Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 13th December 2018 at Jubilee House, Leyland, PR26 6TR

PRESENT:

Mr Andy Curran (AC)	Chair of LMMG	NHS Lancashire & South Cumbria ICS
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust
Alastair Gibson (AGi)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research & Clinical Effectiveness	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Graham Atkinson (GA)	Medicines Optimisation Pharmacist	NHS Morecambe Bay CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Joanne McEntee (JMc)	Medicines Information Pharmacist	North West Medicines Information Centre
Philip Haydock (Minutes)	Medicines Optimisation Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/222	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Julie Kenyon, Julie Lonsdale, Nicola Baxter, David Prayle and Adam Grainger.	
2018/223	**Declaration of any other urgent business** None.	
2018/224	**Declarations of interest** None.	
2018/225	**Minutes of the last meeting (8th November 2018)** The minutes of the meeting dated 8th November 2018 were agreed as a true and accurate record.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/226	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2018/227	**Semaglutide New Medicines Review** Semaglutide for the Treatment of Adults with Insufficiently Controlled Type 2 Diabetes. Semaglutide was identified by the MLCSU via the horizon scanning process and a subsequent New Drug Referral form was received from a GP in Fylde and Wyre CCG. **Recommendation: Green** Semaglutide is an appropriate treatment option for initiation and ongoing prescribing in both primary and secondary care when prescribed in the following clinical circumstances: • after second intensification of therapy fails to achieve targets*: o has a BMI of ≥35 kg/m2 and specific psychological or other medical problems associated with obesity (adjust accordingly for people from Black, Asian and other minority ethnic groups) or o has a BMI < 35 kg/m2 and ▪ if insulin therapy would have significant occupational implications or ▪ if weight loss would benefit other significant obesity related comorbidities Or, with specialist care advice and ongoing support from a consultant-led multidisciplinary team: • combined with insulin at second intensification of treatment in patients who cannot take metformin Semaglutide may only be continued if the person has a beneficial metabolic response, defined as follows: • a reduction of HbA1c by at least 11 mmol/mol [1.0%] and • a weight loss of at least 3% of initial body weight in 6 months * Wording consistent with LMMG antihyperglycaemics guideline (Semaglutide to be accommodated within the LMMG antihyperglycaemics guideline if proposed use within this New Medicine Recommendation is agreed) Three of eight CCGs and two of five provider trusts responded by the closing date. Two CCGs and one provider trust agreed with the recommendation, one provider trust disagreed with the recommendation, and one CCG agreed with the recommendation if additional information was considered. **Discussion** BH noted that semaglutide had been highlighted through horizon scanning. The group agreed the RAG status of Green for semaglutide in-line with other GLP1s. It was highlighted that GLP's will need to be reviewed to consider which should be considered formulary options. JMc noted that the RMOC are looking at GLP1s.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Actions Semaglutide will be updated on the LMMG website to show a Green RAG rating. JMc to investigate time frames of RMOC work around GLP1s and inform MLCSU. MLCSU to review the evidence in support of the different GLP1s and make formulary recommendations to LMMG.	 **BH** **JMc** **BH**
2018/228	**Doxylamine succinate and pyridoxine hydrochloride (Xonvea) New Medicines Review** BH presented the paper for doxylamine and pyridoxine for the treatment of nausea and vomiting of pregnancy which was identified via horizon scanning. **Recommendation: Amber0** Doxylamine succinate and pyridoxine hydrochloride 10 mg/10 mg gastroresistant tablets (Xonvea®) for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management. Two of eight CCGs and three of five provider trusts responded by the closing date. One CCG and one provider trust agreed with the recommendation; one CCG and one provider trust disagreed with the recommendation, and one provider trust agreed with the recommendation if additional information was considered. **Discussion** Discussions took place regarding the use of doxylamine in primary care. LR highlighted that the comments on page 12 appendix 3 are combined comments from East Lancashire CCG, Blackburn with Darwen CCG and ELHT rather than just ELHT. In terms of the pathway the group agreed the RAG rating would need to be either Black or Green. The group agreed a Green RAG status. In addition to this the group agreed it would be useful to develop local information leaflets on the treatment pathway of Nausea and Vomiting in Pregnancy in each of the ICP areas. **Action** Each ICP health economy to develop an information leaflet on the treatment of Nausea and Vomiting in pregnancy.	**LMMG Members**

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/229	**RAG status 'Green – restricted' definition** The group agreed the wording as written for the definition of Green – restricted. The definition of 'Green (restricted)' to be added to the website would be: 'Green (Restricted): 1. Appropriate for initiation and ongoing prescribing in both primary and secondary care provided: a. additional criteria specific to the medicine or device are met, or b. The medicine or device is used following the failure of other therapies as defined by the relevant LMMG pathway. 2. Generally, little or no routine drug monitoring is required'. **Action** The above definition will be updated to the LMMG website.	
2018/230	**Tolcapone as an adjunct to co-beneldopa or co-careldopa in Parkinson's disease – reclassification** Tolcapone as an adjunct to co-beneldopa and co-careldopa in Parkinson's disease. At the October 2018 meeting of the LMMG, the use of opicapone was approved as a second line catechol-o-methyltransferase [COMT] inhibitor in patients who fail to respond to or are intolerant of entacapone, where tolcapone is being considered. One of the justifications for approving the use of opicapone was the increased risk of liver injury and Neuroleptic Malignant Syndrome in patients treated with tolcapone. The LMMG requested that the Red RAG rating of tolcapone was reconsidered in light of the updated RAG rating for opicapone. **Discussion** The group agreed to maintain the red RAG status for tolcapone and that the background information would need be updated to state it is a third line choice of COMT inhibitor. The group agreed it would be useful to collate the previous 3 months of prescribing data of tolcapone at practice level and distribute to CCG leads so that any prescribing can be forwarded to secondary care. **Action** Previous 3 months of tolcapone prescribing data in primary care to be collated and distributed to CCG leads.	**BH**
2018/231	**Rivaroxaban 2.5mg tablets plus aspirin for the prevention of atherothrombotic events – discussion paper** The group agreed to take this off the medicines work plan and defer for NICE to review. This will be left as Grey on the website, but a	

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	note will be made to state that this medication is under review by NICE.	
2018/232	**Working with pharma position statement** BH gave an update to the working with pharma position statement. The group agreed the following changes to the statement. Recommendation to now read: 'MLCSU to be notified of local courses/conferences arranged by the Pharmaceutical Industry ***and partner organisations***, held outside of the NHS, in order to maintain a register of events.' The group agreed it would be useful for AC to meet with the Academic Health Science Network/ Innovation Agency to update them on the LMMG position statement for working with pharma and partner organisations, along with the working relationship the group would like to foster with the agency. **Actions** Above recommendation box to be updated. AC to meet with the AHSN/Innovation Agency to update them on LMMG position statement. MLCSU to develop forms which will sit on the LMMG website	 **BH** **AC** **BH**
2018/233	**LMMG – New medicine reviews work plan update** BH updated the group on the latest work plan areas. **Discussion** ActiPatch – request from Julie Lonsdale for new indications. BH agreed to discuss with Julie Lonsdale outside of the meeting in her absence. Imiquimod and fluorouracil creams – BH noted a letter had been received from Dr Kamlesh Sidhu from University Hospitals Morecambe Bay as to why the RAG had been changed. The letter explains that the dermatology service is seeing difficulties with prescribing in clinics due to the change in RAG rating - GA noted this concern had been considered by the Morecambe Bay APC and it had been decided to keep the RAG rating as RED. The group decided that the RAG rating would not be amended and that a RED rating would remain in place due to the course length associated with these medications.	

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	Melatonin – BH noted a new product (Slenyto) is due for launch in 2019. The group agreed to move this to the new medicines on hold/awaiting licensing or additional application details and to review soon, it was also noted that the RMOC was doing work in this area.	
GUIDELINES and INFORMATION LEAFLETS		
2018/234	**Gout management summary guidelines – update** BH gave an overview of the updated Gout prescribing guidelines. The group approved the guideline with the addition of the word 'inhibitor' in Table 1 / Colchicine under the note 'Colchicine is contraindicated if administered with p-glycoprotein or CYP3A4 in renal impairment' In the Chronic Gout Management section, it was highlighted that reference to a 6-week treatment course with NSAIDs had been removed from the bottom of the section, however, was not removed from the middle of this section. It was agreed that it needed to be removed from the middle section also. The group discussed the uric acid levels within the guidelines. It was highlighted that the current target of 360 micromoles/l was a previous local agreement, however it was not in line with the recommendation from CKS and BSR. It was agreed that MLCSU would consult rheumatologists, if agreement is gained in line with CSK/BSR then the document can be updated and put on the LMMG website, however if specialists wish to work outside of BSR then the rationale and evidence will need to be considered by a future LMMG. **Actions** Above amendments to be made to the guidelines BH to contact rheumatologists to confirm the target uric acid level within the guidelines. If agreed in line with BSR the document will be uploaded to the LMMG website, if specialists wish to work outside of BSR then this will be considered by a future meeting.	**BH** **BH**
2018/235	**Hydroxychloroquine prescriber information sheet** A hydroxychloroquine shared-care guide was presented at the September meeting of the LMMG for approval. At this time, the	

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	group agreed that Amber 0 was appropriate for Hydroxychloroquine rather than a shared care guideline. The decision was based on the minimal amount of monitoring required in primary care (an annual eye assessment) and that no routine laboratory monitoring was required. Therefore, it was decided that a prescribing information sheet would be produced. Three of eight CCGs, three of five provider trusts responded by the closing date. One CCG and one provider trust agreed with the content of the document in its current format (the provider trust also sent comments). Two CCGs and two provider trusts stated that they may support the document if additional information was considered. BH gave an overview of the prescriber information sheet The group queried who is responsible for referral for retinal screening and whether this should be the referring clinician or the specialist. Attention was drawn to the fact that no reference to the BSR guidelines is included regarding use in pregnancy. It was agreed that the section on pregnancy should highlight that although prescribing is contraindicated in the product license, it supported by BSR, and that patients should be referred to the specialist for review and ongoing prescribing if clinically appropriate. Once the above are clarified the document will be uploaded to the LMMG website. **Actions** BH to investigate who is responsible for retinal screening and refer to this in the document. BH to ensure a reference is included to the BSR guidelines regarding pregnancy.	 **BH** **BH**
2018/236	**Free of charge (FOC)medicines schemes: RMOC guidance** The group noted the comments raised by F&W CCG. Having considered the queries it was agreed that the guidance would be adopted with no amendments. **Actions** The group agreed the document and noted that a link to the document will be included on the LMMG website.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/237	**Edoxaban: Choice of direct-acting oral anticoagulant (DOAC) for stroke prevention in AF** Following work on anticoagulation pathways and DOAC prescribing, it was agreed by LMMG that a position statement be compiled to support the position of Edoxaban as the first line DOAC of choice for patients with AF, unless there is a specific clinical reason not to do so. The review was conducted in October 2018 and was sent out for consultation with responses to be received by 30th November 2018. The draft recommendation was: Edoxaban to be used as first line DOAC for patients with AF unless there is a specific clinical reason not to do so. 3 of 8 CCGs and 3 of 4 Acute trusts responded by the closing date. Two of the three CCGs agreed with the recommendation (one may agree dependent on comments) and 2 of the 3 responding Trusts also agreed with the recommendation. One of the responding Trusts disagreed with the recommendation but with additional comments made by a clinician. BH gave an overview of the paper. The group agreed the position statement with the following changes. Firstly, the prescribing recommendation will be updated to read: 'Where a DOAC is considered to be the most appropriate anticoagulant, Edoxaban is to be used first line for patients with AF unless there is a specific clinical reason not to do so.' The other change relates to the background box bullet point three. Reference to rebate schemes will be removed from this point. The group agreed to write a prescribing tip to highlight that Edoxaban is the first line DOAC choice. In addition, it was agreed that the anticoagulation guidance that has been previously agreed by LMMG will be reviewed to ensure that Edoxaban as the first line DOAC is highlighted. **Actions** Make above amendments to the position statement. Review anticoagulant guidance to see if Edoxaban can be made more prominent. Draft prescribing tip that highlights that Edoxaban is first line choice and include clinical scenarios where Edoxaban may not be considered as the first line DOAC.	**All actions BH**

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/238	**Denosumab for the treatment of glucocorticoid-induced osteoporosis** BH updated the group on the work to review denosumab for this indication. The group agreed the document with one amendment as below: The insertion of the word ***any*** to the sentence 'patients with the following clinical features would be considered for the treatment with denosumab' to read 'patients with ***any*** of the following clinical features would be considered for the treatment with denosumab' The group agreed Amber1 RAG status for denosumab and that the background information would be updated regarding zoledronic acid. This will be updated on the LMMG website and the denosumab shared care document will be updated to include this indication. **Action** Above amendment to be made to the indication for denosumab with a RAG rating of Amber 1. The denosumab shared care will be updated to include the treatment of glucocorticoid -induced osteoporosis. The background information for zoledronic acid will be updated.	**BH** **BH** **BH**
2018/239	**LMMG – guidelines work plan update** BH updated the group regarding nebulised colomicin and that guidance is being waited upon from the British Thoracic Society. Chronic non-cancer pain guidance – being addressed by the Strategic Leadership and Oversight Group. It was highlighted that following the approval of the testosterone shared care at the last meeting, East Lancashire Health Economy have raised concerns as to whether testosterone should be used at all, this is being picked up outside of LMMG and will be brought to a future meeting if required.	

ITEM	SUMMARY OF DISCUSSION	ACTION
NATIONAL DECISIONS FOR IMPLEMENTATION		
2018/240	**New NICE technology appraisal guidance for medicines (November 2018)** The group noted the following NHS England commissioned NICE TAs: TA 545 Gemtuzumab ozogamicin for untreated acute myeloid leukaemia. This will be given a Red RAG status. The group noted the following CCG commissioned NICE TAs: TA 547 Tofacitinib for moderately to severely active ulcerative colitis. This will be given a Red RAG status and a Blueteq form will be created.	
2018/241	**New NHS England medicines commissioning policies (November 2018)** The group noted the policies, no actions were required.	
2018/242	**Regional medicines optimisation committees – Outputs** The group noted the RMOC outputs paper. It was agreed that homely remedies would be put on the work plan.	**BH**
2018/243	**Evidence reviews published by SMC or AWMSG (November 2018)** The group agreed not to prioritise any of the reviews from the November paper.	
ITEMS FOR INFORMATION		
2018/244	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (20th November 2018)** The minutes of the meeting held on the 20th November 2018 were noted by the group. The group took an action to ensure that section 117 was brought back as an agenda item for the January meeting.	**BH**

Date and time of the next meeting

Thursday 10th January 2019, 9.30 am to 11.30 am, Meeting room 215, Preston Business Centre, Preston.

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
13th December 2018

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 8th November 2018
ACTION SHEET FROM THE MEETING 13th SEPTEMBER 2018 MEETING				
2018/154	**Denosumab for treatment of glucocorticoid-induced osteoporosis** **Actions** MLCSU will liaise with the specialists to draft a treatment flow chart which includes denosumab with other treatments such as infusions. Patient numbers will be estimated based on the number of patients who are prescribed regular corticosteroids. **Update:** DP updated the group that he is waiting to hear back on a price for zoledronic acid and will bring this back to the group. **Nov update** – BH fed back on the current prices of denosumab and zoledronic acid. It was agreed that as the price differential was not significant that the choice of agent should be made on a clinical basis. It was agreed to bring back a paper on denosumab setting out the place in therapy to the next meeting. **Dec update** – closed as this is an agenda item	**DP** **BH**	**01.11.2018** **01.12.2018**	**Closed** **Closed**
2018/161	**Policy for Over the Counter items that should not be routinely prescribed in Primary Care** **Action:** The Policy will be taken through the Joint Committee of the CCGs for ratification. **Update:** AC fed back that this will be taken to the ICS board.			

	Dec update: BH updated the group that this will now be taken to February 2019 CCB.	**AC**	**01.11.2018**	**Open**
ACTION SHEET FROM THE MEETING 11th OCTOBER 2018 MEETING				
2018/182	**Pharmacological management of adults with chronic non-cancer pain guidelines – update** **Action:** All CCGs agreed to identify numbers of patients on high dose opiates and send this information to MLCSU. **Dec update:** Across the Lancashire Health Economy there are approximately 2500 patients on high dose opioids of more than 120mg morphine equivalent per day. BH updated the group that the Strategic Leadership and Oversight Group (SLOG) are pulling together a working group to discuss further.	**CCGs**	**01/12/2018**	**Open**
ACTION SHEET FROM THE MEETING 8th NOVEMBER 2018 MEETING				
2018/204	**Anticoagulation – update** MLCSU to draft paper to ICS regarding anticoagulation clinics. **Dec update:** Paper drafted and has gone to SLOG. Will be going to Accountable Officers Chief Executives meeting. MLCSU to scope DOAC cards and bring back to LMMG. **Dec update**: Update deferred as waiting for discussions with CCG leads. CCG leads to forward names of people to be included in the group to consider the appropriate weight to use to MLCSU **Dec update:** Meeting arranged for January 2019 to discuss further.	**BH** **BH** **BH**	**01/12/2018** **01/12/2018** **01/12/2018**	**Closed** **Open** **Closed**

2018/205	**Working with the pharmaceutical industry policy - update** CCG leads to feedback to MLCSU by 16th November 2018. **Update:** Closed as on the agenda for todays meeting. MLCSU to rework the policy into a position statement. **Update:** Closed as on the agenda for today's meeting.	**CCGs** **BH**	**16/11/2018** **01/12/2018**	**Closed** **Closed**
2018/209	**LMMG – New medicine reviews work plan update** JL to forward details of erdosteine request to MLCSU **Dec update**: Await information from Julie Lonsdale.	**JL**	**01/12/2018**	**Open**
2018/211	**Type II DM – lifestyle medication evidence review** BH to email the chair of the ICS prevention workstream on behalf of LMMG. **Dec update:** BH has not yet followed this up with the ICS lead.	**BH**	**01/12/2018**	**Open**
2018/213	**Psoriasis biologic treatment pathway** MLCSU to contact the specialist at ELHT to advise them to submit a case for consideration should they wish to widen access to biologics. **Dec update**: MLCSU have contacted specialists.	**BH**	**01/12/2018**	**Closed**
ACTION SHEET FROM THE MEETING 13th DECEMBER 2018 MEETING				
2018/227	**Semaglutide New Medicines Review** JMc to investigate time frames of RMOC work around GLP1s and inform MLCSU.	**JMc**	**01/01/2019**	**Open**

	MLCSU to review the evidence in support of the different GLP1s and make formulary recommendations to LMMG.	**BH**	**01/01/2019**	**Open**
2018/228	**Doxylamine succinate and pyridoxine hydrochloride (Xonvea) New Medicines Review** Each ICP health economy to develop an information leaflet on the treatment of Nausea and Vomiting in pregnancy.	**LMMG members**	**01/01/2019**	**Open**
2018/229	**RAG status 'Green – restricted' definition** The definition for 'Green – restricted' will be updated to the LMMG website.	**BH**	**01/01/2019**	**Open**
2018/230	**Tolcapone as an adjunct to co-beneldopa or co-careldopa in Parkinson's disease – reclassification** Previous 3 months of tolcapone prescribing data in primary care to be collated and distributed to CCG leads.	**BH**	**01/01/2019**	**Open**
2018/232	**Working with pharma position statement** AC to meet with the AHSN/Innovation Agency to update them on LMMG position statement. MLCSU to develop forms which will sit on the LMMG website	**AC** **BH**	**01/01/2019** **01/01/2019**	**Open** **Open**
2018/234	**Gout management summary guidelines – update** BH to contact rheumatologists to confirm the target uric acid level within the guidelines. If agreed in line with BSR the document will be uploaded to the LMMG website, if specialists wish to work outside of BSR then this will be considered by a future meeting.	**BH**	**01/01/2018**	**Open**

2018/235	**Hydroxychloroquine prescriber information sheet** BH to investigate who is responsible for retinal screening and refer to this in the document. BH to ensure a reference is included to the BSR guidelines regarding pregnancy.	**BH** **BH**	**01/01/2018** **01/01/2018**	**Open** **Open**
2018/237	**Edoxaban: Choice of direct-acting oral anticoagulant (DOAC) for stroke prevention in AF** Review anticoagulant guidance to see if Edoxaban can be made more prominent. Draft prescribing tip that highlights that Edoxaban is first line choice and include clinical scenarios where Edoxaban may not be considered as the first line DOAC.	**BH** **BH**	**01/01/2019** **01/01/2019**	**Open** **Open**
2018/238	**Denosumab for the treatment of glucocorticoid-induced osteoporosis** The denosumab shared care will be updated to include the treatment of glucocorticoid - induced osteoporosis. The background information for zoledronic acid will be updated.	**BH** **BH**	**01/01/2019** **01/01/2019**	**Open** **Open**
2018/244	**Section 117** Ensure that section 117 was brought back as an agenda item.	**BH**	**01/01/2019**	**Open**