Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 12th November 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
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG
Clare Moss (CMoss)	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
David Jones (DJ)	Assistant Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG

IN ATTENDANCE:

Cassandra Mulholland (CM)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Susan McKernan	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
2015/181	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Brent Horrell, Melanie Preston and Pauline Bourne.	
2015/182	**Declaration of any other urgent business** None.	
2015183	**Declarations of interest pertinent to agenda** None.	
2015/184	**Minutes of the last meeting (8th October 2015)** The minutes of the meeting dates 8th October 2015 were agreed as a true and accurate record subject to the amended date below:-**2015/167 LMMG – New Medicine Reviews Work Plan update**	

ITEM	SUMMARY OF DISCUSSION	ACTION
	LABA/LAMA combinations – COPD review of comparative evidence and ease of use of inhalers. Meeting planned for 16/12/15. Amended date to read - **16/10/2015.**	 **JJ**
2015/185	**Matters arising (not on the agenda)** Dementia information Sheet – SM updated the committee; F&W CCG have requested a sentence to be added to the information sheet stating that dose titration will be carried out in secondary care. LCFT specialists have approved the update. **Action:** SM will update the Dementia information sheet in line with the request.	**SM**
NEW MEDICINES REVIEWS		
2015/186	**Lisdexamphetamine in adults with ADHD** CM presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: Option 1: Red Option 2: Amber 1 Lisdexamfetamine dimesylate (Elvanse Adult®) is a licensed long acting alternative to the other treatment options available e.g. dexamfetamine and methylphenidate. It is recommended as an option for use as part of a comprehensive treatment programme for attention deficit/hyperactivity disorder (ADHD) in adults. Based on clinical judgment, patients should have ADHD of at least moderate severity. Treatment must be under the supervision of a specialist in behavioral disorders. 4 of 8 CCGs, 4 of 4 Acute trusts and LCFT responded by the closing date. 4 CCGs, 1 Acute trust and LCFT agreed with Option 2: Amber 1. 3 Acute trusts had no preference, as the use of this drug would not be applicable in their organisations. AG discussed the principles used by the Royal College of Pediatrics around the use of off label drugs. It was agreed that these would be considered and discussed at a subsequent LMMG meeting. **Decision** The committee did not make a decision on the recommendation. It was discussed and decided that a pathway will be developed for the treatment of ADHD in adults.	**SM**

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	Action CM will review the evidence, to determine the place in therapy for lisdexamfetamine dimesylate (Elvanse Adult®) in adults with ADHD in line with the other available products. This piece of work will be added to the work plan.	**CM**
2015/187	**Lidocaine patches in Post Herpetic Neuralgia** CM presented the paper, summarising the new medicine assessment and the draft recommendation which had been consulted on, as follows: Recommendation: Amber 0 Lidocaine 5% medicated plasters (Versatis®) are recommended as an option for the treatment of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia) in adults. Initiation should only be after first line systemic therapies have either failed or led to intolerable side effects and only on the recommendation of a specialist in managing neuropathic pain. An assessment of tolerance and efficacy should be made after 2 – 4 weeks of treatment initiation, before continuation in primary care. After three months of treatment there should be an assessment as to whether the number of patches can be reduced or the patch free interval can be extended. 5 of 8 CCGs, 4 of 4 acute trusts and LCFT responded (1 CCG response was received following distribution of the papers). Of the five CCGs who responded four agreed with the recommendation and one did not specify whether they agreed or disagreed, but it could be inferred from the comments received that they agreed with the recommendation. Of the four Acute Trusts who responded, four agreed with the recommendation. LCFT did not specify whether they agreed or disagreed. It was noted that many of the comments related to the unlicensed indication. CM confirmed that the new medicines assessment for the unlicensed indication would be sent out for consultation in the next few weeks with a view to bringing to the January LMMG. The comments relating to the licensed indication, which was consulted on, were considered by the committee. **Decision** It was discussed that lidocaine patches would be initiated in primary care for this indication and therefore the committee agreed to change to the colour classification to green. It was also agreed that to ensure the prescribing of the patches would be	

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	after alternative recommended therapies had been tried, including capsaicin cream, the recommendation should include the statement "as per LMMG neuropathic pain guidance" **Action** CM will amend the recommendation and this will be uploaded to the website with a green colour classification.	**CM**
2015/188	**LMMG – New Medicine Reviews Work Plan update** CM discussed this paper; updating the LMMG on the current status of the work plan, as follows: <u>*Medications for recommendation for December LMMG*</u> Insulin Glargine – U300 – Type 2 Diabetes – The medicine recommendation for Type 2 Diabetes is currently out to consultation. CM advised the committee that a NICE Evidence Summary has been produced for insulin glargine 300 units/mL, which includes all the currently published trials, in T1DM. The committee agreed that a summary document will be sent out for consultation based on the NICE evidence summary for T1DM, which will be brought to the January LMMG. LABA/LAMA combinations – COPD – this is currently out to consultation. Oxycodone/Naloxone – Restless legs – this is currently out to consultation. <u>*Medications for recommendation for January LMMG:*</u> Lidocaine Patches – neuropathic pain with allodynia and/or hyperalgesia Antipsychotic long-acting injections – Schizophrenia Second line use of biologics - Ulcerative Colitis <u>*Medications for future review*</u> Second line use of biologics – Crohn's Disease Liothyronine – Persisting lethargy despite levothyroxine replacement/Thyroid cancer awaiting ablative treatment Sodium Oxybate – Narcolepsy with cataplexy Infliximab – Pyoderma Gangrenosum – a small number of requests have been received and considered via IFR, to develop commissioning position following clarification of place in therapy with dermatologists.	**All actions CM**

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	Tadalafil daily – erectile dysfunction Biologics biosimilar – All indications - a position statement will be produced. Insulin glargine biosimilar – insulin dependent diabetes mellitus – The committee agreed that it would be appropriate for the position statement to be sent out for consultation at the same time as the insulin glargine 300 units/mL in T1DM consultation document, including any available information on switching patients. CM will produce a policy statement to send out for consultation with a view to bringing to January LMMG. *Medications currently on hold – awaiting licensing and launch* Albiglutide/Dulaglutide – Diabetes – Agreed at January 2015 LMMG, for a class review of GLP-1s once both dulaglutide and albiglutide launched (currently awaiting launch of albiglutide) Safinamide - Parkinson's early and mid to late - the filing for licensing has been withdrawn. This will be removed from the work plan. Naltrexone/bupropion – Obesity – awaiting confirmed launch date Liraglutide – Obesity – awaiting confirmed launch date Insulin degludec & insulin aspartate (Ryzodeg®) – awaiting confirmed launch date Lurasidone – clarity was sought regarding the indication for its use, CF confirmed it was in schizophrenia.	
GUIDELINES and INFORMATION LEAFLETS		
2015/189	**Neuropathic Pain Guidance** SM presented this paper. Responses were received from 4 CCGs and 5 providers Trusts (1 CCG response and 1 provider Trust response was received following distribution of the papers); of those organisations which replied, 7 supported the guidance, the remaining 2 organisations did not specify. **Decision** SM discussed additional responses received after the consultation period closed and the following actions were decided:- A comment will be added to the table on page 6 - although unlicensed, use of amitriptyline for neuropathic pain is supported	

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	by NICE. The gabapentin and pregabalin renal dose adjustment tables will be updated to include eGFR dose adjustments. The guideline will be updated following the decision made on Lidocaine Patches for Post Herpetic Neuralgia at today's meeting and a cross referenced to the treatment algorithm outlined in Section 4.2. A sentence will be added to clarify that use of nortriptyline for neuropathic pain is not recommended as per NICE guidance. The pregabalin prescribing information will be updated as per the SPC to highlight that there is a risk of QT prolongation The recent High Court ruling around Pfizer's secondary patent for Lyrica® to treat neuropathic pain was discussed. It was agreed that the words 'Lyrica® brand only' could be removed from table 4. Following the meeting, this point has been reconsidered and not actioned as Lyrica® remains the only brand of pregabalin which is specifically licensed for use in neuropathic pain. **Action** The above amendments will be made to the guidance and brought back to the December LMMG meeting.	**SM**
2015/190	**Omega 3 Fatty Acids Position Statement** SM discussed the omega-3 fatty acids position statement which was updated in line with NICE CG181 and as part of a scheduled review. Responses were received from 5 CCGs and 5 provider Trusts (2 CCG responses were received following distribution of the papers): of those organisations which replied, all supported the position statement. It was agreed that the LMMG medicines recommendations would be updated to reflect the position statement. **Decision** The committee approved the position statement in its current form and agreed with a black colour classification. **Action** The website will be updated to a black colour classification for the primary prevention of cardiovascular disease. The position statement will be uploaded to the website.	**SM**
2015/191	**Apomorphine Shared Care Guidance**	

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	SM presented the apomorphine Shared Care Guidance which was developed by LTHTR. Consultation responses were received from 6 CCGs and 3 provider Trusts (1 CCG response was received following distribution of the papers). Of those organisations who replied, 4 where in support of the document, 3 organisations did not support the document and expressed concern around the suitability for shared care and 2 organisations did not specify either way **Decision** SM will link with LTHTR to feedback LMMG concerns regarding monitoring responsibilities and to further develop the shared care guideline. The suggestion was made to discuss documents of this nature at a smaller group meeting prior to the decision made at LMMG. **Action** The apomorphine Shared Care guideline will be brought back a future LMMG meeting following further development.	**SM**
2015/192	**Gout Prescribing Guideline** SM discussed the amendments made to the Gout Prescribing Guideline following discussions at the October LMMG meeting. **Decision** The committee approved the guideline in its current form subject to the addition of a statement acknowledging that the colchicine course lengths recommended differed to that in the SPC. **Actions** The guideline will be uploaded to the LMMG website following the addition of the reference above.	**SM**
2015/193	**Ophthalmology DMO Pathway update** SM presented this paper which was updated in light of NICE TA346 and NICE TA349 and clarified that sequential use of 1st line treatments was not endorsed. Feedback was received from BTH and UHMB ophthalmology specialists who both endorsed the pathways document. KL highlighted the issue of potential cost pressures following the introduction of aflibercept for treating DMO and dexamethasone implant for treating DMO into the pathway compared to other therapies. It was agreed that this should be discussed within local CCGs and was not for further LMMG action. **Decision**	

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	The committee approved the Ophthalmology DMO pathway**.** **Action** The pathway will be uploaded to the website.	
2015/194	**LMMG – Guidelines Work Plan update** SM discussed this paper: updating LMMG on the current status of the work plan, as follows:- **Due for approval at the December meeting** Co-Trimoxazole Shared Care Guideline – currently out to consultation and will be discussed at December LMMG meeting. Restless Legs Guideline – currently out to consultation. Provisional opinions on the guideline are welcomed. **In development** Mycophenolate Unlicensed Indications Shared Care Guidance – provisional comments have been received from the RA. Update of the NOAC Guidelines – SM will update in light of the NICE TA 354 and will clarify units used for renal dose adjustments. Colistimethate Sodium for inhalation. Prescribing information sheet – this is expected to go out to consultation in November/December. Ulcerative Colitis Biologics Pathway – Current NICE guidance mapped out, awaiting findings of evidence searches to inform further development. Crohn's Disease Pathway - Current NICE guidance mapped out, awaiting findings of evidence searches to inform further development. Review of JIA biologics pathway – NHS England has released a JIA commissioning policy; CCGs are the responsible commissioners for adults with JIA, awaiting feedback from the rheumatology alliance regarding the impact this has on the existing LMMG position statement. **Other LMMG Work** Dermatology Biologics Pathway – currently on hold. Palliative Care Guidelines for Lancashire and Cumbria – first meeting is arranged in January 2016. Annual review of colour classifications - process to commence in	

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	December. LMWH colour classifications have been prioritised. SCN Headache Pathway - awaiting feedback from SCN.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2015/195	**Evidence reviews published by the Scottish Medicines Consortium (SMC) or All Wales Medicines Strategy Group (AWMSG) in October 2015** CM discussed the SMC and AWMSG recommendations published during October 2015 meeting LMMG criteria, which were: **SMC:** 1093/15 Budesonide (Cortiment®) SMC did not accept budesonide (Cortiment®) in adults for induction of remission in patients with mild to moderate active ulcerative colitis where 5-ASA treatment is not sufficient – this was considered and not prioritised during Horizon Scanning, it was agreed by the committee that no action will be required as this was not currently a priority. 1089/15 Ciclosporin (Ikervis®) SMC accepted ciclosporin (Ikervis®) for the treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes – this was considered and not prioritised during Horizon Scanning. It was agreed by the committee that MLCSU will contact specialists to ascertain whether there is any interest for its use and will provide an update at the December LMMG. 1088/15 Insulin degludec/liraglutide (Xultophy®) SMC accepted Insulin degludec/liraglutide (Xultophy®) for the treatment of adults with type 2 diabetes mellitus to improve glycaemic control in combination with oral glucose-lowering medicinal products when these alone or combine with a GLP-1 receptor agonist or with basal insulin do not provide adequate glycaemic control – this was considered and prioritised. A new medicines assessment was discussed by the committee in April 2015. The committee agreed that LMMG's current recommendation of black colour classification will remain unchanged. 1094/15 Midodrine Hydrochloride (Bramox®) SMC accepted midodrine hydrochloride (Bramox®) in adults for the treatment of severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been rule out and other forms of treatment are inadequate – this was not considered	**CM**

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	during Horizon Scanning, however, there is an Amber 0 commissioning position in place across Lancashire in line with SMC. It was agreed by the committee that no action is required. **AWMSG:** 2534 Lisdexamfetamine dimesylate (Elvanse Adult®) AWMSG accepted Lisdexamfetamine dimesylate (Elvanse Adult®) as an option for use within NHS Wales as part of a comprehensive treatment programme for attention deficit/hyperactivity disorder in adults – this was discussed under agenda item 2015/186 and therefore the committee agreed no action is required. It was highlighted that the remaining SMC/AWMSG recommendations for October 2015 did not meet LMMG's criteria for review; therefore LMMG agreed that no further action would be taken with regard to them.	
2015/196	**New NICE Technology Appraisal Guidance for Medicines (October 2015)** CM presented this paper. The following actions were agreed: NICE TA 357 Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab – this is not listed on the high cost drugs list or NHSE list. An update is awaited from NHS England with regards to its funding position. However, the NICE TA specifically states "NHS England has committed to funding this treatment". The committee agreed a red colour classification. This will be added to the LMMG website as red with NHS England commissioning responsibility. NICE TA 358 Tolvaptan for treating autosomal dominant polycystic kidney disease – NICE has confirmed this is CCG commissioning responsibility and included the following statement "the treatment (including tolvaptan) of people with stage 2 and 3 CKD is commissioned by clinical commissioning groups". The committee agreed a red colour classification. This will be added to the website. DJ will look into the recharging issues with Renal Services in light of the NICE costing statement. NICE TA359 Idelalisib for treating chronic lymphocytic leukaemia – this is NHSE commissioning responsibility from the CDF. The committee agreed with a red traffic light classification and this will be added to the LMMG website. NICE TA360 Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine in not recommended for previously untreated metastatic pancreatic cancer – this is NHSE	**All other actions CM** **DJ**

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	commissioning responsibility from the CDF. The committee agreed with a Black traffic light classification and will be added to the LMMG website. NICE TA361 Simeprevir in combination with sofosbuvir for treating genotype 1 or 4 chronic hepatitis C (terminated appraisal) – this will be added to the LMMG website with a black colour classification. NICE TA362 Paclitaxel as albumin-bound nanoparticles with carboplatin for untreated non-small cell lung cancer (terminated appraisal) - this this will be added to the LMMG website with a black colour classification.	
2015/197	**New NHS England medicines commissioning policies (October 2015)** There were no clinical commissioning policies published by NHS England in October 2015. SM highlighted the information contained in the Specialised Commissioning Drugs Briefing: September 2015. The committee agreed they were happy to receive the two monthly briefings. A query was raised regarding the time scale for the repatriation plan for patients under post-transplant immunosuppressant therapies and certain nebulised and inhaled drugs for cystic fibrosis (referred to on page 9 of the briefing). AG will speak with Helen Potter for a copy of the latest correspondence regarding new patients under the repatriation plan. This will be brought back to LMMG.	**AG**
ITEMS FOR INFORMATION		
2015198	**Lancashire Care FT Drug and Therapeutic Committee minutes (29th September 2015)** The committee noted these minutes.	
2015/199	**Lancashire CCG Network minutes (24th September 2015)** The committee noted these minutes.	
ANY OTHER BUSINESS		
2015/200	**Uptake of LMMG decisions** SM asked the committee to feedback local decisions on the LMMG decisions summary sheet which will be emailed following	

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	each LMMG. A suggestion was made to add a disclaimer to the LMMG website to reflect that local decisions are updated as they are fed back from CCGs and are correct to the best of our knowledge. Individual CCGs should be contacted if further clarity is required. **Action** SM to add a disclaimer to the website	**SM**
2015/201	**Request for a change in colour classification of Denosumab 120mg** SM discussed a request for the consideration of a change in colour classification of denosumab (Xgeva®) for the prevention of skeletal related events in bone metastases, from Red to Amber 1. CM left the meeting. **Decision** The committee considered the request and decided that due to small patient numbers and the requirement for local approval of a rebate scheme in order for the medication to be purchased at the price considered cost effective by NICE this will not be progressed by LMMG; local commissioning decisions would apply.	

Date and time of the next meeting
10th December 2015, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
12th NOVEMBER 2015

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 12.11.15
ACTION SHEET FROM THE 15th MAY 2015 MEETING				
2015/091	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:** This was taken to the Rheumatology Alliance meeting. JL confirmed that patients on biologics or two DMARDs will stay on 3 monthly monitoring in line with Yorkshire. The shared care guideline will be brought back to a future LMMG meeting.	**SM**	**03.12.15**	**Open**
ACTION SHEET FROM THE 10th SEPTEMBER 2015 MEETING				
2015/154	**New NHS England medicines commissioning policies** Biologic Therapies for JIA – CCGs are the responsible commissioner for adults with JIA. Clarity to be sought from NHS England as to why adults have been included in the title of the document. **Update:** NHS England have confirmed that their policy relates to adults who fall within the children's' services who need to transfer to the adults service at the age of 19. The NHS England policy has gone to the Rheumatology Alliance to see if the LMMG policy needs to be updated following this clarification.	**SM**	**03.12.15**	**Open**
ACTION SHEET FROM THE 8TH OCTOBER 2015 MEETING				
2015/162	**Declarations of interest pertinent to the agenda** MLCSU to review the declaration process with a view to introducing an annual declaration.	**BH**	**03.12.15**	**Open**
2015/165	**Colomycin in Non-CF Bronchiectasis** A single page prescribing information sheet to be added to the work plan. **Update:** an information sheet has been drafted and will be sent to out to consultation; this will be brought to the January LMMG meeting.	**CM**	**05.11.15**	**Closed**

2015/169	**Update to Ophthalmology Pathway** JL will re-send the pathway to Ophthalmology specialists for feedback before bringing back to LMMG. PB will discuss the pathway with Simon Morgan and feedback. JL to invite ophthalmologists to a collaborative meeting **Update:** this is discussed under an agenda item.	**JL** **PB**	**12.11.15** **12.11.15**	**Closed** **Closed**
2015/172	**Gout prescribing Guideline** The guideline will be amended as follows: Febuxostat would be introduced when patients were not achieving adequate control despite 600mg daily of allopurinol. Ascorbic Acid (Vitamin C) prescribing information to be removed from the guideline. UHMB suggested that a higher dose than 1200mg/day of Ibuprofen should be recommended; BH will check this with Rheumatologists. Clarity around the instigation of Prophylactic treatment with colchicine will be sought **Update:** this is discussed under an agenda item.	**All actions BH**	**12.11.15**	**Closed**
2015/174	**New NICE Technology Appraisal Guidance for Medicines (September 2015)** CM will contact NICE to seek clarity around the evidence base/risks for prescribing NOACs where there are multiple preparations which have been approved by NICE as treatment options. **Update:** NICE has been contacted, a response is awaited Following receipt of information from NICE the LMMG NOAC guidance will be added to the work plan for update following the publication of NICE TA355. **Update:** the NOAC Guidance has been added to the work plan.	**CM** **SM**	**03.12.15** **02.11.15**	**Open** **Closed**
2015/177	**Criteria for reviewing medical devices** MLCSU will contact Incontinence Specialists for clarity on Qufora and Aquaflush; a document will be produced and consulted on in line with the process agreed by LMMG.	**BH**	**03.12.15**	**Open**

ACTION SHEET FROM THE 12th NOVEMBER 2015 MEETING				
2015/186	**Lisdexamphetamine in adults with ADHD** CM will review the evidence, to determine the place in therapy for lisdexamfetamine dimesylate (Elvanse Adult®) in adults with ADHD in line with the other available products. The principles used by the Royal College of Pediatrics around the use of unlicensed drugs will be considered and discussed at a subsequent LMMG meeting.	**CM** **SM**	**03.12.15** **03.12.15**	**Open** **Open**
2015/191	**Apomorphine Shared Care Guidance** SM will link with LTHTR to feedback LMMG concerns regarding monitoring responsibilities and to further develop the shared care guideline.	**SM**	**03.12.15**	**Open**
2015/195	**Evidence reviews published by SMC or AWMSG (October 2015)** *SMC recommendations published in October 2015* 1089/15 Ciclosporin (Ikervis®) **Action:** MLCSU will contact specialists to see if there is a requirement for its use. CM will feedback.	**CM**	**03.12.15**	**Open**
2015/196	**New NICE Technology Appraisal Guidance for Medicines (October 2015)** NICE TA 358 Tolvaptan for treating autosomal dominant polycystic kidney disease **Action:** DJ will look into the recharging issues with Renal Services in light of the NICE costing statement.	**DJ**	**03.12.15**	**Open**
2015/197	**New NHS England medicines commissioning policies (October 2015)** Time scale for the repatriation plan for patients under post-transplant immunosuppressant therapies and certain nebulised and inhaled drugs for cystic fibrosis. **Action:** AG will speak with Helen Potter for a copy of the latest correspondence regarding new patients under the repatriation plan. This will be brought back to LMMG.	**AG**	**03.12.15**	**Open**