Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 14th September 2017 at Preston Business Centre

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Helen Sampson (HS)	Medicines Information Pharmacist	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS 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 Morecambe Bay CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust

IN ATTENDANCE:

Joanne McEntee (JM)	Medicines Information Lead	North West Medicines Information Centre
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

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/136	**Welcome & apologies for absence** The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Julie Lonsdale, Alastair Gibson and Nicola Baxter. It was noted that Helen Sampson was in attendance on behalf of Alastair Gibson and Joanne McEntee Medicines Information Lead from North West Medicines Information Centre was in attendance to observe the meeting.	
2017/137	**Declaration of any other urgent business** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/138	**Declarations of interest pertinent to agenda** None.	
2017/139	**Minutes of the last meeting (13th July 2017)** The minutes of the meeting dated 13th July 2017 were agreed as a true and accurate record subject to the replacement of the word 'implied' with 'impaired' below. **2017/124 Quarter 2 Horizon Scanning** Metformin (Glucophage SR®) - reduction in the risk or delay of the onset of type 2 diabetes mellitus in adult, overweight patients with implied Glucose Tolerance and/or increased HbA1c who are: -at high risk for developing overt type 2 diabetes mellitus and still progressing towards type 2 diabetes mellitus despite implementation of intensive lifestyle change for 3-6 months.	
2017/140	**Matters arising (not on the agenda)** *LMMG development proposal* GA fedback to the group following his meeting with the Collaborative Commissioning Board (CCB) where he presented the LMMG development proposal. Phase 1 of the proposal is that in addition to recommendations from LMMG being taken to each CCG Area Prescribing Committee, recommendations could also be sent via the Joint Committee of the CCGs for a single decision to be made. The proposal was approved by the CCB. It was recognised that LMMG may need to work collaboratively with the Care Professionals Board and the CCB with a view to developing work plans. GA is also drafting a proposal for phase 2 of the proposal; this will ensure that clinicians are represented more widely in the consultation process. GA will provide the CCB with an update for phase 1 at the next meeting and take the draft proposal for the phase 2. CF made reference to the work that will be undertaken nationally by the Regional Medicines Optimisation Committee such as shared care and PGDs and how this will impact on the LMMG proposals.	

ITEM	SUMMARY OF DISCUSSION	ACTION
NEW MEDICINES REVIEWS		
2017/141	**Insulin Aspart (Fiasp®▼)** DP presented this paper summarising the evidence and the draft recommendation which had been consulted on as follows: **Recommendation: Green** Insulin aspart (Fiasp®) is recommended for the treatment of diabetes mellitus in adults who are suitable for NovoRapid® where prescribers believe a faster onset of action would be beneficial to the patient. Three of eight CCGs, three of four Acute trusts and LCFT responded by the closing date. One of the three responding CCGs and all the responding acute trusts agreed with the recommendation. **Decision** The group acknowledged that Insulin aspart (Fiasp®) has a faster onset of action than other available products. The group agreed with the recommendation of Green colour classification with a restriction only for patients who cannot be adequately managed on existing insulin formulary choices in line with the consultation comments that were received. **Action** Insulin Aspart (Fiasp®▼) will be made Green colour classification with restriction (as above) on the LMMG website.	**DP**
2017/142	**LMMG – New Medicine Reviews Work Plan update** DP discussed the paper; updating the group on the current status of the work plan as follows: *Medicines for discussion at the October meeting* Trimbow – COPD – currently out to consultation. Secukinumab – Palmar Plantar Psoriasis – currently out to consultation. *New Medicine Reviews – on hold, awaiting licensing or launch details* Naltrexone/bupropion – Obesity – launched June 2017. Lacosamide (Vimpat) – monotherapy in the treatment of partial-onset seizures with or without secondary generalisation in epilepsy – this will be prioritised if a request is received from a specialist.	

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	Metformin M/R – reduction in the risk or delay of the onset of type 2 diabetes mellitus – work has commenced on this review. DP informed the group that 2 requests have been received from pain specialists for Targinact® for neck pain and chronic back pain. The group discussed the requests and decided that DP will contact the specialists to ask them to submit an application for a medicine review. CM will provide DP with contact details. Dimethyl fumarate – DP confirmed that NICE has reviewed this, therefore this supersedes the LMMG new medicine review, this will be removed from the work plan.	**DP/CM** **DP**
GUIDELINES and INFORMATION LEAFLETS		
2017/143	**Melatonin update and draft recommendation** AGR presented the Melatonin paper discussing the original draft recommendation of a Black colour classification for the Melatonin position statement and the results of the audit data which was carried out in secondary care. Six of eight CCGs and five of five provider trusts responded by the closing date. Five of the six CCGs that responded agreed with the recommendation. One CCG and all provider trusts disagreed. The group considered all the evidence in the paper including the clinical evidence, audit results and the submission of the extra information in the patient testimonials and clinical opinion received from a range of specialists. It was noted that Blackpool Teaching Hospitals are currently putting their audit data together; this will be submitted in the next few weeks. **Decisions** The use of melatonin in new ADHD patients was initially considered by the group, due to the difference of opinion in relation to the balance of clinical evidence over individual patient benefit the LMMG representatives present at the meeting voted; 4 LMMG representatives supported the recommendation of a Black colour classification and 5 LMMG representatives supported a Red Colour classification. In light of this the group disagreed with the recommendation of a Black colour classification and agreed upon the following approach to Melatonin:	

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	Melatonin for new ADHD patients in children A red colour classification was decided for children. The provision of a 3-month treatment course was discussed, however it was not considered to be an appropriate approach. The decision was made on the proviso that there is rigor around the prescribing pathway. Regular clinical review will be undertaken by the initiating specialist in Secondary Care. The criteria and frequency of these reviews will be agreed at the December 2017 LMMG meeting. *Melatonin for current ADHD patients in children* The group decided that for existing ADHD patients taking Melatonin, current prescribing arrangements will continue, however, criteria will be set to review the current prescribing and benefits to the patient with a view to either stopping or carrying on with treatment. The criteria and frequency of these reviews will be agreed at the December 2017 LMMG meeting. *Melatonin for new patients, children and adults with learning disabilities (LD) and neurodevelopmental disorders* The group decided that for Melatonin for new patients with learning disabilities this will remain as a Grey colour classification. Upon receipt of audit data from BTH regarding this patient cohort, consideration will be given to the RAG status, this will include a review of national guidance. *Melatonin for new and current adults with ADHD* The group decided upon a black colour classification for Melatonin for new and current patients for the treatment of ADHD. The Melatonin position statement relating to ADHD and neurodevelopmental disorders / LD will be separated in to two; children with ADHD and children and adults with neurodevelopmental disorders / LD and amended in line with the discussion above. **Actions** Melatonin will be made Red colour classification on the LMMG website for new children with ADHD. CF will liaise with BH to develop the review criteria to ensure consistency and oversight of prescribing in secondary care. This will be brought to the December LMMG. CF will draft criteria for review for the current prescribing to assess the benefits of Melatonin for children with ADHD. MLCSU will await the receipt of audit data from BTH and a review of national guidance in relation to neurodevelopmental disorders / LD will be carried out. This will be brought to the December LMMG.	**CF/BH** **CF** **AGR** **AGR**

ITEM	SUMMARY OF DISCUSSION	ACTION
	The Melatonin position statement relating to ADHD and neurodevelopmental disorders / LD will be split into two - children with ADHD and children and adults with neurodevelopmental disorders / LD and amended in line with the discussions above.	
2017/144	**COPD guidelines** DP presented the COPD guidelines paper. 5 of 8 CCGs and 5 of 5 provider trusts responded by the closing date. 3 of the 5 CCGs who responded agreed with the document, 2 of the 5 CCGs who responded neither agreed or disagreed but provided comments. 4 of the 5 provider trusts who responded agreed with the document and 1 of the 5 provider trusts who responded disagreed. It was noted that the non-pharmacological treatment pathway is currently being updated. **Decision** The amendments made to the COPD guideline following consultation responses were discussed and approved by the group. **Action** The COPD guidelines will be put on to the LMMG website.	**DP**
2017/145	**Prevention of stroke and systemic embolism in non-valvular atrial fibrillation guideline** DP discussed the guideline for the treatment of stroke and systemic embolism in non-valvular atrial fibrillation. 3 of 8 CCGs and 3 of 5 provider trusts responded by the closing date. 2 of the responding CCGs agreed and 1 neither agreed nor disagreed. 1 of the responding provider trusts agreed with the document, 1 neither agreed nor disagreed and 1 stated that they would be guided by the experts. DP informed the group that since 2013-14 the overall level of anticoagulant prescribing has increased by 20%. There was an £885,766 spend in 2013-14 and the projected spend for 2017-18 is £10,100,100. The NOAC spend in 2013-14 was £315,461 rising to a projected spend of £9,700,000 in 2017-18. It was noted that the associated costs of Warfarin prescribing were not included in the document.	

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	Decision The group approved the pathway for the Prevention of Stroke and Systemic Embolism in Non-valvular Atrial Fibrillation. **Action** BH will daft a paper to the CCB and the Stroke Prevention Group on behalf of LMMG to confirm that the guideline has been approved and to highlight the financial risks involved with the increasing use of NOACs and to request support in relation to how this is managed.	**BH**
2017/146	**Oral Nutrition Supplements guideline update** AGR presented the updated paper which had an additional appendix added. **Decision** Amendments made to the Oral Nutrition Supplements guideline following consultation responses were discussed and approved by the group. **Action** The Oral Nutrition Supplements guideline will be uploaded to the LMMG website.	**AGR**
2017/147	**Vitamin D position statement** AGR presented the paper discussing the amendments made to the Vitamin D position statement. **Decision** Amendments made to the Vitamin D position statement following consultation responses were discussed and approved by the group. **Action** The Vitamin D position statement will be uploaded to the LMMG website.	**AGR**
2017/150	**New NICE Technology Appraisal Guidance for Medicines (July/August 2017)** AGR presented the NICE TA guidance paper. TA471 Eluxadoline for treating irritable bowel syndrome with diarrhoea – this is a CCG commission responsibility. NICE estimate the total resource impact across Lancashire and South Cumbria will be £191,623 at year 5. The group agreed that a scope will be carried out and a guide produced for when prescribing is appropriate. This will be added to the work plan.	**All actions AGR/DP**

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	TA466 Baricitinib for moderate to severe rheumatoid arthritis – this is a CCG commissioning responsibility. NICE do not expect this guidance to have a significant impact on resources. This will be put on to the LMMG website as Red colour classification and a Blueteq form will be created. TA464 Bisphosphonates for treating osteoporosis in adults – this is a CCG commissioning responsibility. NICE do not expect this guidance to have a significant impact on resources. This will be put on to the LMMG website as Green colour classification and included in the Osteoporosis guideline. TA461 Roflumilast for treating chronic obstructive pulmonary disease – this is a CCG commissioning responsibility. NICE do not expect this guidance to have a significant impact on resources. This is not a PbR excluded drug. This will be put on to the LMMG website as an Amber 0 colour classification and included in the COPD guideline. TA460 Adalimumab and dexamethasone for treating non-infectious uveitis – dexamethasone is a CCG commissioning responsibility and will be uploaded to the LMMG website as Red colour classification. A Blueteq form will also be created. Adalimumab is a NHSE England commission responsibility and will be put on to the LMMG website as Red colour classification. The Ophthalmology pathway will also be updated. TA459 Collagenase clostridium histolyticum for treating Dupuytren's contracture – this is a CCG commissioning responsibility. NICE do not expect this guidance to have a significant impact on resources. This is a PbR excluded drug. This will be put on to the LMMG website as Red colour classification and a Blueteq form will be created. It was noted that EL CCG has a pre-existing policy in place. CCG representatives will highlight the change in practice in their CCGs. TA456 Ustekinumab for moderately to severely active Crohn's disease after previous treatment – this is a CCG commissioned responsibility. NICE do not expect this guidance to have a significant impact on resources. This will be put on to the LMMG website as Red colour classification. A Blueteq form will be created. The Cohn's disease pathway will be updated. *The following NICE TA is recommended for use within the Cancer Drugs Fund and was noted but will not be added to the LMMG website* TA472 Obinutuxumab with bendamustine for treating follicular lymphoma refractory to rituximab.	**CCG representatives**

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	The following NICE TAs are NHSE commissioning responsibility and will be put on to the LMMG website as Red colour classification TA473 Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck. TA467 Holoclar for treating limbal stem cell deficiency after eye burns. TA465 Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma. TA463 Cabozantinib for previously treated advanced renal cell carcinoma. TA462 Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma. TA458 Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane. TA457 Carfilzomib for previously treated multiple myeloma. TA455 Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people. *For information, the following NICE TAs are terminated appraisals* TA470 Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia. TA469 Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia. TA468 Methylnaltrexone bromide for treating opioid-induced constipation. TA454 Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma. TA453 Bortezombi for treating multiple myeloma after second or subsequent relapse. TA452 Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation.	
2017/148	**DMARD shared care guideline** AGR presented the DMARD shared care guideline which had been updated following the publication of the updated BSR and BHPR guideline.	

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	Decision Amendments made to the DMARD shared care guideline were discussed and approved by the group subject to the following bullet point being removed under Primary Care Responsibilities as the group felt that this should sit with secondary care: • Ensure that the patient understands ~~their treatment and~~ which warning symptoms to report (see under adverse reactions below). **Action** The DMARD shared care guideline will be amended and uploaded to the LMMG website.	**AGR**
2017/149	**LMMG – Guidelines Work Plan update** AGR discussed the paper; updating LMMG on the current status of the work plan as follows: <u>*For discussion at a future LMMG meeting*</u> Osteoporosis guidance – the document is being finalised prior to consultation. This will be discussed at the October LMMG meeting. Stoma appliances guideline (scope) – there is an approximated £10 million spend on appliances 2016/17). This will be discussed at the November LMMG. Treatment of glaucoma guideline (scope) – NICE update was due August 2017 - this will be discussed at the November LMMG. Type II diabetes guidance – work is ongoing, this will be discussed at the November LMMG meeting. Prescribing guideline for specialist infant formula feeds – possible update to LMMG guidance required based on work being conducted in GP/CSR. Type II and I DM leaflets – work in ongoing on the full diabetes guidance. Reconsider contents of leaflets when the guidance is approved at LMMG. Asthma guidance update – New NICE guidance is due October 2017. Familia hypercholesterolaemia guideline (scope) – New NICE guidance is due October 2017. Update Ophthalmology pathway with aflibercept from branch and	

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	full review of the guidance – awaiting new medicines application before finalising the guideline. Allergic rhinitis guideline – draft guidance has been shared with the applicant, a response is awaited. AGR informed the group that the Gluten Free guideline has been removed from the LMMG website.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2017/151	**New NHS England medicines commissioning policies (July/August 2017)** AGR highlighted the information in the following NHS England commissioning policy: NHS England launches action plan to drive out wasteful and ineffective drug prescriptions, saving NHS over £190 million a year.	
2017/152	**Evidence reviews published by SMC or AWMSG (July/August 2017)** DP discussed the SMC and AWMSG recommendations published during July and August 2017 meeting LMMG criteria; which were: <u>SMC</u> 1256/17 ciprofloxacin 3mg/mL + dexamethasone 1mg/mL ear drops (Cilodex®) SMC accepted 1256/17 ciprofloxacin 3mg/mL + dexamethasone 1mg/mL ear drops (Cilodex®) for restricted use in the treatment of the following infections in adults and children: Acute otitis media in patients with tympanostomy tubes (AOMT) Acute otitis externa. SMC restriction: Treatment of acute otitis media in patients with tympanostomy tubes (AOMT). The group decided that this was not a priority and will not be added to the work plan. No further action was required. <u>AWMSG</u> AWMSG accepted 3435 Aviptadil phentolamine (Invicorp®) for the treatment of erectile dysfunction in adult males due to neurogenic, vasculogenic, psychogenic or mixed aetiology. Aviptadil/phentolamine (Invicorp®) is restricted to use in people with erectile dysfunction that has not responded to oral PDE5 inhibitor therapy. Aviptadil/phentolamine (Invicorp®) is not recommended for use within NHS Wales outside of this subpopulation. This had already been considered by LMMG. No	

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	further action was required. The remaining SMC and AWMSG recommendations for July/August 2017 did not meet LMMG criteria; therefore the group agreed that no further action was necessary.	
ITEMS FOR INFORMATION		
2017/153	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (11th July 2017)** The grout noted these minutes.	

Date and time of the next meeting
12th October 2017, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
14th September 2017

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 14th September 2017
ACTION SHEET FROM THE 13th APRIL 2017 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:** AGR confirmed that NHSE are the responsible commissioners. Prescribing will be retained with the RA consultants and this will be given a Red colour classification on the LMMG website.	**AGR**	**07.09.2017**	**Closed**
ACTION SHEET FROM THE 8th JUNE 2017 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. **Update:** discussed under an agenda item.	**LR** **Secondary care representative**	**07.09.2017** **07.09.2017**	**Closed** **Closed**
2017/103	**LMMG New Medicines identified by Horizon scanning for prioritisation** 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. **Update**: Renal specialists have said that they would also like to use Patiromer for hyperkalaemia in adults. DP will look produce a scoping paper for both Sodium zirconium cyclosilicate and Patiromer.	**DP**	**28.09.2017**	**Open**

ACTION SHEET FROM THE 13th JULY 2017 MEETING				
2017/131	**LMMG work plan update** **Antipsychotic SCG update** **Action:** MLCSU will send an email on behalf of LMMG (initial draft by CF, CCG Leads will be copied in) to Debbie Nixon, STP Lead for Mental Health. **Action:** CCG MM Leads will highlight the discussions to their Mental Health GP leads. **Update:** CF said that there is a national CQUIN in relation to physical health monitoring for this patient cohort. CF will speak with Debbie Nixon to gain clarity regarding the monitoring of physical health in secondary care as this information is not readily available in primary care.	**CF**	**28.09.2017**	**Open**
2017/132	**New NICE Technology Appraisal Guidance for Medicines (June 2017)** TA448 Etelcalcetide for treating secondary hyperparathyroidism in adults with chronic kidney disease **Action:** AGR will clarify the commissioning responsibility via Helen Potter from Specialised Commissioning. AGR will copy in Judith Argall. Once an answer is received this will be disseminated to LMMG representatives ahead of September's LMMG meeting. **Update:** this is an NHSE commissioning responsibility. No further action is required.	**AGR**	**07.09.2017**	**Closed**
2017/134	**Evidence reviews published by SMC or AWMSG (June 2017)** <u>SMC</u> 1244/17 budesonide – formoterol (Symbicort® SMART®) **Action:** MLCSU will check if LMMG current guidance needs to be amended in light of the extension of the license for SMART® for adolescents. If an			

	amendment is required MLCSU will link in with respiratory specialists and bring back to LMMG. **Update:** DP confirmed a very small change has been actioned relating to a license extension from age 18 to 12. Reference to the unlicensed medication has been removed in the Asthma guideline.	**DP**	**07.09.2017**	**Closed**
ACTION SHEET FROM THE 13th SEPTEMBER 2017 MEETING				
2017/142	**LMMG – New Medicine Reviews Work Plan update** Targinact® for neck pain and chronic back pain **Action:** DP will contact the pain specialists to ask them to submit an application for a medicine review. CM will provide DP with contact details.	**DP/CM**	**28.09.2017**	**Open**
2017/143	**Melatonin update and draft recommendation** Melatonin for new patients; children with ADHD **Action:** CF will liaise with BH to develop review guidance to ensure that there is rigor around the prescribing pathway and a regular audit is undertaken with evidence of patient benefit. This will be brought to the December LMMG meeting. Melatonin for current ADHD patients, children and adults **Action:** CF will set a criteria for review for the current prescribing and benefits of Melatonin for the ADHD patients in adults and children. This will be brought to the December LMMG. Melatonin for patients with neurodevelopmental disorders / LD **Action:** MLCSU await the receipt of audit data from BTH and a review of national guidance will be carried out. This will be brought to the December LMMG meeting. **Action:** The Melatonin position statement in relation to neurodevelopmental disorders / LD will be split into two - children with ADHD and	**CF/BH** **CF** **AGR** **AGR**	**07.12.2017** **07.12.2017** **07.12.2017** **07.12.2017**	**Open** **Open** **Open** **Open**

	children and adults with neurodevelopmental disorders / LD.			
2017/145	**Prevention of stroke and systemic embolism in non-valvular atrial fibrillation guideline** **Action** BH will draft a paper to the CCB and the Stroke Prevention Group on behalf of LMMG to confirm that the guideline has been approved and to highlight the financial risks involved with increasing use of NOACs.	**BH**	**28.09.2017**	**Open**
2017/150	**New NICE Technology Appraisal Guidance for Medicines (July/August 2017)** TA459 Collagenase clostridium histolyticum for treating Dupuytren's contracture **Action:** CCG Leads will highlight the change in practice in their CCGs.	**CCG representatives**	**28.09.2017**	**Open**