Lancashire Medicines Management Group NHS

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Minutes of the Lancashire Medicines Management Group Meeting Held on Thursday 8th January 2015 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
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
Dr Hari Nair (HN)	GP Prescribing Lead	NHS Greater Preston CCG
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	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
Aidan Kirkpatrick (AK)	Public Health Specialist	Lancashire County Council, Public Health Lancashire

IN ATTENDANCE:

Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Cassandra Edgar (CE)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Susan McKernan (SM)	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
2015/001	**Welcome & apologies for absence** The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Kenny Li, Nicola Baxter, Dr Emile Li Kam Wa, Dr Pervez Muzaffar and Dr David Shakespeare.	
2015/002	**Declaration of any other urgent business** None.	
2015/003	**Declarations of interest pertinent to agenda** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/004	**Minutes of the last meeting (11th December 2014)** The minutes of the meeting dated 11th December were agreed as a true and accurate record subject to the following amendments:- **Agenda item no 2014/189 LMMG – New Medicine Reviews Work Plan update (December)** Page 5 – the text will be amended to read:- Annoro Ellipta is a combination product of Vilanterol and Umeclidinium. **Agenda item no 2014/199 RAG list annual review** Page 10 remove the word 'to' highlighted below in bold: Move Cannabinoid spray **to** from Appendix 3 to Appendix 1 for consultation. **Action sheet form the 11 December 2014 meeting** Page 15 - 2014/201 spelling error amend the word highlighted in bold below to 'criteria' Update the appointment request form with the **criterial** for new medicines.	
2015/005	**Matters arising (not on the agenda)** There were no matters arising.	
NEW MEDICINES REVIEWS		
2015/006	**Vedolizumab for Crohn's disease** BH presented the paper. The draft recommendation which was consulted on was:- Vedolizumab is not recommended for routine use in patients with Crohn's disease. All 8 CCGs, 3 Acute trusts and LCFT responded by the closing date. 7 of the consultation responses agreed with the recommendation, 3 disagreed, 1 neither agreed nor disagreed and 1 response did not feel that the consultation was applicable as they would not initiate prescribing. **Decision** All members agreed to support the recommendation as written. **Action** This will be put onto the website as Black colour classification.	**JJ**

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/007	**Spironolactone for acne** CE presented this paper, summarising the evidence review and the draft recommendations which had been consulted on, as follows: Option 1 - BLACK Spironolactone is not recommended for use to treat refractory adult (post teenage) female acne vulgaris resistant to multiple oral antibiotics and isotretinoin, and where there are clinical signs of hyperandrogenism, due to the lack of good quality reliable trial data to support its use. Option 2 - RED Spironolactone is recommended to treat refractory adult (post teenage) female acne vulgaris resistant to multiple oral antibiotics and isotretinoin and where there are clinical signs of hyperandrogenism. It should be noted that the evidence to support its use is in a limited number of patients and is of low quality. This preparation should only be prescribed by a Consultant Dermatologist. 8 out of 8 CCGS and 3 out of 4 Acute trusts responded by the consultation deadline. 7 CCGs agreed with recommendation option 2 1 CCG agreed with recommendation option 1 and 7 CCGs disagreed with recommendation option 1. **Decision** All members agreed to support recommendation option 2 as written. **Action** This will be added to the website as Red colour classification stating this should only be prescribed by Consultant Dermatologists.	**JJ**
2015/008	**SSRIs for premature ejaculation** **2015/008a - New Medicines Review for selective serotonin reuptake inhibitors (SSRIs) in premature ejaculation** CE presented this paper, summarising the evidence review and the draft recommendations which had been consulted on, as	

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	follows: The draft recommendation was:- Daily SSRIs are recommended as an option to treat lifelong PE when pharmacotherapy is indicated and where the patient meets all of the criteria below: Daily SSRIs are recommended as an option to treat acquired PE only after psychotherapy and management of the causative problem have failed to resolve the issue and where the patient meets all of the criteria below. • An intravaginal ejaculatory latency time of less than 2 minutes **and** • Persistent or recurrent ejaculation with minimal stimulation or shortly after penetration or before the man wishes **and** • Marked personal distress or interpersonal difficulty as a consequence **and** • Poor control over ejaculation **and** • History of PE in the majority of intercourse attempts over the prior 6 months 8 out of 8 CCGs, 1 out of 4 Acute trusts and LCFT responded by the closing date. 6 CCGs agreed with the draft recommendation, 2 CCGs disagreed with the recommendation. 0 Acute Trusts agreed with the draft recommendation, 2 CCGs disagreed with the recommendation. **Decision** LMMG members supported the draft recommendation, including the Green/Amber colour classification (depending on local commissioning arrangements) **Action** Amend the website to show Green/Amber colour classification – (depending on local commissioning arrangements).	**JJ**
	2015/008b - Dapoxetine (Priligy®▼) For the treatment of premature ejaculation (PE) in men 18 to 64 years of age BH presented this paper, summarising the evidence review and the draft recommendations which had been consulted on in July 2014, as follows: **Option 1** Dapoxetine (Priligy) is recommended as an option to treat <u>lifelong</u> PE when pharmacotherapy is indicated and where the patient	

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	meets strict criteria as set out in the SPC. Dapoxetine (Priligy) is recommended as an option to treat acquired PE only after psychotherapy **and** management of the causative problem have failed to resolve the issue and when the patient meets the strict criteria as set out in the SPC **Option 2** Dapoxetine (Priligy) is not recommended for the treatment of PE LMMG members considered the comparative evidence base for dapoxetine versus off label use of SSRIs and the consultation responses which were received in July 2014. **Decision** In light of the formulary approval of off label use of daily SSRIs for PE, that a treatment benefit of dapoxetine over daily SSRIs has not been consistently demonstrated in addition to the significantly higher treatment costs, LMMG members' decision was to make this a Black colour classification. **Action** The website will be amended to show Black colour classification.	**JJ**
2015/009	**Cardiovascular safety of Tiotropium Respimat** BH highlighted the cardiovascular (CV) safety issues with Tiotropium Respimat, which was brought to the meeting in light of a review carried out by the Pharmacovigilance Risk Assessment Committee (PRAC), (the committee at the European Medicines Agency that is responsible for assessing and monitoring safety issues). **Decision** In light of the PRAC review which found that there were no concerns in relation to CV safety for Tiotropium Respimat in the TIOSPIR trial for COPD, all members agreed to support the change from Grey colour classification to Green. **Action** Amend this on the website from Grey colour classification to Green for Tiotropium Respimat in COPD.	**JJ**
2015/010	**Colour Change of Relvar Ellipta – summary of evidence review** BH presented this paper which highlighted a colour change of the mouthpiece from blue to yellow following a review of safety information by GSK. BH discussed the responses from the July 2014 consultation for	

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	Relvar Ellipta® for both COPD and Asthma where LMMG recommended a Black colour classification. **Decision** On the basis that the recommendation made in July 2014 was determined more on the basis of a lack of evidence of benefit over existing alternatives and some safety concerns in relation to high potency steroids rather than the device colour, and there being no new efficacy or safety evidence at this time LMMG decided that there would be no change to the recommended colour classification.	
2015/011	**Horizon Scanning Quarter 4 – 2014-2015** BH discussed the Horizon scanning paper from quarter 4. *The following drugs are currently on the work plan awaiting licensing and launch.* Insulin glargine biosimilar injection (Abasria) – Diabetes mellitus, type 1 and 2, adults, adolescents and children aged 2 years and above. Liraglutide injection – Obesity, as an adjunct to diet and exercise. Bazedoxifene & conjugate oestrogens – menopausal symptoms. Insulin degludec & insulin aspart – Type I and Type II diabetes mellitus. Naloxegol – Opioid-induced constipation - LMMG then discussed the remaining products on the horizon scanning list and made the following decisions: *The following drugs will be added to the work plan provisionally* Safinamide oral – Parkinson's disease early stage, adjunct to dopamine agonist therapy awaiting license and launch. Safinamide oral – Parkinson's disease mid-late stage, adjunct therapy awaiting license and launch. Dalbavancin injection (Dalvance) – Complicated skin and skin structure infections caused by gram-positive microorganisms. *The following drugs are currently on hold and will be added to the work plan (and made Grey on the website) following product license and launch.* Infliximab biosimilar injection (Inflectra/Remsima) – Rheumatoid arthritis, adult and paediatric Crohn's disease, adult and paediatric ulcerative colitis, ankylosing spondylitis, psoriatic arthritis and psoriasis. Aclidinium bromide & formoterol fumarate – COPD – BH to contact the Respiratory consultants regarding these two products to identify if this is a priority area for review.	

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	Albiglutide / Dulaglutide – Type 2 diabetes mellitus – this will go on the work plan as a class review of GLP1s. *The following drugs were prioritised for review, but will not be added to the work plan as they are due to be considered by NICE* Edoxaban oral (Lixiana) for prevention of stroke and systemic embolic events in non-valvular atrial fibrillation –NICE guidance is due in September 2015. Edoxaban oral (Lixiana) for Venous thromboembolism, treatment and secondary prevention –NICE guidance is due in October 2015. Cangrelor injection for reduction of thrombotic events in percutaneous coronary intervention – NICE guidance is due in August 2015. Apremilast oral (Otezia) – Psoriatic arthritis when DMARDs or anti TNFs have failed, are not tolerated or contraindicated – NICE guidance is due in August 2015. Apremilast oral (Otezia) – Plaque psoriasis moderate to severe – NICE guidance is due in August 2015. Vortioxetine – Depression – NICE guidance is due in September 2015. *The following drugs were not prioritised for review and so will not be added to the work plan* Collagenase clostridium histolyticum injection (Xiapex) – Peyronie's disease **Actions** Aflibercept intravitreal injection (Eylea) – Macular oedema, secondary to branch retinal vein occlusion – JL to contact Ophthalmologists to identify if this is a priority area for review. Aclidinium bromide & formoterol fumarate – COPD – BH to contact the Respiratory consultants regarding these two products to identify if this is a priority area for review.	**JL** **BH**
2015/012	**LMMG – New Medicine Reviews Work Plan update** BH discussed this paper, updating LMMG on the current status of the work plan, as follows: *Medications for Recommendation from February 2015* Silk Garments (adjunct to normal treatment for severe eczema and allergic skin conditions). Umeclidinium (Incruse®) (COPD). Tiotropium (Asthma).	

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	Medications for future review Testosterone (Female sexual dysfunction following post oophorectomy or primary ovarian failure). Peristeen (Faecal incontinence and constipation). Insulin Degludec & liraglutide (Xultophy®) (Insulin dependent diabetes). Indacaterol/Glycopyrrolate (Ultibro®) – COPD. Co-trimoxazole (Subacute Bacterial Peritonitis Prophylaxis). *Medications currently on hold* Bevacizumab – Wet AMD- this has been a request from the CCG network. LMMG recognised that there was a recent Cochrane review of the evidence which was very comprehensive and so were unsure what value would be added by doing a local review. In order to clarify next steps, BH and EJ will write a short response of the situation for TN to take to the Collaborative Commissioning Group for discussion and await their response. Anoro Ellipta (COPD) – SMC reviewing position, due Feb 2015 Rifaximin (Hepatic encephalopathy) – NICE appraisal meeting 7th Jan 2015 Vedolizumab (Ulcerative Colitis). – NICE due April 2015 Colomycin (Pseudomonal infection in bronchiectasis) - awaiting completed form Rivaroxaban (Prevention of adverse outcomes after the acute management of ACS) NICE due March 2015 Sodium Oxybate (Narcolepsy with cataplexy). – awaiting completed form Oladaterol – SMC are due to review their recommendation; due Jan 2015. *Medications currently on hold – Awaiting Licensing and Launch* Albiglutide (Diabetes). Bazedoxifene/conjugate oestrogen (Post-menopausal osteoporosis & menopausal symptoms. Liraglutide (Obesity). Insulin degludec & insulin aspartate (Ryzodeg®) (Type II Diabetes). Insulin glargine biosimilar (Optisulin®)(Insulin dependent diabetes) Naloxegol – Opiate induced constipation. LMMG approved the work plan as presented.	**EJ/BH/TN**
GUIDELINES and INFORMATION LEAFLETS		

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/013	**LMWH Prescribing guideline** SM discussed the amendments which have been made to this document following consultation. 1 CCG and 3 provider Trusts responded to the consultation. 2 organisations were in favour of the document and 2 did not state either way. Comments were received from Blackpool CCG after the paper was printed. The group discussed and decided upon the following amendments to the guideline:- The SPC dosing charts will remain in the document; for patients whose weight is outside the range included in the dosing charts, a footnote will be added to say "for patients above this weight seek specialist advice." LMMG approved the document subject to the above amendments.	**All actions SM**
2015/014	**ADHD Shared Care Guideline for adults** JL discussed the changes to the ADHD shared care guidance that had been requested by the ADHD steering group. Changes around the monitoring arrangements in Primary Care were highlighted in red text. **Decision** All members agreed with the Shared care guidance as amended. This will be uploaded to the website.	**JJ**
2015/015	**LMMG – Guideline Work Plan update** JL discussed this paper, updating LMMG on the current status of the work plan, as follows:- *Due for approval at February meeting* RAG list annual review, list 1 – currently out to consultation. Stroke prevention in AF decision making guideline – currently out to consultation. *For approval at future meetings* Non-cancer pain guidelines – further work is ongoing with the task and finish group. Apomorphine shared care guidelines – LTH Tertiary Centre are working on a shared care guideline; a request has been made for the CSU to work collaboratively with them so that this can be brought to LMMG for comment. Treatment of Juvenile Idiopathic Arthritis – this is still outstanding; a number of IFRs across Lancashire have been received. The	

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	Rheumatology Alliance will be notified that future IFRs will not be approved as these cases constitute a service development and a business case for this service should be submitted to CCGs. Ivabradine information sheet – this is going out to consultation in March 2015. Psychotropic Formulary - this has been to the LCFT D&T Committee; the proposed changes to the formulary will be sent out to consultation in March 2015. Erectile Dysfunction – the scope for this work this is currently out to consultation.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2015/016	**New NICE Technology Appraisal Guidance for Medicines (December 2014)** SM presented this paper; the following actions were agreed: TA327 Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and /or pulmonary embolism – LMMG recommended Amber traffic light status. TA328 Idelalisib for treating follicular lymphoma that is refractory to 2 prior treatments (terminated appraisal) – this is an NHS England commissioning responsibility and LMMG recommended Black traffic light status.	**JJ** **JJ**
2015/017	**New NHS England Medicines commissioning policies (December 2014)** None published in December.	
2015/018	**Evidence reviews published by SMC or AWMSG (November & December 2014)** BH discussed the SMC and AWMSG published medicines from November and December 2014. *SMC recommendations published in November 2014 meeting LMMG criteria* 1003/14 Afliberceipt (Eyelea®) – for adults for the treatment of visual impairment due to diabetic macular oedema – all members agreed to await the NICE guidance which is due in June 2015. SMC *recommendations published in December 2014 meeting LMMG criteria* 922/13 Indacaterol maleate plus glycopyrronium bromide (Ultibro® Breezhaler®) – also discussed under agenda item 2015/11 - BH to contact the Respiratory consultants to identify if	

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	this is a priority area for review. 1004/14 Umeclidinium (Incruse®) – as a maintenance bronchodilator treatment to relieve symptoms in adult patients with COPD – this will be brought to the February LMMG meeting. It was felt that the remaining SMC recommendations in the paper did not meet LMMG criteria and so no action would be taken with regards to them.	
PROCESS PROPOSALS		
2015/019	**Application forms for new guidelines** This item was deferred to the February meeting.	
ITEMS FOR INFORMATION		
2015/020	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (3rd December 2014)** The group noted these minutes. **DT/97/14 b Melatonin in CAMHS transitions** CF discussed a request from a patient group regarding the prescribing of Melatonin for the transition of patients from the CAMHS service to the adult ADHD service. **Decision** Specialists should send formal requests to the LMMG and the adult ADHD service Steering Group for consideration. CF agreed to liaise with the consultant over this.	
2015/021	**Minutes of the Lancashire CCG Network (27TH November 2014)** The group noted these minutes.	
2015/022	**Any other business** PB has taken the Consensus statement for NOACs to Cumbria APC. They would like to adopt this in Cumbria. All members agreed that the Cumbria logo could be added to the document together with the LMMG logo so that consultants are aware that the Consensus statement is applicable to them. JL recently attended the Vaccination and Immunisation PGD meeting where the availability of flu vaccines had been discussed. In some practices there had been instances where flu vaccines had not been offered for patients with egg or neomycin allergies.	

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	LMMG engagement with the pharmaceutical industry EJ informed the group that following the meeting she had with Harriett Lewis on behalf of LMMG in December, she will be attending an ABPI Regional interest Group meeting later in January in Leeds – an update will be brought to the next meeting. **Updating of LMMG annual report** AN highlighted that the CCG Network had highlighted the LMMG as an area of excellent joint working and had requested that the LMMG Annual Report is refreshed. AN requested that all CCGs review their websites to ensure that all decisions are up to date to support this process.	**All CCGs to review websites to ensure up to date.**
Date and time of the next meeting 12th February 2015, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre		

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
08 JANUARY 2015

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 13/01/15
ACTION SHEET FROM THE 13 FEBRUARY 2014MEETING				
2014/020	**LMMG New Medicine Review work plan update** **Fluarix Tetra** **Update:** Shelagh Garnett is happy for guidance to be drafted for GPs; this will be shared with Shelagh first for comments before circulating. **Update:** BH has looked at the prescribing data for flu vaccines and will be sending information out to MM leads tomorrow.	**BH**	**05.02.15**	**Closed**
ACTION SHEET FROM THE 11 SEPTEMBER 2014 MEETING				
2014/130	**Updated Rheumatology pathway** **Update:** JL will send a final reminder to all to send local decisions to the LCSU so that these can be added to the LMMG website.	**ALL/JL**	**05.02.15**	**Closed**
ACTION SHEET FROM THE 13th NOVEMBER 2014 MEETING				
2014/167	**Melatonin** **Action:** Melatonin (Circadin®) – LR to inform LCSU of the outcome of local discussions at ELMMB. **Update:** LR has not yet received feedback from the meeting. An update will be brought to the February meeting.	**LR**	**05.02.15**	**Open**
ACTION SHEET FROM THE 11 DECEMBER 2014 MEETING				
2015/199	**RAG List annual review** **Action:** KL will look at local colour classifications and check whether these are covered in the LMMG RAG list. **Update:** SM will contact KL for an update.	**KL/SM**	**05.02.15**	**Open**
2015/201	**LMMG engagement with the pharmaceutical industry** **Action:** Discuss with Comms regarding adding the work plan to the website. **Update:** Discussions are ongoing	**BH**	**05.02.15**	**Open**

ACTION SHEET FROM THE 8 JANUARY 2015 MEETING				
2015/011	**Horizon Scanning Quarter 4 – 2014-2015** Aflibercept intravitreal injection (Eylea) – Macular oedema, secondary to branch retinal vein occlusion – JL to contact Ophthalmologists to identify if this is a priority area for review. Aclidinium bromide & formoterol fumarate / glycopyrronium & indacaterol – COPD – BH to contact the Respiratory consultants regarding these two products to identify if this is a priority area for review.	**JL** **BH**	**05.02.15** **05.02.15**	**Closed** **Closed**
2015/012	**LMMG – New Medicine Reviews Work Plan update** Bevacizumab – Wet AMD- BH and EJ will write a short response of the situation for TN to take to the Collaborative Commissioning Group for discussion and await their response	**BH/EJ/TN**	**05.0215**	**Closed**
2015/022	**Updating of LMMG annual report** All CCGs to check that websites are up to date with decisions on new medicines to support refreshing of the LMMG annual report.	**All CCGs**	**05.02.15**	**Open**