Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 13th October 2016 at Preston Business Centre

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
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
Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust

IN ATTENDANCE:

Marie Sayer	Medicines Optimisation Team Leader	NHS Fylde and Wyre CCG
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
2016//163	**Welcome & apologies for absence** The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Nicola Baxter. It was noted that Marie Sayer, Medicines Optimisation team leader from F&W CCG was in attendance to observe the meeting.	
2016/164	**Declaration of any other urgent business** None.	
2016/165	**Declarations of interest pertinent to agenda** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/166	**Minutes of the last meeting (8th September 2016)** The minutes of the meeting dated 8th September 2016 were agreed as a true and accurate record.	
2016/167	**Matters arising (not on the agenda)** There were no matters arising.	
NEW MEDICINES REVIEWS		
2016/168	**Brivaracetam** AGR presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: **<u>Recommendation: Amber 0</u>** Suitable for prescribing in primary care following recommendation or initiation by a specialist. • Little or no specific monitoring required. • Patient may need a regular review, but this would not exceed that required for other medicines routinely prescribed in primary care, such as levetiracetam. • A prescribing document is required to support primary care prescribers. 6 of 8 CCGs 3 of 4 acute trusts and LCFT if they responded by the closing date. EL CCG's recommendation was clarified and confirmed by LR that they disagreed with the recommendation. All agreed with the recommendation except for 3 CCGs. The MTRAC evidence review was discussed at the meeting. It was felt that the evidence review contained a summary rather than a full review; the level of detail is unknown. DP will look at the MTRAC's terms of reference for clarity. SMC recommended the use of brivaracetam for restricted patient cohorts. **Decision** In the absence of evidence of trial data for brivaracetam against an active comparator the group did not agree with the recommendation. It was felt that this should remain in secondary care where specialists can continue monitoring and assessment of treatment effect. Brivaracetam will be made a Red colour classification for prescribing in Secondary Care for the next 12 month's period. An audit of its effectiveness and place in therapy will be brought to LMMG for review in October 2017.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Action Brivaracetam will be made Red colour classification on the LMMG website. An audit on the use of Brivaracetam will be brought to LMMG in 12 months' time. DP will look at MTRACs terms of reference for clarification of remit.	**AG** **AG** **DP**
2016/169	**Ivermectin cream (Soolantra®)** DP presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: **<u>Recommendation: Green</u>** Appropriate for initiation and on-going prescribing in both primary and secondary care. Four of eight CCGs, all four acute trusts and LCFT responded by the closing date. Three responding CCGs agreed with the draft recommendation. All Acute Trusts agreed with the recommendation. Lancashire Care Trust did not express a preference however the Trust did question whether the small benefit of the treatment justified the increased cost of the product. **Decision** The proposed place in therapy was discussed. The group agreed with the recommendation of Green colour classification as an alternative agent for the topical treatment of moderate to severe inflammatory lesions of rosacea (papulopustular) in adult patients who experience intolerance or failure with metronidazole and azelaic acid. Ivermectin cream will be tried for a 3 month period; treatment should be stopped if it fails to improve symptoms and carried on if successful. **Action** Ivermectin cream (Soolantra®) will be made Green colour classification on the LMMG website as an alternative agent for patients who experience intolerance or failure with metronidazole and azelaic acid.	**DP**

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/170	**NICE Do not dos and review of prescribing data** DP presented the paper of NICE do not dos which have potential impact on medicines usage across the health economy. **Decision** It was felt that there was nothing significant on the list for LMMG action but local MM teams could follow up some of the do not dos. DP asked MM Leads to take this back to their organisations for review. DP will circulate epact data on Glucosamine to CCG MM Leads. **Action** CCG MM Leads will take the list of NICE do not dos to their organisations for feedback. DP will circulate glucosamine epact data to CCG MM Leads	**CCG MM Leads** **DP**
2016/171a	**Horizon scanning Quarter 3 – 2016/17** DP discussed the medicines expected to be launched or have a licence extension during the 3rd quarter of 2016/17. *The following drugs will be put on to the work plan* Opicapone – Parkinson's disease – adjunctive therapy in adults with end-of-dose motor fluctuations who cannot be stabilised on preparations of levodopa/DOPA decarboxylase inhibitors. Brodalumab – Psoriasis, chronic, plaque – DP will look into this further regarding expected licensing launch date. Lidocaine + prilocaine spray – premature ejaculation – to review once licenced and launched. Liraglutide – Obesity – this is already on hold awaiting UK launch. *The following drugs are awaiting NICE guidance; a review will not be carried out at this stage* Lesinurad oral (Zurampic) – Gout. Ustekinumab – Crohn's disease; moderate to severe previously treated. *The following drugs will not be put on the work plan* Pitolisant – Narcolepsy with or without cataplexy in adults - the group decided that this was a lower priority and will be looked at if a request is received from a specialist.	**All actions DP**

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	Glycopyrronium – Sialanar (Proveca) - severe sialorrhoea (persistent drooling) in children and adolescents with neurological condition such as cerebral palsy, epilepsy and neurodegenerative diseases - the group decided that this was a lower priority and will be looked at if a request is received from a specialist on its proposed place in therapy. Secondary care representatives will take this to their organisations. Anamorelin – Cancer cachexia – anorexia and cachexia in patients with advanced NSCLC - the group decided that this was a lower priority and will be looked at if a request is received from a specialist. Empagliflozin + linagliptin – Type 2 diabetes mellitus – it was highlighted that the statement on combination products would apply to this preparation. Infliximab biosimilar (SB2 – Flixabi) – Rheumatoid arthritis adult, Crohn's disease, paediatric Crohn's disease, ulcerative colitis, paediatric ulcerative colitis, ankylosing spondylitis, psoriatic arthritis and psoriasis – an LMMG position statement is currently in place. Dapagliflozin + saxagliptin – Type 2 diabetes mellitus - an LMMG position statement is currently in place for the use of combination products. Insulin degludec + insulin aspart - Type 1 and 2 diabetes mellitus - an LMMG position statement is currently in place for insulin degludec. The group decided that this is a low priority. Sodium Zirconium Cyclosilicate – Hyperkalaemia- the group decided that this is a low priority; unless a request is received from specialists who would like to use this in a patient cohort. Sodium deoxycholate – Obesity - the group decided that this was a low priority. Solifenacin succinate – overactive bladder in children aged 5 to 18 years – the group decided that this was a low priority. Sufentanil – postoperative pain. *The committee agreed that the following medicines would not be reviewed as they fall outside of LMMG's remit* Caftaroline – skin and skin structure infections Enoxaparin biosimilars – Inhixa and Thorianane – Thromboembolic disorders, prevention - DP will check that the	**Secondary care representatives**

ITEM	SUMMARY OF DISCUSSION	ACTION
	biosimilar position statement covers this indication. Drugs included in the paper which were considered to be NHSE were not considered by the committee.	**DP**
2016/171b	**Horizon scanning 2017/18** DP discussed the medicines currently in the late stages of development which were contained in the Horizon Scanning paper for 2017/18. **Decision** DP asked the group to engage with clinicians and commissioners in their organisations and feedback priority areas for 2017/18. **Action** DP will circulate the paper to LMMG members for discussion in their organisations and feedback by 30th November.	**DP / LMMG representatives**
2017/172	**LMMG – new medicine reviews work plan update** DP discussed this paper; updating the committee on the current status of the work plan as follows: <u>*Medications for discussion at October LMMG*</u> Safinamide (Xadago®) – mid-late stage Parkinson's disease – this will be sent out to consultation by the 20th of October and will be added to the LMMG website as grey colour classification. Bazedoxifene/conjugated oestrogen – post-menopausal osteoporosis + menopausal symptoms – this will be sent out to consultation by the 20th of October and will be added to the LMMG website as grey colour classification. Relvar Ellipta (fluticasone/vilanterol) - COPD and asthma – currently on hold; awaiting evidence and confirmation of clinician support across Lancashire Trusts. Eluxadoline – Irritable bowel syndrome, diarrhoea prominent – this will be added to the work plan, awaiting the launch date. <u>*Medications for discussion at November LMMG*</u> Rheumatology Alliance RA biologics pathway update – Rheumatoid Arthritis – discussed under agenda item 2016/173. <u>*Medications currently on hold*</u> Naltrexone/bupropion – Obesity – awaiting a confirmed launch date. Insulin degludec – Diabetes – agreed for addition to the work plan at the February 2016 LMMG, however highlighted as not as high a priority as a number of the other requests.	**All actions DP**

ITEM	SUMMARY OF DISCUSSION	ACTION
	Liraglutide – Obesity – awaiting a confirmed launch date.	
2016/173	**RA pathway proposals** DP presented the proposed updates to the RA biologics pathway following discussions with Rheumatologists to gain agreement that work should start on preparing a case for three main changes to the pathway. The proposals below were discussed and decisions were made as follows : Change 1: At the second line of therapy, rituximab is mandated by NICE guidance – the only flexibility is if the patient is sero-negative, has a contraindication to rituximab or has had an adverse drug reaction to rituximab. The Alliance would like all drugs in the pathway to be available with no prioritisation for rituximab. **Decision** The group recognised that the NICE 2010 guidance stated that rituximab was the cheapest option at the time the pathway was developed, however in light of the current availability of other biosimilar agents the group decided that the pathway will be updated to add in the flexibility of using the most cost efficient clinically appropriate drug as a 2nd line option in addition to rituximab. The group agreed with the proposals. DP will work with the rheumatologists to produce the justification for the update of the pathway accordingly. Change 2: Widen the choice of drugs at third line to include all products which were available earlier in the pathway, not just tocilizumab and abatacept. **Decision** The group decided on the principle that an evidence base should be submitted for the failure of a 1st and 2nd line biologic before the use of a 3rd line is started. Change 3: Allow tapering of biologics if the patient has been in remission for at least a year. This is generally achieved by lengthening the time period between dosing by half of a half-life of the biologic being used. **Decision** It was recognised that the tapering approach is now justified in the EULAR and ACR guidelines; in light of this, the group agreed that work should commence to justify the tapering proposal if the patient has been in remission for at least a year. **Actions** DP will work with the rheumatologists to produce the justification for the update of the pathway accordingly.	**All actions DP**

ITEM	SUMMARY OF DISCUSSION	ACTION
GUIDELINES and INFORMATION LEAFLETS		
2016/174	**ADHD (incorporating guanfacine) Shared Care guideline** AGR presented the paper which had been updated in light of the LMMG approval in June 2016 of Amber 1 RAG status for the use of guanfacine. **Decision** AGR will incorporate guanfacine into the childrens' ADHD Shared Care guideline and send to CF for checking prior to bringing back to November LMMG for approval. **Action** AG will update the childrens' ADHD Shared Care guideline, send to CF and bring to November LMMG.	**AG**
2016/175	**RAG review list 3** AGR presented the paper, summarising the consultation responses for the review of the colour classification list 3. Responses were received from 2 CCGs and 3 provider trusts**.** The following actions were discussed and agreed by the group:- Amisulpride – Schizophrenia – a request has been received to change the colour classification from Amber 1 to Amber 0. MM Leads will discuss further with GPs in their local areas. Benperidol – Control of deviant antisocial sexual behaviour – BH will run CCG level data by practice for each CCG. This will be sent to LMMG representatives for discussion in primary care. This will be brought to LMMG in January 2017; in the meantime this will be made grey colour classification on the LMMG website. Chlordiazepoxide – Alcohol withdrawal – the group decided that the colour classification will be changed from red to green. The LMMG website will be updated. Levomepromazine – Schizophrenia – it was decided that the black colour classification will remain for new patients. The group decided that arrangements for pre-existing patients in LD Services will remain. This will be clarified on the LMMG website and updated accordingly. The remaining drugs in the colour classification list (pages 7 to 12) will be discussed at November LMMG.	**MM Leads** **BH** **AG** **AG** **AG**

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/176	**Vitamins and Minerals Position statement** AGR presented the paper, summarising the Vitamins and Minerals position statement. **Decision** The amendment to the vitamins and mineral position statement was discussed and approved in its current form. AGR informed the group that a request for a position statement for the prescribing of vitamins and minerals for post bariatric surgery patients. The group decided that that this would be added to the work plan. **Action**s The vitamins and mineral position statement will be put onto the LMMG website. A vitamins and mineral position statement for post bariatric surgery patients will be added to the work plan. LR will forward the UKMi evidence to AGR.	**AGR** **AGR** **LR**
2016/177	**Asthma guidance update** AGR presented the paper, summarising the minor updates to the asthma guidance which had been requested from a respiratory consultant at LTHFT. **Decisions** Further clarification on Fostair inhaler devices - the group agreed that specific devices will be added to the guidance including the 200/6 nexthaler. Tiotropium 2.5microgram at step 3b of the pathway - the group decided that this would be a significant change to the Asthma guidance document, therefore, this will be considered following the NICE guidance which is due to be published in June 2017. DuoResp will be added to the guidance as another option to Symbicort. **Actions** The guidance will be updated with specific Fostair inhaler devices. DuoResp will be added to the guidance as another option to	**AGR**

ITEM	SUMMARY OF DISCUSSION	ACTION
	symbicort.	
2016/178	**Constipation guidelines** This item is deferred to the November LMMG. **Actions** AGR will email the guidelines paper to LMMG representatives for consideration in their organisations. LMMG representatives will feedback comments; these will be brought to the November LMMG.	**AGR** **LMMG representatives**
2016/179	**LMMG – guidelines work plan update** This item is deferred to the November LMMG.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2016/180	**New NICE Technology Appraisal Guidance for Medicines September 2016** AGR presented this paper, the following actions were agreed: TA406 Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer – this is an NHS England responsibility and will be added to the website as red colour classification. TA407 Secukinumab for active ankylosing spondylitis after treatment with nonsteroidal anti-inflammatory drugs or TNF – alpha inhibitors – this is a CCG commissioning responsibility. This will be added to the website as red colour classification. A blueteq form is drafted and will be available by Monday. TA408 Pegaspargase for treating acute lymphoblastic leukaemia – this is an NHS England responsibility and will be added to the website as red colour classification. TA409 Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion – this is a CCG commissioning responsibility. The group agreed upon a red colour classification. This will be uploaded to the LMMG website. TA410 Talimorgen laherparepvec for treating unresectable	**All actions AGR**

ITEM	SUMMARY OF DISCUSSION	ACTION
	metastatic melanoma – this is an NHS England commissioning responsibility and will be added to the website as red colour classification. TA411 Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer – this is an NHS England commissioning responsibility and will be added to the website as red colour classification. TA412 Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases - this is an NHS England commissioning responsibility and will be added to the website as red colour classification.	
2016/181	**New NHS England medicines commissioning policies (September 2016)** None published in September 2016.	
2016/182	**Evidence reviews published by SMC or AWMSG (September 2016)** This item is deferred to the November LMMG.	
ITEMS FOR INFORMATION		
2016/183	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (29th September 2016)** The Committee noted these minutes.	

Date and time of the next meeting
10th November 2016, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
13th OCTOBER 2016

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 13th OCTOBER 2016
ACTION SHEET FROM THE 9th JUNE MEETING				
2016/106	**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. **Update:** discussed under an agenda item.	**DP**	**03.11.2016**	**Closed**
ACTION SHEET FROM THE 8th SEPTEMBER 2016 MEETING				
2016/147	**Colesevelam** Secondary care representatives will inform specialists of the LMMG Black colour classification decision and ask specialists to submit further information for a certain cohort of patients who are not prescribed the new agents supported by NICE TAs to LMMG for consideration if appropriate.	**Secondary Care representatives**	**03.11.2016**	**Closed**
2016/150	**LMMG – New Medicines Reviews Work Plan update** **Relvar Ellipta** Secondary care representatives will go back to specialists to ask them to submit a case for its use should this be required across the Lancashire footprint. **Update:** DP has looked at a new piece of evidence and further information is being sought from specialists as to whether this is being supported locally and for any additional evidence. On receipt of this LMMG will decide whether a review should be undertaken.	**Secondary Care Representatives**	**03.11.2016**	**Closed**
2016/156	**New NICE Technology Appraisal Guidance for Medicines (July/August 2016)** TA404 Degarelix for treating advanced hormone-dependent prostate cancer			

	Action: BH will seek further information regarding the discounted drug cost referred to in the TA. If this is feasible in primary care BH will feedback to CCG MM Leads, alternatively this will be brought back to LMMG for discussion. **Update:** A rebate scheme is available for primary care. Details of the draft contract relating to the rebate scheme will be circulated once this has been received from the drug company.	**BH**	**03.11.2016**	**Open**
2016/160	**Consultation for Regional Medicines Optimisation Committees; Proposals for Establishment Action** Organisations will submit their responses to MLCSU Friday 16th September. BH will formulate a response to support LMMG organisations in drafting their own response to the consultation and send out a draft early next week. **Update:** BH has submitted a draft. BH highlighted that a representative from UKMi Northwest is keen to observe at a future LMMG meeting which will assist when carrying out evidence reviews for the regional medicines optimisation committees.	**LMMG representatives** **BH**	**06.10.2016** **06.10.2016**	**Closed** **Closed**
2016/161	**LMMG annual report** CCG Leads to provide any further decisions made on the medicines listed in the LMMG recommendations and CCG decisions tables by the 23rd September 2015. CCG MM Leads to ensure that website are up to date in line with local decisions.	**CCG Leads** **CCG Leads**	**06.10.2016** **06.10.2016**	**Closed** **Closed**
ACTION SHEET FROM THE 13th OCTOBER 2016 MEETING				
2016/168	**Brivaracetam** DP will look at MTRAC's terms of reference to clarify role of MTRAC publications.	**DP**	**03.11.2016**	**Open**

2016/170	**NICE Do not dos and review of prescribing data** CCG MM Leads will take the list of NICE do not dos to their organisations for feedback. DP will circulate glucosamine epact data to CCG MM Leads	**CCG MM Leads** **DP**	**03.11.2016** **03.11.2016**	**Open** **Open**
2016/171b	**Horizon scanning 2017/18** **Actions:** DP will circulate the paper to LMMG members for discussion. LMMG representatives to feedback priority areas for 2017/18 to MLCSU by 30th November.	**DP** **LMMG representatives**	**03.11.2016** **03.11.2016**	**Open** **Open**
2016/175	**RAG review list 3** Amisulpride – Schizophrenia – a request to change the colour classification from Amber 1 to Amber 0 has been received. **Action:** MM Leads will discuss further with GPs in their local areas. Benperidol – Control of deviant antisocial sexual behaviour – BH will run CCG level data by practice for each CCG and send to MM representatives for discussion in primary care. This will be brought to LMMG in January 2017.	**MM Leads** **BH**	**03.11.2016** **03.11.2017**	**Open** **Open**
2016/176	**Vitamins and Minerals Position statement** LR will forward the UKMi evidence to AGR regarding post Bariatric patients.	**LR**	**03.11.2016**	**Open**
2016/178	**Constipation guidelines** **Actions** AGR will email the guidelines paper to LMMG representatives for consideration in their organisations. LMMG representatives will feedback comments; these will be brought to the November LMMG.	**AG** **LMMG representatives**	**03.11.2016** **03.11.2016**	**Open** **Open**