

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 9th February 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
Amanda Parkinson (AP)	Lead Pharmacist	Lancashire Care NHS Foundation 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
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	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
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
Paul Tyldesley (PT)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU
Neil Middlemas	Corporate Management Scheme Trainee	NHS Midlands and Lancashire CSU
Joanne McEntee	Senior Medicines Information Pharmacist	North West Medicines Information Centre

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/021	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Christine Woffindin, Nicola Baxter, Cath Fewster and Adam Grainger.</p> <p>It was noted that Neil Middlemas, Corporate Management Scheme Trainee, MLCSU and Joanne McEntee, Senior Medicines Information Pharmacist – Horizon Scanning Lead from North West Medicines Information Centre, were in attendance to observe the meeting.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/022	<p>Declaration of any other urgent business</p> <p>None.</p>	
2017/023	<p>Declarations of interest pertinent to agenda</p> <p>None.</p>	
2017/024	<p>Minutes of the last meeting (12th January 2017)</p> <p>The minutes of the meeting dated 12th January 2017 were agreed as a true and accurate record.</p>	
2017/025	<p>Matters arising (not on the agenda)</p> <p>There were no matters arising.</p>	
NEW MEDICINES REVIEWS		
2017/026	<p>Insulin Degludec (Tresiba®▼)</p> <p>DP presented the paper summarising the evidence and the draft recommendation which had been consulted on, as follows:</p> <p>Recommendation: Amber 0 Insulin degludec is recommended as an alternative treatment option in patients over the age of 1 year experiencing poor glycaemic control or recurrent hypoglycaemic episodes with their existing long-acting basal insulin.</p> <p>7 of 8 CCGs and 3 of 4 Acute Trusts responded by the closing date. 3 out of 7 CCGs wanted the drug to be available, 2 of those suggested a Green classification rather than an Amber 0 colour classification. 1 CCG wanted a black Classification and two did not provide their preferred RAG status. 1 of the CCGs with no preference did not feel there was adequate information on cost effectiveness in the review. UHMB did not receive the consultation due to an email issue but verbally agreed with an Amber 0 classification at the meeting.</p> <p>3 out of 4 Acute Trusts agreed that the drug should be available to prescribe and of those 3, one proposed a green colour classification.</p> <p>Decision The group did not make a recommendation. It was decided that a Diabetes guideline will be developed to define where Insulin Degludec fits into the treatment pathway. In the meantime, Insulin degludec will remain as a Black colour classification on the LMMG website.</p>	

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	<p>Action A Diabetes guideline will be developed together with a pathway to define the place in therapy of Insulin degludec.</p>	
2017/027	<p>Horizon Scanning Budget Impact 2017/18</p> <p>DP presented the Horizon Scanning Budget impact spreadsheets containing the potential cost pressures for new drugs, licence extensions and publication of NICE Technology Appraisals across Lancashire for the 2017/18 financial year.</p> <p>DP highlighted the priority areas in the paper which will have the greatest impact to CCGs:</p> <p>NOAC prescribing - for all indications Sacubitril valsartan – chronic heart failure Roflumilast - COPD Eluxadoline – irritable bowel syndrome Naltrexone-bupropion – obesity Beclometasone/formoterol/glycopyrrolate – COPD – no current costing information available Exenatide osmotic mini pump – Type II diabetes</p> <p>BH informed the group that the £5,175,166 cost pressure figure for quarter 1 2017/18 of NOAC prescribing does not include the South Cumbria practices which are due to join Lancashire North CCG. The figure rises to around £5.7 million with the inclusion of these practices.</p> <p>DP asked secondary care MM representatives to liaise with clinicians regarding their preferences for prioritising products for review which are due to be launched.</p> <p>The group discussed and decided that NOAC prescribing will be looked at across Lancashire as a priority. Following this, work will start on the Diabetes pathway.</p> <p>A discussion took place regarding the prescribing of NRT and obesity products by GPs. It was suggested that a position statement could be developed stating that GPs will only prescribe these products where the evidence supports its use as part of a specialised commissioned service. MLCSU will consider this for weight loss products before taking this further.</p> <p>TN highlighted that should Metreleptin injection (Quarter 4 2017/18) come to market there may be a disproportionate risk for any CCG which has any patients with this condition. This was noted by the group.</p>	<p>Secondary Care MM Representatives</p> <p>BH</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/028	<p>LMMG – New Medicines Reviews Work Plan update</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 March LMMG</u> Rheumatology Alliance RA biologics pathway update – consultants would like more flexibility in choice of biologic in the pathway. Pathway should be flexible enough to allow seamless introduction of biosimilars. Tapering will be added to the pathway.</p> <p>Eflornithine – facial hirsutism in women – currently out to consultation.</p> <p>Relvar Ellipta (fluticasone/vilanterol) – COPD– new evidence available – currently out to consultation.</p> <p><u>Medicines for discussion at a future LMMG</u> Empagliflozin – Type 2 diabetes mellitus – this will be brought to the next LMMG.</p> <p>Ultibro – COPD - a request from a clinician has been received.</p> <p>Pitolisant – Narcolepsy- launched in September 2016.</p> <p><u>Medicines currently on hold</u> Naltrexone/bupropion – obesity – awaiting confirmed launch date</p> <p>Liraglutide (Saxenda) – obesity – launched January 2017 – possibly private prescription only.</p> <p>Baricitinib – moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs – positive opinion EU December 2016.</p> <p>Lidocaine + prilocaine spray (Fortacin) – premature ejaculation – launched November 16 – possibly private prescription only.</p>	
GUIDELINES and INFORMATION LEAFLETS		
2017/029	<p>Primary Care Psoriasis scoping document</p> <p>PT discussed the Primary Care Psoriasis scoping document.</p> <p>5 of 8 CCGs, and 2 of 5 provider trusts responded by the closing date. 2 out of 5 CCGs and 1 provider trust did not agree with the development of the proposed guidance, 3 CCGs agreed with the</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>development of the proposed guidance and 1 provider trust provided comments only.</p> <p>Decision The group discussed the Primary Care Psoriasis scoping document. The group supported the proposed guideline document and suggested that an amended version of the example guideline included in appendix 3 would be appropriate. The group requested more details about specific products at each step of the guideline with the duration of treatments being defined.</p> <p>Action A Primary Care Psoriasis guideline document will be drafted in line with the discussions above and brought back to LMMG for approval</p>	PT
2017/030	<p>Palliative and end of life care guidelines for generalists – update</p> <p>BH presented the palliative and end of life care guidelines for generalists updating LMMG on the proposed flow chart for the place in therapy of tapentadol.</p> <p>Decision The group discussed the flow chart in appendix 1 around the management of complex pain in palliative and end of life care. It was felt that further clarity was required regarding the boxes detailing co-analgesic medicines. Additionally, further evidence is required regarding the use of tapentadol in addition to morphine.</p> <p>Action LR will provide a list of prescribing of tapentadol and lidocaine patches in hospices based in EL CCG to MLCSU together with a time frame of prescribing.</p> <p>MLCSU will continue to work with the palliative care specialists; further updates will be brought back for discussion at LMMG.</p>	LR AGR
2017/031	<p>Bariatric Surgery Nutrition position statement</p> <p>BH presented the paper discussing the Post Bariatric Surgery Nutrition Position Statement</p> <p>Five of eight CCGs, and two of five provider trusts responded by the closing date. Three of the five CCGs and one provider trust that replied did not agree with the guidance in its current format. Two CCGs and one provider trust did agree with the guidance.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Decision The amendments made following consultation responses were discussed and approved by the group. It was decided that the wording under the heading “3, Postoperative Care and Biochemical Monitoring” will be moved to the beginning of the position statement. Clarity is required in the table regarding the wording for Zinc, Copper and Selenium to say that these supplements are included in Forceval® and that there is not an expectation that the patient will need an additional supplement. Further clarity is required regarding where the monitoring will take place.</p> <p>Actions Further clarity will be sought regarding where the blood monitoring will take place.</p> <p>The individual products will be put on to the LMMG website with a link to the Bariatric Surgery Nutrition position statement as follows:</p> <p>Hydroxocobalamin – Amber 0 for patients with Sleeve Gastrectomy and Gastric Bypass, Black for patients with an Adjustable Gastric Band.</p> <p>The Vitamin B12 section of the supplement table will be changed to ensure that it is clear that patients with a Sleeve Gastrectomy cannot purchase Hydroxocobalamin Injections OTC and will require it to be prescribed.</p> <p>Forceval®, Ferrous Sulphate, Ferrous Fumarate, Ferrous Gluconate, , and Calcichew D3 Forte- Black colour classification for patients who have had an Adjustable Gastric Band or Sleeve Gastrectomy (postoperative risk of impaired absorption is low) and Amber 0 colour classification for patients who have received a Gastric Bypass (postoperative risk of impaired absorption is high)</p> <p>The Bariatric Surgery Nutrition position statement will be amended in line with the discussions above and up loaded to the LMMG website.</p>	<p>All actions BH</p>
<p>2017/032</p>	<p>LMMG Antipsychotic RAG status review</p> <p>PT discussed the antipsychotic medication RAG status paper.</p> <p>Four of eight CCGs responded by the closing date. All those that responded disagreed with the recommendation of switching the LMMG RAG status of antipsychotics from Amber 1 to Amber 0.</p>	

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	<p>Decision The group disagreed with the proposal to change antipsychotic medications from Amber 1 to Amber 0.</p> <p>Action Antipsychotic medications will remain as Amber 1 colour classification on the LMMG website.</p>	
2017/033	<p>LMMG – Guidelines Work Plan update</p> <p>BH discussed this paper; updating LMMG on the current status of the work plan as follows:</p> <p><i>For discussion in March</i> Generic biosimilar position statement RAG List 1 – 2017 review</p> <p><i>For discussion in April</i> Supplementary enteral nutrition (sip feed) guidance – a guideline is in development.</p> <p>Palliative care and end of life care for generalists guidance – work is ongoing with the pain consultants, refer to agenda item2017/030</p> <p>Allergic rhinitis guideline</p> <p>Melatonin position statement – work is ongoing</p> <p>Update of the ophthalmology pathway with aflibercept for branch retinal vein occlusion and full review of the guidance – a meeting is being arranged with the ophthalmologists.</p> <p><i>For discussion at a future LMMG meeting</i> COPD guidance Inhaler comparison and identification guide Guideline for home monitoring of glucose Type II and I DM leaflet</p> <p>A query has been received to clarify monitoring in the guanfacine guidelines. The change will be amended and uploaded to the LMMG website.</p> <p>Also, the wording regarding the monitoring of patients in the Vitamin D guidelines will be updated. Both amendments to the guidelines are minor; there is no requirement for them to be brought to LMMG.</p>	

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NATIONAL DECISIONS FOR IMPLEMENTATION		
2017/034	<p>New NICE Technology Appraisal Guidance for Medicines (January 2017)</p> <p>PT presented the NICE TA guidance paper.</p> <p>The following NICE TAs are NHSE commissioning responsibilities and will be put on to the LMMG website as Red colour classification.</p> <p>TA427 Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib for treating chronic lymphocytic leukaemia in adults.</p> <p>TA428 Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy.</p> <p>TA429 Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation.</p> <p>TA430 Sofosbuvir – velpatasvir for treating chronic hepatitis C in adults.</p> <p>TA431 Mepolixumab for treating severe refractory eosinophilic asthma in adults.</p>	
2017/035	<p>New NHS England medicines commissioning policies</p> <p>None published in January 2017.</p>	
2017/036	<p>Evidence reviews published by SMC or AWMSG (January 2017)</p> <p>DP discussed the SMC recommendations published during January 2017 meeting LMMG criteria, which were:</p> <p><u>SMC</u> 1213/17 buprenorphine transdermal patch (Butec®) SMC accepted 1213/17 buprenorphine transdermal patch (Butec®) for the treatment of chronic non-malignant pain of moderate intensity when an opioid is necessary for obtaining adequate analgesia. The group decided that no further action was required. This is a branded generic product.</p> <p>1220/17 oestrogens, conjugated, bazedoxifene acetate (Duavive) SMC did not accept 1220/17 oestrogens, conjugated, bazedoxifene acetate (Duavive) for the treatment of oestrogen deficiency symptoms in postmenopausal women with a uterus</p>	

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	<p>(with at least 12 months since the last menses) for whom treatment with progestin-containing therapy is not appropriate. LMMG have a Black colour classification for this therefore no further action was required.</p> <p>The remaining SMC/AWMSG recommendations for January 2017 did not meet LMMG criteria; therefore the group agreed that no further action is necessary.</p>	
ITEMS FOR INFORMATION		
2017/037	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee (27th January 2017)</p> <p>The group noted these minutes.</p>	
2017/038	<p>Any other business</p> <p>DP informed the group that a query has been received from a clinician regarding the prescribing of Ulipristal for the intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women or reproductive age. The clinician would like to prescribe for the first 3 months then transfer prescribing to primary care, rather than prescribing for 1 month, as outlined in the shared care agreement. The group discussed this request and concluded that there was no requirement to amend the shared care agreement as transfer of prescribing is facilitated by the specialist and there is no direction to pass on prescribing at any particular point after the first month. DP will write to the clinician stating that the clinician can continue prescribing for the 3 month period if this is clinically appropriate before passing the prescribing to primary care.</p>	DP

Date and time of the next meeting

9th March 2017, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
9th FEBRUARY 2017**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 9 th FEBRUARY
ACTION SHEET FROM THE 10th NOVEMBER 2016 MEETING				
2016/194	<p>RAG review list 3</p> <p>Action: Nortriptyline – Depressive illness – LCFT will consider a black colour classification and feedback to LMMG.</p> <p>Update: CF will feedback at March LMMG following the discussions at the January D&T.</p>	SR/CF	02.03.2017	Open
2016/209	<p>LMMG – New Medicines Reviews Work Plan update</p> <p>Action: 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>Update: JA sent figures for Osvaren prescribing; there are only a small number of patients. No further action is required.</p>	DJ/JA	5.01.2017	Closed
2016/212	<p>RAG list 4</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>Update: prescribing data has identified that 7 patients in Lancashire are prescribed Fulvestrant. DJ will look at the therapy areas where this is being prescribed outside of NICE guidance and will bring to the February LMMG.</p> <p>Update: as there are only a small cohort of patients no further action is required.</p>	Secondary Care Provider Trust/Leader/AGR	02.02.17	Closed

ACTION SHEET FROM THE 12th JANUARY 2017 MEETING				
2017/011	Melatonin MLCSU will devise an audit template to capture patient information. The template will be emailed to LMMG Secondary Care representatives for completion and return. Update: The audit data will be collated and brought to the April LMMG	AGR/Secondary Care Provider Trust Leads/AGR	06.04.2017	Closed
ACTION SHEET FROM THE 9th FEBRUARY MEETING				
2017/027	Horizon Scanning Budget Impact 2017/18 Action: DP asked secondary care MM representatives to liaise with clinicians regarding their preferences for prioritising products which are due to be launched. Action: MLCSU will look at weight loss product prescribing. A decision will be made regarding the development of a position statement for the prescribing of obesity and NRT products as part of a specialised commissioning service.	Secondary Care MM Representatives BH	02.03.2017 02.03.2017	Open Open
2017/030	Palliative and end of life care guidelines for generalists – update Action: LR will provide a list of prescribing of tapentadol and lidocaine patches in hospices in EL CCG to MLCSU together with a time frame of prescribing.	LR	02.03.2017	Open