Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 8th June 2017 at Preston Business Centre

PRESENT:

Graham Atkinson (GA)	Chair of LMMG	NHS Morecambe Bay CCG
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Sonia Ramdour (SR)	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
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire 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

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
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU
Joanne McEntee	Medicines Information Lead	North West Medicines Information Centre
Dr Angela Manning	Deputy Medical Director	NHS England North (Lancashire & South Cumbria)

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/096	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Tony Naughton, Christine Woffindin and Cath Fewster. It was noted that Sonia Ramdour was in attendance on behalf of Cath Fewster. Joanne McEntee Medicines Information Lead from North West Medicines Information Centre and Dr Angela Manning, Deputy Medical Director, NHS England North (Lancashire and South Cumbria) were in attendance to observe the meeting.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/097	**Declaration of any other urgent business** None.	
2017098	**Declarations of interest pertinent to agenda** None.	
2017/099	**Minutes of the last meeting (11th May 2017)** The minutes of the meeting dated 11th May 2017 were agreed as a true and accurate record subject to the amendments below: *2017/082 Ferracru®▼* A sentence will be added under the heading 'Decision' in the minutes to reflect the safety of the IV preparations. *2017/089 Mycophenolate, ciclosporin and tacrolimus* The word 'renal' will be removed from the second paragraph to reflect that the Red colour classification is for new patients following organ transplantation and not just for new patients following renal transplantation.	
2017/100	**Matters arising (not on the agenda)** GA informed the group that he has attended a meeting with the STP Care Professionals Board in his capacity as an LMMG representative. BH has had a discussion with Helen Potter from Specialised Commissioning regarding the repatriation of existing liver patients; the service in Leeds does not have the capacity to take patients back, currently the timescales are unknown for the repatriation of liver patients. Helen has provided contact details for Paul McManus; Specialised Commissioning Lead for the North East of England, BH will query the arrangements with Paul for new liver patients. *Pitolisant 4.5mg/18mg tablets (Wakix®) for treatment of Narcolepsy with or without Cataplexy in adults* DP informed the group that the drug company have contacted MLCSU querying the costing model of pitolisant tablets in the medicines recommendation on the LMMG website. For clarification DP suggested that the cost comparison is updated with a clear description of the price range as follows: Pitolisant tablets 4.5mg – 36mg daily - £3,834- £14,570 (typically £7,543 based on 36mg daily) Price range based on patient requiring maintenance dose of 18mg [one tablet daily] compared to dose of 31.5mg [four tablets daily]. A footnote will be added to	

ITEM	SUMMARY OF DISCUSSION	ACTION
	say that the manufacturer of pitolisant estimates that 66% of patients will be treated with the 36mg dose. The medicine recommendation for pitolisant will be updated to clarify that pitolisant is more expensive that other treatments available **in Lancashire** rather than the recommendation stating that it is more expensive that other treatments available for the management of narcolepsy with or without cataplexy. The group discussed and agreed with the suggested amendments above. **Action** The medicines recommendation will be amended in line with the discussion above and put on to the LMMG website.	**DP**
NEW MEDICINES REVIEWS		
2017/101	**DOAC audit update** BH discussed the DOAC prescribing audit which had been undertaken by the Medicines Optimisation team in GP and C&SR CCGs during the 2016/17 period. The paper was brought to LMMG to address concerns by some CCGs regarding the safety of DOACs. The paper highlighted that in secondary care, 83 out of 638 patients had interventions made (13% of patients) assuming one intervention per patient. In primary care, 58 out of 293 patients had interventions made (20% of patients) assuming one intervention per patient. LR gave a verbal update of the audit undertaken in EL CCG to monitor DOAC compliance. The Medicines team in EL CCG has developed a template with the Data Quality team; this is now on the EMIS system and enables GPs to use an embedded dose calculator. LR will share this with the CCG MM Leads. LR stated that EL CCG is in the process of drafting a Service Specification for anticoagulation. LR will share this with the CCG MM Leads. GA highlighted that stroke prevention was discussed at the Care Professionals Board. GA has obtained funding to research the clinical history of patients who have recently had a stroke in the MB CCG looking at treatments and risk factors. **Decision** The group discussed the paper and the issues around the safety issues with the prescribing of DOACs. In light of this, the group agreed to review current LMMG guidance and develop an	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Anticoagulant guideline for use in primary and secondary care. Secondary Care representatives will discuss the DOAC prescribing audit paper with their Medicines Governance Committees and feedback to the group their requirements. **Action** LR will share the EL Service Specification and the template for the EMIS system with the CCG Medicines Leads. Secondary care representatives will discuss the DOAC prescribing audit paper with their Medicines Governance Committees and feedback to the group. MLCSU will review current LMMG guidance and develop a single anticoagulant guidance document for use in primary and secondary care.	**LR** **Secondary Care representatives** **BH/DP/AGR**
2017/102	**Osteoporosis options paper** DP presented this paper summarising the options for a proposed Osteoporosis guideline. **Decision** The group discussed the contents of the Osteoporosis paper and decided that they would like to discuss the proposals locally before the content for the guideline could be decided. **Action** LMMG representatives will discuss the questions in the paper locally and feedback answers to the questions and comments to MLCSU by 30th June.	**LMMG representatives**
2017/103	**LMMG New Medicines identified by Horizon scanning for prioritisation** DP discussed the medicines expected to be launched or have a licence extension during the 2nd quarter of 2017/18. Dalbavancin – acute bacterial skin and skin structure infection in adults. Glycopeptide antibacterial – once weekly IV 30 minutes infusion. The group decided to engage with Microbiologists; if Microbiologists would like to look at this; MLCSU will liaise with the STP to see if this is something that can be taken through their group to look at service development. This will then be added to the work plan. DP will feedback following the Microbiologists response. Glycopyrronium (Sialanar) – persistent drooling in children and adolescents with neurological conditions. The group decided that	**DP**

ITEM	SUMMARY OF DISCUSSION	ACTION
	further information is required before a decision can be made. DP will find out further information regarding other available preparations, prescribing costs, presentations and indications. Sodium zirconium cyclosilicate – treatment of hyperkalaemia in adults. The group decided that if a request is received from a specialist this will be brought back to LMMG for discussion. DJ will speak with Renal specialists from LTH. No further action is currently required. Triptorelin – early stage breast cancer in premenopausal women with endocrine responsive disease at high risk of recurrence. The group decided that no further action was required.	**DJ**
2017/104	**LMMG – New Medicines Reviews Work Plan update** DP discussed the paper, updating the committee on the current status of the work plan as follows: <u>*Medicines for discussion at the July meeting*</u> Invicorp (Aviptadil 25 micrograms/Phentolamine Mesilate 2mg) solution for injection – Erectile dysfunction – for use when oral therapies and alprostadil are not effective – currently out to consultation. Budesonide (Cortiment) – Ulcerative colitis – Consultant gastroenterologist requested review – currently out to consultation. Liraglutide (Saxenda) – Obesity – Concern has been raised that although it is not to be marketed to the NHS, that prescribing may occur – currently out to consultation. <u>*Medicines currently on hold, awaiting licensing or launch*</u> Naltrexone/bupropion – Obesity – Awaiting confirmed launch date 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 – launched April 2017. NICE TA expected September 2017, this will be removed from the work plan Lidocaine + prilocaine spray (Fortacin) – premature ejaculation – launched November 2016 for non-NHS use, it was agreed to remove this from the work plan. Lacosamide (Vimpat) – monotherapy in the treatment of partial-onset seizures with or without secondary generalisation in	

ITEM	SUMMARY OF DISCUSSION	ACTION
	epilepsy – prioritise if requested by specialists.	
GUIDELINES and INFORMATION LEAFLETS		
2017/105	**Vitamin D position statement** AGR presented the paper discussing the amendments made to the Vitamin D position statement. One provider responded to the request for specific information from providers regarding actions to take if vitamin D assay test are not in an acceptable range. One provider responded by the closing date. A question was raised as to whether the inclusion of patients who are house-bound, dementia patients or patients living in care homes should be specifically referred to in the position statement. It was highlighted that those patients' requirements are covered in local self-care policies. **Decision** The group discussed the two boxes on the flow chart regarding the stages of carrying out blood tests and conducting a vitamin D assay. To simplify the flowchart, It was decided that the two boxes will be merged together so that consideration can be given to a vitamin D assay being carried out rather than awaiting test results then conducting a further vitamin D assay. Amendments made following consultation responses were discussed and approved. **Action** The Vitamin D position statement will be amended in line with the discussions above and uploaded to the LMMG website.	**AGR**
2017/106	**Melatonin audit** AGR provided the group with an update of the Melatonin audit which is currently being carried out in primary and secondary care. Data has been received from LTH. Secondary care data has been received from a cohort of patients in paediatrics and adults from LTH. Extra information from LTH has been received in the form of results of a patient questionnaire and patient testimonies. SR highlighted that there had been difficulties undertaking the audit, however SR is meeting with the Associate Medical Director at LCFT to discuss and progress the audit. **Decision**	

ITEM	SUMMARY OF DISCUSSION	ACTION
	To progress the audit, the group decided upon a four week deadline for receipt of the data. All data is to be received by Friday 7th July. Following the deadline, a consultation will be sent out and discussed at the September LMMG. **Action** SR will progress the melatonin audit in LCFT in line with the 4 week deadline.	**SR**
2017/107	**NRT position statement** AGR presented the paper discussing the amendments made to the NRT position statement. Comments were received from ELHT and Jane Beanstock, Consult in Public Health, Lancashire Care NHS Foundation Trust. Amendments made following consultation responses were discussed and approved. **Decision** The group raised concerns about the cost implications which could potentially occur around the paragraphs which state that prescriptions should be made available for patients on discharge if they are unsure about NRT. In light of this, the second and third paragraphs will be removed from the position statement. The first paragraph will be amended to as follows: Nicotine replacement therapy products should only be prescribed within the Lancashire NHS health economy when used as part of a behavioural support programme. **Action** The amendments will be made in line with the discussions above and uploaded to the LMMG website.	**AGR**
2017/108	**Generic Biosimilar position statement** AGR presented the paper discussing the amendments made to the Generic Biosimilar position statement following the May LMMG. Two of eight CCGs and three of five provider trusts responded by the closing date. Two of the provider trusts sent comments only, the both CCGs that responded agreed and one provider trust disagreed. **Decision** The group discussed the position statement and agreed that the last paragraph under the Recommendation heading will be amended to read 'For **compounded** medicines' rather than 'For	

ITEM	SUMMARY OF DISCUSSION	ACTION
	medicines made in house.' Amendments made following consultation responses were discussed and approved. The group acknowledged the comments raised by rheumatologists from ELHT, BVH and LCFT. The group made it clear that the position statement will not preclude switching back to the originator product if there is deterioration in disease activity after switching to an alternative, biosimilar, preparation. The group also recognised that repeated, multiple, switching of biosimilars, based on product cost alone, is not endorsed by the position statement. Discussions should take place in local health economies, involving relevant clinicians, regarding the use of new biosimilars which come to market and when price reductions of existing products occur. **Action** The Generic Biosimilar Position Statement will be amended in line with the discussions above and uploaded to the LMMG website.	**AGR**
2017/109	**LMMG – Guidelines Work Plan update** AGR discussed the paper; updating LMMG on the current status of the work plan as follows: <u>*For discussion in July*</u> The following are currently out to consultation and will be discussed at the July LMMG: Mycophenolate shared care guidance Supplementary enteral nutrition (sip feed) guidance Palliative care and end of life care for generalists guidance <u>*For discussion at a future LMMG meeting*</u> Type II and I DM leaflets – work is ongoing. Melatonin audit – an update was provided under an agenda item. Update to antipsychotic shared care guidance - a request to review the current monitoring requirements of antipsychotics in the share care guidance has been received. A review of the guidelines will be brought forward and developed in conjunction with LCFT. DMARD shared care guideline update – the DMARD shared care guideline will be updated in line with the new BSR guidance.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Prescribing guidelines for specialist infant formula feeds – work is ongoing on this area in GP and CSR CCGs. As a result of this work the LMMG guidance may require review. Update ophthalmology pathway with aflibercept from branch retinal vein occlusion and full review of the guidance – awaiting a new medicines application before finalising the guideline. Allergic rhinitis guideline – the draft guidance has been completed and shared with the applicant, a response is awaited. COPD guidance – work has commenced on updating the pharmacological elements of the guidelines by MLCSU. Diabetes guidance – work is ongoing. Inhaler comparison and identification guide – to be completed against the COPD/asthma guidance work. Anticoagulant review – work has commenced. AGR will confirm the dates of when the above consultations are to be discussed at LMMG.	**AGR**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2017/110	**New NICE Technology Appraisal Guidance for Medicines (May 2017)** AGR presented the NICE TA guidance paper. TA444 afatinib for treating advanced squamous non-small-cell lung cancer - NICE is unable to make a recommendation as no evidence submission was received. No action required. TA445 certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs – certolizumab pegol alone, or in combination with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults and secukinumab alone, or in combination with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults - There is no significant resource impact anticipated from NICE resource impact statement. A Blueteq form will be updated for both medicines. Certolizumab pegol and secukinumab will be put on to the LMMG website as Red colour classification.	
2017/111	**New NHS England medicines commissioning policies (May 2017)**	

ITEM	SUMMARY OF DISCUSSION	ACTION
	None published.	
2017/112	**Evidence reviews published by SMC or AWMSG (May 2017)** DP discussed the SMC and AWMSG recommendation published during May 2017 meeting LMMG criteria, which were: <u>SMC</u> 1247/17 liraglutide (Saxenda®) SMC did not accept 1247/17 liraglutide (Saxenda®) as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass index of • ≥ 30kg/m² (obese), or • ≥ 27kg/m² to < 30kg/m² (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (pre-diabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea - LMMG currently have a paper out for consultation, therefore no further action was required. 935/13 micronised progesterone (Utrogestan Vaginal®) SMC accepted 935/13 micronised progesterone (Utrogestan Vaginal®) in women for supplementation of the luteal phase during Assisted Reproductive Technology cycles. This is a CCG commissioning responsibility. The group decided if a request is received it will be brought back to LMMG for discussion. No further action was required 1228/17 nepafenac (Nevenac®) SMC accepted 1228/17 nepafenac (Nevenac®) for the reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients. This is a CCG commissioning responsibility. The group decided if a request is received it will be brought back to LMMG for discussion. No further action was required. The remaining SMC recommendations for May 2017 did not meet LMMG criteria; therefore the group agreed that no further action was necessary.	
PROCESS PROPOSALS		
2017/113	**LMMG annual report** BH presented the draft annual report which gave an overview of the LMMG's activity in the 2016-17 financial year. BH asked LMMG representatives to review the annual report in	

ITEM	SUMMARY OF DISCUSSION	ACTION
	particular the table on page 9 - CCG decisions on LMMG recommended RAG status for NICE TAs and appendix 5 on pages 11-13 LMMG recommendations and CCG decisions 2016-17 and feedback any queries by the 30th June. **Action** LMMG representatives to review the annual report and feedback queries by 30th June.	**LMMG representatives**
ITEMS FOR INFORMATION		
2017/114	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (16th May 2017)** The group noted these minutes.	

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

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
8th June 2017

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 8th June 2017
ACTION SHEET FROM THE 10th NOVEMBER MEETING				
2017/194	**Rag review list 3** **Action:** Nortriptyline – Depressive illness – LCFT will consider a black colour classification and feedback to LMMG. **Update:** SR confirmed that this was discussed at the D&T meeting; a decision was made for a black colour classification for nortriptyline for depressive illness. The LMMG website will be updated.	**SR/CF**	**01.06.2017**	**Closed**
ACTION SHEET FROM THE 13th APRIL MEETING				
2017/070	**Rag review list 1** Sildenafil (Revatio®) – digital ulceration – this is not a High Cost Drug and is not commissioned by NHSE. MLCSU will speak with the Rheumatologists regarding its use in secondary care. **Update:** clarity is awaited; AGR will follow up and feedback in July.	**AGR**	**06.07.2017**	**Open**
ACTION SHEET FROM THE 11th MAY MEETING				
2017/084	**Biosimilar Position Statement** **Action:** The Biosimilar Position Statement will be amended and sent for a 3 week consultation. LMMG representatives to discuss in their organisations. **Update:** discussed under an agenda item.	**AGR/LMMG representatives**	**01.06.2017**	**Closed**
2017/094	**Annual declarations/annual review** **Actions:** LMMG representatives to inform MLCSU of local decisions for inclusion in the LMMG Annual report for 2016-17. **Update:** BH reminded everyone to	**LMMG representatives**	**01.06.2017**	**Closed**

	complete and return their annual declarations by 30th June.			
ACTION SHEET FROM THE 8th JUNE MEETING				
2017/101	**DOAC audit update** **Action:** LR will share the EL Service Specification and the template for the EMIS system with the CCG Medicines Leads. Action: Secondary care representatives will discuss the DOAC prescribing audit paper with their Medicines Governance Committees and feedback to the group.	**LR** **Secondary Care representatives**	**06.07.2017** **06.07.2017**	**Open** **Open**
2017/102	**Osteoporosis options paper** **Action:** LMMG representatives will discuss the questions in the paper locally and feedback answer and any comments to MLCSU by 30th June.	**LMMG representatives**	**06.07.2017**	**Open**
2017/103	**LMMG New Medicines identified by Horizon scanning for prioritisation** Dalbavancin – acute bacterial skin and skin structure infection in adults. Glycopeptide antibacterial – once weekly IV 30 minutes infusion **Action**: DP will engage with Microbiologists to ask if they would like to look at this; following the outcome, MLCSU will speak with the STP to see if this is something that can be taken through their group regarding service development. Glycopyrronium (Sialanar) – persistent drooling in children and adolescents with neurological conditions. **Action:** DP will find out further information regarding other available preparations, prescribing costs, presentations and indications. Sodium zirconium cyclosilicate – treatment of hyperkalaemia in adults. **Action:** DJ will speak with Renal specialists from LTH to see if this is something that they would like to use.	**DP** **DP** **DJ**	**06.07.2017** **06.07.2017** **06.07.2017**	**Open** **Open** **Open**

2017/106	**Melatonin audit** SR will discuss the melatonin audit in LCFT and progress in line with the 4 week deadline.	**SR**	**06.07.2017**	**Open**
2017/113	**LMMG annual report** **Action:** LMMG representatives to feedback any queries by 30th June.	**LMMG representatives**	**06.07.2017**	**Open**