Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 9th March 2017 at Preston Business Centre

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Dr Catherine Fewster (CF)	Chief 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
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
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Sharon Andrew	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/039	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of David Prayle It was noted that Sharon Andrew, Medicines Commissioning Pharmacist, MLCSU was in attendance to observe the meeting.	
2017/0240	**Declaration of any other urgent business** None.	
2017/041	**Declarations of interest pertinent to agenda** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/042	**Minutes of the last meeting (9th February 2017)** The minutes of the meeting dated 9th February 2017 were agreed as a true and accurate record.	
2017/043	**Matters arising (not on the agenda)** **Melatonin** A letter had been received from the paediatricians in ELHT regarding the size and scope of the audit together with a proposal that a questionnaire could replace the audit which is currently being carried out in secondary care. The group considered the request and decided that for consistency, the current audit will continue with the intention of obtaining measurable evidence of patient improvement. BH will email the paediatricians and confirm that their request has been considered, LMMG representatives will be copied into the response.	
NEW MEDICINES REVIEWS		
2017/044	**Rheumatology Biologics Pathway** BH presented the paper summarising the updates to the Rheumatology Biologics Pathway which had been consulted on. 3 of 8 CCGs, Lancashire Care NHS Foundation Trust and 3 of 4 provider trusts responded by the closing date. 1 responding CCG supported the guidance and 2 responding CCGs did not support the guidance in its current form. 2 responding provider trusts did not support the guidance in its current form. The remaining CCG, 2 provider trusts and Lancashire Care NHS Foundation Trust either partially supported the guidance or provided comments. **Decision** The group discussed the recommendations and agreed upon the following amendments to the Biologics pathway: *Change 1 – 1st line Biologic choice* In light of additional biosimilars coming to market in the future, the 1st line biologic choice of certolizumab will be replaced with the wording 'the most cost effective clinically appropriate drug' should be used 1st line. *Change 2 – Drug Choice at 2nd Line of pathway* It was recognised by the group that NICE TA195 states that rituximab is the most cost effective option at 2nd line with a lower cost per QALY being calculated by NICE, however it was recognised by the group that pricing was not consistent and that with the advent of additional biosimilars that rituximab may not always be the most cost effective agent.	

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	Therefore, it was agreed that for the purposes of the pathway, all biologics will be included as options second line, with the inclusion of the statement that "the most cost effective clinically appropriate drug" should be used. Based on current pricing this was felt to be rituximab in the majority of patients, however flex 2 for patients who are seronegative will remain in the pathway as a clinically appropriate reason for initiating an alternative 2nd line option. *Change 3 – Drug Choice at 3rd Line of pathway* In the absence of substantial evidence in support of the inclusion of additional biologics at the 3rd line option, the group decided that no change will be made. *Change 4 – Tapering for patients in Remission* The group agreed to include tapering in the biologics pathway in line with the MAHSC approach, allowing tapering of biologics in methotrexate treated patients if there has been adequate response to treatment: if the patient has a persistent DAS28 score of ≤ 2.6 (for at least 6 months or longer, following treatment for ≥ 1 year) is stable and has been in remission for at least a year. The doses and tapering regimes for steroids should be managed by the specialists and will not be mandated within the biologics pathway; reference to the published evidence which suggests that tapering is appropriate will be included in the pathway. **Action** The Rheumatoid Arthritis biologics pathway will be amended in line with the decisions and brought back to the April LMMG.	**All actions BH**
2017/045	**Eflornithine (Vaniqa®)** BH presented the paper summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation: Black** Eflornithine cream is not recommended for use across the Lancashire NHS health economy for the treatment of facial hirsutism in women. 4 of 8 CCGs, 2 of 4 Acute Trusts and Lancashire Care Trust responded by the closing date. All respondent agreed with the draft classification (Lancashire Care to be advised by colleagues). **Decision** The group agreed with the recommendation of a Black colour classification for the treatment of facial hirsutism. The group discussed a request to change the wording in the recommendation to include transgender patients. For simplicity it was decided to remove any reference to 'woman' in the recommendation.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Action Reference to 'woman' will be removed from the recommendation. Eflornithine (Vaniqa®) will be uploaded to the LMMG website as Black colour classification.	**BH**
2017/046	**Fluticasone furoate/vilanterol (Relvar Elipta®▼)** BH presented the paper summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation: Green** Fluticasone furoate/vilanterol (Relvar Elipta®▼) is appropriate for initiation and on-going prescribing in both primary and secondary care for the treatment of severe COPD (FEV_1 <50% predicted normal). Generally, little or no routine drug monitoring is required. 7 of 8 CCGs and 4 of 4 Acute Trusts responded by the closing date. 4 CCGs agreed with the classification and 3 CCGs disagreed. Of the hospital trusts 3 agreed with the classification and 1 disagreed. **Decision** The group discussed the recommendation at length. It was recognised that further to the review that was undertaken in 2014 there is now new evidence in support of patient orientated outcomes. There were concerns raised in consultation responses and at the meeting, regarding its place in therapy and safety issues regarding the dose of steroid and potency. In light of this the group did not agree with the recommendation. Fluticasone furoate/vilanterol (Relvar Elipta®▼) will be considered as an option as part of the COPD guidance discussions which are currently taking place, it was agreed that safety concerns will be considered as part of this review. **Action** Fluticasone furoate/vilanterol (Relvar Elipta®▼) will remain as Black colour classification on the LMMG website. LR will share the COPD pathway which has been developed in EL CCG which will be considered when updating the COPD guidance.	**LR**
2017/047	**LMMG – New Medicines Reviews Work Plan update** BH discussed this paper, updating the committee on the current status of the work plan as follows:	

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	Medicines for discussion at April LMMG Pitolisant – Narcolepsy Empagliflozin – Type 2 diabetes mellitus *Medicines for discussion at a future LMMG* Ultibro – COPD – a request has been received form a clinician Ferracru – iron deficiency anaemia in IBS – a request has been received form a clinician *Medicines currently on hold, awaiting licensing or launch* Naltrexone/bupropion – obesity Liraglutide (Saxenda) – obesity 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 Lidocaine + Prilocaine spray (Fortacin) – Premature ejaculation	
GUIDELINES and INFORMATION LEAFLETS		
2017/048	**Generic Biosimilar Position Statement** AGR presented the paper discussing the Generic Biosimilar Position Statement. Six of eight CCGs, five of five provider trusts responded by the closing date. All six CCGs that responded agreed with the position statement. Three of the five provider trusts that responded agreed, although we received an additional response from UHMB which was in disagreement with the position statement. LCFT disagreed with the document and Blackpool Teaching hospital sent comments only. **Decision** The group discussed the Generic Biosimilar Position Statement and agreed upon the following: The wording will be changed from 'the biosimilar with the lowest acquisition cost should be used' to 'the **product** with the lowest acquisition cost should be used.' A sentence will be added to the position statement to state that commissioners should be charged the acquisition price rather than acquisition cost. Wording will be added to the position statement to state that clinicians should be involved in the consideration of switches to alternative biosimilar preparations.	

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	It was highlighted that the reference to biosimilars being 'clinically equivalent' to existing biological medicine licensed for use should be reconsidered. MLCSU will look at this and update the wording. In order to understand cost savings to the health economy from the introduction of biosimilar preparations, a question was raised regarding whether procurement contract prices of biosimilars could be shared with commissioners. It was suggested that this request would need to be raised with Directors of Finance. TN will raise this at the next Collaborative Commissioning Board (CCB). **Action** The Generic Biosimilar Position Statement will be amended in line with decisions made above and brought to the next meeting. The sharing of procurement contract prices to be discussed at the next CCB.	**AGR** **TN**
2017/049	**RAG List 1** Deferred to the April meeting.	
2017/050	**Vitamin D Position Statement** AGR presented the paper discussing the proposed amendments to the Vitamin D Position Statement. **Decision** The amendments were discussed and the group decided that specific information relating to Healthy Start vitamins, pregnancy and breast feeding will be included in the position statement. A response will be provided to the query regarding the appropriate time to conducting vitamin D assays. Clarity will be sought from the provider regarding the actions to take if vitamin D assay tests are not in an acceptable range. **Actions** The position statement will be updated with Healthy Start vitamins, pregnancy and breast feeding information. Clarity will be sought from the provider regarding the actions to take if vitamin D assay tests are not in an acceptable range. AGR will provide a response to the query regarding vitamin D assays. The updated Vitamin D position statement will be circulated.	**All actions AGR**

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/051	**LMMG – Guidelines Work Plan update** AGR discussed this paper; updating LMMG on the current status of the work plan as follows: *For discussion in April* Melatonin position statement - an update will be brought to the April meeting. RAG list 1 – deferred from March. *For discussion in May* Update of the ophthalmology pathway with aflibercept from branch and full review of the guidance – a meeting with the specialists has taken place. A new medicines application is awaited; an evidence review will be undertaken on receipt of this and the pathway updated in due course. Supplementary enteral nutrition (sip feed) guidance – a guideline is in development – a meeting has taken place with dieticians; a local formulary for GP/CSR CCG is being developed. The Sip Feed guidance will be amended following this. Palliative care and end of life care for generalist's guidance – feedback has been provided to Dr Salt; a response is awaited. Allergic rhinitis guideline - draft guidance has been completed and shared with the specialist. Feedback is awaited. *For discussion at a future LMMG meeting* COPD guidance – a meeting with COPD specialists has taken place; work is ongoing. Guideline for home monitoring of glucose – work has commenced. Type II and I DM leaflet – work has commenced. Diabetes guidance – the work will commence soon. Psoriasis guideline – work has commenced. Inhaler comparison and identification guide – this will be completed alongside the COPD/asthma guidance work. Anticoagulation review – work has commenced; a meeting with Service Redesign has taken place.	

ITEM	SUMMARY OF DISCUSSION	ACTION
NATIONAL DECISIONS FOR IMPLEMENTATION		
2017/052	**New NICE Technology Appraisal Guidance for Medicines (February 2017)** AGR presented the NICE TA guidance paper. TA432 Everolimus for advanced renal cell carcinoma after previous treatment - NHSE commissioning responsibility and will be put on to the LMMG website as Red colour classification. TA433 Apremilast for treating active psoriasis arthritis in adults. This is a CCG commissioning responsibility and will be added to the LMMG website as Red colour classification. A Blueteq form will be developed.	**AGR**
2017/053	**New NHS England medicines commissioning policies** None published in February 2017.	
2017/054	**Evidence reviews published by SMC or AWMSG (February 2017)** BH discussed the SMC recommendations published during February 2017 meeting LMMG criteria, which were: **SMC** 1218/17 desmopressin (Noqdirna®) SMC did not accept 1218/17 desmopressin (Noqdirna®) for the treatment of nocturia due to idiopathic nocturnal polyuria in adults. The group decided that no further action was required unless a request from a specialist is received. 1229/12 pitolisant (Wakix®) SMC did not accept 1229/12 pitolisant (Wakix®) for the treatment of narcolepsy with or with cataplexy in adults. The group decided that no further action was required. This is currently out to consultation and will be brought to the next meeting. This will be put on to the LMMG website as Grey colour classification. 692/11 botulinum toxin A (Botox®) SMC accepted 692/11 botulinum toxin A (Botox®) for the treatment of prophylaxis of headaches in adults with chronic migraine (headaches on at least 15 days per month of which at least 8 day are with migraine). In light of NICE TA260 the group decided that no further action was required. BH highlighted that the Botox backing data is being received by Trusts without an indication or a reason for the request in the majority of instances. BH is highlighting to contract leads that the requests will be queried in the absence of this information.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	1148/16 evolocumab (Repatha®) SMC accepted 1148/16 evolocumab (Repatha®) for the treatment of primary hypercholesterolemia (heterozygous familial hypercholesterolemia and non-familial) or mixed dyslipidaemia, as an adjunct to diet. In light of NICE TA 394 from June 2016 the group decided that no further action was required. The remaining SMC recommendations for February 2017 did not meet LMMG criteria; therefore the group agreed that no further action is necessary.	
ITEMS FOR INFORMATION		
2017/055	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (27th January 2017)** The group noted these minutes.	
2017/056	**Any other business** BH informed the group that LMMG has received an appeal from the Pain Consultants regarding tapentadol. BH will respond to the letter and bring back to the April/May LMMG.	

Date and time of the next meeting
13th April 2017, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
9th MARCH 2017

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 9th MARCH
ACTION SHEET FROM THE 10th NOVEMBER 2016 MEETING				
2016/194	**RAG review list 3** **Action**: Nortriptyline – Depressive illness – LCFT will consider a black colour classification and feedback to LMMG. **Update:** CF will feedback at March LMMG following the discussions at the January D&T. **Update:** CF will update following the March D&T.	**SR/CF**	**06.04.2017**	**Open**
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. **Update:** no further action required. **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. **Update:** The prescribing costs for Orlistat and NRT are slowly reducing. The group decided that a position statement will be created to state that NRT products will not be prescribed in isolation but only as part of a package of care under a specialist commissioned service.	**Secondary Care MM Representatives** **BH**	**02.03.2017** **06.04.2017**	**Closed** **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. **Update:** LR has requested this and will forward it when it is available.	**LR**	**06.04.2017**	**Open**
ACTION SHEET FROM THE 9th MARCH MEETING				
2017/046	**Fluticasone furoate/vilanterol (Relvar Elipta®▼)** **Action:** LR will circulate the EL CCG COPD pathway	**LR**	**06.04.2017**	**Open**
2017/048	**Generic Biosimilar Position Statement** The sharing of procurement contract prices to be discussed at the next CCB.	**TN**	**06.04.17**	**Open**