

## Minutes of the Lancashire Medicines Management Group Meeting Held on Thursday 13<sup>th</sup> February 2014 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
Dr Emile Li Kam Wa (LKW)	Consultant Physician	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
Gareth Price (GP)	Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Dr Pervez Muzaffar (PM)	GP Prescribing Lead	NHS Blackburn with Darwen CCG
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines Commissioning	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Louise Winstanley (LW)	Lead Pharmacist	NHS Fylde and Wyre CCG
Nicola Schaffel	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
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	NHS Lancashire North CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Pauline Bourne (PB)	Senior Pharmacist, Medicines Management, Deputy Chief Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Bob Harbin (BHarb)	Public Health Specialist	Lancashire County Council, Public Health Lancashire
<b>IN ATTENDANCE:</b>		
Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Staffordshire and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Staffordshire and Lancashire CSU
Julie Lonsdale (JLon)	Head of Medicines Performance	NHS Staffordshire and Lancashire CSU
Warren Linley (WL)	Senior Medicines Commissioning Pharmacist	NHS Staffordshire and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Staffordshire and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/014	<p><b>Welcome &amp; apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting and it was noted that Bob Harbin was attending on behalf of Dr Sakthi Karunanithi and also Julie Kenyon who has joined LMMG to represent Blackburn with Darwen CCG.</p> <p>Apologies for absence were noted on behalf of Dr Lisa Rogan, Dr Sigrun Baier and Dr Sakthi Karunanithi.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/015	<b>Declarations of interest pertinent to agenda</b> None.	
2014/016	<b>Declaration of any other urgent business</b> None.	
2014/017	<p><b>Minutes of the last meeting 9th January 2014</b> The minutes of the meeting held on 9th January 2014 were agreed as a true and accurate record.</p> <p><b>Updates from the action points (from December meeting)</b></p> <p>2013/150 Melatonin – NB has circulated the information.</p> <p>2013/160 Lancashire RAG List Harmonisation No further information received at this time – CSU awaiting responses from CCGs</p> <p>2013/170 Horizon Scanning Quarter 4 2013/14 Lurasidone – Schizophrenia – to be brought back to LMMG once LCFT have considered it.</p> <p>2013/176 – Shared Care Guidelines – LW has shared the responses received; these are in the process of being collated.</p> <p><b>Updates from the action points (from the January meeting)</b></p> <p><i>20014/007 LMMG – New medicine review work plan update</i> BH informed the group that the Nicotine strips evidence review has been drafted and will be sent out to consultation by the 21<sup>st</sup> February to be brought back to the April LMMG.</p> <p>Ticagrelor pathway - Action: WL to look at the draft of Ticagrelor pathway and bring to the March meeting.</p> <p>Update: BH and WL have reviewed this information and are putting this into a pathway for further clarification from the clinician.</p> <p><i>2014/011 Terms of Reference Review</i> Action: remove the Lay person from the membership section of the Terms of Reference, but keep as part of the discussion in July. Present this to the CCG Network for ratification. Update: this is on-going.</p> <p><i>LMMG review of 2013</i> Action: ask Julie Cheatham (CCG network) for a list of the clinical networks and their Terms of Reference for information. Update: BH has no update at this stage.</p>	
2014/018	<b>Matters arising (not on the agenda)</b> There were no matters arising	

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<b>NEW MEDICINES REVIEWS</b>		
2014/019	<p><b>Newer long-acting bronchodilators for COPD</b></p> <p>WL presented the New Medicine Recommendation draft consultation document for the Newer long acting bronchodilators for COPD. The <u>draft</u> recommendations were:</p> <p>1 <i>Tiotropium 18mcg once daily via HandiHaler® remains the preferred LAMA based on its greater body of evidence in moderate, severe and very severe COPD and in patients with a history of exacerbations.</i> – there was unanimous agreement from consultees</p> <p>2 <i>Aclidinium and glycopyrronium are recommended as alternative where a LAMA is required but tiotropium or its inhalation device cannot be used</i> – 7 consultation responses from CCGs, 6 agreed with the recommendation, 1 disagreed. It was suggested to clarify the wording to reflect the circumstances in which the products should be used.</p> <p>3 <i>Tiotropium solution for inhalation via Respimat® is not recommended due to on-going safety concerns and its higher costs compared with other LAMAs.</i></p> <ul style="list-style-type: none"> <li>- all CCGs agreed at consultation stage; however respondents from 2 acute trusts noted new evidence, which was discussed further at this meeting.</li> </ul> <p>4 <i>Indacaterol is recommended as an alternative to other LABAs. As a once daily LABA it may offer greater convenience than twice daily LABAs, but robust evidence of sustained benefits over formoterol to warrant its significantly greater acquisition costs are currently lacking. There is no robust evidence of sustained benefits of indacaterol over tiotropium.</i></p> <ul style="list-style-type: none"> <li>– All CCGs except one agreed at the consultation stage. The CCG that did not agree felt the evidence base was weak and the cost greater than for other LABAs.</li> </ul> <p>5 <i>Ultibro® is only recommended for use in patients who would be treated with its individual components. As a once daily fixed combination, Ultibro® may offer greater convenience than the separate use of its individual components, but there are currently insufficient data to support its use ahead of other LAMA and LABA combinations. There are no data to support its use ahead of LABA plus inhaled corticosteroid in patients experiencing exacerbations.</i></p> <ul style="list-style-type: none"> <li>– at consultation stage 4 of 7 CCGs agreed but highlighted the need to be clear with the wording regarding the circumstance, 1 CCG disagreed stating the evidence base was not strong and 2 CCGs stated they do not support the use of combination inhalers. The list price for Ultibro® included in the draft review was provided by the company; however, the product launch has now been delayed until April to June and the company is no longer able to confirm the NHS price at launch.</li> </ul>	

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	<p><i>Tiotropium Respimat®</i> – WL discussed the issues regarding the safety of Respimat. A large new trial of Respimat versus the HandiHaler (TIOSPIR) has recently been published. Over a follow-up of 2.3 years, no significant difference in all-cause mortality was observed between the two products. A subsequent analysis of the trial results found that there was a statistically significant increase in the risk of fatal MI and a trend towards higher rate of all MIs with Respimat compared with the HandiHaler; however, these are based on small numbers of events. An observational study (a Dutch GP database study) of Respimat versus other inhalers, published in 2013, found an elevated risk of all cause mortality compared with other agents. These new sources of evidence need to be considered in the context of existing data.</p> <p><b>LMMG Recommendations following discussions</b></p> <p>1 Tiotropium HandiHaler – LMMG supported the draft recommendation - GREEN RAG rating.</p> <p>2 Aclidinium and glycopyrronium are only recommended as alternatives where a LAMA is required but tiotropium is contraindicated or its inhalation device cannot be used after initial training and an adequate therapeutic trial. – GREEN RAG rating with restrictions.</p> <p>3. Respimat – It was agreed to carry out a separate evidence review for tiotropium Respimat® and to send this out to full consultation.</p> <p>4 Indacaterol – LMMG supported the draft recommendation – GREEN RAG rating with restrictions</p> <p>5 Ultibro – Decision deferred. Separate evidence review and draft recommendation will be circulated once the price is confirmed.</p> <p><b>Action:</b> carry out a separate evidence review for Respimat. Contact MHRA to find out its view on the evidence for Respimat. Send the evidence review and information out to consultation.</p>	WL
2014/020	<p><b>LMMG – New medicine Review Work Plan update</b></p> <p>BH presented the update to the new medicines' requests since the last meeting. The following updates were given:-</p> <p><i>Tocilizumab/Abatacept Monotherapy</i> - currently out for consultation.</p> <p><i>Nicotoine strips/Canagliflozin/Eltrombopag</i> – out to consultation within the next two weeks and this will come back to the April meeting. The price for Canagliflozin has been confirmed by the company.</p> <p><i>Lubiprostone/Alogliptin</i> – bring to the May meeting.</p> <p><i>Relvar Ellipta</i> – this will be brought to the May or June meeting.</p> <p><b>Requests received since the last meeting;</b></p> <p><i>Eslicarbazepine</i> – BH has sent this back with a request for the</p>	

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	<p>clinician to provide a summary of new trial evidence since the original RAG status was agreed – LMMG agreed with this approach.</p> <p><i>Dapoxetine</i> – LMMG agreed that this will be discussed at the next meeting for prioritisation alongside the medications identified as part of horizon scanning for the first quarter of 2014/15.</p> <p><i>Vesomni</i> – (<i>solifenacin and tamsulosin</i>) – BH to draft a short process for discussion at the next meeting.</p> <p><i>Magnesium Sachets</i> – all agreed to discuss this at the next meeting once a response regarding clarity of what it is replacing and the cost impact has been received.</p> <p><i>Peristeen / Quofora</i> – LW highlighted that there is a Fylde Coast policy on this. LW to circulate to the CSU MM Team with a view to formulating a policy position across Lancashire.</p> <p><i>Caphason</i> – further clarification has been sought about whether this is a CCG responsibility. GP will speak with Radiotherapy Service to find out what the policy position in Preston. The group will then consider this further.</p> <p><i>Nalmefene</i> – BHarb will raise this with Tom Woodcock (Substance Misuse) to clarify information contained in the pathway.</p> <p><i>Fluarix Tetra</i> – BHarb will discuss with Public Health the issue of collaborative working between Public Health and the 3 local authorities.</p> <p>Rivaroxaban/Abiglutide/Non-valvular AF – ongoing.</p> <p><b>Actions:</b></p> <p>Solifenacin and tamsulosin – draft a short process for discussion at the next meeting. <span style="float: right;">BH</span></p> <p>Peristeen – share the Fylde policy on this. <span style="float: right;">LW</span></p> <p>Caphason – speak with Radiotherapy Service to determine the policy position in Preston. <span style="float: right;">GP</span></p> <p>Nalmefene - discuss with Tom Woodcock about the pathway regarding substance misuse. <span style="float: right;">BHarb</span></p> <p>Fluarix Tetra – discuss with Public Health the issue of collaborative working between Public Health and the 3 local authorities. <span style="float: right;">BHarb</span></p>	

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<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2014/021	<p><b>New NICE Technology Appraisal Guidance for Medicines January 2014</b></p> <p>Elaine presented the New NICE Technology Appraisal Guideline for Teriflunomide (Multiple Sclerosis relapsing); LMMG agreed to assign this a red traffic light when used in line with the NICE TA; however, it was noted that this was an NHS England Commissioning Responsibility.</p>	<p><b>BH to add to website</b></p> <p><b>All leads to consider within CCG decision making groups</b></p>
2014/022	<p><b>New NHS England medicines commissioning policies December 2014</b></p> <p>There were no new NHS England Medicines Commissioning Policies published in January 2014.</p>	
<b>PROCESS PROPOSALS</b>		
2014/023	<p><b>Output from LMMG process workshop 9<sup>th</sup> January 2014</b></p> <p>TN gave an overview of the output from the LMMG process workshop together with the proposed actions.</p> <p>Clarification was sought by LW regarding the statement included in the paper regarding "Move towards LMMG being a 'committee in common' able to make decisions on behalf of CCGs". TN and EJ clarified that there are on-going discussions with CCG governing body representatives in relation to LMMG processes. The suggestion included in the paper is that this is the appropriate forum for discussions relating to the role and remit of the group.</p> <p>A discussion took place about decisions/guidelines around clinical engagement within Lancashire. It was highlighted by CCGs that it is difficult to feedback local decisions to the LMMG due to timescales involved in the processes and waiting for decisions to be made at CCG level. It was discussed that it would be useful if LMMG leads could forward meeting minutes from local decision making groups to the CSU. This will prevent a duplication of work.</p> <p><b>Action:</b></p> <p>CCG Medicines Management Leads to add the Medicines Management email inbox to their distribution lists for locality Medicines Management Groups.</p>	<b>All leads</b>
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
2014/024	<p><b>Asthma guidelines (paper a/paper b)</b></p> <p>JLon discussed the guideline summary for asthma for use in primary care which had been sent out for consultation.</p> <p>Two CCG medicines management lead responses were received in response to the scoping exercise. Based on the responses a</p>	

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	<p>draft guideline was sent out to consultation.</p> <p>Discussions took place and the following were agreed:-</p> <ul style="list-style-type: none"> <li>• Leave in the 'step system' on page 1.</li> <li>• More clarification at 'step 4.'</li> </ul> <p>It was apparent at the meeting that not all LMMG members have had sight of the draft guidelines; JLon to resend the asthma guidelines to LMMG members to be discussed at the next meeting. It was agreed that if clinicians are unable to forward a response within the timescale LMMG leads should inform Medicines Management at the CSU so that this can be taken into account during LMMG discussions.</p> <p><b>Action:</b> resend the Asthma guidelines to the LMMG members to be discussed at the next meeting.</p>	<b>J Lon</b>
2014/025	<p><b>COPD guidelines</b></p> <p>JLon presented the draft COPD guidelines paper. It was noted that there had been a good response from all CCGs.</p> <p>It was noted that Fylde and Wyre CCG comments had been overlooked; LW will resend the comments for consideration.</p> <p>The following points were discussed and decided upon:</p> <p>It was agreed that the formatting of the flow chart on page 2 needs to be clearer to avoid confusion.</p> <p>Time periods for review (4 weeks and 8 weeks) to assess treatment effectiveness were discussed. LKW queried the evidence behind the recommendations while TN highlighted that it was useful in practices to have a defined review period. It was agreed that evidence in support of the recommendation needed to be considered.</p> <p>It was agreed to include the CAT score in the 'Assess treatment' box and remove the BORG scale from the box. Rework the section to include 'local protocol' and a reference/link to the CAT score.</p> <p>Change the information contained in the box 'If still symptomatic and severe' consider Pulmonary Rehabilitation – remove the word 'consider.'</p> <p><b>Action:</b> LW will resend the Fylde &amp; Wyre CCG comments.</p> <p>Simplify the flow chart on page 2 to avoid confusion and look at the evidence base with regard to time periods.</p> <p>Further research should be carried out re: time periods for review of treatment effectiveness included in the flow chart.</p>	<b>LW</b> <b>JLon</b> <b>JLon</b>

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	Change the information contained in the box 'If still symptomatic and severe' consider Pulmonary Rehabilitation – remove the word 'consider.'	JLon
2014/026	<p><b>PbR Excluded drugs policy</b></p> <p>JLon presented the document to the group, which sets out the commissioning position for PbR excluded drugs that are CCG commissioned. The following were discussed and agreed:</p> <p>Clarify the wording around 'Blueteq' form as at the moment it could be interpreted if a form is not completed (even where one is not in widespread use) that trusts may not be reimbursed for use in appropriate patients.</p> <p>It was agreed to send the spread sheet out to LMMG members for comment.</p> <p>For LMMG members to check the list of medications and feedback by the 4<sup>th</sup> of March any queries or amendments. The updated document will then be discussed at the March LMMG meeting.</p> <p><b>Action:</b> Clarify the wording around 'Blueteq' form. Send out the spread sheet to LMMG members. LMMG members to feedback comments on the list by 4<sup>th</sup> March Update the spread sheet to reflect the comments received, for consideration at the March LMMG.</p>	JLon JLon <b>LMMG Members</b> JLon

#### ITEMS FOR INFORMATION

2014/027	<p><b>Minutes of the Lancashire Care FT Drug and Therapeutic Committee 15<sup>th</sup> January 2014</b></p> <p>The Lancashire Care FT Drug and Therapeutic minutes were noted.</p>	
	<p><b>Any other business</b></p> <p>GP asked if the infant feeding guidelines could be brought back to the next meeting as some clinicians had raised concerns around this issue. JLon requested feedback from clinicians regarding discharge weight of pre-term infants. GP has already received feedback from Clinicians and will forward this to JLon for discussion at the March LMMG.</p> <p><b>Action:</b> GP to forward feedback from clinicians regarding the criteria for discharge.</p>	GP

#### Date and time of the next meeting

13 March, 9.30 am to 11.30 am, Meeting Room 1, Preston Business Centre

**ACTION SHEET FROM THE  
LANCASHIRE MEDICINES MANAGEMENT GROUP MEETINGS**

MINUTE NUMBER	DESCRIPTION	ACTION	DUe DATE	STATUS OPEN/CLOSED
	<b>UPDATES FROM THE ACTION POINTS (From meeting on 12 December 2013)</b>			
2013/150	<b>2013/150 Melatonin</b> Provide Mersey Leaflet - NB has circulated the information  Obtain Shared care protocols that exist in Cumbria – provide process documents from Lancashire Care FT and prescribing data  Prescribing data required from acute trusts – DS has passed this to GP.	NB  PB/CF  DS		Closed  Open  Open
2013/160	<b>2013/160 Lancashire RAG List Harmonisation</b> <b>Update:</b> No further information received at this time – CSU still awaiting responses from CCGs	CCG Med Man Leads	02.01.14	Open
2013/169	<b>LMMG New Medicines Reviews Work Plan update</b> <b>Update:</b> NRT products added to the LMMG work plan.  Look at all NRT products.  Carry out individual medicine review on nicotine strips.	BH	02.01.14	Open
2013/170	<b>Horizon Scanning Quarter 4 2013/14</b> Lurasidone – Schizophrenia – to be brought back to the LMMG once it has been considered by LCFT.	CF	02.01.14	Open
2013/176	<b>Lancashire Shared Care Guidelines</b> <b>Update:</b> LW has shared the responses received; these are in the process of being collated.	LW	02.01.14	Open
	<b>UPDATES FROM THE ACTION POINTS (From meeting on 9 January 2013)</b>			
2014/007	<b>LMMG – New medicines review work plan update</b> <b>Update:</b> Nicotine strips evidence review has been drafted and will be sent out to consultation on 21 February 2014 to be brought back to the April meeting.  Ticagrelor pathway - WL to look at the draft of Ticagrelor pathway and bring to the March meeting. <b>Update:</b> BH and WL have reviewed this and are putting this into a pathway for further clarification from the clinician.	BH  WL	06.02.14  06.02.14	Open  Open

2014/011	<p><b>Terms of reference review</b> Keep the Terms of Reference as part of the discussions in July/present this to the CCG network for ratification <b>Update</b> – this is on-going</p> <p><b>LMMG review of 2013</b> BH to speak with Julie Cheatham (CCG network) for a list of clinical networks and their TOR for information. <b>Update:</b> BH has no update at this stage.</p>	EJ	06.02.14	Closed
	<b>MATTERS ARISING: ACTION SHEET FROM THE 13 FEBRUARY MEETING</b>			
2014/019	<p><b>Newer long-acting bronchodilators for COPD</b></p> <p><b>Action:</b> carry out a further evidence review for Respimat Contact MHRA to find out their view on the evidence. Send the information out to consultation</p>	WL	06.03.14	Open
2014/020	<p><b>LMMG – New Medicine Review Work Plan update</b></p> <p><b>Actions:</b> Vesomni (Solifenacin and tamsulosin) – draft a short process for discussion at the next meeting.  Peristeen – share the Fylde policy on this.  Caphason – speak with Radiotherapy Service to determine the policy position in Preston.  Nalmefene - discuss with Tom Woodcock about the pathway regarding substance misuse.  Fluarix Tetra – discuss issue with Public Health including collaborative working between Public Health and the 3 local authorities.</p>	BH  LW  GP  BHarb  BHarb	06.03.14  28.02.14  13.03.14  13.03.14  13.03.14	Open  Open  Open  Open  Open
2014/021	<p><b>New NICE Technology Appraisal Guidance for Medicines January 2014</b> <b>Action:</b> Teriflunomide (Multiple Sclerosis relapsing); add the red traffic light status to formularies.</p>	BH add to website  All CCG leads to consider in decision making groups	20.02.14  In line with NICE timescales	Open  Open

2014/023	<b>Output from LMMG process workshop 9<sup>th</sup> January 2014</b> <b>Action:</b> CCG Medicines Management Leads to add the CSU Medicines Management email inbox to their distribution lists for locality Medicines Management Groups.	All CCG leads	13.03.14	Closed
2014/024	<b>Asthma guidelines</b> <b>Action:</b> resend the Asthma guidelines to the LMMG members to be discussed at the next meeting.	JLon	18.02.14	Closed
2014/025	<b>COPD guidelines</b> <b>Action:</b> LW will resend the Fylde & Wyre CCG comments  Simplify the flow chart on page 2 to avoid confusion and look at the evidence base with regard to time periods for effectiveness review. Rework the section to include 'local protocol' and include a reference/link to the CAT score.  Change the information contained in the box 'If still symptomatic and severe' consider Pulmonary Rehabilitation – remove the word 'consider.'	LW  JLon  JLon	21.02.14  28.02.14  28.02.14	Closed  Closed  Closed
2014/026	<b>PbR Excluded drugs policy</b>  Clarify the wording around 'Blueteq' form.  Send out the spread sheet to LMMG members.  LMMG members to feedback comments on the list by 4 <sup>th</sup> March  Update the spread sheet to reflect the comments received for consideration by the March LMMG	JLon  JLon  LMMG Members  JLon	20.02.14  20.02.14  4.03.14  13.03.14	Closed  Closed  Closed  Closed
	<b>Any other business</b> <b>Action:</b> Infant Feeds - GP to forward feedback from clinicians regarding the criteria for discharge.	GP	28.02.14	Open