	**NHSE commissioning framework for biologic medicines – MCC implementation plan** MM presented a paper outlining proposals for implementation of the NHSE commissioning framework for biologic medicines, including uptake of the upcoming adalimumab biosimilar for consideration by MCC. It was noted that since the November meeting, NHSE had asked all CCGs to complete an assessment of opportunity template to assess CCG uptake of best value biologic medicines with a view to ensuring plans are in place for each region by early 2018. The group agreed that it was necessary to have a dedicated strategic lead from the CCG who would oversee the process of the implementation of the adalimumab biosimilar which is due to launch in October 2018, for the adoption of the best value product. This would include developing a timeline of events to ensure effective uptake and realise maximum savings. LA volunteered to take the lead with support from her team on behalf of both CCGs, and will collaborate with the Trust. The RDTC will support this work, most of which would be carried out outside of the meeting but with regular feedback to the group. It was acknowledged that the Regional Medicines Optimisation Committee would be carrying out some work on biosimilars to support CCGs though the timeline for this is not yet known. The group were however keen that the work should be started and then the RMOC work can be fed into as and when available. **Action:** LA to lead implementation of adalimumab biosimilar, working with the Trust and with support from RDTC; regular feedback to be provided to MCC.
5.3	**NHSE final guidance on items which should not routinely be prescribed in primary care** The group noted that NHSE had published the final guidance on low value items. The guidance has remained roughly the same as the draft guidance with a few differences, but still allowed prescribing of the items under certain circumstances, therefore not as strong as would have been expected. Also there was some doubt as to whether the projected savings would be as high has expected since work has already been carried out the prescribing of most of these items. It was agreed that the recommendations in the guidance would be reviewed against the current Y&S position on all of the items to give an indication of the work that needs to be carried out. VoY CCG had already started work on this and kindly agreed to share this to aid discussions at the January MCC meeting. ScR CCG will also be covered. **Action**: Review of recommendations against Y&S MCC position to be submitted for January meeting.
5.4	**Y&S MCC work plan** The group reviewed the current work plan and agreed a number of items for addition including: • Adalimumab biosimilar uptake implementation plan – Ongoing work • Update to vitamin D guidelines and formulary choices – Jan 2018

	• Wound care formulary – Jan 2018 • Diabetes formulary/pathway – potentially Jan 2018 • Apraclonidine eye drops for glaucoma formulary application – Jan 2018 • Fiasp appeal – Jan 2018 • Oral contraceptives medal ranking – TBC • Infant formulae guidance – Jan 2018 • Antimicrobial stewardship report – potentially Jan 2018
6 **6.1**	**Formulary and Managed Entry of New Drugs** **DRAFT Y&S position statement on Flash Glucose Monitoring System (FreeStyle Libre®) and comments received** The group reviewed the draft position statement as well as the comments that had been received. The following were discussed and agreed: • Prior funding approval would be required before prescribing in order to ensure appropriate prescribing of the device according to the set criteria – the CCGs would determine the process by which this will be achieved outside of the meeting. • Removing the standalone criteria that patients finger prick testing ≥8x a day would be eligible for FreeStyle Libre (FSL). The group discussed that this should not on its own be a criteria qualifying use as there may be some patients who are inappropriately testing 8 or more times a day. Instead it was agreed that it would be more suitable to state within the recommendation that the specialist would consider the use of FSL in the patient to be cost-effective and at least one of the other criteria apply. Information on when use of the device is considered cost neutral would still be included within the recommendation. • Clarifying the criteria referring to those who require third party monitoring – it had been questioned whether this applied to children who needed a third party e.g. a parent to carry out blood glucose monitoring but this was not the intention. The group agreed that to avoid ambiguity, the individual groups specified within the criteria should each form separate criteria i.e. *patients who have considerable difficulties in finger prick testing due to a physical limitation; and patients with functional impairment that impacts on their ability to interpret standard finger prick testing results.* • There were comments from a YFT paediatrician regarding use of FSL in young children who have varied day to day patterns of eating, exercise and activity, and also in children/young people who find blood glucose testing distressing; the idea being that FSL would assist with achieving good glycaemic control early on, resulting in reduced long-term complications. JEC reported that estimated numbers of children/young people they would want to use FSL for would be around 80 per year. The group discussed that there is lack of robust evidence to support the above use, and such use would currently not be cost-effective/affordable. It was acknowledged that at present, there is a focus on cost, but the lack of evidence necessitates this, until more evidence to support use of FSL becomes available. Reports of distress associated with finger prick testing were acknowledged. However, it was noted that in general, it is not uncommon for children to find the use of medicines/devices distressing, and this alone without fulfilment of other criteria could not be considered as qualifying criteria for entitlement to NHS prescriptions of FSL as it would be unaffordable. It was agreed a statement would be added to reflect this**.** **Action:** EO to amend statement as per the above and circulate to group members present for agreement. ***Post meeting note:*** *RDTC received additional comments from YFT following the meeting querying secondary care only prescribing and requesting that GPs should be able to prescribe. Secondary care only prescribing was mentioned during the meeting but*

	was not the subject of an in-depth discussion. Therefore this issue is to be discussed in full at the next meeting.
6.2	**Aflibercept for myopic choroidal neovascularisation (TA486) – specialist feedback on place in therapy** This item was discussed within item 5.1 – see above.
6.3	**Formulary application: Meibopatch®** Meibopatch® is a commercial warm eye compress product used for conditions associated with Meibomian gland dysfunction. The application proposed that this product is used first line for patients with Meibomian gland dysfunction instead of warm eye compress using a clean flannel and warm water which is the traditionally recommended treatment for this condition, on the basis that heat would be retained for longer with Meibopatch®. The group did not approve the addition of Meibopatch® to the formulary as it was not considered a cost-effective use of NHS resources. There is no evidence demonstrating its therapeutic advantage for Meibomian gland dysfunction over use of a clean flannel and warm water as warm compress when used properly with periodic re-soaking to maintain the heat, and it is more costly than warm compress. It was felt that patients can self-fund commercial products if they found these more convenient. **Action**: No further action required.
7 **7.1**	**Interface: Shared Care Guidelines (SCGs) and Pathways** **Prescribing Guidance for adjuvant bisphosphonates in postmenopausal women with breast cancer – amended** The group reviewed the guideline which had been updated as per previous comments and were minded to approve it but requested clarification on a couple of points: The guideline states that patients should be referred to their GP if calcium and vitamin D levels are abnormal so these can be corrected. However, it is not clear whether this would include patients who are vitamin D insufficient as well as those who are deficient. Also, it was questioned whether it was necessary for a patient to be vitamin D replete before starting on bisphosphonates. The group requested that JEC clarify these points with the team. **Action**: JEC to obtain clarification as requested.
7.2	**Mycophenolate shared care guideline for adult renal transplant** This item was deferred to the next meeting due to insufficient time.
7.3	**SCG: Darbepoetin alfa for use in chronic renal disease – updated version** This item was deferred to the next meeting due to insufficient time.
7.4	**Reviews on the use of mycophenolate mofetil for ulcerative colitis and ocular sarcoidosis for non-transplant SCG** This item was deferred to the next meeting due to insufficient time.
8 **8.1** **8.2** **8.3**	**Monitoring/reporting** **Twelve month audit data MCC outcomes for recommendations from August & September 2016** This item was deferred to the next meeting due to insufficient time. **VoY Red drugs data** This item is reported quarterly. **ScR Red drugs data** This item is reported quarterly.
9	**Patient and clinical communications** Nothing to report.

10	**Items from other groups**
10.1	**Hull and East Riding Prescribing Committee (HERPC) – Draft minutes from September 2017 meeting** This item was deferred to the next meeting due to insufficient time.
10.2	**Antimicrobial stewardship subgroup update** - Nil
10.3	**York and Scarborough Drug and Therapeutics Committee minutes – September 2017 confirmed minutes** This item was deferred to the next meeting due to insufficient time.
10.4	**Y&S Medicines Efficiency Sub-committee** – Nil
11	**Any urgent business** Nil
	Date and time of next meeting: Wednesday 10th January 2018, 9:30am, Rowntree room, West Offices, York.