

**Minutes of the Lancashire Medicines Management Group Meeting  
Held on Thursday 12<sup>th</sup> January 2017 at Preston Business Centre**

**PRESENT:**

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
John Vaughan (JV)	Medicines Commissioning Pharmacist	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Pauline Bourne (PB)	Senior Pharmacist, Medicines Management, Deputy Chief Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG

**IN ATTENDANCE:**

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Paul Tyldesley (PT)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Pharmacist
Peter Johnstone (PJ)	Primary Care Development Manager	Liverpool CCG

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/001	<p><b>Welcome &amp; apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Cath Fewster and Lisa Rogan. John Vaughan was attending on behalf of Lisa Rogan.</p> <p>It was noted that Joanne McEntee, Senior Medicines Information Pharmacist – Horizon Scanning Lead from North West Medicines Information Centre, Peter Johnstone, Primary Care Development</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Manager, Liverpool CCG and Paul Tyldesley, Medicines Commissioning Pharmacist, MLCSU were in attendance to observe the meeting.</p>	
2017/002	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	
2017/003	<p><b>Declarations of interest pertinent to agenda</b></p> <p>None.</p>	
2017/004	<p><b>Minutes of the last meeting (8<sup>th</sup> December 2016)</b></p> <p>The minutes of the meeting dated 8<sup>th</sup> December were agreed as a true and accurate record subject to the amendment below:</p> <p><u>2016/209 LMMG – New Medicines Reviews Work Plan update</u> <u>Osvaren</u> .....JA will look at the last 6 months of prescribing in LCFT <b>should read</b> .....JA will look at the last 6 months of prescribing in LTH.</p> <p>The action sheet on page 13 will also be changed in line with the above amendment.</p>	
2017/005	<p><b>Matters arising (not on the agenda)</b></p> <p>TN informed the group that the LMMG Annual Report for 2015-16 had been well received by the CCB. The CCB commended the collaborative work undertaken by LMMG across Lancashire.</p> <p>TN also highlighted that consideration at the CCB had been given as to whether it was possible to move to a single decision making process for medicines across the STP footprint. This will be considered over the coming months.</p>	
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
2017/008	<p><b>Degarelix (Firmagon®) shared care guideline</b></p> <p>The agenda items were discussed in this order due to DP's delayed arrival.</p> <p>AGR presented the paper summarising the degarelix (Firmagon®) shared care guideline.</p> <p>Seven of eight CCGs and three of five provider trusts responded by the closing date. All CCGs and one provider trust that</p>	

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	<p>responded agreed with the current format of the guideline. Two of the three provider trusts that responded, one of which was also representing the views of the Lancashire and South Cumbria Cancer Network, did not agree with the guideline.</p> <p><b>Decision</b> The group discussed the dose administration and it was decided that the starting dose will be prescribed and administered in secondary care; the maintenance dose will be prescribed and administered in primary care. In light of the fact that the monitoring arrangements are not complex, the group decided that a shared care guideline was not required. Therefore, the information will be put into a prescribing information sheet. It was decided that the Appendix 1 and 2 forms (Shared Care Agreement) will be removed from the document. Degarelix (Firmagon®) will be given an Amber 0 colour classification.</p> <p><b>Actions</b> The degarelix shared care document will be amended in line with the discussions above and the information put into a prescribing information sheet.</p> <p>The prescribing information sheet will be put onto the LMMG website with an Amber 0 colour classification.</p>	<p style="text-align: center;"><b>AGR</b></p>
<p><b>2017/009</b></p>	<p><b>Opioid Tapering and Withdrawal Guidance</b></p> <p>AGR presented the paper, summarising the Opioid Tapering and Withdrawal Guidance.</p> <p>Seven of eight CCGs and two of five provider trusts responded by the closing date. Five of the seven CCG that responded supported the guidance either in its current format or with amendments. The remaining two CCGs and two provider trusts that responded sent comments only.</p> <p><b>Decision</b> The group discussed and decided that the PRN doses will remain in the Opioid Tapering Chart. The amendments made following consultation responses were discussed and approved by the group.</p> <p><b>Action</b> The Opioid Tapering and Withdrawal Guidance will be amended and added to the Non-cancer pain guideline as an appendix, the updated document will be uploaded to the LMMG website.</p>	<p style="text-align: center;"><b>AGR</b></p>

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2017/011	<p><b>Melatonin</b></p> <p>AGR presented the paper, summarising the Melatonin position statement.</p> <p><b><u>Recommendation: Black</u></b></p> <p>Two of eight CCGs, four of five provider trusts responded by the closing date. All provider trusts that responded disagreed with the recommendation. All CCGs that responded agreed.</p> <p><b>Decision</b></p> <p>The group did not make a recommendation. The consultation responses received from specialists were noted and a decision was made to await the receipt of patient audit data from organisations. An audit template will be created to capture evidence relating to completion of sleep diaries, sleep latency, total sleep improvements and drug holidays. The template will be drafted and sent to LMMG secondary care representatives to support the production of consistent audit data for consideration by LMMG.</p> <p><b>Actions</b></p> <p>MLCSU will devise an audit template to capture patient information as discussed above. The template will be emailed to LMMG representatives for completion.</p> <p>The audit data will be collated and brought to the April LMMG.</p>	<p style="text-align: center;"><b>AGR</b></p> <p style="text-align: center;"><b>LMMG Secondary Care Representatives</b></p>
2017/012	<p><b>ADHD (incorporating guanfacine) shared care guidance</b></p> <p>AGR presented the paper discussing the guanfacine shared care guidance.</p> <p>Three of eight CCGs, two of five provider trusts responded by the closing date. All that replied agreed with the guideline in its current format with some suggestions for change.</p> <p><b>Decision</b></p> <p>The group discussed the monitoring requirements. For clarity the shared care document will be amended to specify that monitoring is required every 3 months; 6 monthly by the specialist team and every 6 months by primary care. The amendments made following consultation responses were discussed and approved by the group.</p>	

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	<p><b>Action</b> The ADHD (incorporating guanfacine) shared care guidance will be amended in line with the discussions above and put onto the LMMG website.</p>	<p><b>AGR</b></p>
<p><b>2017/013</b></p>	<p><b>Apomorphine shared care guidance</b></p> <p>AGR presented the paper summarising the apomorphine shared care guideline.</p> <p>Four of eight CCGs and two of five provider trusts responded by the closing date. Two of the four CCGs that replied did not support the guidance in the current format. Two CCGs and two provider trusts did support the document.</p> <p>AGR discussed a further consultation response from LTH, which was not included in the paper as it was received subsequent to the papers being circulated. LTH was in support of the guidance.</p> <p><b>Decision</b> The group clinically approved the apomorphine shared care guidance in its current form. It was however recognised that local commissioning arrangements differ. In light of this, background information will be added to the LMMG website to refer clinicians to local commissioning positions, when considering whether ongoing prescribing should take place in primary or secondary care.</p> <p><b>Action</b> The apomorphine shared care guideline will be uploaded to the LMMG website with Amber 1 colour classification together with background information referring clinicians to local commissioning positions.</p>	<p><b>AGR</b></p>
<p><b>2017/014</b></p>	<p><b>Vitamin D position statement</b></p> <p>AGR presented the paper summarising the Vitamin D position statement.</p> <p><b>Decision</b> Amendments made following consultation responses were discussed and approved by the group. The RAG status of the three individual indications below were decided as follows:</p> <p>The prescribing of high-dose vitamin D as a short-course treatment, for the correction of deficiency and insufficiency in high-risk, symptomatic patients is recommended only following confirmation by vitamin D assay – RAG status Green.</p>	

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	<p>The prescribing of vitamin D for prophylaxis or maintenance, following treatment of deficiency and insufficiency for symptomatic individuals that are at high or normal risk of vitamin D deficiency is not recommended – RAG status black</p> <p>Asymptomatic patients that are at high or normal risk of vitamin D deficiency should be advised to: increase their exposure to sunlight, increase the intake of food groups that are high in vitamin D or purchase vitamin D supplements over the counter. The prescribing of vitamin D is not recommended – RAG status Black.</p> <p><b>Actions</b> The vitamin D position statement will be uploaded to the LMMG website.</p> <p>The LMMG website will be updated with the three individual indications with a link to the vitamin D position statement.</p>	
2017/015	<p><b>LMMG – Guidelines Work Plan update</b></p> <p>AGR discussed this paper; updating LMMG on the current status of the work plan as follows:</p> <p><u>For discussion in February</u> Palliative care for generalists – discussions are ongoing with Dr Susan Salt. An update paper will come to the February LMMG for discussion.</p> <p>Primary Care Psoriasis guidance – a scoping paper is currently out to consultation.</p> <p>Bariatric surgery nutrition position statement –out to consultation.</p> <p><u>For discussion in March</u> Generic biosimilar position statement – this is due to be sent out to consultation next week.</p> <p>Supplementary enteral nutrition (sip feed) guidance – this is due to be sent out to consultation next week.</p> <p>Update to ophthalmology pathway with aflibercept from branch and full review of the guidance – this may come to the April LMMG, this will be confirmed once a date for meeting with specialists has been finalised.</p> <p><u>For discussion at a future LMMG meeting</u> Asthma and COPD guidance – Asthma; NICE guideline will be published in June 2017. COPD guidance; MLCSU will engage</p>	

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	<p>with the respiratory consultants. Rheumatoid Arthritis Pathway – work is ongoing.</p> <p>Inhaler comparison and identification guide</p> <p>Guideline for home monitoring of glucose</p> <p>Type II and I DM leaflets</p> <p>Guidelines for the choice of blood glucose testing meters, strips and lancets</p>	
	<p><b>NEW MEDICINES REVIEWS</b></p>	
<p>2017/006</p>	<p><b>Opicapone (Ongentys®▼) – Parkinson’s disease</b></p> <p>DP presented the paper summarising the evidence and the draft recommendation which had been consulted on, as follows:</p> <p><b><u>Recommendation: Amber 0</u></b></p> <p>Suitable for prescribing in primary care following recommendation or initiation by a specialist.</p> <p>7 of 8 CCGs, all 4 Acute Trusts and Lancashire Care Trust responded by the closing date. 3 CCGs disagreed with the classification, 4 CCGs agreed with the proposed classification. All acute Trusts agreed with the proposed classification, Lancashire Care Trust did not express a preference.</p> <p><b>Decision</b></p> <p>The group considered the evidence summarised in the New Medicine Review. It was recognised that there was a statistically significant effect of reducing OFF-time, which was the primary endpoint in both pivotal studies. However, the group felt that there was no evidence of additional benefit compared to entacapone. Additionally, there was no evidence to show that this would be better tolerated for patients who are unable to tolerate entacapone. The group therefore did not agree with the recommendation but agreed on a Black colour classification. In light of the recommendation, the historic position of Red colour classification for tolcapone (Tasmar®) prescribing will be reviewed.</p> <p><b>Action</b></p> <p>Opicapone (Ongentys®) will be uploaded to the website as Black colour classification.</p> <p>Tolcapone (Tasmar®) prescribing will be looked at and a review</p>	<p>DP</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	undertaken.	
2017/007	<p><b>LMMG – New Medicines Reviews Work Plan update</b></p> <p>DP discussed this paper; updating the committee on the current status of the work plan as follows:</p> <p><u>Medicines for discussion at February LMMG</u>  Insulin degludec – diabetes – further clinical information is available and a price reduction. The review has been sent to LMMG members for consultation.</p> <p><u>Medicines for discussion at a future LMMG</u>  Relvar Ellipta (fluticasone/vilanterol) – COPD and asthma – awaiting evidence and confirmation of clinician support across Lancashire Trusts.</p> <p>Rheumatology Alliance RA biologics pathway update – Rheumatology Arthritis – this will be out to consultation in the next few weeks.</p> <p>Eflornithine – facial hirsutism in women – this will be out to consultation in the next month.</p> <p>Lidocaine + prilocaine spray (Fortacin) – premature ejaculation – work is due to start in the next few weeks.</p> <p>Pitolisant – Narcolepsy - the drug is a new product however the level of clinical interest has not been assessed - DP will liaise with the Tertiary Centres.</p> <p>Osvaren (Calcium acetate, 435mg and Magnesium carbonate, heave 235 mg) – treatment of hyperphosphatemia associated with chronic renal insufficiency in patients undergoing dialysis (haemodialysis, peritoneal dialysis) – DJ is looking at prescribing figures and will feedback next month.</p> <p><u>Medicines currently on hold</u>  Eluxadoline – Irritable bowel syndrome, diarrhoea prominent - await launch, licensed in September 2016.</p> <p>Naltrexone/bupropion – obesity – awaiting confirmed launch date.</p> <p>Liraglutide (Saxenda) – obesity – awaiting confirmed launch date.</p> <p>Empagliflozin + linagliptin (Glyxambi) – type 2 diabetes mellitus – positive opinion in EU Sept 16.</p> <p>Baricitnib – moderate to severe active rheumatoid – positive opinion EU Dec 16.</p>	



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	<b>GUIDELINES AND INFORMATION LEAFLETS</b>	
2017/010	<p><b>Osteoporosis guidance</b></p> <p>DP presented the paper, summarising the Osteoporosis guidance.</p> <p><b>Decision</b> DP informed the group that Rheumatology specialists have requested that the guidance also includes areas of prescribing which fall outside of the current NICE guidance. The group agreed that further reviews will be undertaken to incorporate these areas in to the guidance. The group recognised that teriparatide in men is the commissioning responsibility of NHSE and falls outside of the remit of this Osteoporosis guidance.</p> <p><b>Action</b> DP will develop the osteoporosis guidance to include areas of prescribing which fall outside of the current NICE guidance. Following this, the osteoporosis guidance will be sent out to consultation.</p>	DP
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2017/016	<p><b>New NICE Technology Appraisal Guidance for Medicines (December 2016)</b></p> <p>AGR presented the NICE TA guidance paper.</p> <p>The following NICE TAs are an NHSE commissioning responsibility and will be put on to the LMMG website as Red colour classification:</p> <p>TA421 Everolimus with exemestane for treating advanced breast cancer after endocrine therapy.</p> <p>TA422 Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung.</p> <p>TA423 Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens.</p> <p>TA424 Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer.</p> <p>TA425 Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>TA426 Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia.</p> <p>TA420 Ticagrelor for preventing atherothrombotic events after myocardial infarction – this is a CCG commissioning responsibility. AGR highlighted the potential cost impact for Lancashire in 2017/18 and 2021/22. This will be added to the LMMG website as Amber 0 colour classification.</p>	
2017/017	<p><b>New NHS England medicines commissioning policies</b></p> <p>None published in December 2016.</p>	
2017/018	<p><b>Evidence reviews published by SMC or AWMSG (December 2016)</b></p> <p>DP discussed the SMC recommendations published during December 2016 meeting LMMG criteria, which were:</p> <p><b>SMC</b></p> <p>1202/16 ferric maltol (Feraccru®)  SMC did not accept 1202/16 ferric maltol (Feraccru®) for the treatment of iron deficiency anaemia in patients with inflammatory bowel disease. DJ highlighted that there have been requests to use this in a small cohort of patients in LTH. The group discussed and decided that this will not be added to the work plan unless a request is received from a specialist to identify a cohort of patients where they would like to use it.</p> <p>848/12 hydrocortisone (Plenadren®)  SMC did not accept 848/12 hydrocortisone (Plenadren®) for the treatment of adrenal insufficiency in adults. The group discussed the lack of sufficiently robust clinical and economic analysis which was referred to by SMC. In light of this the group decided that this will not be added to the work plan.</p> <p>1210/16 canakinumab (Ilaris®)  SMC did not accept 1210/16 canakinumab (Ilaris®) for the treatment of active Still's disease including Adult-Onset Still's disease who have responded inadequately to previous therapy with non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids. This is an NHSE commissioning responsibility and will not be added to the work plan.</p> <p>It was discussed that the remaining SMC recommendations for December 2016 did not meet LMMG criteria; therefore the group agreed that no further action would be taken with regard to them.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
<b>ITEMS FOR INFORMATION</b>		
2017/019	<b>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</b>  No meeting in December.	
<b>ANY OTHER BUSINESS</b>		
2017/020	<b>NICE Proposal</b> On behalf of LR, BH informed the group about a live NICE consultation which is looking at a fast-track approach to decision making. CCG Leads were aware of the consultation and will discuss internally.	

<b>Date and time of the next meeting</b> 9 <sup>th</sup> February 2017, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre
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**ACTION SHEET FROM THE  
LANCASHIRE MEDICINES MANAGEMENT GROUP  
12<sup>th</sup> JANUARY 2017**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 12 <sup>th</sup> JANUARY 2017
<b>ACTION SHEET FROM THE 13<sup>th</sup> OCTOBER MEETING</b>				
2016/171b	<p><b>Horizon Scanning 2017/18</b></p> <p>LMMG representatives to feedback priority areas for 2017/18 to MLCSU by 30<sup>th</sup> November.</p> <p><b>Update:</b> Some organisations have responded; these will be kept on file and discussed when new medicines are launched. DP reminded LMMG representatives to feedback priority areas from the Horizon Scanning document.</p>	<b>LMMG Representatives</b>	<b>02.02.2017</b>	<b>Closed</b>
2016/175	<p><b>RAG review list 3</b></p> <p>Amisulpride – Schizophrenia – a request to change the colour classification from Amber 1 to Amber 0 has been received.</p> <p><b>Action:</b> MM Leads will discuss further with GPs in their local areas.</p> <p><b>Update:</b> MLCSU will request comments and bring a paper for discussion under an agenda item to February LMMG.</p>	<b>CCG MM Leads</b>	<b>02.02.2017</b>	<b>Closed</b>
<b>ACTION SHEET FROM THE 10<sup>th</sup> NOVEMBER MEETING</b>				
2016/194	<p><b>RAG review list 3</b></p> <p><b>Action:</b> Nortriptyline – Depressive illness – LCFT will consider a black colour classification and feedback to LMMG.</p> <p><b>Update:</b> CF will feedback at February LMMG following the discussions at the January D&amp;T.</p> <p>Antipsychotics – awaiting feedback from CCGs with regard to changing the colour classification from Amber 1 to Amber 0.</p> <p><b>Update:</b> discussed under 2016/175.</p>	<b>SR/CF</b>	<b>02.2.2017</b>	<b>Open</b>
		<b>CCG MM Leads</b>	<b>05.1.2017</b>	<b>Closed</b>

2016/209	<p><b>LMMG – New Medicines Reviews Work Plan update</b></p> <p><b>Action:</b> JA will look at the last 6 months' of prescribing of Osvaren in LTH in the Renal service. A decision whether to review this will be made once the data has been received.</p> <p><b>Update:</b> DJ will follow this up with JA.</p>	DJ/JA	05.01.2017	Open
2016/210	<p><b>Apomorphine Shared Care guidelines</b></p> <p>BH will recirculate the consultation document with the amendments contained therein for consultation and discussion at the January LMMG.</p> <p>MLCSU will draft a letter on behalf of LMMG to the secondary care providers stating Apomorphine will remain Red colour classification and to encourage the prescribing of Apomorphine if it is appropriate treatment.</p> <p><b>Update:</b> action closed and discussed further under the agenda item.</p>	BH	05.01.2017	Closed
		BH	05.01.2017	Closed
2016/212	<p><b>RAG list 4</b></p> <p>Ketovit – patients on haemodialysis – MLCSU will check whether the review on Renavit renal vitamins included all vitamins and will feedback.</p> <p><b>Update:</b> this will be put onto the work plan.</p> <p>Mercaptamine - Cystagon® - nephropathic cystinosis – MLCSU will look at prescribing data to check on patient numbers and bring back to the January LMMG if this requires further discussion.</p> <p><b>Update:</b> prescribing data has identified that there 1 patient in Lancashire is prescribed Mercaptamine. The group decided that this will be changed from Amber to Red colour classification on the LMMG website.</p> <p>Fulvestrant – treatment of locally advanced or metastatic breast cancer (NICE TA239) – provider trusts to supply current position on this. MLCSU will look at prescribing data and bring back to the January LMMG.</p> <p><b>Update:</b> prescribing data has identified that 7 patients in Lancashire are prescribed Fulvestrant. DJ will look at the therapy</p>	AGR	05.01.2017	Closed
		AGR	05.01.2017	Closed
		Secondary Care Provider Trust Leads/AGR	02.02.2017	Open

	areas where this is being prescribed outside of NICE guidance and will bring to the February LMMG.			
<b>2016/213</b>	<p><b>LMMG - Guidelines Work Plan update</b></p> <p>Melatonin – CF/Secondary Care Provider Trust Leads to carry out an audit in their organisations of melatonin.</p> <p><b>Update:</b> discussed under agenda item 2017/11.</p>	<b>Secondary Care Provider Trust Leads/AGR</b>	<b>05.01.2017</b>	<b>Closed</b>
<b>ACTION SHEET FROM THE 12<sup>th</sup> JANUARY MEETING</b>				
<b>2017/011</b>	<p><b>Melatonin</b></p> <p>MLCSU will devise an audit template to capture patient information. The template will be emailed to LMMG Secondary Care representatives for completion and return.</p> <p>The audit data will be collated and brought to the April LMMG</p>	<b>AGR/Secondary Care LMMG representatives</b>	<b>06.04.2017</b>	<b>Open</b>