

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 13th April 2017 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
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals 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)	Lead Medicines Optimisation Pharmacist	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Morecambe Bay CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde & Wyre CCG

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Paul Tyldesley (PT)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU
Joanne McEntee	Horizon Scanning Lead	North West Medicines Information Centre

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/057	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Clare Moss, Melanie Preston and David Prayle.</p> <p>It was noted that Nicola Schaffel was attending on behalf of Clare Moss and Joanne McEntee Medicines Information Lead from North West Medicines Information Centre was in attendance to observe the meeting.</p>	
2017/058	<p>Declaration of any other urgent business</p> <p>None.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2017059	<p>Declarations of interest pertinent to agenda</p> <p>None.</p>	
2017/060	<p>Minutes of the last meeting (9th March 20917)</p> <p>The minutes of the meeting dated 9th March 2017 were agreed as a true and accurate record.</p>	
2017/061	<p>Matters arising (not on the agenda)</p> <p>There were no matters arising.</p>	
NEW MEDICINES REVIEWS		
2017/062	<p>Pitolisant tablets (Wakix®)</p> <p>PT presented this paper summarising the evidence and the draft recommendation which had been consulted on, as follows:</p> <p>Recommendation: Black</p> <p>Pitolisant tablets (Wakix®) are not recommended for use across the Lancashire NHS health economy for the treatment of narcolepsy with or without cataplexy.</p> <p>Seven of eight CCGs, three of four acute trusts and Lancashire Care Foundation Trust responded by the closing date. All seven responding CCGs and one responding provider trust agreed with the draft recommendation. Two of three responding provider trusts disagreed with the draft recommendation and Lancashire Care Foundation Trust did not express a preference.</p> <p>Decision</p> <p>The group agreed with the recommendation of a Black colour classification on the basis that pitolisant tablets (Wakix®) did not demonstrate non-inferiority compared to modafinil and it is more expensive than other available treatments.</p> <p>Action</p> <p>Pitolisant tablets (Wakix®) will be made Black colour classification on the LMMG website.</p> <p>The background paragraph wording of the Pitolisant tablets (Wakix®) New Medicine Review will be amended to make clear that Sodium Oxybate has a Black recommendation on the LMMG website.</p>	<p>PT</p> <p>PT</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/063	<p>Empagliflozin (Jardiance®) for the treatment of Type 2 Diabetes Mellitus Position Statement</p> <p>PT presented the paper discussing the Empagliflozin (Jardiance®) Position Statement for the treatment of Type 2 Diabetes Mellitus.</p> <p>7 of 8 CCGs, 2 of 5 provider trusts responded by the closing date. 5 of 7 responding CCGs and 1 of 2 responding provider trusts supported the position statement. 1 of 7 responding CCGs and 1 of 2 responding provider trusts disagreed with the position statement in its current format. East Lancashire CCG provided comments only.</p> <p>Decision</p> <p>The group approved the Empagliflozin (Jardiance®) Position Statement for the treatment of Type 2 Diabetes Mellitus. The position statement affirmed that the superiority of empagliflozin in reducing cardiovascular mortality/morbidity based on the EMPA REG OUTCOME study was not fully substantiated. It was recognised by the group that current practice remains unchanged where empagliflozin is used as a Green colour classification in line with NICE guidance.</p> <p>Action</p> <p>The Empagliflozin (Jardiance®) Position Statement for the treatment of Type 2 Diabetes Mellitus will be put on to the LMMG website with a link from the current LMMG positions for all indications for empagliflozin.</p>	
2017/064	<p>LMMG – New Medicines Reviews Work Plan update</p> <p>BH discussed this paper, updating the committee on the current status of the work plan as follows:</p> <p><i>Medicines for discussion at May LMMG</i></p> <p>Ferracru – iron deficiency anaemia in IBS – this is currently out to consultation.</p> <p><i>Medicines for discussion at a future LMMG</i></p> <p>Lamotrigine – Trigeminal neuralgia – a request has been received from a clinician to review Lamotrigine. On the basis that the request does not meet LMMG criteria the group decided that this will not be added to the work plan.</p> <p>Lacosamide (Vimpat) – Monotherapy in the treatment of partial-onset seizures with or without secondary generalisation in epilepsy – it was highlighted that there has been a license</p>	

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	<p>extension to this product. The group decided that this will not be put on the work plan but will be considered for a review if an application is received from a specialist.</p> <p>Ultibro – the evidence review has been completed; this will feed in to the COPD pathway work.</p> <p><u>Medicines currently on hold, awaiting licensing or launch</u> Naltrexone/bupropion – obesity – awaiting confirmed launch date.</p> <p>Liraglutide (Saxenda) – obesity - launched January 2017 – possibly only non-NHS. In light that this has not been reviewed for the use in the NHS, the group decided to produce a Black position statement for liraglutide (Saxenda) with the inclusion of wording to state that hospitals/primary care will not be expected to prescribe this. The position statement will be brought back to the May LMMG for approval and then sent to LMMG representatives for dissemination to specialists.</p> <p>Baricitinib - moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs – positive opinion EU December 2016.</p> <p>Lidocaine + prilocaine spray (Fortacin) – premature ejaculation – not available on the NHS. No further action required.</p>	<p>BH</p>
<p>GUIDELINES and INFORMATION LEAFLETS</p>		
<p>2017/065</p>	<p>Rheumatoid Arthritis biologics pathway</p> <p>BH presented the paper, summarising the updates to the Rheumatology Biologics Pathway which has been consulted on.</p> <p>Decision The group discussed the option to insert a statement to the new pathway for patients who are seronegative and would have been eligible to receive a second line agent other than rituximab in accordance with flex 3 of the original Rheumatoid Arthritis pathway. It was decided that this statement was not required however the generic statement will remain in the pathway regarding the initiation and continuation of the most cost effective, clinically appropriate drug. The group approved the Rheumatoid Biologics Pathway in its current form.</p> <p>Action The Blueteq forms are to be amended in line with the Rheumatology Biologics Pathway.</p>	<p>BH</p>

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	The Rheumatoid Biologics Pathway will be uploaded to the LMMG website.	BH
2017/066	<p>Biosimilar position statement – update</p> <p>AGR presented the paper discussing the amendments made to the Generic Biosimilar Position Statement following the March LMMG.</p> <p>Decision The group discussed the possibility of including a reference in the position statement to the sharing of contract prices between providers and commissioners. AG will forward some wording for addition to the position statement to the effect of - ‘where there are in-house aseptic requirements to the production of the biosimilar these should be reflected in the price charged to the commissioner.’</p> <p>Action AG will send some appropriate wording to MLCSU in line with the discussions above for inclusion in to the Biosimilar Position Statement.</p> <p>The Biosimilar Position statement will be brought back to May LMMG for approval.</p>	AG
2017/067	<p>Melatonin audit – update</p> <p>AGR provided the group with an update of the Melatonin audit which is currently being carried out in primary and secondary care.</p> <p>As of 4th April 2017, 240 lines of audit data has been received from MBCCG. A request for the timescales for the provision of the audit data has been requested from secondary care providers. The group recognised that the provision of the audit data may take a considerable amount of time.</p> <p>Action An update of the timescales for the provision of secondary care audit data will be brought to the May LMMG.</p>	AGR
2017/068	<p>Palliative and End of Life Care guidance – update</p> <p>AGR provided an update of the Palliative and End of Life Care for Generalists guideline.</p> <p>Following the work undertaken to date on a second draft of Palliative and End of Life Care for Generalists guideline, Dr Salt has discussed this further at the Lancashire and South Cumbria</p>	

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	<p>Amiodarone tablets – Arrhythmias – the group decided that this will remain as Amber 0.</p> <p>Bosentan – pulmonary hypertension – this is commissioned by NHS England and will remain as Red colour classification.</p> <p>Sildenafil (Revatio®) – digital ulceration– this is not a High Cost Drug and is not commissioned by NHSE. MLCSU will speak with the Rheumatologists further regarding its use in secondary care.</p> <p>Alendronate – primary and secondary prevention of osteoporotic fragility fractures in postmenopausal women (NICE TA160 & 161) – this will be considered further as part of the Osteoporosis pathway discussions.</p> <p>Somatropin – adult growth hormone deficiency (NICE TA64) and Growth failure in children (NICE TA188) – the group decided that this will remain as Amber 0 colour classification; for prescribing which is supplied via homecare and also in primary care.</p>	AGR
2017/071	<p>LMMG – Guidelines Work Plan update</p> <p>AGR discussed this paper; updating LMMG on the current status of the work plan as follows:</p> <p><i>For discussion in May</i> Melatonin position statement – an update will be provided at the next meeting.</p> <p>Guideline for home monitoring of glucose – currently out to consultation.</p> <p>Psoriasis guideline – currently out to consultation.</p> <p><i>For discussion at a future LMMG meeting</i> Update to antipsychotic shared-care guidance – in light of a request from BwD CCG to review the current monitoring requirements within the shared care guideline, the group decided that this will be prioritised for a review before its due date of November 2017. MLCSU will liaise with CF when the review commences.</p> <p>Update ophthalmology pathway with aflibercept from branch and full review of the guidance – identified after incorporating NICE TA 409 to the guidance. A meeting with the ophthalmologists has taken place; a new medicines application is awaited before finalising the guideline.</p>	

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	<p>Palliative care and end of life care for generalist guidance - an update was provided under an agenda item.</p> <p>Type I and II DM leaflets – work is ongoing; this is due to be sent out to consultation within the next two weeks.</p> <p>Allergic rhinitis guideline – a draft guideline has been produced and shared with the requesting consultant. A response is awaited.</p> <p>Supplementary enteral nutrition (sip feed) guidance – the QA'd document will be shared with C&SR CCG. The update of the guidance document will commence soon.</p> <p>COPD guidance – work in ongoing; specialist input is awaited regarding the non-pharmacological elements of the guideline.</p> <p>Diabetes guidance – work is ongoing; a brief is to be finalised.</p> <p>Inhaler comparison and identification guide – this will be completed alongside the COPD/asthma guidance work.</p> <p>Anticoagulant review – work has commenced and is ongoing.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2017/072	<p>New NICE Technology Appraisal Guidance for Medicines (March 2017)</p> <p>AGR presented the NICE TA guidance paper.</p> <p>TA439 cetuximab and panitumumab for previously untreated metastatic colorectal cancer – this is an NHS England funded responsibility and will be put on to the LMMG website as Red colour classification.</p> <p>TA340 update – ustekinumab for treating active psoriatic arthritis – under the patient access scheme the company provided 2 x 45-mg pre-filled syringes, for patients who needed the higher dose of 90-mg, at the same total cost to the NHS as for a single 45-mg pre-filled syringe. The patient access scheme has been withdrawn because the company now provides a 90-mg vial at the same cost as the 45-mg vial. Blueteq forms will be updated in line with the updated NICE TA340.</p> <p>TA180 – updated – ustekinumab for treatment of adults with moderate to severe psoriasis – under the original patient access scheme the company provided 2x45-mg pre-filled syringes, for patients who needed the higher dose of 90-mg, at the same total</p>	All actions AGR

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	<p>cost to the NHS as for a single 45-mg pre-filled syringe. The patient access scheme has been withdrawn because the company now provides a 90-mg vial at the same cost as the 45-mg vial. Blueteq forms will be updated in line with the updated NICE TA180.</p>	
<p>2017/073</p>	<p>New NHS England medicines commissioning policies (March 2017)</p> <p>AGR highlighted the information in the following NHS England commissioning policy:</p> <p>NHS England to issue new guidance on low value prescription items - 'low cost' medicines: for treatment for coughs and colds, antihistamines, indigestion and heartburn medication and sun cream – NHS England will be leading a review of low value prescription items from April 2017 and introducing new guidance for Clinical Commissioning Groups, with a view to substantially saving NHS expenditure in this area. The group decided that when the guidance is issued, local guidance will be reviewed.</p>	
<p>2017/074</p>	<p>Evidence reviews published by SMC or AWMSG (March 2017)</p> <p>BH discussed the SMC and AWMSG recommendations published during March 2017 meeting LMMG criteria, which were:</p> <p><u>SMC</u> 1230/17 abatacept (Orencia®) SMC did not accept 1230/17 abatacept (Orencia®) for the treatment of highly active rheumatoid arthritis and not previously treated with methotrexate. The group acknowledged that this was reviewed as part of the RA pathway guideline work presented at the March LMMG meeting.</p> <p>1231/17 lacosamide (Vimpat) SMC did not accept 1231/17 lacosamide (Vimpat) for the treatment of partial onset seizures with or without secondary generalisation in adult and adolescent (16-18 years) patients with epilepsy. The group decided that no further action was required unless a request from a specialist is received.</p> <p><u>AWMSG</u> 1586 aflibercept (Eylea®) AWMSG accepted 1586 aflibercept (Eylea®) for the treatment of adult patients with visual impairment due to myopic choroidal neovascularisation. The group acknowledged that this does meet the LMMG criteria for review however the group decided to await the NICE TA which is expected in January 2018 unless a request is received from an Ophthalmologist.</p>	

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	<p>47 human alpha1-proteinase inhibitor (Respreeza®) AWMSG did not accept 47 human alpha1-proteinase inhibitor (Respreeza®) for maintenance treatment, to slow down the progression of emphysema in adults with documented severe alpha1-proteinase inhibitor deficiency (e.g. genotypes PiZZ, PiZ(null), Pi (null, null), PiSZ. The group decided if a request is received from a specialist from a local service this will be brought back for discussion.</p> <p>The remaining SMC/AWMSG recommendations for March 2017 did not meet LMMG criteria; therefore the group agreed that no further action is necessary.</p>	
ITEMS FOR INFORMATION		
2017/075	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee (24th March 2017)</p> <p>CF discussed the issue of Valproate in light of the patient safety alert which has been reissued. The group discussed the possibility of Lancashire wide guidance. DJ highlighted that this will be discussed at the Medicines Governance meeting in LTH and will feedback to the group following the meeting.</p>	DJ
2017/076	<p>Any other business</p> <p>Mycophenolate Shared Care JL highlighted that F&W CCG have been involved in a project with NHSE looking at streamlining Rheumatology processes. During the project it has been recognised that GPs are not picking up shared care for mycophenolate. The question was raised whether a Lancashire wide shared care document for mycophenolate could be developed.</p> <p>Actions GA will forward the MB CCG mycophenolate shared care document.</p> <p>LMMG representatives and BH will look at the local positions of mycophenolate and discuss this further at the May LMMG.</p>	<p>GA</p> <p>LMMG representatives/BH</p>

Date and time of the next meeting

11th May 2017, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
13th April 2017**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 13 th April 2017
ACTION SHEET FROM THE 10th NOVEMBER MEETING				
2017/194	Rag review list 3 Action: Nortriptyline – Depressive illness – LCFT will consider a black colour classification and feedback to LMMG. Update: CF will update at the May LMMG.	SR/CF	04.05.2017	Open
ACTION SHEET FROM THE 9th FEBRUARY MEETING				
2017/027	Horizon Scanning Budget Impact 2017/18 Action: MLCSU will look at weight loss product prescribing. A decision will be made regarding the development of a position statement for the prescribing of obesity and NRT products as part of a specialised commissioning service. Update: The prescribing costs for Orlistat and NRT are slowly reducing. The group decided that a position statement will be created to state that NRT products will not be prescribed in isolation but only as part of a package of care under a specialist commissioned service. Update: discussed under an agenda item.	BH	06.04.2017	Closed
2017/030	Palliative and end of life care guidelines for generalists – update Action: LR will provide a list of prescribing of tapentadol and lidocaine patches in hospices in EL CCG to MLCSU together with a time frame of prescribing. Update: LR has sent this through; discussed further under the Palliative	LR	06.04.2017	Closed

	Care guidance agenda item.			
ACTION SHEET FROM THE 9th MARCH MEETING				
2017/046	Fluticasone furoate/vilanterol (Relvar Elipta®▼) Action: LR will circulate the EL CCG COPD pathway Update: LR had sent this; LR will update at the next meeting when consultants have provided comments.	LR	04.05.2017	Open
2017/048	Generic Biosimilar Position Statement The sharing of procurement contract prices to be discussed at the next CCB. Action: no further action required, discussed under an agenda item.	TN	06.04.17	Closed
ACTION SHEET FROM THE 13th APRIL MEETING				
2017/066	Biosimilar Position Statement AG will forward some appropriate wording for inclusion in the Biosimilar Position Statement regarding aseptic requirements cost to the commissioner.	AG	04.05.2017	Open
2017/067	Melatonin audit – update An update of expected timescales from secondary care providers will be brought to the May LMMG.	AGR	04.05.2017	Open
2017/069	Nicotine Replacement Therapy position statement – update AGR will contact Jane Beanstock; Public Health representative from LCFT regarding the appropriate wording for inclusion in to the position statement. The amended position statement will be circulated in Acute Trusts and brought back to LMMG for approval.	AGR AGR	04.05.2017 04.05.2017	Open Open
2017/070	RAG list review list 1 Sildenafil (Revatio®) – digital ulceration – this is not a High Cost Drug and is not commissioned by			

	NHSE. MLCSU will speak with the Rheumatologists regarding its use in secondary care.	AGR	04.05.2017	Open
2017/075	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee (24th March 2017)</p> <p>Valproate In light of the re-issue of the patient safety alert, DJ will feedback to LMMG following the discussions at the Medicines Governance meeting in LTH.</p>	DJ	04.05.2017	Open
2017/076	<p>Actions GA will forward the MB CCG mycophenolate shared care document.</p> <p>LMMG representatives and BH will look at the local position of mycophenolate and discuss at the May LMMG.</p>	<p>GA</p> <p>LMMG representatives/BH</p>	<p>04.05.2017</p> <p>04.05.2017</p>	<p>Open</p> <p>Open</p>