Minutes of the Lancashire Medicines Management Group Meeting Held on Thursday 9th June 2016 at Preston Business Centre

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
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
John Vaughan (JV)	Medicines Commissioning Pharmacist	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
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	NHS Lancashire North CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Pauline Bourne (PB)	Senior Pharmacist, Medicines Management, Deputy Chief Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG

IN ATTENDANCE:

David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/102	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Lisa Rogan, David Shakespeare, Brent Horrell and Susan McKernan. It was noted that John Vaughan was attending on behalf of Lisa Rogan.	
2016/103	**Declaration of any other urgent business** None.	
2016104	**Declarations of interest pertinent to agenda** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/105	**Minutes of the last meeting (12th May 2016)** The minutes of the meeting dated 12th May 2016 were agreed as a true and accurate record.	
2016/106	**Matters arising (not on the agenda)** **2016/097 New NICE Technology Appraisal Guidance for Medicines (April 2016)** TA389 Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer – it was highlighted that the position of each individual treatment should be checked and the LMMG website updated accordingly.	**DP**
NEW MEDICINES REVIEWS		
2016/107	**Insulin Detemir** DP presented the paper, summarising the evidence and the draft recommendation which has been consulted on, as follows: **Recommendation: Green** Insulin detemir (Levemir®) for treatment of diabetes mellitus in adults, adolescents and children aged 1 year and above. Appropriate for initiation and ongoing prescribing in both primary and secondary care. Monitoring is required but this is routine monitoring required for all insulins. 5 of 8 CCGs responded, all 5 of the responders agreed. 3 of 4 Acute Trusts responded, all 3 responders agreed. Lancashire Care Trust responded and agreed. **Decision** In light of the evidence in support of this and the unanimous votes in favour of the recommendation, the committee agreed with the recommendation of Green colour classification for insulin determir (Levemir®). **Action** Insulin detemir (Levemir®) will be added to the website as Green colour classification.	**DP**
2016/108	**Guanfacine** DP presented the paper, summarising the evidence and the draft recommendation which has been consulted on, as follows: **Recommendation: Amber level 1 (with shared care)** Guanfacine (Intuniv®) 1 mg, 2 mg, 3 mg, 4 mg prolonged-release	

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	tablets for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents 6-17 years old for whom stimulants are not suitable, not tolerated or have been shown to be ineffective. • Suitable for prescribing in primary care following recommendation or initiation by a specialist. • Minimal monitoring required. • Patient may need a regular review, but this would not exceed that required for other medicines routinely prescribed in primary care. • Full prior agreement about patient's on-going care must be reached under the shared care agreement. 6 of 8 CCGs and 3 of 4 acute trusts responded by the closing date. All CCGs and acute trusts that responded agreed with the recommendation. **Decision** Due to the evidence in support of this and the broad agreement across organisations the committee agreed with the recommendation of Amber 1 colour classification. **Action** Guanfacine (Intuniv®) 1 mg, 2 mg, 3 mg, 4 mg prolonged-release tablets will be uploaded to the website as Amber 1 colour classification.	**DP**
2016/109	**Tapentadol** AGR presented the paper, summarising the evidence and the draft recommendation which has been consulted on, as follows: **Recommendation: Amber 0** Tapentadol MR (Palexia® SR) is recommended as a treatment option for intractable neuropathic pain in non-palliative and for neuropathic pain in palliative care patients 6 of 8 CCGs, 3 of 4 acute trusts and LCFT responded by the closing date. Trinity Hospice, BTH also responded. 3 CCGs did not agree with the recommendation. LTH, UHMB, BTH and Trinity Hospice agreed with the recommendation. LCFT required further clarification. **Decision** The committee considered the evidence in the trials; it was felt that evidence was limited; some evidence in the trials did not specifically relate to neuropathic pain and it was biased. In light of this, the committee did not make a decision. It was decided that more specific questions for each class of pain will be sent out to consultation. Tapentadol MR (Palexia® SR) will remain as Black	

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	colour classification on the LMMG website. **Action** Further specific questions will be sent out for consultation for each class of pain and brought back to LMMG.	**AGR**
2016/110	**LMMG – New Medicines Reviews Work Plan update** DP discussed this paper; updating the committee on the current status of the work plan as follows: <u>*Medications recommendation for July LMMG*</u> Lurasidone – Schizophrenia – this is currently out to consultation. Albiglutide/Dulaglutide – Diabetes – this is currently out to consultation. Infliximab – Pyoderma Gangrenosum – a small number of requests have been received and considered via IFR, to develop a commissioning position following clarification of place in therapy with dermatologists. Sildenafil – Severe Reynaud's phenomenon and digital ulcers secondary to systemic sclerosis – NHS England commissioned therefore will be removed from workplan. Brivaracetam – Epilepsy – an application form has been received. NICE is due to publish an evidence summary and therefore this is awaited. Colesevelam – Familial hypercholesterolemia - this is due to be sent out to consultation in the next few weeks. <u>*New Medicines Reviews – on hold awaiting licensing and launch*</u> Naltrexone/bupropion – Obesity Bazedoxifene/conjugate – post menopausal osteoporosis + menopausal symptoms Safinamide (Xadago®) – Mid-late stage Parkinson's disease Liraglutide – Obesity Heliox – Respiratory conditions – an application form is awaited. DP will email Secondary Care MM Leads with a reminder to forward priority areas for products due to be licensed for 2016/17. A discussion took place regarding the feasibility of looking at products which are being prescribed but which have not be part of an evidence review through LMMG. DP will discuss this further outside of the meeting with BH and SM and feedback to the group.	**Both actions DP**

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GUIDELINES and INFORMATION LEAFLETS		
2016/111	**Gastroenterology Biologics Pathway** DP presented the paper, summarising the evidence and the draft recommendations which has been consulted on, as follows: **1. Crohns Disease recommendation 4**. Routine use of TNF-alpha inhibitors post-surgery in Crohns Disease. Previously classified as BLACK for TNF-Alpha inhibitors. The committee was asked to agree a RED classification instead of the current BLACK classification and extend the classification to cover vedolizumab, infliximab and adalimumab. *Statement for approval*: Routine use of biologic agents to prevent recurrence of CD following surgery is not recommended. In patients at high risk of recurrence (e.g. more than one resection, or penetrating or fistulising disease), prophylaxis with thiopurine should be considered where appropriate. A TNF-alpha inhibitor may be considered in these high risk patients upon recurrence, or if thiopurine treatment is not tolerated. i.e RED Colour Classification **2. Crohns Disease recommendation 1.** Use of infliximab and golimumab as 2nd line biologics in Ulcerative Colitis *First wording option* In UC patients who experience intolerance, secondary failure or primary failure with infliximab as their first TNF-alpha inhibitor in line with NICE TA329, treatment with adalimumab as a second TNF-alpha inhibitor may be tried. Use of alternative second-line TNF-alpha inhibitors is not supported. *Second wording option* In UC patients who experience intolerance, secondary failure or primary failure with infliximab as their first TNF-alpha inhibitor in line with NICE TA329, adalimumab should be used in preference to alternative TNF-alpha inhibitors where it is available. Infliximab or golimumab may be used where patients have had adalimumab 1st line ONLY. A commissioning pathway for CD and UC was brought to the meeting to facilitate the discussions.	

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	Decision The committee did not make a decision. It was decided that the Gastroenterology Biologics Pathway will be sent out to consultation for discussion in local Medicines Management groups. **Action** DP will send out the UC and CD Biologics Commissioning Pathway for MM Leads to take to MM Groups. The Gastroenterology Biologics Pathway will be brought back to the July LMMG.	**DP** **DP**
2016/112	**Insulin Toujeo** AGR presented the Insulin Toujeo® Information sheet for Type I and Type II diabetes. 6 of 8 CCGs, 3 of 5 provider trusts responded by the closing date. 6 organisations agreed with the information sheet, LCFT did not specify and GPCSR CCGs did not agree with the information sheet. **Decision** The committee decided that the SPC information on page 6 should be removed to avoid confusion. The amendments made following consultation responses were discussed and approved. **Action** The Insulin Toujeo® Information sheet for Type I and Type II diabetes will be uploaded to the LMMG website.	**AGR**
2016/113	**Neuropathic pain Patient Information Leaflet** AGR presented the Neuropathic Pain Patient Information sheet Seven out of eight CCGs and one out of five provider trusts supported the leaflet. Two out of the five trusts sent comments one did not state if they did or did not support the leaflet. One trust stated that they did not support the document. One CCG and two provider trusts did not respond. Comments received from Dr Shakespeare after the consultation period were brought to the meeting and discussed. **Decision** The committee agreed that the Title of the leaflet should be changed from 'Defining Neuropathic Pain and Options for Management to 'Neuropathic Pain Patient Information.'	

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	The amendments made following consultation responses were discussed and approved. **Action** The Neuropathic pain Patient Information leaflet will be uploaded to the website.	**AGR**
2016/114	**Zero Risk Schemes** DP discussed the position statement for Zero Risk Schemes. 5 of 8 CCGs and 3 of 5 provider trusts responded by the closing date. 5 organisations agreed with the position statement. LTHT did not specify if they agreed with the position statement or not, but the comments provided suggested that if the drug was available as part of a truly 'zero risk' scheme that they would support access. **Decision** The committee approved the Zero Risk Schemes position statement in its current form. **Action** The Zero Risk Scheme position statement will be uploaded to the LMMG website.	**DP**
2016/115	**Psoriasis Biologics Pathway** AGR presented the Guideline for the treatment of Psoriasis; Biologic Agents. 5 of 8 CCGs responded, all 5 of the responders agreed. 3 of 4 Acute Trusts responded, all 3 disagreed. **Decision** The committee did not approve the Psoriasis Biologics Pathway. The comments received following the consultation were discussed and the following actions were decided: A less rigid pathway was required to allow clinical flexibility and to accommodate future cost changes. The pathway will be updated to incorporate a Lancashire based approach. The pathway will include a flowchart for ease of use. **Action** The amendments above will be made to the Psoriasis Biologics Pathway and re-circulated for consultation.	**AGR**

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/116	**LMMG – Guidelines Work Plan update** DP discussed this paper; updating LMMG on the current status of the work plan as follows: *For discussion in July* Update of LMWH Prescribing Guide – currently being updated in response to local decisions regarding LMWH colour classifications. Patient Information Leaflets, Riluzole, Vitamin D and Clopidogrel – currently out to consultation. *In development* Apomorphine Shared Care Guidelines – work is on-going. Melatonin, Position Statement/Guidance – a meeting is being arranged for the working group to discuss the wider complexities of local patient pathways and use. Constipation Guidance – work is on-going. Update of Lithium Shared Care Guidance – updated by LCFT in response to NICE guidance. *New additions- work to start soon* Position Statement Re: Primary Care prescribing of smoking cessation products. Oral Anticoagulant Prescribing Guide. Ulipristal Prescribing Information Sheet. Inhaler Comparison and Indentification Guide. Scoping Document, Primary Care Review of Antidepressants. Vitamin D Guidelines – review date September. Guidelines for Good Prescribing in Primary Care – review date October. Vitamin D Prescribing Guidelines – review date November. *Other LMMG work* Annual RAG review Impact of Biosimilars on RA pathways Mycopenolate Shared Care Guidance, (unlicensed indications) Co-Trimoxaxole Shared Care Guideline Palliative Care Prescribing Guidelines	

ITEM	SUMMARY OF DISCUSSION	ACTION
	It was suggested that when guidelines are due for a review, they should be brought to LMMG for approval if significant changes are identified. If there is nothing pertinent to change, the review date should be extended as normal practice. DP will speak to SM regarding the suggested practice and will feedback to LMMG.	**DP**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2016/117	**New NICE Technology Appraisal Guidance for Medicines May 2016** AGR presented this paper, the following actions were agreed: TA217 Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease – recommendation 1.3 in this technology appraisal has been partially updated by recommendation 1.6.2.3 in the NICE guideline on dementia (NICE guideline CG42). This is a CCG commissioning responsibility. The committee agreed that this will remain as Amber 0 colour classification on the LMMG website. TA390 Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type II diabetes – this is a CCG commissioning responsibility. The committee agreed a Green colour classification. This will be uploaded to the LMMG website. TA391 Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel - this is an NHS England commissioning responsibility and will added to the website at Red colour classification. Following on from last month, AGR fedback a NICE costing update to NICE TA 388 – Sacubitril/valsartan for treating symptomatic chronic heart failure with reduced ejection fraction. AGR confirmed that the potential five year cost pressure of £1,881,464 figure is attributed to the gradual uptake of the sacubitri/valsartan and a reduction in hospital admissions rather than the cost of switching patients to sacubitril/valsartan.	**All actions AGR**
2016/118	**New NHS England medicines commissioning policies (May 2016)** AGR highlighted information in the following NHS England Commissioning Policies Doctors urged to help stop 'chemical restraint' as leading health professional sign join pledge - Antipsychotics and antidepressants	

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	For information guidance has been launched to support healthcare professionals to review inappropriate prescriptions for people under their care who have a learning disability and/or autism. <u>Further update on commissioning and provision of Pre Exposure Prophylaxis (PrEP) for HIV prevention – Anti-retrovirals</u> For information NHS England has stated that PrEP could not be considered for the specialised services annual prioritisation process. Specifically, it said that 'As set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, local authorities at the responsible commissioner for HIV prevention services. <u>Chemo drug optimisation to improve patient experience of cancer treatment</u> For information patients requiring chemotherapy could receive treatment closer to home under new plans set out by the health service today. Substantial savings are expected to be reinvested in patient care over the next few years thanks to an NHS England programme led by specialist pharmacists to reduce variation in drug doses. NHS England hopes to reduce variation and wastage in chemotherapy by implementing a national system of 'dose banding' where patients will received optimised doses of drugs, rather than ones which are individually calculated. <u>NHS England to recommission flu vaccinations in community pharmacies for 2016/17 – Flu Vaccines</u> For information NHS England has announced it will recommission the Community Pharmacy Seasonal Influenza Vaccination programme in 2016/17, after nearly a quarter of a million more people benefited from vaccinations in a community pharmacy setting during the previous year.	
2016/119	**Evidence reviews published by SMC or AWMSG (May 2016)** The recommendations published by the SMC and AWMSG during May 2016 did not meet LMMG criteria; therefore the committee agreed that no further action would be taken with regard to them.	
ITEMS FOR INFORMATION		
2016/020	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee** The group noted these minutes.	

Date and time of the next meeting

14th July 2016, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
9th JUNE 2016

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 9th JUNE 2016
ACTION SHEET FROM THE 11th FEBRUARY MEETING				
2016/028	**Horizon Scanning 2016/17 Financial Year** Licensed version of e-cigarettes – JK will forward the letter from BwD Council to MLCSU for circulation and MLCSU will engage with Public Health with a view to publishing a joint statement **Update:** SM contacted Public Health North West. They confirmed that they support use of e-cigarettes as an aid to smoking cessation, and that councils are the responsible commissioner of smoking cessation services. MLCSU will produce a position statement regarding the use of nicotine products including e-cigarettes as an aid to smoking cessation via smoking cessation services.	**JK/MP/BH**	**02.06.16**	**Closed**
ACTION SHEET FROM THE 12th MAY 2016 MEETING				
2016/092	**Development of a Lancashire formulary for Stoma and Incontinence products** **Action:** CF to update LMMG on the progress of national contract for continence products in 3-6 months' time **Update:** this will be put on the agenda once the position is fedback.	**CF**	**01.09.2016**	**Closed**
2016/097	**New Nice Technology Appraisal Guidance for Medicines (April 2016)** **Actions:** In light of the potential cost pressure across Lancashire, AGR will find out if the costs are associated with new patients only or for patients switching to Sacubitril valsartan. **Update**: discussed under an agenda item. AG will take this back to Cardiac Network to find out if there is a requirement for its use. **Update:** discussed under an agenda item.	**AGR** **AGR**	**02.06.2016** **02.06.2016**	**Closed** **Closed**

ACTION SHEET FROM THE 9th JUNE 2016 MEETING				
2016/106	**Matters arising (not on the agenda)** **2016/097 New NICE Technology Appraisal Guidance for Medicines (April 2016)** TA389 Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer – it was highlighted that the position of each individual treatment should be checked and the LMMG website updated accordingly **Action:** DP will check the website and feedback.	**DP**	**07.07.2016**	**Open**
2016/110	**LMMG – New Medicines Reviews Work Plan update** A discussion regarding the feasibility of looking at products which are being prescribed but which have not be part of an evidence review through LMMG. **Action:** DP will discuss this further outside of the meeting with BH and SM and feedback to the group. **Action:** DP will email Secondary Care MM Leads with a reminder to forward priority areas for products due to be licensed for 2016/17.	**DP** **DP**	**07.07.2016** **07.07.2016**	**Open** **Open**
2016/116	**LMMG – Guidelines Work Plan update** It was suggested that when guidelines are due for a review, they should be brought to LMMG for approval if significant changes are identified. If there is nothing pertinent to change, the review date should be extended as normal practice. **Action:** DP will speak to SM regarding the suggested practice and will feedback to LMMG.	**DP**	**07.07.2016**	**Open**