Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 11th June 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
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG
Clare Moss (CMos)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Kenny Li (KL)	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
David Jones (DJ)	Assistant Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Susan McKernan (SM)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Cassandra Mulholland (CMul)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/104	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Julie Kenyon and Dr Emile Li Kam Wa.	
2015/105	**Declaration of any other urgent business** CF informed the group that several requests for Lisdexamfetamine have been received following the license for initiation in Adult ADHD. BH and CF will look at the evidence for initiation in adults outside of the meeting and agree whether a new medicines review or other action is required.	**CF / BH**

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/106	**Declarations of interest pertinent to agenda** None.	
2015/107	**Minutes of the last meeting (14th May 2015)** The minutes of the meeting dated 14th May 2015 were agreed as a true and accurate record.	
2015/108	**Matters arising (not on the agenda)** There were no matters arising.	
NEW MEDICINES REVIEWS		
2015/109	**Transanal Irrigation/Rectal Irrigation Systems** BH presented the paper, summarising the evidence review and the draft recommendation which had been consulted on as follows:- Peristeen® (AMBER Level 1 traffic light item) Peristeen® transanal irrigation system is recommended in patients who have exhausted all other conservative treatment options in the following conditions: • neurogenic bowel dysfunction • chronic constipation or • chronic faecal incontinence Treatment should be initiated and stabilised by specialist service providers for a period of 3 months. Treatment should be considered for transfer to primary care after the initial 3 month period only where there has been a demonstrable improvement in validated measures of bowel function such as the Cleveland Clinic constipation scoring system, St Mark's faecal incontinence score or neurogenic bowel dysfunction score. Qufora® and Aquaflush® systems are not recommended. (BLACK) 4 of 8 CCGs and 3 acute trusts responded by the closing date. 3 consultation responses agreed with the recommendation while 2 consultation responses disagreed with the recommendation in its present form. 2 CCGs and the remaining acute trust who responded did not state whether they agreed or disagreed but did provide comments.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Decisions/Actions ***Neurogenic bowel dysfunction (NBD)*** (constipation, faecal incontinence and disordered defaecation) due to loss of normal sensory and/or motor control or both, as a result of central neurological disease or damage; Peristeen Due to the evidence base showing statistically significant benefits in constipation scoring systems, incontinence grading systems and secondary quality of life measurements in patients with NBD, LMMG supported the recommendation for the use of Peristeen® in this indication. The website will be updated to show Amber 0 colour classification. Qufora systems and Aquaflush Due to the lack of robust safety data available for consideration, LMMG members could not currently support the prescribing of these systems. The website will be updated to show Grey colour classification. LMMG members will discuss the position with specialist services, with a view to considering if any actions that can be taken to mitigate the safety concerns. ***Chronic constipation* or chronic faecal incontinence** Peristeen Due to concerns relating to the robustness of the evidence in support of Peristeen in these indications, LMMG members did not support the recommendation for the use of Peristeen® for either chronic constipation or chronic faecal incontinence. The website will be updated to show Black colour classification. *Qufora systems and Aquaflush* Due to the lack of robust efficacy and safety data available for consideration, LMMG members supported the recommendation. The website will be updated to show Black colour classification.	**LMMG members to discuss the position with specialist services** **All other actions BH**
2015/110	**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 discussion at this meeting* Albiglutide/Dulaglutide – Diabetes – a request has been received from ELHT for the use of Dulaglutide. Previously LMMG has agreed that a review of the GLP-1s will be carried out once Albiglutide was licensed and launched. However if Albiglutide has not been launched within the next three months it was agreed that a review of the available GLP-1s will be carried out.	

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	Alogliptin/pioglitazone combination product (Type II Diabetes) – following the decision made at the February 2015 LMMG meeting where it was decided not to review this product (due to it not meeting the LMMG criteria for review) the company has informed MLCSU that the product will not be launched until 2016. As a result this product has been removed from the website. Insulin Degludec (Type I Diabetes with 3 admissions per year for either with either DKA or hypoglycaemia) – a request for this has been received from LTH; no new clinical evidence in support of the request has been submitted. It was agreed that LTH will be asked to provide an audit of all patients across Lancashire who have used this drug and any additional clinical information that was not considered in the original review. The evidence will then be considered at LMMG. *Medications for recommendation from the July meeting* Co-trimoxazole – Subacute Bacterial Peritonitis Prophylaxis. *Medications for recommendation from the September LMMG* Renavit/Ketovit – Patients on haemodialysis. Colomycin – Non-CF Bronchiectasis. Lidocaine Patches – Neuropathic Pain post Herpes Zoster. Neuropathic pain with adllodynia and /or hyperalgesia. *Medications for future review* LABA/LAMA combinations – COPD. Alprostadil Cream – Erectile Dysfunction. Second line use of biologics – Crohn's. Antipsychotic long-acting injections – Schizophrenia. *Medications currently on hold* Second line use of biologics – Ulcerative Colitis *Medications currently on hold – awaiting licensing and launch* Dalbavancin – complicated skin and skin structure infections – this has been removed following discussion captured in in the action log under item 2015/071 Insulin Glargine – U300 – Type 1 and 2 Diabetes. Oxycodone/Naloxone – Restless Legs. Safinamide – Parkinson's – early and mid to late. Naltrexone/bupropion – Obesity. 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.	**All actions BH**

ITEM	SUMMARY OF DISCUSSION	ACTION
GUIDELINES and INFORMATION LEAFLETS		
2015/111	**Information sheet for drugs for dementia** SM discussed the comments received from organisations in relation to the dementia information sheet. The information sheet has been drafted following the decision by LMMG members that dementia medicines will be classified as Amber 0 and that the existing shared care documents would be removed from the LMMG website. 7 CCGs and 4 provider trusts responded. All organisations were in favour of the document subject to further information being added to facilitate prescriber selection of the most appropriate treatment and formulation for their patient. The following were discussed and agreed:- **Decisions** Table 2 (On-going Monitoring and Review Requirements) will be amended to show that secondary care will complete the initial follow up and assessment of treatment effect. The individual dementia medicines on the website will also be updated to clarify that this is a secondary care responsibility. A statement regarding the appropriateness of using Memantine in combination with AChEIs would not be included in the information sheet. The group supported the information sheet subject to the amendments above. **Action** The information sheet will be uploaded to the website following the above amendments.	**All actions SM**
2015/112	**ADHD shared care for children** SM discussed the amendments made to the ADHD in Children and Young Adults shared care guideline. 5 out of 7 CCGs supported the guideline and 2 CCGs did not. 2 out of 4 provider trusts supported the guideline and 2 did not specify either way. Feedback was also sought from Blackpool CAMHS team as it was highlighted that there is a childrens' ADHD Service provided in BTH. The following were discussed and agreed:-	

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	Decisions Under the heading 'This Shared care guideline excludes' the wording 'Treatment of patients with ADHD also on complex psychotropic medication regimens' will remain unchanged. It was agreed that it would not be appropriate to define what this meant as interpretation is dependent on the knowledge and skills of the prescriber. In light of the forthcoming launch (second half of 2015) of a liquid formulation of atomoxetine 4mg/ml oral solution, a generic statement will be added to the guideline stating that this should only be used when patients cannot take tablets. It was agreed by the group that the suggested atomoxetine dose for Child/Adolescent body-weight over 70kg will be changed from 100mg (as per SPC) to 120mg (unlicensed but as per BNF). A sentence will be added highlighting that this is unlicensed with a reference made to the BNF. Further information around the NICE recommendation for referral if blood pressure is greater than the 95th percentile will be added to the guidance for clarification. The group supported the shared care guideline sheet subject to the amendments above. **Action** The guideline will be uploaded to the website following the above amendments.	**All actions SM**
2015/113	**JIA policy** JL discussed the comments received from member organisations on the draft policy statement for the treatment of Juvenile Idiopathic Arthritis. All member organisations responded to the consultation. All members agreed with the development of a statement; LTHT said they would take advice from LCFT as the rheumatology service operates from LCFT in their area. 6 CCGs and all 5 trusts supported the continuation of other treatments not yet appraised by NICE. 2 CCGs (GPCCG and CSRCCG) did not support this as there have only been 2 IFRs and they preferred to await the NICE guidelines and reviewing the decision if necessary following further IFRs. As a result of discussions at the meeting the following actions were agreed:-	

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	Remove the second bullet pointed sentence • *An Individual Funding Request was submitted and approved by NHSE specialised commissioning.* The box in red containing the sentence *'These medicines are classified as RED for this indication'* will be moved to the top of the position statement. A Blueteq form will be created. **Decision** The group supported the guideline subject to the amendments above. This will be uploaded to the website. NB left the meeting at 1105 hours.	**All actions JL**
2015/114	**Feedback from palliative care guidelines** SM presented the paper discussing the comments received following the consultation period for the Lancashire and Cumbria Pallative Care prescribing guidelines. **Decision** As a result of the comments received from LMMG members and a specialist from BVH, it was agreed that a letter will be sent to the authors and will contain the following bullet points below:- ○ Acknowledgment that LMMG welcomes the invite to be included in the next review process ○ That LMMG members have considered the current guidelines and recognise that they are specialist guidelines but there is a need to ensure that they are aligned with LMMG recommendations ○ To describe the process for new drug requests across Lancashire ○ To express concern with the recommendation of tapentadol which has not been agreed for funding in Lancashire and request that if specialists wish to use this as a treatment option they are required to submit a business case to LMMG with new evidence available since the review in 2013. It was also suggested that a new drug request should be submitted to LMMG for any areas outside of current LMMG recommendations in advance of the guidance review. This suggestion will be included in the letter to the authors. To inform this process, LR will forward a list of drugs to MLCSU which EL CCG would like to be discussed during the next review.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Action A letter will be drafted to the Strategic Clinical Network. LR will forward a list of medications which EL CCG would like to be discussed during the next review of the palliative care guidelines MLCSU.	 **SM** **LR**
2015/115	**LMMG – Guidelines Work Plan update** JL discussed this paper, updating LMMG on the current status of the work plan, as follows:- *Due for approval at the July meeting* Position statement for use of patches in pain - this is currently out to consultation. *Due for approval at the September meeting* Apomorphine Shared Care Guidelines – this missed the May D&T meeting as they were waiting for a response from the Parkinsons nurses. This is due to go to the June D&T at LTHT. Erectile Dysfunction – the first draft is in development and awaiting responses from consultants. *In development* Gout Prescribing Guidance Secondary prevention of stroke post TIA Neuropathic pain guideline *New additions* Rifaximin Shared Care Guideline – LMMG discussed this and it was decided that this will not be added to the work plan. Rifaximin will remain as Amber 0 colour classification. Palliative Care Guidelines for Lancashire and Cumbria.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2015/116	**New NICE Technology Appraisal Guidance for Medicines (May 2015)** None published in May 2015.	
2015/117	**New NHS England medicines commissioning policies (May 2015)** None published in May 2015.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/118	**Evidence reviews published by SMC or AWMSG (May 2015)** CMul discussed the SMC and AWMSG medicines guidance published during May 2015. <u>SMC recommendations published in May 2015 - meeting LMMG criteria</u> 1043/15 Budesonide (Budenofalk®) SMC accepted budesonide (Budenofalk®) for restricted use within NHS Scotland for autoimmune hepatitis – CMul will contact NHS England for clarity around the commissioning position. This will be brought to a future LMMG meeting. 1059/15 Collagenase Clostridium Histolyticum (Xiapex®) SMC did not recommend Collagenase Clostridium Histolyticum (Xiapex®) for the treatment of adult men with Peyronie's disease with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy. It was noted that SMC have not carried out a full review due to lack of submission from the marketing authorisation. The committee agreed, in line with previous horizon scanning discussions, that this preparation is not currently a high priority and therefore will not be reviewed unless an application is received. 1044/15 Liraglutide (Victoza®) SMC accepted liraglutide (Victoza®) for the treatment of adults with type 2 diabetes mellitus to achieve glycaemic control in combination with basal insulin when this, together with diet and exercise, does not provide adequate glycaemic control. The committee agreed to await NICE Guidance on type 2 diabetes (due to be published in August 2015) before making a recommendation on the prescribing of basal insulin and liraglutide (Victoza®). 1045/15 Vedolizumab (Entyvio®) SMC accepts vedolizumab (Entyvio®) for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a tumour necrosis factor-alpha (TNFα) antagonist. The committee agreed to await the discussion of NICE TA 342 published in June 2015) before the adoption of a position; this will be brought to the July LMMG meeting.	**All actions CE**

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	1046/15 Dexamethasone (Ozurdex®) SMC accepted dexamethasone (Ozurdex®) for the treatment of adult patients with visual impairment due to diabetic macular oedema who are pseudophakic or who are considered insufficiently responsive to, or unsuitable for non-corticosteroid therapy – there is a position in place across Lancashire which is in line with the SMC recommendation; the committee agreed no action is required. It was discussed that the remaining SMC/AWMSG recommendations for May 2015 did not meet LMMG criteria; therefore LMMG agreed that no further action would be taken with regards to them.	
ITEMS FOR INFORMATION		
2015/119	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (19th May 2015)** The group noted these minutes.	
2015/120	**Lancashire CCG Network minutes (April 2015)** The group noted these minutes.	
2015/121	**Any other business** TN informed the group that the LMMG annual report for the period 2014-2015 has been presented to the CCG Network. The Network thanked the LMMG for all their work undertaken throughout the year and recognised the collaborative working across Lancashire.	

Date and time of the next meeting
Thursday 9th July 2015, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
11th June 2015

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11th June 2015
ACTION SHEET FROM THE 12th MARCH MEETING				
2015/052	**LMMG – New Medicine Reviews Work Plan update** **Liothyronine** Acute Trusts to provide the contact details of appropriate specialists; the CSU will then contact specialists to see if there is a requirement for its use and in which indications. A review of Liothyronine will be carried out dependent upon feedback from the specialists. **Update:** LTH responded; this is not routinely used for patients with Lethargy, however Specialists would like to use this in exceptional circumstances. This will be added to the work plan for a review to be carried out.	**BH**	**04.06.15**	**Closed**
ACTION SHEET FROM THE 9th APRIL MEETING				
2015/071	**Horizon Scanning Quarter 1 2015-16** **Dalbavancin** – skin and soft tissue bacterial infections. Tedizolid phosphate – Acute bacterial skin and skin structure infections **Action:** Acute Trust Leads to discuss these with Microbiology to see if there is a requirement for their use. **Update:** PB has spoken with Microbiologists in UHMB; no requests for the use of these drugs have been received, therefore item to be closed.	**Acute Trust Leads**	**04.06.15**	**Closed**
ACTION SHEET FROM THE 15th MAY MEETING				
2015/90	**LMMG – New Medicines Reviews Work Plan update** **Lidocaine Patches** – Neuropathic Pain post Herpes Zoster, Neuropathic pain with allodynia and /or Hyperalgesia. **Action:** PB will ask Pain Consultants to contact SM to check pain guidelines cover the indications currently being prescribed in UHMB.			

	Update: SM has re-emailed the Pain Consultants to check the use of indications which are being prescribed in UHMB.	**PB**	**02.07.15**	**Closed**
2015/091	**DMARD shared care guideline** JL to email the Rheumatology Alliance to suggest that further discussions regarding the safety issues around the 2 monthly monitoring period should take place. **Update:** No update at this stage; JL will follow this up.	**JL**	**02.07.15**	**Open**
2015/095	**LMMG – Guidelines Work Plan update** Vitamin and mineral position statement – due November 2015; JL will check the Vitamin D guidance in light of the recent NICE guidance to check if any amendments are required. **Update:** JL has checked this; there are no implications to consider**.**	**JL**	**04.06.15**	**Closed**
2015/098	**Evidence reviews published by SMC or AWMSG** **1041/15 Tacrolimus (Envarsus®)** – prophylaxis of transplant rejection in adult kidney or liver allograft recipients and treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult patients **Action:** as there is no timescale for the repatriation plan, DJ will liaise with Manchester and feedback to the LMMG. **Update:** Manchester is piloting this with a group of patients. There is currently no prescribing in primary care. **1036/15 Levonorgestrel (Jaydess)** – contraception for up to 3 years **Action:** CF will find out the contact details of the Lead Commissioner for Family Planning, Public Health. **Update:** On receipt of this information CF will to feedback to the group. **Action:** MLCSU will seek clarity about their commissioning services; LMMG will then decide whether this will be looked at with a view to a working towards a joined up approach. **1035/15 Sucroferric Oxyhydroxide (Velphoro)** – for the control of serum phosphorus levels in adult chronic kidney	**DJ** **CF** **BH**	**04.06.15** **02.07.15** **02.07.15**	**Closed** **Open** **Open**

	disease, patients on haemodialysis or peritoneal dialysis **Action:** DJ will seek clarity from Renal Services as to whether there is a requirement to look at this. **Update:** an update will be brought to the July meeting.	**DJ**	**02.07.15**	**Open**
2015/099	**Infliximab Biosimilar** **Action:** Information regarding the implementation of infliximab biosimilar is awaited from Lorraine Booth; on receipt, BH will forward to the group. **Update:** this has not yet been received. BH will forward this on receipt.	**BH**	**04.06.15**	**Closed**
ACTION SHEET FROM THE 11th JUNE MEETING				
2015/105	**Declaration of any other urgent business** **Lisdexamfetamine initiation in adult patients with ADHD** BH and CF to review the evidence and consider if a new medicines review or other action is required.	**BH / CF**	**02.07.15**	**Open**
2015/109	**Transanal Irrigation / Rectal Irrigation Systems** **Qufora systems and Aquaflush** LMMG members will discuss the position with specialist services, with a view to considering if any actions that can be taken to mitigate the safety concerns.	**LMMG Members**	**02.07.15**	**Open**
2015/114	**Feedback from palliative care guidelines** **Action:** A letter will be drafted to the Strategic Clinical Network LR will forward a list of drugs used in EL CCG to MLCSU (for any drugs outside of LMMGs remit a new drug request should be submitted – the list will inform the process.	**SM** **LR**	**02.07.15** **02.07.15**	**Open** **Open**