

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 11th May 2017 at Preston Business Centre**

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS 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
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	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 and Wyre CCG

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	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
2017/077	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Alastair Gibson and Dr David Shakespeare.</p> <p>It was noted that Joanne McEntee Medicines Information Lead from North West Medicines Information Centre was in attendance to observe the meeting.</p>	
2017/078	<p>Declaration of any other urgent business</p> <p>None.</p>	
2017/079	<p>Declarations of interest pertinent to agenda</p> <p>None.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/080	<p>Minutes of the last meeting (13th April 2017)</p> <p>The minutes of the meeting dated 13th April 2017 were agreed as a true and accurate record subject to the following amendment to the following indication:</p> <p><i>2017/070 - RAG list review – list 1</i></p> <p>Sildenafil (Revatio®) – pulmonary hypertension – 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>Should read: Sildenafil (Revatio®) – digital ulceration.</p>	
2017/081	<p>Matters arising (not on the agenda)</p> <p>TN informed the group that the STP Care Professionals Board is seeking representation on behalf of LMMG to give advice on their various work programmes. TN asked LMMG representatives to contact JJ for the Terms of Reference if they would like further information and to confirm their interest in representing LMMG on the Board.</p>	
NEW MEDICINES REVIEWS		
2017/082	<p>Ferracru® ▼</p> <p>DP presented this paper summarising the evidence and the draft recommendation which had been consulted on, as follows:</p> <p>Recommendation: Black</p> <p>Ferric maltol 30mg capsules (Feraccru®) ▼ are not recommended for the treatment of iron deficiency anaemia (IDA) in patients with inflammatory bowel disease (IBD) in the Lancashire health economy.</p> <p>Five of eight CCGs and three of four acute trusts responded by the closing date. All four responding CCGs and one responding provider trust agreed with the draft recommendation. Two of three responding provider trusts disagreed with the draft recommendation.</p> <p>Decision</p> <p>The group noted that SMC reviewed and did not accept Ferric maltol 30mg capsules (Feraccru®) ▼. The group considered that there was effective evidence in the two placebo controlled trials however there was no evidence to show that Ferric maltol 30mg</p>	

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	<p>capsules (Feraccru®)▼ is better tolerated than other iron preparations in people who are intolerant of other iron preparations. It was acknowledged that intravenous iron is associated with instances of anaphylaxis and therefore should be administered with care and the appropriate level of support.</p> <p>The group agreed with the recommendation of a Black colour classification for Ferric maltol 30mg capsules (Feraccru®)▼ on the basis that there was no comparative evidence. It was also noted that the manufacturers have not supplied sufficient evidence to be able to define its place in treatment.</p> <p>Action Ferric maltol 30mg capsules (Feraccru®)▼ will be added to the LMMG website as Black colour classification.</p>	<p>DP</p>
<p>2017/083</p>	<p>LMMG – New Medicines Reviews Work Plan update</p> <p>DP discussed the paper, updating the committee on the current status of the work plan as follows:</p> <p><u>Medicines for discussion at a future LMMG</u> Liraglutide (Saxenda) – Obesity – concerns have been raised that although this is not to be marketed to the NHS, prescribing may occur. The group agreed that a New Medicines Review will be sent out this week to LMMG members. DP confirmed that this medication is for decreasing and maintaining weight.</p> <p><u>Medicines currently on hold, awaiting licensing or launch</u></p> <p>Naltrexone/bupropion – Obesity – awaiting confirmed launch date.</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 – launched November 2016. This will not be marketed to the NHS.</p> <p>Lacosamide (Vimpat) – Monotherapy in the treatment of partial-onset seizures with or without secondary generalisation in epilepsy – not prioritised for review, only prioritise for review if a request is received from specialist.</p> <p>DP informed the group that a new medicines application has been received from a Blackpool Urologist for Invicorp for Erectile Dysfunction – (injectable drug). There has been £146,000 of prescribing this year of alprostadil; £27,000 of the figure is</p>	

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	<p>attributed to the cream/pellets. The group agreed to carry out a review of the product. This will be added to the work plan.</p> <p>DP also informed the group that a new medicines request has been received from a specialist at BTH for Cortiment – budesonide mmx for Ulcerative Colitis. The product is used instead of prednisolone. There are around 80 patients across Lancashire. The group agreed to carry out a review of the product. This will be added to the work plan.</p> <p><u>Appeal for opicapone (Ongentys®▼) 50mg hard capsules for adjunctive therapy to preparations of levodopa/ DOPA decarboxylase inhibitors (DDCI) in adult patients with Parkinson's disease and end-of-dose motor fluctuations who cannot be stabilised on levodopa/DDCI inhibitors.</u></p> <p>A request to review the LMMG decision of a Black colour classification for opicapone (Ongentys®▼) 50mg hard capsules was received from a specialist at LTHT. The group considered all the new information which was supplied by the specialist. It was felt that there was no sufficient new evidence to review. The group decided to await the publication of the NICE Clinical Guidance for Parkinson's disease. Opicapone will be reconsidered if there is anything material in the guidance which may affect the LMMG decision of a Black colour classification.</p>	<p>DP</p> <p>DP</p>
GUIDELINES and INFORMATION LEAFLETS		
<p>2017/084</p>	<p>Biosimilar Position Statement</p> <p>AGR presented the paper discussing the amendments made to the Generic Biosimilar Position Statement following the April LMMG.</p> <p>Decision</p> <p>The group discussed the following paragraph in the Biosimilar Position Statement which was taken from the High Cost Drugs Service specification for Fylde and Wyre CCG:</p> <p><i>For medicines made in house, the costs must be discussed and agreed with the CCG before each scheme is commenced or when cost changes occur and for all schemes at the beginning of each financial year.</i></p> <p>The group decided to change the word <i>must</i> to <i>should</i>. It was felt that further discussion of the above paragraph was required to ensure that appropriate wording regarding the charges associated with the aseptic production costs and the on charge to CCGs is captured in the position statement.</p> <p>Actions</p> <p>MLCSU will amend the Biosimilar Position Statement in line with</p>	<p>AGR/LMMG</p>

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	<p>the discussions above and send out to LMMG representatives for consultation with a three week deadline. This will be brought back to the June LMMG.</p>	<p>Representatives</p>
<p>2017/085</p>	<p>Primary Care Psoriasis Guideline</p> <p>AGR presented the Primary Care Psoriasis Guideline.</p> <p>Five of eight CCGs, two of five provider trusts responded by the closing date. All of those that responded agreed with the guidance with four specifically requesting that additional comments be considered.</p> <p>Decision The group discussed the Primary Care Psoriasis Guideline and agreed upon the following actions:</p> <p>Acute guttate psoriasis and nail disease – this will be removed from the referral criteria; it was felt that timely access to specialist treatment may not be facilitated depending on local commissioning arrangements.</p> <p>Trunk and Limbs adult pathway – it is recognised that this follows NICE guidance and will remain in the pathway.</p> <p>Definition of percentage body area – the group discussed this and decided that it will be useful to include this..</p> <p>Dithranol – the group decided that this will be referred to in a statement outside of the main body of the pathway.</p> <p>Generic prescribing names will be used in the pathway for consistency.</p> <p>The amendments made following consultation responses were discussed and approved.</p> <p>Action The Primary Care Psoriasis guideline will be amended in line with the discussions above and uploaded to the LMMG website.</p>	<p>All actions AGR</p>
<p>2017/086</p>	<p>Melatonin 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. The timescales for completion of the audit is not yet known. No further data has been received. An update will be brought to the June LMMG.</p>	

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2017/087	<p>Lisdexamphetamine Audit</p> <p>AGR provided the group with an update of the Lisdexamphetamine audit on patients who require symptom control for over 12 hours.</p> <p>Decision The group discussed the Lisdexamphetamine audit which had been undertaken in LCFT and noted the compliance percentage rates. The group accepted the audit.</p>	
2017/088	<p>Blood Glucose monitoring Guideline</p> <p>AGR presented the paper discussing the Blood Glucose Monitoring guideline.</p> <p>Four of eight CCGs and three of five provider trusts responded by the closing date. Three CCGs and one provider trust supported the guidance document. The remaining responding members provided comments only.</p> <p>Decision The group discussed the Blood Glucose Monitoring guideline and agreed upon the following actions:</p> <p>Type 1 testing – the group discussed the comments raised regarding testing regimes; the group recognised that the Blood Glucose Monitoring guideline is in line with NICE clinical guideline – Type 1 diabetes in adults: diagnosis and management, therefore no further amendments required.</p> <p>Diet controlled type 2 patients or those not on insulin/oral medication causing hypoglycaemia/pregnant (or planning to become pregnant) - the group discussed the comments raised. It was recognised by the group that the Blood Glucose Monitoring guideline is in line with NICE clinical guideline – Type 2 diabetes in adults: management. The guideline will be amended to state: do not prescribe test strips unless in line with a personalised management plan if testing once or twice weekly (fasting and two hours after main meal).</p> <p>Testing in pregnancy – the group discussed the comments raised. It was recognised by the group that the Blood Glucose Monitoring guideline is in line with NICE clinical guideline – Diabetes in pregnancy; Management from preconception to the postnatal period, therefore no further amendments are required.</p> <p>Testing in children and young people – the group discussed the comment raised. It was agreed that the sentence “maximum frequency of testing in practice is up to 7 tests a day” will remain</p>	<p>All actions AGR</p>

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	<p>in the guideline. This is in line with the NICE clinical guideline – Diabetes (type 1 and 2) in children and young people: diagnosis and management which states “to routinely perform at least 5 capillary blood glucose tests per day.” Therefore, no further amendments are required.</p> <p>The amendments made following consultation responses were discussed and approved.</p> <p>Action The Blood Glucose monitoring Guideline will be amended in line with the discussions above and uploaded to the LMMG website.</p>	AGR
2017/089	<p>Mycophenolate, ciclosporin and tacrolimus</p> <p>DP presented the paper which was discussed in light of a request for clarification of the commissioning and supply arrangements for mycophenolate, ciclosporin and tacrolimus for the prevention of graft rejection following organ transplantation.</p> <p>It was highlighted that the current LMMG recommendations for tacrolimus and ciclosporin have a Red colour classification for the prevention of transplant rejection in new patients. For mycophenolate there is a Red colour classification for new patients following renal transplantation only.</p> <p>Decision To simplify the medicine recommendation, the group decided that the LMMG website will be updated with the indication wording to “prophylaxis of graft rejection following organ transplantation.”</p> <p>For information BH informed the group that he is awaiting feedback from NHS England regarding the timescales for repatriation of patients in the specialty services.</p> <p>DP updated the group with the repatriation of Renal patients in LTH. Out of 600 patients, 400 of those have been repatriated. Costs have been recharged to NHS England. The aim is that by summer 2017 all Renal patients in LTH will be repatriated.</p> <p>Action The medicine recommendations for mycophenolate, ciclosporin and tacrolimus will be amended in line with the decision above.</p> <p>A statement will be added to each medicine recommendation directing the supply through secondary care for all new patients.</p> <p>The links to NICE TA documents referring to renal transplantation will be removed from the medicine recommendations on the LMMG website.</p>	All actions DP

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2017/090	<p>LMMG – Guidelines Work Plan update</p> <p>AGR discussed the paper; updating LMMG on the current status of the work plan as follows:</p> <p><u>For discussion in June</u> NRT position statement – this will be discussed at the June LMMG.</p> <p><u>For discussion in July</u> Type II and I DM leaflets – work has commenced, awaiting QA.</p> <p>Mycophenolate shared-care guidance – work has commenced, awaiting QA.</p> <p>Update to antipsychotic shared-care guidance – a request to review the current monitoring requirements of antipsychotics in the share care guidance has been received. A review of the guidelines will be brought forward and developed in conjunction with LCFT.</p> <p>Palliative care and end of life care for generalists’ guidance – AGR will provide an update at the June LMMG.</p> <p><u>For discussion at a future LMMG meeting</u> Update of ophthalmology pathway with aflibercept from branch and full review of the guidance – awaiting a new medicines application before finalising the guideline.</p> <p>Allergic rhinitis guideline – the draft guidance has been completed and shared with the applicant – awaiting a response.</p> <p>Supplementary enteral nutrition (sip feed) guidance – a meeting has been held with dieticians via GP/CSR CCG.</p> <p>COPD guidance – work has commenced on the pharmacological elements of the guideline.</p> <p>Diabetes guidance – the brief is to be finalised.</p> <p>Inhaler comparison and identification guide – to be completed against the COPD/asthma guidance work.</p> <p>Anticoagulant review – work has commenced.</p>	

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NATIONAL DECISIONS FOR IMPLEMENTATION		
2017/091	<p>New NICE Technology Appraisal Guidance for Medicines (April 2017)</p> <p>AGR presented the NICE TA guidance paper.</p> <p>TA440 pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine – this is not recommended within its marketing authorisation for treating metastatic adenocarcinoma of the pancreas in adults whose disease has progressed after gemcitabine-based therapy. No further action is required.</p> <p>TA441 daclizumab for treating relapsing-remitting multiple sclerosis – this is an NHS England funded responsibility and will be put on to the LMMG website as Red colour classification.</p> <p>TA442 Ixekizumab for treating moderate to severe plaque psoriasis – NICE estimate that the net resource impact for the NHS health economy in Lancashire will be an additional £324,000 by year 5. A Blueteq form is being developed and will be available in the next two weeks. This will be put on to the LMMG website as Red colour classification.</p> <p>TA443 Obeticholic acid for treating primary biliary cholangitis in combination with ursodeoxycholic acid or as monotherapy for people who cannot tolerate ursodeoxycholic acid – this is an NHS England commissioning responsibility and will be added to the LMMG website as Red colour classification.</p>	All actions AGR
2017/092	<p>New NHS England medicines commissioning policies (April 2017)</p> <p>None published.</p>	
2017/093	<p>Evidence reviews published by SMC or AWMSG (April 2017)</p> <p>DP discussed the SMC and AWMSG recommendation published during April 2017 meeting LMMG criteria, which were:</p> <p><u>SMC</u> 127/17 insulin aspart (Fiasp®) SMC accepted 127/17 insulin aspart (Fiasp®) for the treatment of diabetes mellitus in adults. The group decided if a request is received from a specialist from a local service this will be brought back to LMMG for discussion. No further action was required.</p> <p>The remaining SMC/AWMSG recommendations for April 2017 did not meet LMMG criteria; therefore the group agreed that no further action was necessary.</p>	

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OTHER PROPOSALS		
2017/094	<p>Annual Declarations</p> <p>BH informed the group that the annual declaration process for LMMG members for the year 2017-18 will be started in the next few weeks.</p> <p>BH reminded LMMG representatives to inform MLCSU of local decisions for inclusion in the LMMG Annual review of 2016-17.</p>	LMMG representatives
ITEMS FOR INFORMATION		
2017/095	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</p> <p>No meeting in April.</p>	

Date and time of the next meeting

8th June 2017, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
11th May 2017**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11 th May 2017
ACTION SHEET FROM THE 10th NOVEMBER MEETING				
2017/194	<p>Rag review list 3</p> <p>Action: Nortriptyline – Depressive illness – LCFT will consider a black colour classification and feedback to LMMG.</p> <p>Update: CF will update at the June LMMG.</p>	SR/CF	01.06.2017	Open
ACTION SHEET FROM THE 9TH MARCH MEETING				
2017/046	<p>Fluticasone furoate/vilanterol (Relvar Elipta®▼)</p> <p>Action: LR will circulate the EL CCG COPD pathway</p> <p>Update: LR had sent this; LR will update at the next meeting when consultants have provided comments</p> <p>Update: MLCSU have drafted a Lancashire COPD pathway and are engaging with clinicians. The pathway will be circulated around Respiratory group and brought to LMMG.</p>	LR	04.05.2017	Closed
ACTION SHEET FROM THE 13TH APRIL MEETING				
2017/066	<p>Biosimilar Position Statement</p> <p>AG will forward some appropriate wording for inclusion in the Biosimilar Position Statement regarding aseptic requirements cost to the commissioner.</p> <p>Update: discussed under an agenda item.</p>	AG	04.05.2017	Closed
2017/067	<p>Melatonin audit – update</p> <p>An update of expected timescales from secondary care providers will be brought to the May LMMG.</p> <p>Update: discussed under an agenda item</p>	AGR	04.05.2017	Closed
2017/069	Nicotine Replacement Therapy			

	<p>position statement – update</p> <p>AGR will contact Jane Beanstock; Public Health representative from LCFT regarding the appropriate wording for inclusion in to the position statement. Update: Jane Beanstock is no longer in post; MLCSU have liaised with an appropriate person in LCFT.</p> <p>The amended position statement will be circulated in Acute Trusts and brought back to LMMG for approval. Update: this has been sent to Acute Trusts and will be brought back to LMMG.</p>	<p>AGR</p>	<p>04.05.2017</p>	<p>Closed</p>
		<p>AGR</p>	<p>04.05.2017</p>	<p>Closed</p>
2017/070	<p>RAG list review list 1</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 regarding its use in secondary care. Update: clarity is awaited; AGR will feedback in June.</p>	<p>AGR</p>	<p>01.06.2017</p>	<p>Open</p>
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. Update: This is with the Clinical Director of Neurology; DJ will work with a nominated Clinician and bring back to LMMG with an update later in the year.</p>	<p>DJ</p>	<p>04.05.2017</p>	<p>Closed</p>
2017/076	<p>Actions GA will forward the MB CCG mycophenolate shared care document. Update: GA has forwarded this.</p> <p>LMMG representatives and BH will look at the local position of mycophenolate and discuss at the May LMMG. Update: discussed under an agenda item.</p>	<p>GA</p>	<p>04.05.2017</p>	<p>Closed</p>
		<p>LMMG representatives/BH</p>	<p>04.05.2017</p>	<p>Closed</p>

ACTION SHEET FROM THE 11th MAY MEETING				
2017/084	Biosimilar Position Statement Action: The Biosimilar Position Statement will be amended and sent for a 3 week consultation. LMMG representatives to discuss in their organisations.	AGR/LMMG representatives	01.06.2017	Open
2017/094	Annual declarations/annual review Actions: LMMG representatives to inform MLCSU of local decisions for inclusion in the LMMG Annual report for 2016-17.	LMMG Representatives	01.06.2017	Open