York and Scarborough
Medicines Commissioning Committee

Minutes of Medicines Commissioning Committee Meeting
Wednesday 12th April 2017
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)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chair & Vale of York CCG Pharmacist	Mrs Laura Angus (LA)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GP Prescribing Lead – S&RCCG	Dr Greg Black (GB)	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	A	✓
Principal Pharmacist Formulary, Interface and Palliative Care	Mrs Jane Crewe (JEC)	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Anaesthetist	Dr Peter Hall (PH)	✓	✓	A	A	✓	✓	✓	✓	✓	✓	✓	A
Consultant Physician	Dr Paul Jennings (PJ)	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	A
Deputy Chief Pharmacist Tees Esk and Wear Mental Health Trust (TEWV)	Mr Richard Morris (RM)	✓	CW	A	CW	✓	✓	A	✓	✓	A	A	CW
GP Vale of York CCG	Dr William Ovenden (WO)	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
GP Prescribing Lead - VoYCCG	Dr Shaun O'Connell (SO'C)	✓	✓	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	✓
Consultant Psychiatrist (TEWV)	Dr Shona McIlrae (SM)					✓	A	A	A	A	A	A	A
Consultant Cardiologist	Dr Chris Hayes											✓	✓
Regional Drug & Therapeutics Centre, Newcastle – Professional Secretary (BR & MM alternate)	Ms Bhavana Reddy (BR)/ Mrs Monica Mason (MM)	✓ MM	✓ BR	MM + BR	✓ BR	✓ MM	✓ BR	✓ MM	✓ MM	✓ MM	✓ MM	✓ MM EO	✓ BR EO

Item	
1	**General business** Laura Angus (LA) chaired the meeting Apologies were received from Dr Shaun O'Connell, Dr Peter Hall and Dr Paul Jennings for the meeting today. **Declarations of conflicts of interest relating to the agenda**

	A declaration was made regarding agenda item 7.2 asthma pathway and attendance at an ad board on Fostair inhaler by two members. As there was no discussion around choice of inhalers no further action was taken. Agenda item 7.2 related to a final asthma pathway for ratification.
2	**Matters arising**
2.1	**Chairs actions to report** VoY CCG approved a request for brivaracetam for epilepsy for 6 months for a patient that had been tried on all other antiepileptic's. There was nothing to report from SRCCG **Outcome of VoY SMT/SRCCG Clinical Executive Committee** Items from the March meeting had been agreed in full by VoY CCG CE Committee and by the Scarborough and Ryedale CCG CE Committee. A query was raised around patient numbers for Apremilast. **Action:** JEC agreed to confirm these with the specialist. There was some discussion around PAS schemes and whether commissioners were aware of which drugs were available under a PAS scheme so that they could ensure they were charged the appropriately**.** **Action:** BR agreed to share a list of CCG commissioned NICE approved drugs with a PAS Scheme. **Draft minutes and matters arising from last meeting** The minutes were agreed following a minor spelling amendment and addition of Chris Williams to the apologies list. **Action log/long-term matters arising** **Ulipristal pathway** – RA fedback that this had been updated but she was awaiting comments from specialists regarding specific aspects of the pathway. Once this has been received it will be brought back to MCC. **T3 prescribing in Y&S** – Primary care are undertaking an audit of T3 prescribing in primary care and will submit this to MCC in due course. **Action**: MMT to submit T3 audit results to MCC May meeting **COPD guidance** – see agenda item 7.1 **OAB pathway** – Minor changes are being made to this pathway, with ongoing discussions between RA and SP, it is hoped it will be ready for approval soon. it was noted that there are potentially two pathways available: one written by specialists and RSS guidance developed by LA and SO'C. **Action:** RA/LA to submit for MCC approval at the May meeting. **LTHT medicines update – referrals from non-Leeds CCGs –** MM and JEC to undertake review of RAG status of identified items and communicate any required amendments to MCC in due course. **Action:** MM and JEC to raise any required amendments in due course. **Lisdexamfetamine SCG for treatment by the Tuke Centre** –: still awaiting feedback as no response received. It was agreed that the proposal that GP's initiate treatment was not shared care. **Action:** MMT to contact Louise Baker **Formulary amendments approved at the March MCC –** JEC had updated the formulary accordingly. **Methotrexate SCG** – JEC is awaiting feedback from GI specialists. The SCG has been agreed by Dermatology and Rheumatology.

	Action: To be brought back once feedback has been received. **Glaucoma pathway** – JEC to forward pathway to Scarborough Trust for comment following which approval can be sought from MCC. JEC has sent however still awaiting comments from Scarborough. **Action:** Pathway to be submitted to MCC in due course **RAG criteria for Y&S MCC** – MM to amend criteria for trial with future applications, and identify grey items for assessment for May MMC. **Fulvestrant application** – see agenda item 6.4. **VoY wound care formulary** – Awaiting comments from Scarborough representatives with a view to seeking approval at a future MCC meeting. **VoY asthma pathway** – see agenda item 7.2 **Botulinum toxin A for facial lines** Action: to be added to black list. JEC to update for May meeting. **Tamsulosin for urolithiasis – formulary assessment** The group agreed that further work be undertaken to develop a referral support service (RSS) pathway for management of patients who present to the GP with ureteric stones. **Action:** JEC to seek feedback on above approach. **Public health formularies** It was agreed that the formulary would be updated to reflect the drugs in the public health formularies with clear RAG statuses and specifying that they should only be prescribed within a formally commissioned service. RA had summarised the information to be included in the formulary, however more input was required by MCC before this item could go any further. **Action:** RA to bring back to May MCC meeting.
3 **3.1**	**Governance** There were no items to discuss.
4 **4.1**	**Mental Health Medicines Commissioning** **Tees, Esk and Wear Valley Mental Health Trust:** CW noted that the November minutes had been sent to the group by mistake as the group had previously seen these. The January minutes would be shared with the group at the next meeting. CW gave the group some feedback from the March meeting. • The Psychotropic Drug Monitoring Guidance has been update and re-formatted and approved. This will be available on the website and intranet under v1.1. • The Lithium Safe Prescribing Guidelines are due for review. D&T recommended a number of changes and this is currently out to consultation, once finalised it will be brought for sign off to MCC. • Dementia Care Pathway – this has been updated and has removed the requirement for a 6 monthly review for patients on dementia medicines as this is not evidence based. This item will come to a future MCC meeting. • Antipsychotic induced constipation – TEWV will be updating their constipation guidance to raise awareness of constipation as a side effect to antipsychotics and in particular clozapine; this has led to serious GI complications such as bowel obstruction. **1. Quick Reference Guide: Formulary and Transfer of Care Document.** The group welcomed this document and agreed it would be useful to link to it in the formulary however this current version uses the RAG ratings from County Durham and

	Darlington which are slightly different to the York RAG ratings. It was noted that this may confuse prescribers. **Action:** CW agreed to update the document to include the York and Scarborough RAG ratings. Once done he would send to JEC to link to in the formulary. **2. SBARD in relation to prescribing medicines for ADHD.** Several cases of inappropriate prescribing of ADHD medicines in adult patients had been identified; patients had been prescribed an ADHD medicine significantly above the maximum recommended dose, or had been prescribed a combination of two products or both. Therefore a SBARD highlighting this issue had been written. The group agreed that this was a useful reminder and it should be linked to in the Y&S formulary. **Action:** CW to send link/document to JEC for linking in formulary. **3. Unlicensed Bupropion for patients moving to the UK** CW raised an issue around the continuing prescribing of unlicensed bupropion for depression for patients prescribed this drug in other countries where it is licensed for use in depression. Bupropion is only licensed for smoking cessation in the UK and not for depression although it is used in some European countries as well as the US. CW noted that TEWV guidelines include bupropion as a fourth or fifth line option in patients who have failed on licensed options and in these cases TEWV would retain prescribing. CW asked the group for advice on what should happen in those patients already established on this treatment from elsewhere. **Action:** After some discussion it was agreed that patients would need to be reviewed and a decision taken by the GP as to whether it was appropriate to continue bupropion. If the patient had already tried all other treatments then it would seem reasonable to prescribe following chairs action as bupropion for depression is currently Black. If GPs require any further advice on prescribing for depression they can contact TEWV or refer the patient directly as usual. The group agreed that it would be useful to include this kind of situation in a CCG medicines policy so that prescribers would be aware of what their responsibilities would be. The current GMC policy on prescribing unlicensed or off label medicine's states: "You may prescribe unlicensed medicines where, on the basis of an assessment of the individual patient, you conclude, for medical reasons, that it is necessary to do so to meet the specific needs of the patient"; this would apply in the situation described above. As there are alternatives available it would be expected that the patient should be trialled on a formulary choice as soon as is practical and providing these have not been tried before.
5	**National and Regional Guidance** **Monthly NICE update** It was noted that TA's 434-438 were terminated appraisals so further action was necessary for these items. TA349 – Cetuximab and Panitumumab for previously untreated metastatic colorectal cancer has been issued. Both of these drugs are already listed as RED drugs in chapter 6. This an NHS England commissioned TA so there is no cost impact for CCGs. **Action:** JEC to add link to formulary. **CG164 Familial breast cancer**: has updated recommendations for all women taking drugs for chemoprevention. Raloxifene is not currently in the Y&S formulary – this could be included as an AMBER medicine as per other entries. The group felt that this warrants further discussion and that this should be added to a future agenda for evaluation and agreement. **Action:** RDTC to add to future agenda. **NTAG recommendations**

	BR briefly fed back on the NTAG recommendations (home iontophoresis, lycra garments, Dimethyl fumarate, transcutaneous vagus nerve stimulation for cluster headache and migraine) however these would be brought back in full to the next meeting. **Medicines Safety (MHRA drug safety update –March 2017)** A link to the MHRA warning for SGLT2 inhibitors will be added to the formulary under the relevant section. LA brought up the issue that Lucozade had lowered it sugar content so it was no longer used for glucose tolerance testing in pregnant patients. The Trust had already updated its policies. This could also be linked to in the formulary if required. An issue around patients unnecessarily prescribed reduced doses of apixaban was also raised. It was agreed that MMT via RA would gather the data on prescribing for non-valvular AF, for review by MCC at a future meeting. **RDTC monthly horizon scanning** It was noted that a new cheaper MDI inhaler Sereflo® (fluticasone/salmeterol) was now available. There are two other MDI's currently available – Seretide® and Sirdupla®. This may have implications for the asthma or COPD pathways.
6 **6.1**	**Formulary and Managed Entry of New Drugs** **Desmopressin low dose SL tablet (Noqdirna®) –formulary assessment** The group assessed Desmopressin for treatment of nocturia due to idiopathic nocturnal polyuria. Current Desmopressin formulations are not licensed for use in the above population they are only licensed for use in children and adults with nocturia associated with MS. Other treatments used are also used off label. The group noted that there was no criteria offered for which patients would be offered drug treatment although the specialist suggested that only 20 patients per year would be given the treatment. The group agreed that further information on the treatment pathway that these patients would go through was required before approval could be granted. As a licensed product it is preferable that this is used over off label use, however to note that costs would increase as Desmopressin is currently only available as 100mcg tablets which are scored. Therefore a dose of 50mcg per day using the 100 mcg tablets would cost £10.51 for 15 tablets and 30 days' supply compared to £15.16 for a month's supply of Noqdirna®. To note this was not approved by SMC, however Ferring have indicated that they will appeal this decision. **Action**: JEC and SP to seek comments on patient pathway and criteria for use and bring back to the next meeting.
6.2	**Fiasp®– formulary assessment** An application had been received regarding the use of the new fast acting aspart insulin product – Fiasp®. Insulin aspart is a fast acting insulin analogue that has been licensed in the UK since 1999 as NovoRapid®. Fiasp® is identical to NovoRapid® however it also contains nicotinamide (vitamin b3) to allow faster absorption. Fiasp® reaches a maximum serum concentration approximately 7 minutes more quickly than NovoRapid® but the total insulin exposure is similar. It was noted that the applicant has a conflict of interests as he has been involved in an Advisory Board for the company. The group queried the added benefit of a 7 minute quick absorption in practice. It was noted that both drugs are currently the same price however the formulation patent expiry of NovoRapid® is due to expire in June 2017. A generic insulin aspart and a biosimilar are in the early stages of development, however the timescale is unknown. The group queried which patients would require this instead of NovoRapid®? The application appeared to suggest that this would be used first line over NovoRapid®, however as

	newly licensed drug it has a black triangle so more established treatments should be used first. There were concerns raised that Novo Nordisk may not continue manufacturing NovoRapid once the patent expires so this would need to be monitored. It was also noted that Fiasp® is licensed up to 20 mins after starting a meal, however, offering post-meal insulin is a NICE Do Not Do in NG17 (management of T1DM, section 1.7.8). The T2DM guidance doesn't specifically recommend against post-meal insulin, but only makes recommendations on using short-acting insulins BEFORE meals (NG28, 1.6.36 & 1.6.37). The group asked for further feedback from specialists on which subgroups, if any, would benefit if given this over NovoRapid®. **Action:** JEC to request the views of the specialists regarding which subgroup of patients may benefit from use of Fiasp® over NovoRapid®. To be brought back to the next meeting.
6.3	**Nefopam – Black Status Assessment** The group was asked to assess nefopam against the newly drafted black list criteria. It was noted that nefopam costs had risen by 342% across the region. Nefopam is not in the Y&S formulary. There is no evidence from head to head trials to suggest that oral nefopam is superior to other commonly used analgesics. A 2009 Cochrane review found no evidence on the efficacy of oral nefopam in postoperative pain concluding that its use for this indication is not justified, and use for other indications should be evaluated carefully. It was also noted that nefopam is highly toxic in overdose and because of this and its other adverse effects, APCs were now moving to restrict use. It was suggested that nefopam may still be of value in patients with renal or hepatic impairment; however it was felt that these could be requested via chairs action if needed so use could be reviewed. On completion of the tool the first and second criteria apply: i.e. 'The drug is considered to have safety concerns' and 'the drug is considered to have poor evidence base for the indication listed'. Completed forms will be available via the RDTC if required. **Action:** JEC to add to black list in formulary, once approved by CCGs.
6.4	**Fulvestrant for Breast Cancer – Falcon Trial.** The group reviewed the summary of the Falcon trial provided by the RDTC. At the February 2017 meeting, an application had been received which was a re-submission of a previous 2015 application to use fulvestrant for the treatment of oestrogen-receptor positive metastatic or locally advanced breast cancer in postmenopausal women in whom disease progresses or relapses while on, or after, other anti-oestrogen therapy. It had been suggested that fulvestrant be used 2nd line after anastrozole, however there is still insufficient evidence for use of fulvestrant in this patient group. It is unclear whether patients will respond to fulvestrant if they haven't responded to other treatments. The Falcon trial is in treatment naïve patients which compared treatment against anastrozole. This is a different treatment population to that outlined in the application and in NICE TA 239. It was noted, however that NICE will be reviewing treatment naïve patients in February2018. A recent Cochrane review states that fulvestrant is at least as effective as current therapies in the treatment of post-menopausal women with advanced hormone-sensitive breast cancer. The group agreed that NICE TA239 remained valid and that they would await the outcome of the NICE review for treatment naïve patients given the borderline results from the falcon trial. It was agreed that fulvestrant for the treatment of oestrogen-receptor positive metastatic or locally advanced breast cancer in postmenopausal women in whom disease progresses or relapses while on, or after, other anti-oestrogen therapy be added to the black list. **Action:** JEC to add fulvestrant for the treatment of oestrogen-receptor positive metastatic or locally advanced breast cancer in postmenopausal women in whom disease progresses or relapses while on, or after, other anti-oestrogen therapy to the blacklist and link to NICE TA 239 and Do Not Do statement.

6.5	**Improving Breast Cancer Survival through the introduction of bisphosphonates for post-menopausal women.** The group noted that a business case had been pulled together for the use of bisphosphonates in post-menopausal women with breast cancer. This had already been to various other committees and had been approved for use regionally. The meta-analysis data on this use was good. Overall the meta-analysis identified significant reductions in recurrences, distant recurrence, bone recurrence and breast cancer mortality for post-menopausal women. The reduction in mortality for post-menopausal women was ~18% to 14% in 10 years, with around 1 in 6 breast cancer deaths prevented. The group were minded to approve use however they were keen to receive further information from YFT as to which bisphosphonate they would be using and also what practical issues may need tackling. It was noted that all treatments proposed are off label use for this indication. **Action:** JEC to seek feedback on implementation within the Trust and bring back to next meeting.
6.6	**Rationalising of prescribing Choices in vaginal candidiasis.** This item was not discussed as it was noted that this had been removed from the MCC workplan as it was not a priority area.
6.7	**RAG status change of eflornithine cream.** A proposal was received to review the current RAG status of eflornithine cream. The proposal was to move the RAG status from Green to Amber Specialist Recommendation so that use could be contained to the specific patient group identified in the formulary. The group agreed however that this drug should be considered for the black list as it is a cosmetic treatment and falls within the same category as Botox for fine lines. The group was mindful of equality and diversity issues and recommended that CCG boards consider this prior to approving the recommendations. On completion of the black list tool the following criteria apply: • The drug is considered to have a poor evidence base for the indication listed. • The drug is not considered to be a cost effective use of NHS resources. The group agreed that eflornithine should be added to the black list. **Action:** JEC to add to black list following approval by CCGs. BR to include a recommendation in the CCG recommendations that Equality and Diversity issues are considered on approval.
6.8	**Proposed decommissioning of low strength vitamin D preparations in primary care.** A proposal had been put forward for low strength vitamin D to be black listed and available for purchase only in line with Scarborough and the Vale of York CCG policy around Self Care. This would apply to 'replete' patients only. i.e. those who had been treated for vitamin d deficiency and required maintenance doses to keep levels within the required range. This would uncover significant cost savings for CCGs and figure of £77k had been identified. Again the group recognised that equality and diversity issues would need to be considered prior the approval of the recommendations. It was suggested that this also apply to insufficient patients however the group felt that further details were required for these patients prior to this decision being taken. It was also proposed that low dose should include $\leq$ 1000 iu as there are preparations available from supermarkets at this dose for £3.50 per month which is a more cost effective product than the price the NHS pays on prescription.

	The group approved the addition of low dose (≤1000 iu) vitamin d preparations to the blacklist on the following criteria: • Poor evidence base for use • Not a cost effective use of NHS resources. **Action:** BR to include in recommendations with a note that equality and diversity issues should be considered by the CCGs. LA agreed to share the CCG 'products that can be purchased policy' with RA and Scarborough. JEC to update formulary and add to black list once approved and to update link to the vitamin d document. **It was also agreed that vitamin d insufficiency should be added to the agenda at a later date.**
6.9	**Decommissioning of non-steroid topical scalp applications and formulary position update.** This item was not discussed in detail as it was felt that further work needed to take place before any decisions could be made. It wasn't clear why some products have been included but others haven't. **Action:** MMT to update and bring back to a future meeting.
6.10	**Recommended branded generics.** This item was for information only as it only applied in VoY CCG. Some comments were received around inclusion of inhalers in this list as they are different to the normal branded generic tablets due to differences in inhaler devices etc. it was also noted that no branded generic had been included for pregabalin capsules therefore this item should be removed.
6.11	**Products for Self Care (S&R)** This document had been developed by S&R CCG; however it had not been to VoY. It was therefore proposed that this be sent to VoY for consultation and then be brought back to MCC for ratification. Once signed off a copy should be sent to the minor injuries units. **Action:** to go out to consultation in VoY.
7	**Interface: Shared Care Guidelines (SCGs) and Pathways**
7.1	**York and Scarborough COPD Pathway** The group noted some minor errors in the pathway and asked that these be amended and brought back to the next meeting. It was also noted that further feedback from specialists had been received so these would be reviewed and brought back. **Action:** RDTC to update errors around doses and minor typos and bring back to June meeting.
7.2	**Y&S Asthma Pathway** The group approved the above pathway following the addition of the Y&S MCC logo and bolding of the 'beclometasone MDI'. **Action**: LA to make above adjustments and forward to JEC for inclusion in formulary.
8 **8.1** **8.2** **8.3**	**Monitoring/reporting** **Twelve month audit data MCC outcomes** This item is discussed quarterly **VoY Red drugs data** This item is discussed quarterly **ScR Red drugs data** This item is discussed quarterly
9	**Patient and clinical communications** Nothing to report.

10 **10.1** **10.2** **10.3**	**Items from other groups** The items below were noted for information only and not discussed in any detail. **Hull and East Riding Prescribing Committee (HERPC) minutes (incl Interface minutes)** **Antimicrobial stewardship subgroup update** **York and Scarborough Drug and Therapeutics Committee minutes**
11	**Any urgent business** No other business was raised.
	Date and time of next meeting: **Wednesday 10th May 2017, 9.30am, West Offices, York.**