

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 9th July 2015 at Preston Business Centre**

PRESENT:

Kenny Li (KL)	Chair of LMMG	NHS Lancashire North CCG
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS 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
Nicola Schaffel (NS)	Lead Medicines Optimisation Pharmacist	NHS Greater Preston CCG, NHS Chorley and South Ribble 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
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 (CM)	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
2015/122	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Dr Tony Naughton, Alastair Gibson, Dr Emile Li Kam Wa, Dr Catherine Fewster, Dr Kamlesh Sidhu, Julie Lonsdale and Clare Moss.</p> <p>It was noted that Nicola Schaffel was attending on behalf of Clare Moss.</p>	
2015/123	<p>Declaration of any other urgent business</p> <p>None.</p>	
2015/124	<p>Declarations of interest pertinent to agenda</p> <p>None.</p>	
2015/125	<p>Minutes of the last meeting (11th June 2015)</p> <p>The minutes of the meeting dated 11th June 2015 were agreed as a true and accurate record.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/126	<p>Matters arising (not on the agenda)</p> <p>There were no matters arising.</p>	
NEW MEDICINES REVIEWS		
2015/127	<p>Co-trimoxazole – Subacute Bacterial Peritonitis Prophylaxis</p> <p>CM presented the paper, summarising the evidence review and the draft recommendation which had been consulted on as follows:-</p> <p>The draft recommendation was: Amber 0 Co-trimoxazole is recommended as:</p> <ul style="list-style-type: none"> • a second-line option for primary and secondary SBP prophylaxis • an alternative first-line option for primary and secondary SBP prophylaxis in place of ciprofloxacin if there is known sensitivity <p>7 of 8 CCGs, 3 of 4 Acute trusts and LCFT responded by the closing date. Of the seven CCGs who responded, one CCG disagreed with the RAG status of the application, four CCGs agreed with the recommendation and the other two CCGs to respond did not specify whether they agreed or disagreed with the recommendation, but it could be inferred from the comments that they agreed with the proposed recommendation. Of the three acute trusts to respond, one was in agreement, one was in agreement but provided detailed additional comments, the other did not specify whether they agreed or disagreed but it could be inferred from the comments that they agreed with the proposed recommendation. LCFT did not specify agreement or disagreement.</p> <p>CM discussed the comments received from the Acute Trust and confirmed that all the additional evidence submitted had been included in the initial evidence review and made the same recommendation as that consulted on. The comments around the <i>C. diff</i> risk were taken from the recent NICE evidence summary discussing <i>C. diff</i> risk with antibiotics which discusses the increased incidence with co-trimoxazole, but, as noted in the paper, this is not as high as cephalosporins, quinolones or clindamycin.</p> <p>Decision It was felt that further clarity around who would carry out the monthly blood monitoring and supply, was required. It was also agreed that the requirement for the monthly monitoring should be stated in the medicines assessment summary. A red RAG rating</p>	

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	<p>has been agreed by the committee subject to confirmation of the monitoring arrangements in Secondary Care. This will be brought back to the September LMMG meeting for further discussion if the monitoring and supply is not carried out by Secondary Care.</p> <p>Action CM will contact specialist services to seek clarity around the monthly blood monitoring and supply and add the monthly monitoring requirements to the new medicines assessment summary.</p> <p>The website will either remain as a grey colour classification pending further discussions at the September meeting or move to red dependent on information received from the specialist service.</p>	CM
2015/128	<p>LMMG – New Medicine Reviews Work Plan update</p> <p>BH discussed this paper; updating LMMG on the current status of the work plan, as follows:</p> <p><u>Medications for recommendation from the September LMMG</u> Renavit/Ketovit – Patients on haemodialysis Colomycin – Non-CF Bronchiectasis</p> <p><u>Medications for recommendation from the October LMMG</u> Lidocaine Patches – Neuropathic Pain post Herpes Zoster, neuropathic pain with allodynia and /or hyperalgesia – a review is currently being undertaken. Alprostadil Cream – Erectile Dysfunction - a review is currently being undertaken.</p> <p><u>Medications for Future review</u> LABA/LAMA combinations – COPD. Second line use of biologics – Crohn’s. Liothyronine – persisting lethargy despite levothyroxine replacement / Thyroid cancer waiting ablative treatment. Second line use of biologics – Ulcerative Colitis. Antipsychotic long-acting injections – Schizophrenia.</p> <p><u>Medications currently on hold – awaiting licensing and launch</u> Albiglutide/Dulaglutide – Diabetes – the committee agreed that this will not be prioritised for a review at this stage; awaiting further information regarding the license and launch of Albiglutide. BH will contact ELHT to update the consultant.</p> <p>Insulin Glargine – U300 – Type I and II Diabetes – a consultant from UHMB has expressed a desire to use Insulin Glargine; PB will ask consultant to send details of the patient group they would like to use it in.</p>	<p>BH</p> <p>PB</p>

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	<p>Oxycodone/Naloxone – Restless legs – As this is now licensed this will be prioritised for review. LR will forward the EL guideline to MLCSU. SM will email the guideline out to LMMG members for comment to inform the development of a Lancashire guideline and this will be added to the guidelines work plan.</p> <p>Safinamide – Parkinsons – early and mid to late Naltrexone/bupropion - Obesity Bazedoxifene/conjugated oestrogen – Post menopausal osteoporosis + menopausal symptoms Liraglutide - Obesity Insulin degludec & insulin aspartate (Ryzodeg®) – Type II Diabetes Insulin glargine biosimilar (Optisulin®) – Insulin dependent diabetes Naolxegol – Opiate induced constipation</p>	LR/SM
GUIDELINES and INFORMATION LEAFLETS		
2015/129	<p>Psychotropic Formulary Review</p> <p>SM discussed the Joint Formulary for Psychotropic Medicines paper.</p> <p>The following actions were discussed and agreed by the committee:-</p> <p>Levomepromazine tablets – Schizophrenia - this will remain as black colour classification on the LMMG website.</p> <p>Anticholinergics drugs – the following medications and indications will be listed as a green colour classification on the LMMG website (Procyclidine tablets – drug induced EPSE , Trihexyphenidyl – drug induced EPSE, Hyoscine hydrobromide – hypersalivation , Orphenadrine – drug induced EPSE)</p> <p>Orphenadrine – drug induced EPSE – due to the discontinuation of this drug later in 2015, SM will look at the prescribing data for Orphenadrine in primary care and liaise with LCFT to establish if any further action is required.</p> <p>Promethazine – Insomnia & Rapid Tranquillisation - this will be added to the LMMG website as Red colour classification.</p> <p>Escitalopram – Depression (Licensed for major depression only) – this will be changed from black to a green restricted colour classification on the LMMG website (for use in major depression only, in line with the terms of the product license).</p>	All actions SM

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	<p>Escitalopram – Generalised Anxiety Disorder Licensed – this will remain as green colour classification on the LMMG website.</p> <p>It was agreed that no further action was required by the LMMG and that LCFT would feedback to LMMG if they wished to progress further changes to the joint psychotropic formulary.</p>	
2015/130	<p>Position Statement for Patches for Pain</p> <p>SM discussed the position statement for Patches for pain.</p> <p>Consultation responses were received from 6 out of 8 CCGS and from all 5 provider trusts. All organisations except LTHT trust were in support of the position statement.</p> <p>Decision Comments from LTHT were discussed, it was decided that as the colour classification and place in therapy of buprenorphine had already been consulted on and agreed at the May LMMG meeting, that the committee would support the position statement in its current form subject to the amendments below.</p> <p>Under the heading ‘Basis for the recommendation’ – a sentence will be added as a reminder - ‘oral morphine is to be used as the first line opioid analgesic.’</p> <p>An appendix would be added to the position statement detailing the dose equivalences of opioids (as per the chronic non-cancer pain guidance).</p> <p>The chronic non-cancer pain guidelines will be updated with the revised fentanyl 25mcg oral morphine dose equivalence (60-90mg) and with information around the use of fentanyl in patients with renal impairment.</p> <p>The position statement and updated chronic non-cancer pain guidance will be uploaded to the website.</p>	All actions SM
2015/131	<p>LMMG – Guidelines Work Plan update</p> <p>Out for consultation</p> <p>Guidelines for Antiplatelet/Anticoagulant Therapy for Primary and Secondary Prevention of Ischaemic Stroke and Transient Ischaemic Attack – the deadline for the responses will be extended to August.</p> <p>In development</p> <p>Neuropathic pain guideline – in final stages; awaiting specialist comments. It was agreed that this should be brought to the LMMG in line with the Lidocaine patches review.</p>	

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	<p>Apomorphine Shared Care Guidelines – this will go out for consultation after approval from the LTHT D&T.</p> <p>Erectile Dysfunction – The guideline work is ongoing. It was agreed that SM will circulate the evidence regarding PDE5Is post prostatectomy, and that in the absence of a new drug application a specific consultation on the use of tadalafil daily was not required as part of this work.</p> <p>Gout prescribing – guideline development is ongoing.</p> <p>For Future Review Palliative Care Guidelines for Lancashire and Cumbria, review expected to take place in December 2015.</p> <p>Any Other Business Vitamin D guidance – GPCCG has reviewed its Vitamin D guidance; new products have been identified to those listed in the LMMG guidance. It was agreed by the committee that specific products will be removed from the Vitamin D guidance on the LMMG website.</p>	All actions SM
NATIONAL DECISIONS FOR IMPLEMENTATION		
2015/132	<p>New NICE Technology Appraisal Guidance for Medicines (June 2015)</p> <p>CM presented this paper; the following actions were agreed:</p> <p>TA339 Omalizumab for previously treated chronic spontaneous urticaria – this is an NHS England commissioning responsibility; LMMG committee members recommended red traffic light status.</p> <p>TA340 Ustekinumab for treating active psoriatic arthritis (rapid review of technology appraisal guidance 313) – the committee was advised this was CCG funded and NICE had stated there would be no impact on NHS resources as it was an alternative treatment option. Committee members recommended a red traffic light status. A blueteq form will be created.</p> <p>TA341 Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism – Committee members were advised this is a CCG commissioning responsibility but that NICE does not expect significant impact on resources as it is alternative treatment option. Committee members recommended an amber0 RAG rating.</p> <p>TA342 Vedolizumab for treating moderately to severely active ulcerative colitis - committee members were advised this was CCG commissioning responsibility and recommended red traffic</p>	All actions CM

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	<p>light status; it was agreed that the marketing authorisation will also be added to the website. A blueteq form will be created. Committee members requested that in light of a number of anti-TNFs being recommended for ulcerative colitis that a pathway needs to developed, it was highlighted that this had already been identified and added to the work plan based on IFRs which have been received.</p> <p>TA343 Obinutuzamab in combination with chlorambucil for untreated chronic lymphocytic leukaemia – this is NHS England Commissioning responsibility; committee members recommended red traffic light status.</p> <p>TA344 Ofatumumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia - this is NHS England Commissioning responsibility; committee members recommended red traffic light status.</p>	
2015/133	<p>New NHS England medicines commissioning policies (June 2015)</p> <p>SM presented this paper; there was 1 new NHS England commissioning policy:</p> <p>Clinical Commissioning Policy Statement: Treatment of chronic Hepatitis C in patients with cirrhosis – this is an NHS England commissioning responsibility; LMMG committee members agreed Red traffic light status.</p>	SM
2015/134	<p>Evidence reviews published by SMC or AWMSG (June 2015)</p> <p>CM discussed the SMC and AWMSG medicines guidance published during June 2015.</p> <p><u>SMC recommendations published in June 2015 – meeting LMMG criteria:</u></p> <p>1052/15 Apremilast (Otezla®) SMC accepted apremilast (Otezla®) for the treatment of plaque psoriasis – the committee agreed to wait for the NICE TAG which is due in August 2015.</p> <p>1053/15 Apremilast (Otezla®) SMC accepted apremilast (Otezla) for the treatment of psoriatic arthritis – the committee agreed to wait for the NICE TA which is due in October 2015.</p>	All actions CM

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>1058/15 Levonorgesterel (Levosert®) SMC accepted levonorgesterel (Levosert®) for the treatment of heavy menstrual bleeding in women requiring (reversible) contraception. The committee agreed that this was not considered a priority and therefore no action will be taken.</p> <p>1042/15 Magnesium aspartate dehydrate (Magnaspartate®) SMC accepted magnesium aspartate dehydrate (Magnaspartate®) for the treatment and prevention of magnesium deficiency, as diagnosed by a doctor – It was noted that SMC had not carried out a full assessment, but had issued a one page statement making this recommendation, the committee agreed to draft a one page statement, which included a table of other available unlicensed preparations and costs for information for those patients unable to take magnaspartate®. This will be made grey colour classification on the LMMG website.</p> <p>1054/15 Secukinumab (Cosentyx®) SMC accepted secukinumab (Cosentyx®) for the treatment of moderate to severe plaque psoriasis in adults who are candidate for systemic therapy – the committee agreed to await NICE TAG; which is due in July 2015.</p> <p><u>SMC recommendations published in June 2015 – not meeting LMMG criteria</u></p> <p>1057/15 Linagliptin + metformin (Jentaduetto®) SMC accepted linagliptin + metformin (Jentaduetto®) for the for the treatment of adult patients with type 2 diabetes mellitus in combination with insulin (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control when insulin and metformin alone do not provide adequate glycaemic control. The committee agreed to link the preparation to the combination product statement and give it a black colour classification on the LMMG website.</p> <p>It was discussed that the remaining SMC/AWMSG recommendations for June 2015 did not meet LMMG criteria; therefore LMMG agreed that no further action would be taken with regard to them.</p>	
OTHER PROPOSALS		
2015/135	<p>Update of High Cost Drugs Spreadsheet</p> <p>SM presented the update of the High Cost Drugs Commissioning spreadsheet for the Lancashire Health Economy.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>The following actions were discussed and agreed:-</p> <p>BotulinumToxinA - Botox® Dysport® Xeomin® for Spasticity in MS and contracture of the joint in MS – an audit of Botox usage and patient outcomes when used for these indications will be requested via Dr Shakespeare from LTH. Findings will be reported back to the LMMG.</p> <p>Collagenase Xiapex® - Dupuytren’s Contracture in patients with palpable chord (only when used in outpatients) - the comments will be amended to read Red for BwD and EL CCGs and Black ‘not routinely commissioned’ for all other CCGs.</p> <p>Infliximab Remicade® Pyoderma Gangrinosum – the committee decided that this will be added to the work plan for the development of a policy position.</p>	All actions SM
2015/136	<p>North West Headache Management Guideline for Adults</p> <p>SM discussed the guideline which was received by the Strategic Clinical Network and presented at LMMG for the committee’s endorsement.</p> <p>The committee did not wish to endorse the pathway in its current format and felt that further clarity should be sought regarding how and when it should be used. SM will contact the authors for further information.</p>	SM
ITEMS FOR INFORMATION		
2015/137	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</p> <p>No meeting in June.</p>	
2015/138	<p>Minutes of the Lancashire CCG Network (May 2015)</p> <p>The May minutes not yet ratified as no meeting held in June 2015.</p>	
2015/139	<p>Any other business</p> <p>PB informed the committee that the efficiency savings of soluble prednisolone are being looked at in UHMB as part of the Lord Carter review. A discussion took place and it was decided that this should be discussed locally.</p>	

Date and time of the next meeting

10th September, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
9th July 2015**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 10/07/15
ACTION SHEET FROM THE 15th MAY 2015 MEETING				
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; this will be raised at the next meeting with the Rheumatologists.	JL	03.09.15	Open
	PB will forward the mycophenolate shared care document from Cumbria to the Medicines Management email account; this will be raised at the meeting with the Rheumatology Alliance with a view to developing a shared care guideline for unlicensed immunosuppressants.	PB	03.09.15	Open
2015/098	Evidence reviews published by SMC or AWMSG 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: BH has received some information from the Lead Commissioner for Family Planning; BH will draft a local evidence summary based on the SMC review and send this out to consultation.	BH	03.09.15	Open
	1035/15 Sucroferric Oxyhydroxide (Velphoro) – for the control of serum phosphorus levels in adult chronic kidney 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: DJ provided an update; a wider review of Phosphate Binders is being carried out by Renal Services; a decision was made to close this item pending the wider review.	DJ	02.07.15	Closed

ACTION SHEET FROM THE 11th JUNE 2015 MEETING				
2015/105	<p>Declaration of any other urgent business</p> <p>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. Update: CF is currently on annual leave; an update will be brought to the September meeting.</p>	BH/CF	03.09.15	Open
2015/109	<p>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. Update: awaiting the outcome of local discussions regarding safety; KL will liaise with Liz Thornton, the issue is also to be discussed at ELMMB next week. Following local discussions, this will be brought back to September LMMG to agree an action plan.</p>	LMMG Members	03.09.15	Open
2015/114	<p>Feedback from palliative care guidelines</p> <p>Action: A letter will be drafted to the Strategic Clinical Network Update: JL has sent a letter to Susan Salt; and update will be provided once a response has been received.</p> <p>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. Update: This information has been forwarded to MLCSU.</p>	JL	03.09.15	Open
		LR	02.07.15	Closed
ACTION SHEET FROM THE 9th JULY 2015 MEETING				
2015/127	<p>Co-trimoxazole – Subacute Bacterial Peritonitis Prophylaxis</p> <p>CM will contact specialist services to seek clarity around the monthly blood monitoring and supply and add the monthly monitoring requirements to the new medicines assessment summary</p>	CM	03.09.15	Open

2015/128	LMMG – New Medicine Reviews Work Plan update			
	Insulin Glargine – U300 – Type I and II Diabetes Action: – PB will ask UHMB consultant to send details of the patient group they would like to use it in. Oxycodone/Naloxone – Restless legs Action: LR will forward the EL guideline to MLCSU. SM to circulate to LMMG member organisations for comments to inform guideline review.	PB	03.09.15	Open
		LR/SM	03.09.15	Open
2015/129	Psychotropic Formulary Review			
	SM to feedback outcomes of the psychotropic formulary discussions to LCFT	SM	03.09.15	Open
2015/134	Evidence reviews published by SMC or AWMSG (June 2015)			
	1042/15 Magnesium aspartate dehydrate (Magnaspartate®) To draft a one page statement, which included a table of other available unlicensed preparations and costs for information for those patients unable to take magnaspartate®	CM	03.09.15	Open
2015/135	Update of High Cost Drugs Spreadsheet			
	Botulinum Toxin A SM to contact David Shakespeare regarding audit of use in patients with spasticity or contracture of the joint in MS	SM	03.09.15	Open
2015/136	North West Headache Management Guideline for Adults			
	SM to feedback LMMG discussions regarding the headache pathway to the strategic clinical network	SM	03.09.15	Open