York and Scarborough
Medicines Commissioning Committee

Minutes of Medicines Commissioning Committee Meeting
Wednesday 8th November 2017
9.30-12pm, West Offices, York

1. Apologies / Attendance

		DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Strategic Lead Pharmacist- MMT	Mrs Rachel Ainger (RA)	CANCELLED	✓	✓	✓	✓	✓	✓	✓	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	✓	✓
Consultant Physician	Dr Paul Jennings (PJ)		✓	✓	✓	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
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
Consultant Cardiologist	Dr Chris Hayes (CH)				✓	✓	A	✓	✓	✓	A	A	✓
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary (BR & MM alternate)	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

Item	
1	**General business** Laura Angus (LA) chaired the meeting. Apologies were received from Dr Shaun O'Connell, Dr Michelle Beaumont and Richard Morris for the meeting today. Dr Eleanor Ruth Joy (YFT cardiology registrar) and Dr Hester Beaverstock attended to present item 2.2.

	Declarations of conflicts of interest relating to the agenda No interests were declared for the agenda items being discussed today. During discussions around item 6.4 PJ informed the group that his wife has been an author in gestational diabetes. The Chair reminded Dr Jennings that this item should have been declared at the start of the meeting as it may be perceived as a CoI, however the group did not feel that this matter had influenced discussions of this item. The guest speakers submitted DoI to the professional secretary prior to the meeting. Both had no interests to declare.
2	**Matters arising**
2.1	**Chairs actions to report** Scarborough CCG had received an enquiry regarding a patient requiring soluble alendronic acid as an inpatient. Communication had been undertaken with the hospital. VoY CCG had no Chairs action to report. **Outcome of VoY SMT/SRCCG Clinical Executive Committee** All recommendations from the October MCC meeting had been approved by ScR CCG CE Committee. However the recommendations had not yet been approved by VoY CCG. **Draft minutes and matters arising from last meeting** The minutes were agreed as a true record. **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. See agenda item 2.2 for YFT presentation of audit data on apixaban prescribing. **Action:** MMT to submit findings to a future MCC meeting. **Glaucoma pathway and formulary section review** – JEC reported the pending declarations of interest of the remaining individuals involved in the pathway. The group noted that Dr Van Der Hoek had attended meetings and had been an invited speaker at a number of meetings sponsored by Allergan including Yorkshire Glaucoma Society; attended a meeting sponsored by Thea (Moorfields glaucoma symposium) in the past and lectured annually on a phaco course for regional SpR's which is sponsored by Alcon. The other consultant who was involved in the initial development of the pathway Tim Manners had left the Trust. The group did not feel that these DoI affected the content of the pathway, which had been developed on the basis on evidence and cost effectiveness, but wished the DoI to be noted for transparency. **Specialist feedback on use of eluxadoline (TA471)** – the group agreed that the four week check specified within the NICE TA471 could be done by a GP telephone consultation to the patient, as essentially it was just a symptom check. It was agreed that the patient would need to be asked to liaise with their GP at 4 weeks prior to the agent being added to a repeat prescription. **Data on biosimilar prescribing trends** – see agenda item 5.2 **Mycophenolate Shared Care Guidelines (SCGs)** – The first draft of the SCG for transplant indications was on the agenda (item 7.1) but deferred to the next meeting due to insufficient time. The SCG for non-transplant indications is yet to be submitted. **Action**: Both transplant and non-transplant SCGs to be submitted for the December meeting. RDTC to carry out further evaluation on use of mycophenolate for ulcerative colitis and ocular sarcoidosis for the non-transplant SCG. **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. **Pigmanorm cream** – JEC confirmed she had communicated with the specialists that this agent was not suitable for primary care prescribing. **Treatment Advisory Notes/Clinic letters** – RDTC to send information on timeframe within which GPs should receive clinic letters to group by email. **TEWV Depression and Anxiety Medication Algorithms** – Final versions expected for the December MCC meeting. **Formulary amendments agreed in October (TAs 474 to 476, NG73, DSUs on miconazole oral gel and loperamide, Spiolto Respimat® RAG status)** – All agreed. **Dimethyl fumarate for plaque psoriasis (TA475)** – Formulary has been updated to include Skilarence®; see agenda item 6.1 for RAG status review. **Vitamin D prescribing – analysis of use in line with formulary** – JEC to update formulary to specify that vitamin D should be prescribed by brand in primary care. **Prescribing Guidance for adjuvant bisphosphonates in post- menopausal women with breast cancer** – This item was on the agenda (item 7.2) but deferred to the next meeting due to insufficient time.
2.2	**Presentation by YFT cardiology registrar Eleanor Ruth Joy and SHO Hester Beaverstock: Apixaban prescribing in AF – audit data** The presentation highlighted that apixaban was more commonly initiated by Care of the Elderly and acute medicine, rather than cardiology. It was presented that 92% of patients were discharged on the correct dose of apixaban, whilst the number discharged on incorrect doses were small, they were significant. The presentation discussed the significance of the age of patients in trials against practice, and issues with decreased renal function. The group and the presenters discussed possible options to reduce the rate of incorrect doses, and it was agreed that there needed to be a link between secondary and primary care audits, to further investigate possible issues and how these can be overcome. **Action: It was agreed that MMT would link with secondary care to further investigate audit findings.**
3	**Governance** Nil
4 **4.1**	**Mental Health Medicines Commissioning** **Tees, Esk and Wear Valley Mental Health Trust** Nil to report.
5 **5.1**	**National and Regional Guidance** **Monthly NICE update (October 2017)** TA477 (autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee) – the link is to be added to the formulary. TA478 (Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma) – brentuximab is already in the formulary as a red drug; the TA link is to be added to the relevant section of the formulary. The drugs in TA479 (Reslizumab for treating severe eosinophilic asthma) & TA480 (tofacitinib for moderate to severe rheumatoid arthritis) are to be added to the relevant sections of the formulary with the TA link.

	TA481 (Immunosuppressive therapy for kidney transplant in adults) & TA482 (Immunosuppressive therapy for kidney transplant in children and young people) were updates to TA85 and TA91 respectively. The updated TA links are to be added to the relevant section of the formulary. The links to NG78 (Cystic fibrosis: diagnosis and management) and NG79 (Sinusitis (acute): antimicrobial prescribing) are to be added to the relevant sections of the formulary. It was noted that NG79 included recommendations on antibiotic choices including phenoxymethylpenicillin, co-amoxiclav, and doxycycline which currently have no RAG status on the formulary. The group took this opportunity to agree a green RAG status for these items as per antibiotic guidance. **Medicines Safety (MHRA drug safety update – October 2017)** The group noted the drug safety updates for October on clozapine, isotretinoin, gabapentin and methylprednisolone. The links are to be added to the relevant section of the formulary. **RDTC monthly horizon scanning (October 2017)** The group noted the newly licensed LABA/ICS inhalers Fobumix® (budesonise/formoterol) for asthma and COPD and Aloflute® (salmeterol/fluticasone) for asthma; updated NICE asthma guidance is in development, publication date to be confirmed. The group also noted that dupilumab – first in class monoclonal antibody against IL-4 & IL-13 for atopic dermatitis had been newly licensed. A NICE TA is in development with the publication date to be confirmed. Also, a new preparation of acetylcysteine 600 mg effervescent tablets is now available at a significantly lower cost than existing products. **Action: JEC to update formulary accordingly following CCG approval.**
5.2	**NHSE commissioning framework for biologic medicines and YFT biosimilar uptake data** The group considered the framework and noted that all CCGs and every provider are expected to be proactively looking at the opportunities for use of biosimilars. The group have a gain share arrangement in place, however it was agreed that MCC on behalf of the CCGs needed to take a more active role in optimising uptake of biosimilars. It was agreed that an uptake paper would be drafted for the next meeting, the group were conscious of the need to maximise the launch of the adalimumab biosimilar product in October 2018 and the need to plan for this. SP presented biosimilar uptake data from YFT, and explained the limitations of achieving 100% biosimilar uptake i.e. lack of availability of the biosimilar product, patient resistance to switch to a biosimilar product. SP couldn't present switch rates at this point. It was agreed that SP would continue to present this data to MCC on a quarterly basis. **Action: RDTC to draft a biosimilars uptake paper for discussion at the December meeting. SP to present biosimilar data to MCC on a quarterly basis and the work plan to reflect this.**
5.3	**Draft Y&S MCC work plan** MM presented the need for a more robust work plan to ensure that MCC was measuring effective and delivering measurable objectives. The group were asked to submit items for consideration for the coming year. Whilst horizon scanning will shape part of the work plan, the agreed commissioning intentions should also provide the MCC with priority areas to consider. Following the discussion above, the implementation of the upcoming adalimumab switch would be added to the work plan. **Action: All members to identify items for consideration for the coming year and forward these to the RDTC for the work plan.**
6	**Formulary and Managed Entry of New Drugs**

6.1	**RAG status review: Dimethyl fumarate (Skilarence®) for plaque psoriasis** Skilarence® was added to the formulary in line with TA475 as a red drug, replacing unlicensed Fumaderm®. The Trust proposed that patients successfully initiated on Skilarence® are transferred to the GP for ongoing prescribing therefore MCC reviewed the suitability of Skilarence® as an amber drug. The group noted that regular monitoring of FBCs, hepatic and renal function is required every 3 months. More frequent monitoring of FBCs might be required if abnormalities are detected. Dimethyl fumarate is associated with a risk of progressive multifocal leukoencephalopathy (PML), and alerts have been issued by MHRA and EMA about this. Also, Skilarence is a high cost drug with PbR excluded status. The group agreed that a red status was most appropriate for this agent. **Action: No further action required.**
6.2	**RAG status review: Sayana Press®** The group were asked to review the RAG status of medroxyprogesterone acetate injection (Sayana Press®) which currently has a red status on the formulary (restricted to family planning clinic use only). A green status has been proposed as GPs are requesting to be able to prescribe Sayana Press to patients instead of Depo-Provera®. Both agents are progestogen-only long acting reversible contraceptives. However, Depo-Provera is administered by IM injection while Sayana Press is administered by SC injection. Unlike Depo-Provera, Sayana Press is licensed for self-administration by patients following adequate training which could save nursing time and free up appointments. The group noted that the Sayana Press has been shown to be just as effective as Depo-Provera and that apart from the mode of administration, the two products were very similar. It was also noted that the Faculty of Sexual and Reproductive Healthcare supports self-administration of Sayana Press because of the potential benefits to women and services. The group agreed to a change of the RAG status from red to green. **Action: JEC to update formulary following CCG approval.**
6.3	**RAG status review: Combined hormonal contraceptives** Whilst it was noted that combined hormonal contraceptives on the formulary are lacking a RAG status, MMT and YFT members explained that there were ongoing discussions regarding the medal ranking of these products, which was being taken forward by a new MMT pharmacist. **Action: Item deferred pending the medal ranking of these items.**
6.4	**Flash and continuous glucose monitoring in Type 1 Diabetes** The group discussed the RMOC recommendation on FreeStyle Libre (FSL), they commented that the recommendation was slightly less detailed than they would have expected, and that clinical executive committees would be unlikely to accept this recommendation due to a lack of specificity. The group also queried why there had not been a call for the manufacturer to provide further outcome data to support the use of this device as a cost effective option. PJ discussed the possible benefits of this device using data from his clinics, from patients currently using FSL through a separate funding route, in particular better management of hypoglycaemic episodes, particularly in those patients with poor nocturnal glycaemic control. He commented that he felt the RMOC criteria were acceptable but that T1DM patients who are pregnant should also be considered. The group acknowledged that there was some evidence that a reduction in hypoglycaemic episodes led to better outcomes for the baby, although this information was not formally presented or considered. PJ confirmed that identification of patients suitable for FSL would need to be undertaken by diabetes specialists, and that some form of agreement between the prescriber and the patient to optimise the use of FSL would be appropriate. The group noted that a number of patients in primary care are currently self-funding FSL but that this prescribing would not necessarily be taken on by the NHS, and that all patients would require specialist assessment for suitability. The group agreed that there was a need to add further detail to the RMOC statement to rationalise the use of FSL, as widespread, unspecified use would otherwise render the

	item unaffordable. The group emphasised the need for accurate data collection in order that cost effectiveness and efficacy of FSL could be reassessed in a year's time. It was noted that MCC have not assessed other forms of continuous glucose monitoring and that this would be considered in due course. MCC requested that a recommendation be drafted which would add the necessary specifics to the RMOC statement and that this would be circulated by email for comment, before consideration at the December meeting. **Action: RDTC to draft FSL recommendation for MCC comment**
7 **7.1**	**Interface: Shared Care Guidelines (SCGs) and Pathways** **Mycophenolate shared care guideline for adult renal transplant** This item was deferred to the next meeting due to insufficient time.
7.2	**Prescribing Guidance for adjuvant bisphosphonates in postmenopausal women with breast cancer – amended** 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 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 **10.1** **10.2** **10.3**	**Items from other groups** **Hull and East Riding Prescribing Committee (HERPC)** – Nil **Antimicrobial stewardship subgroup update** - No updates **York and Scarborough Drug and Therapeutics Committee minutes** – Nil
11	**Any urgent business** Nil
	Date and time of next meeting: Wednesday 13th December 2017, 9:30am, Rowntree room, West Offices, York.