Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 10 July 2014 at Preston Business Centre

PRESENT:

Dr Kamlesh Sidhu (KS)	GP Prescribing Lead (Chair)	NHS Lancashire North
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
Nicola Schaffel (NS)	Medicines Optimisation Lead Pharmacist	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Kenny Li (KL)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Pauline Bourne (PB)	Senior Pharmacist, Medicines Management,	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde & Wyre CCG
Aidan Kirkpatrick (AK)	Public Health Specialist	Lancashire County Council

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
Jane Johnstone	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/098	**Welcome & apologies for absence** The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Dr Tony Naughton, Dr Emile Li Kam Wa, Dr Sigrun Baier, Dr Hari Nair, Melanie Preston, Alastair Gibson and Gareth Price.	
2014/099	**Declarations of interest pertinent to agenda** None.	
2014100	**Declaration of any other urgent business** None.	
2014/101	**Minutes of the last meeting (12th June 2014)** The minutes of the last meeting were agreed as a true and accurate record.	
2014/102	**Matters arising (not on the agenda)** There were no matters arising.	

ITEM	SUMMARY OF DISCUSSION	ACTION
NEW MEDICINES REVIEWS		
2014/103	**Certolizumab – Ankylosing Spondylitis** BH discussed the evidence review and consultation responses for Certolizumab (Cimzia®▼) for use in Ankylosing Spondylitis. The draft recommendation was: *Certolizumab is recommended as an option for the treatment of adult patients with ankylosing spondylitis in line with NICE TA 143. That is only if all of the following requirements are met:* • *The patient's disease satisfies the modified New York criteria for diagnosis of ankylosing spondylitis.* • *There is confirmation of sustained active spinal disease, demonstrated by:* - *A score of at least 4 units on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)* ***and*** - *At least 4cm on the 1 to 10 cm spinal pain Visual Analogue Scale.* *These should be demonstrated on two occasions at least 12 weeks apart without any change of treatment.* • *Conventional treatment with two or more non-steroidal anti-inflammatory drugs taken sequentially at maximum tolerated or recommended dosage for 4 weeks has failed to control symptoms.* All 13 organisations responded to the consultation. Nine of the responders were in agreement of the recommendation; LTHT deferred to LCFT's response, as the recommendation was not applicable to them. Responses from the East Lancashire Health Economy stated that they disagreed with the recommendation, however, on review of their comments they agreed with the recommendation to use certolizumab in ankylosing spondylitis but also wanted to use it in patients with non-radiographic axial spondyloarthropathy. Lizzie McPhee will speak with the Rheumatology Alliance about the wider use of treatment options for adults with non-radiographic axial spondyloarthropathy following the comments received from BwD and EL CCGs. **Decision** LMMG agreed to approve the recommendation. **Action** This will be added to the website.	**BH**
2014/104	**Dapoxetine – Premature Ejaculation** BH presented the paper for Dapoxetine for the treatment of	

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	premature ejaculation in men 18 to 64 years of age. The draft recommendation was: **Recommendation 1** *Dapoxetine (Priligy) is recommended as an option to treat lifelong PE when pharmacotherapy is indicated and where the patient 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.* **Recommendation 2** *Dapoxetine (Priligy®▼) is not recommended for the treatment of PE* All 8 CCGs and 1 out of 4 acute trusts responded. 7 out of 9 of the responders were in agreement with recommendation 1 and 2 out of 7 were in agreement with recommendation 2. The draft evidence review will be amended on page 4 in the box 'Proposed use' to read: • Persistent or recurrent ejaculation with minimal stimulation **and** shortly after penetration and before the man wishes. During discussion of other treatment options BH informed members that a meta-analysis is available which looks at the off-licence products, the results of this meta-analysis suggest a similar treatment effect to dapoxetine, however, it was emphasised that no direct comparator data is available. **Decisions** All members agreed provisionally with recommendation 1 with a Red traffic light status subject to the outcome of local discussions. Acute Trusts will discuss the implications of a red traffic light on service provision further locally before a final decision is made on the RAG status. All agreed that the following comments in bold from BwD CCG should be added to the recommendation: *Dapoxetine (Priligy) is recommended as an option to treat lifeline PE when pharmacotherapy is indicated,* ***after psychosexual therapeutic behavioural programmes have failed to make an impact*** *and where the patient meets strict criteria as set out in the SPC.* A Summary on the off label use of SSRIs to be sent out to members and brought to a future LMMG meeting.	

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	Actions Acute Trusts to discuss locally and feedback decisions. Amend recommendation 1 with the above text from BwD CCG. Send out a summary of SSRIs to members and bring back to future LMMG meeting Amend the draft evidence review on page 4 in the box 'Proposed use' as above.	**Acute Trusts** **BH** **BH** **BH**
2014/105	**Relvar Ellipta – COPD** BH discussed the paper for Fluticasone furoate/vilanterol (Relvar Ellipta) combination inhaler for chronic obstructive pulmonary disease in adults. The draft recommendation was: *Fluticasone furoate/vilanterol (Relvar Ellipta®▼) 92/22 micrograms combination inhaler is recommended as an option for symptomatic treatment of adults with chronic obstructive pulmonary disease (COPD), in accordance with guidelines from the National Institute for National Institute for Health and Care Excellence. However, patients must be given clear advice that Relvar Ellipta must be used regularly and not 'as needed.'* All CCGs and 2 out of 4 acute trusts responded by the closing date. 6 of the 10 responders were in agreement with the recommendation. **Decision** After a lengthy discussion about the lack of evidence about the therapeutic advantages of using this product over other licensed alternatives and the highlighted safety issues, it was decided by the members that the draft recommendation should not be supported. **Action** This will be made Black on the website.	**BH**
2014/106	**Relvar Ellipta – Asthma** BH presented the paper for Fluticasone furoate/vilanterol (Relvar Ellipta®▼) combination inhaler to treat asthma in adults and children aged 12 and over. The draft recommendation was: *Fluticasone furoate/vilanterol (Relvar Ellipta®▼) combination inhaler is **not** recommended for use to treat adults and children aged 12 years and over with asthma.* All CCGs and 1 out of 4 acute trusts responded to the	

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	consultation. 7 of the 9 responders were in agreement with the recommendation and 2 disagreed stating that it should be included as an option after failure of other inhalers. **Decision** LMMG agreed to support the recommendation that Fluticasone furoate /vilanterol (Relvar Ellipta) combination inhaler is not recommended for use to treat adults and children aged 12 years and over with asthma. **Action** This will be made Black on the website.	**BH**
2014/107	**LMMG – New Medicine Reviews Work Plan update** BH updated the group with the new medicines reviews on the work plan for 2014/15. The following were discussed subject to the actions below:- *Medications for future review* Albiglutide – Diabetes Brimonidine – Rosacea Umeclidinium inhaler – COPD Switching anti TNFs in Psoriatic arthritis Tocilizumab Subcut – Licenced indications Vedolizumab – Ulcerative colitis Vedolizumab – Crohns *Medications currently on hold* Spironolactone – Acne Vulgaris – following dermatologists' comments, a further request will be sent to dermatologists to provide guidance on prescribing for certain cohorts of patients. An evidence review of Spironolactone will be undertaken. Osvaren – Phosphate binder – renal dialysis - BH to send copy email to ELHT. Put on the website as Red and a statement to say NHS England's commissioning responsibility through specialist services. Alogliptin – Type 2 Diabetes Umeclidinium/Vilanterol inhaler - COPD Eslicarbazepine - Epilepsy Sodium Oxybate – Narcalepsy with cataplexy Rivaroxaban – Prevention of adverse outcomes after the acute management of ACS Bazedoxifene/conjugated oestrogen – Post menopausal osteoporosis + menopausal symptoms Insulin degludec & liraglutide (IDegLira) – Insulin dependent diabetes diabetes Insulin glargine biosimilar (Optisulin) – Insulin dependent diabetes Naloxegol – Opiate induced constipation	**BH** **BH**

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	2 requests for Lizdexamphetemine have been received since the last meeting:- 1 request from CAMHS services and 1 from the Paediatrics department at UHMB. The CSU will look at what evidence is available against the specific circumstances contained in the requests and bring this back to the LMMG. An IFR request has been received for Abatacept infusion for Rheumatoid Arthritis as a third line biologic agent, as this is not currently included in the RA pathway (subcut is included at this step in the pathway). A decision was made to amend the pathway to include both subcut and iv forms of abatacept at step 3 in the pathway.	**BH** **BH**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2014/108	**New NICE Technology Appraisal Guidance for Medicines June 2014** EJ gave an overview of the following NICE TAG for medicines published in June 2014 and the following action was agreed: Tag no 315 Canagliflozin in combination therapy for treating type 2 diabetes. This will be put on the website as Green. The following was brought to the meeting for information only in light of the recent court judgement regarding commissioners taking note of clinical guidance. NICE CG 180 Atrial fibrillation: the management of atrial fibrillation.	**JL**
2014/109	**New NHS England medicines commissioning policies June 2014** None published in June.	
PROCESS PROPOSALS		
2014/110	**Evidence reviews for medicines reviewed by SMC or AWMSG** EJ discussed the paper about evidence reviews for medicines reviewed by the Scottish Medicines Consortium (SMC) and All Wales Medicine Strategy Group (AWMSG). The following were discussed and agreed upon: Where a priority piece of work is due for review in Lancashire the group will look for evidence reviews undertaken by SMC and AWMSG and use these as a basis for the LMMG consultations.	**BH**

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	When evidence reviews are published by SWC and AWMSG, (which have not been prioritised for review in Lancashire) these will be brought to all future LMMG meetings as a standing agenda item. The group will then discuss whether they will be looked at across Lancashire and whether to undertake the consultation process using the published evidence review. **Action**: Add standing agenda item for SMC and AWSMG publications	**BH** **BH**
GUIDELINES and INFORMATION LEAFLETS		
2014/111	**ADHD shared care for adults** JL discussed the paper and explained that it went out to consultation with the following confirmed via LCFT: • LCFT are responsible for prescribing and monitoring the patient for a minimum period of 3 months and until the patient is on a stable dose. • Following this, for those people under shared care, the GP would pick up prescribing and monitoring. • LCFT will conduct an annual face to face review of each patient which will include considering discontinuation of treatment. One response was received from Fylde & Wyre CCG who were in support of the guideline. A response was sent from Lancashire North (but not received by LCSU) querying the recommendation of the 3 month monitoring period (page 6) of heart rate and blood pressure. JL confirmed that this was linked to the NICE Quality Standards. KS will feed this back to the Mental Health lead from Lancashire North. It was suggested that a hyperlink to the NICE quality standards should be added for convenience. **Decision** All agreed that the recommended shared care document was complete and will be discussed locally within CCGs**.** **Action** JL to put hyperlink to the NICE Quality Standards on the 'Monitoring Requirements' page.	**JL**
2014/112	**NOACs – feedback from consultants and review of guidelines** JL discussed the paper relating to NOACs – feedback from consultants and update on NICE guidelines. Local Cardiologists and Stroke consultants were asked if they still agreed with the	

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	consensus statement or whether they had any new evidence to support an alternative position. 4 responses were received. 2 Cardiologists agreed with the statement. The 2 Stroke consultants who responded would like to use the NOACs in patients presenting with a TIA/minor stroke secondary to AF who need immediate anticoagulation. The alternative treatment would be to use a LMWH first and then switch to Warfarin. Service Re-design have undertaken a Stroke review between January and May 2014 to determine the current position and existing issues, with a view to improving stroke provision across Lancashire. Further work streams are being proposed to take this work forward, JL will be attending a further meeting on behalf of Medicines Management to discuss this. The following were discussed and agreed: The group decided to review the consensus statement; this will be taken off the website with a supporting statement to say that 'this has been removed following publication of the NICE clinical guideline for AF.' The consensus statement will be reviewed in line with the June 2014 publication of the NICE clinical guideline for AF. This will be sent out in due course. Find out timescales of the AF pathway work and bring this and the consensus statement back to the September LMMG.	**JL** **JL** **JL**
2014/113	**RAG list harmonisation** JL discussed the paper for RAG list harmonisation and gave an overview of the excel spreadsheet showing the suggested traffic light status for each NICE TA. The following were discussed and agreed subject to the following actions:- All members agreed for the NICE TAs to be put on the website as per the recommended traffic light status. All members agreed for all other medicines on the list to be put on the website as per the recommended traffic light status; those with no recommendation, the LMWHs, would be left off. A reminder email will be sent to members in September to review and challenge the RAG list (if applicable) in advance of its annual review in December.	**JL** **JL** **JL**

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2014/114	**LMMG – Guidelines Work Plan update** JL presented the paper LMMG guidelines work plan update. The following updates were given: **<u>Due for approval at September meeting</u>** DMARD Shared care – drafts have been sent out to CCGs; this is to be sent out for wider consultation. Gluten free guidelines – due to be sent out to consultation. **<u>Ongoing</u>** Treatment of Juvenile Idiopathic Arthritis – Steven Jones is developing a policy statement. Ophthalmology Pathways – a meeting is scheduled for 11th July to discuss the pathway. Non-cancer pain guidelines – comments are being incorporated into the guideline, this will be brought to a future meeting. Infant feeding guidelines – an update will be brought to the September meeting. Low molecular weight heparins shared care – scoping work is ongoing.	
OTHER PROPOSALS		
2014/115	**Melatonin prescribing and monitoring** BH discussed the scoping exercise which was undertaken to identify the volume of costs in prescribing Melatonin in primary and secondary care with a view to looking at cost sharing. LCFT, LTHFT and BTH provided information on items and associated costs. There seems to be a lack of data to demonstrate the cost benefit from moving the prescribing from primary to secondary care. **Actions** This will be followed up with Dr Shakespeare to request further information. Bring paper back from last year with evidence based prescribing data to be discussed at the next meeting.	 **BH** **BH**
ITEMS FOR INFORMATION		
2014/116	**Lancashire Care FT Drug and Therapeutic Committee Minutes** No meeting took place in June**.**	
2014/117	**Lancashire CCG Network minutes 29th May 2014** The group noted these minutes.	

ITEM	SUMMARY OF DISCUSSION	ACTION
Date and time of the next meeting N.B. Please note change of room 11 September 2014, 9.30 am to 11.30 am, **Meeting Room 253**, Preston Business Centre.		

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP

MINUTE NUMBER	DESCRIPTION	ACTION BY	DATE	STATUS at 17/07/14
ACTIONS FROM THE 13 FEBRUARY 2014 MEETING				
2014/020	**LMMG – New Medicine Review work plan update** **Caphasol** **Action:** speak with Radiotherapy Services to determine the policy position in Preston. **Update:** Await an update from GP following discussions at Radiotherapy Service regarding the commissioning arrangements around medicines provision. **Fluarix Tetra** **Action:** discuss issue with Public Health including collaborative working between Public Health and the 3 local authorities. **Update:** AK is awaiting a response from Sheila Garnett.	**GP** **AK**	**03.07.14** **03.07.14**	**Open** **Open**
ACTIONS FROM THE 12 JUNE 2014 MEETING				
2014/088	**Action**: AG to confirm with cardiology leads at BTH that they expect treatment to be stopped after 12 months in line with the product licence. **Update:** Information has been received from Noel Topping, BH will contact Noel for further clarity.	**BH**	**04.09.14**	**Open**
ACTIONS FROM THE 10 JULY 2014 MEETING				
2014/104	**Dapoxetine – Premature Ejaculation** **Actions:** Acute Trusts to discuss locally and feedback decisions. Amend recommendation 1 with the above text from BwD CCG discussed under item 2014/104. Send out a summary of SSRIs to members and bring back to future LMMG meeting.	**Acute Trusts** **BH** **BH**	**04.09.14** **04.09.14** **04.09.14**	**Open** **Open** **Open**

	Amend the draft evidence review on page 4 in the box 'Proposed use' as above.	**BH**	**04.09.14**	**Open**
2014/115	**Melatonin prescribing and monitoring** This will be followed up with Dr Shakespeare to request further information.	**BH**	**04.09.14**	**Open**