Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 13th July 2017 at Preston Business Centre

PRESENT:

Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Alastair Gibson (AG)	Director of Pharmacy	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
Judith Argall (JA)	Lead Pharmacist – Medicines Governance	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
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)
Rebecca Bond	Medicines Optimisation Pharmacist	BFW Hospitals & Fylde and Wyre CCG

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/115	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Tony Naughton, David Jones, Graham Atkinson and Nicola Baxter It was noted that Judith Argall was in attendance on behalf of David Jones. Joanne McEntee Medicines Information Lead from North West Medicines Information Centre, Rebecca Bond, Medicines Optimisation team leader from Fylde & Wyre CCG and Dr Angela Manning, Deputy Medical Director, NHSE North were in attendance to observe the meeting.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/116	**Declaration of any other urgent business** None.	
2017/117	**Declarations of interest pertinent to agenda** None.	
2017/118	**Minutes and action sheet from the last meeting (8th June 2017)** The minutes of the meeting dated 8th June 2017 were agreed as a true and accurate record.	
2017/119	**Matters arising (not on the agenda)** BH reminded LMMG members to complete and return their annual declaration for the period 2016-17 to MLCSU as soon as possible.	
NEW MEDICINES REVIEWS		
2017/120	**Budesonide (Cortiment®)** DP presented this paper summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation: Red** Budesonide MMX 9mg (Cortiment®) is recommended as an alternative to oral/topical corticosteroids, where these treatments are judged to be unsuitable or will cause unacceptable side effects, for the induction of remission in patients with mild to moderate active ulcerative colitis (UC) where 5-ASA (aminosalicylate) treatment is not sufficient. Five of eight CCGs, two of four acute Trusts and LTH responded by the closing date. Four responding CCGs and one acute Trust agreed with the recommendation. One CCG and one acute trust disagreed with the recommendation. **Decision** The group agreed with the recommendation of a Red colour classification on the basis that the studies showed a significantly higher rate of combined clinical and endoscopic remission compared to placebo. Response rates for the treatment of mild to moderate UC using mesalazine are not sufficiently effective with a response rate of 40%-70%. **Action** Budesonide MMX 9mg (Cortiment®) will be made Red colour	**DP**

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	classification on the LMMG website.	
2017/121	**Aviptadil (Invicorp®)** DP presented this paper summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation: Amber 0** Aviptadil (VIP) 25micrograms / Phentolamine Mesilate 2mg (Invicorp®) solution for injection. Suitable for prescribing in primary care following recommendation or initiation by a specialist. For the symptomatic treatment of erectile dysfunction in adult males due to neurogenic, vasculogenic, psychogenic, or mixed aetiology. Proposed use: Reserved for patients not responding or intolerant to Alprostadil, as an option before referral for surgical procedure 4 of 8 CCGs and 3 of 4 Acute trusts/LCFT responded by the closing date. Three of the responding CCGs and all three of the responding Acute Trusts agreed with the recommendation. GP/CSR CCGs did not respond before the consultation deadline; CM confirmed at the meeting that GP/CSR CCGs agreed with the recommendation **Decision** The group agreed with the recommendation of an Amber 0 colour classification for Aviptadil (Invicorp®) for its use as an alternative option to alprostadil (Caverject®). **Action** Aviptadil (VIP) 25micrograms / Phentolamine Mesilate 2mg (Invicorp®) solution for injection will be uploaded to the LMMG website at Amber0 colour classification.	**DP**
2017/122	**Liraglutide (Saxenda®)** DP presented this paper summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation: Black** Liraglutide (Saxenda▼) is not recommended for use by the NHS in Lancashire as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients. 4 of 8 CCGs and 3 of 4 Acute trusts / LCFT responded by the closing date. All 4 of the responding CCGs and 2 of the Acute	

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	Trusts agreed with the recommendation. **Decision** The group agreed with the recommendation of a Black colour classification. The group noted concerns regarding the lack of long term safety data, the sustainability of weight loss and the cost effectiveness of continuous Saxenda® treatment. **Action** Liraglutide (Saxenda▼) will be made Black colour classification on the LMMG website.	**DP**
2017/123	**Glycopyrronium oral solution (Sialanar®)** DP presented this paper which included information regarding other available glycopyrronium preparations, prescribing costs and the licensed indications of the preparations. **Decision** The group considered the information in the paper and decided that Glycopyrronium oral solution (Sialanar®) does not meet the LMMG criteria for a new medicine review. The group recognised that LMMG supports the use of branded products where available and clinically appropriate. No further action was required.	
2017/124	**Quarter 2 Horizon Scanning** DP presented the Quarter 2 Horizon Scanning paper which contained the medicines expected to be launched or have a licence extension during the second quarter of 2017/18. *The following medicines will be added to the work plan* Metformin (Glucophage SR®) - reduction in the risk or delay of the onset of type 2 diabetes mellitus in adult, overweight patients with impaired 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. Beclomethasone + formoterol + glycopyrrolate (Trimbow®) – maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta 2-agonist. Dimethyl fumarate – moderate to severe plaque psoriasis – the unlicensed product is currently in use in trusts. *The following medicines were considered and will not be added to*	

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	the work plan: Cariprazine – schizophrenia – this will not be added to the work plan unless a request if received from a specialist. Ceftaroline – skin and skin structure infections. Dalbavancin – bacterial skin and soft tissue infections. Lesinurad oral (Zurampic®) – gout, second-line, combination therapy Rezlizumab – asthma, allergic eosinophilic, in children and adults (aged 12-75 years) uncontrolled on high-dose inhaled corticosteroids. Bezlotoxumab – clostridium difficile infection – prevention of recurrence after second-plus episodes. Triptorelin – adjuvant treatment in combination with tamoxifen or an aromatase inhibitor, of endocrine-responsive early-stage breast cancer in women at high-risk of recurrence who are confirmed as pre-menopausal after completion of chemotherapy. Cenegermin (Oxervate®) – neurotrophic keratitis, stage 2 or 3 affecting one or both eyes due to any underlying aetiology (e.g. recurrent herpetic keratitis, chemical burns, ocular surgery, acoustic neuroma, trigeminal resection) – first line. Patiromer – hyperkalaemia in adults. Tofacitinib – rheumatoid arthritis moderate to severe in patients unresponsive to DMARDs or MTX. Baricitinib - rheumatoid arthritis moderate to severe, first line or second line, mono-or combination therapy. Insulin lispro biosimilar – Type 1 and 2 diabetes mellitus. Sarilumab – rheumatoid arthritis moderate to severe, in adults who have responded inadequately to, or who are intolerant to one or more DMARDs - monotherapy or with methotrexate Dapagliflozin + saxagliptin – type 2 diabetes mellitus. Sodium Zirconium Cyclosilicate – hyperkalaemia. Brodalumab – psoriasis, chronic, plaque Sodium deoxycholate – obesity.	

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	Solifenacin succinate – overactive bladder in children aged 5 to 18 years. Sufentanil – postoperative pain. Chenodeoxycholic acid – treatment of inborn errors in primary bile acid synthesis cerebrotendinous xanthomatosis or inborn errors of primary bile acid synthesis due to sterol 27 hydroxylase deficiency. Parathyroid hormone (Natpara®) – hypoparathyroidism in adults uncontrolled with standard therapy alone. Eslicarbazepine – epilepsy adjunctive therapy of focal seizures in children. Etelcalcetide – secondary hyperparathyroidism in adults with CKD on haemodialysis.	
2017/125	**LMMG – New Medicines Reviews Work Plan update** DP discussed the paper; updating the committee on the current status of the work plan as follows: *Medicines for discussion at the September meeting* Secukinumab – Palmar Plantar Psoriasis – a number of IFRs have been received, an LMMG position is required for this medicine. *New Medicines Reviews – on hold, awaiting licensing or launch details* Naltrexone/bupropion – obesity – this will be removed from the new medicines reviews work plan in light of the decision made under agenda item 2017/122. Lacosaminde (Vimpat®) – monotheraphy in the treatment of partial-onset seizures with or without secondary generalisation in epilepsy – this will be prioritised if a request is received by specialists. No further action was required. DP informed the group that two requests have been received for the new fast-acting insulin (Fiasp®). The group discussed the requests and decided that this will be added to the new medicines work plan for a review.	**DP** **DP**
GUIDELINES and INFORMATION LEAFLETS		

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/126	**Mycophenolate Mofetil shared care** AGR presented the paper discussing the amendments made to the Mycophenolate shared care guidance. Four of eight CCGs, four of five provider trusts responded by the closing date. All those that replied agreed with the guidance except for East Lancashire CCG which sent comments only. **Decision** A suggestion was made to clarify the wording in the guideline to state that patient care will be transferred from secondary care to primary care only when the patient is on a stable dose. Amendments made following consultation responses were discussed and approved by the group. **Action** The mycophenolate shared care guideline will be amended in line with the discussion above and uploaded to the LMMG website as Amber 1 colour classification for the unlicensed indications defined in the Mycophenolate Mofetil shared care guideline.	**AGR**
2017/127	**Palliative Care guidelines** AGR presented the paper discussing the North West Coast Strategic Clinical Networks (NWC SCN) Palliative Care guidelines. Four of eight CCGs and four of five provider trusts responded by the closing date. Three of the CCGs that responded supported the document and one sent comments only. Three of the provider trusts that responded supported the document and one sent comments only. **Decision** AGR discussed the two additional sections which were added to the document following the consultation period; clinically assisted hydration at the end of life and Corticosteroids in palliative care. The group decided that a consultation was not required for the additional two sections. The amendments made following consultation responses were discussed and approved, pending proof reading via the SCN. **Action** The NWC SCN Palliative Care Guidelines will be uploaded to website once a final version has been received from the SCN following proof reading.	**AGR**
2017/128	**Osteoporosis options**	

ITEM	SUMMARY OF DISCUSSION	ACTION
	DP discussed the proposed pathway for the treatment of osteoporosis and collated the responses from the consultation document options paper. **Decision** The group supported the proposal to incorporate the consultation responses in to the osteoporosis document**.** **Action** The osteoporosis guideline will be developed and sent out to consultation for discussion at September LMMG.	**DP**
2017/129	**Oral Nutrition supplementation guidance** AGR discussed the Oral Nutritional Supplementation decision aid. Three of eight CCGs and four of five provider trusts responded by the closing date. One provider trust disagreed with the guidance, one agreed and two sent comments only. Two CCGs agreed and one sent comments only. **Decision** The amendments made to the Oral Nutritional Supplementation decision aid following consultation responses were discussed and approved. The group decided to add an appendix to the decision aid which will include details of prescribing and referral instances as an aid for GPs. A discussion highlighted the differences regarding the prescribing of Oral Nutritional Supplementation in each health economy. In light of this, it was suggested that a Lancashire wide approach could be taken through the STP. To facilitate this it will be discussed further at the Lancashire Medicines Management Commissioning Leads Network meeting. **Action** An appendix will be added to the Oral Nutritional Supplementation decision aid in line with the discussions above. This will be brought back to LMMG for approval. An agenda item will be added to the LMM Commissioning Leads Network meeting to discuss a Lancashire wide approach to Oral Nutritional Supplementation via the STP.	**AGR** **AGR**
2017/130	**Melatonin** AGR provided the group with an update of the Melatonin audit. AGR asked the group whether a further consultation period was required for perusal of the audit results with a draft rag status or to	

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	bring the paper back to the September LMMG for a decision to be made. **Decision** The group decided that a full consultation was not required in view of the fact that a medicines' review was undertaken for the initial consultation. The audit results will be circulated together with a draft recommendation to LMMG members for discussion in organisations in line with the consultation process. A decision will be made at the September LMMG regarding Melatonin. **Actions** MLCSU will circulate the audit results together with a draft recommendation to LMMG members for discussion in organisations. A decision regarding Melatonin will be made at September LMMG.	
2017/131	**LMMG – Guidelines Work Plan update** AGR discussed the paper; updating LMMG on the current status of the work plan as follows: *For discussion in September* Type I and II DM leaflets - work is ongoing Melatonin audit – an update was provided under an agenda item. Anticoagulant review – this is due to be sent out to consultation soon. Antipsychotic SCG update – the group discussed and agreed that the there was no requirement to change the clinical content in the Antipsychotic SCG; this is in line with LCFT guidance and NICE guidance. A discussion highlighted that the current monitoring and prescribing arrangements should be reviewed as monitoring undertaken in secondary care was not readily available to primary care clinicians. It was agreed that discussions should take place via commissioning discussions between CCGs and LCFT. MLCSU will send an email on behalf of LMMG (initial draft produced by CF, CCG Leads will be copied in) to Debbie Nixon, STP Lead for Mental Health. CCG MM Leads will highlight the discussions to their Mental Health GP leads. Prescribing Guidelines for Specialist Infant Formula Feeds – a possible update to LMMG guidance, depending on ongoing work in Greater Preston / Chorley and South Ribble CCGs. DMARD SCG update – the DMARD SCG will be updated in line	**CF** **BH/AGR/CCG MM Leads**

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	with new BSR guidance. COPD guidance – work has commenced on updating the pharmacological elements of the guidelines by MLCSU. <u>*For discussion at a future LMMG meeting*</u> Diabetes guidance – currently liaising with clinicians. Dementia guidelines scoping document – work will be commenced soon Update ophthalmology pathway with aflibercept from branch and full review of the guidance – a new medicines application is awaited before finalising the guideline. Allergic rhinitis guideline – a response is awaited from the applicant regarding the draft guideline.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2017/132	**New NICE Technology Appraisal Guidance for Medicines (June 2017)** AGR presented the NICE TA guidance paper. TA446 Brentuximab vedotin for treating DC30-positive Hodgkin lymphoma in adults – this is an NHSE commissioning responsibility and will be put onto the LMMG website at Red colour classification. TA447 Pembrolizumab for untreated PDL1 – positive metastatic non-small-cell lung cancer in adults - this is an NHSE commissioning responsibility and will be put onto the LMMG website at Red colour classification. TA448 Etelcalcetide for treating secondary hyperparathyroidism in adults with chronic kidney disease – a query regarding the commissioning responsibility was raised. 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. TA449 Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease - this is an NHSE commissioning responsibility and will be put onto the LMMG website at Red colour classification. TA450 Blinatumomab for previously treated Philadelphia –	**AGR**

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	chromosome-negative acute lymphoblastic leukaemia in adults - this is an NHSE commissioning responsibility and will be put onto the LMMG website at Red colour classification. TA451 Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia in adults - this is an NHSE commissioning responsibility and will be put onto the LMMG website at Red colour classification.	
2017/133	**New NHS England medicines commissioning policies (June 2017)** None published.	
2017/134	**Evidence reviews published by SMC or AWMSG (June 2017)** DP discussed the SMC recommendations published during June 2017 meeting LMMG criteria, which were: <u>SMC</u> 1244/17 budesonide – formoterol (Symbicort® SMART®) SMC accepted 1244/17 budesonide – formoterol (Symbicort® SMART®) for the regular treatment of asthma where use of a combination (inhaled corticosteroid and a long-acting β2 adrenoceptor agonist is appropriate: patients not adequately controlled with inhaled corticosteroids and "as needed" short-acting β2 adrenoceptor agonists, or patients already adequately controlled on both inhaled corticosteroids and long-acting β2 adrenoceptor agonists – MLCSU will check if LMMG current guidance need 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. It was noted that there were no AWMSG recommendations during June 2017. The remaining SMC recommendations for June 2017 did not meet LMMG criteria; therefore the group agreed that no further action was necessary.	**DP**
ITEMS FOR INFORMATION		
2017/135	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee** No meeting in June.	

Date and time of the next meeting
14th September 2017, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
13th July 2017

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 13th July 2017
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:** It is confirmed that NHSE are the responsible commissioners. AGR will seek clarity form RA consultants regarding the responsibility for ongoing prescribing and its colour classification for the LMMG website.	**AGR**	**07.09.2017**	**Open**
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**	**07.09.2017** **07.09.2017**	**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. **Update:** discussed under an agenda item.	**LMMG representatives**	**06.07.2017**	**Closed**

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 has engaged with Microbiologists; there is no desire to use this, no further action is required. 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. **Update:** discussed under an agenda item. 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**: DJ will provide an update at the September meeting.	**DP** **DP** **DJ**	**07.09.2017** **06.07.2017** **07.09.2017**	**Closed** **Closed** **Open**
2017/106	**Melatonin audit** SR will discuss the melatonin audit in LCFT and progress in line with the 4 week deadline. **Update:** discussed under an agenda item.	**SR**	**06.07.2017**	**Closed**
2017/113	**LMMG annual report** **Action:** LMMG representatives to feedback any queries by 30th June. **Update:** BH has received feedback from MP. BH will email LMMG representatives with particular queries.	**LMMG representatives**	**06.07.2017**	**Closed**
ACTION SHEET FROM THE 13th JULY 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,	**BH/AGR**	**07.09.2017**	**Open**

	STP Lead for Mental Health. **Action:** CCG MM Leads will highlight the discussions to their Mental Health GP leads.	**CCG MM Leads**	**07.09.2017**	**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.	**AGR**	**07.09.2017**	**Open**
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.	**DP**	**07.09.2017**	**Open**