Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 11th April 2019 at Preston Business Centre

PRESENT:

Graham Atkinson (GA)	Medicines Optimisation Pharmacist / Chair	NHS Morecambe Bay CCG
Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Judith Argall (JA)	Lead Pharmacist, Medicines Governance	Lancashire Teaching Hospitals NHS Trust
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Rebecca Bond (RB)	Senior Pharmacist	NHS Fylde and Wyre CCG
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research & Clinical Effectiveness	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble 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

IN ATTENDANCE:

Dr David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/065	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of David Jones, Christine Woffindin, Andy Curran, Julie Kenyon, Julie Lonsdale and Melanie Preston. It was noted that Judith Argall was attending on behalf of David Jones.	
2019/066	**Declaration of any other urgent business** None.	
2019/067	**Declarations of interest** None.	
2019/068	**Minutes of the last meeting (14th March 2019)**	

ITEM	SUMMARY OF DISCUSSION	ACTION
	The minutes of the meeting dated 14th March 2019 were agreed as a true and accurate record.	
2019/069	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2019/070	**Fortacin® New Medicine Review** DP gave the group an overview of the Fortacin® paper. DP confirmed that there would be a significant cost pressure to the health economy. DP confirmed that the review was conducted in February 2019 and was sent out for consultation with responses to be received by 4th April 2019. The draft recommendation was 'Black'. DP stated that the draft recommendation was chosen because only placebo-controlled studies were found. No studies against an active comparator were available in the published literature. DP stated that six of eight CCGs and one of five provider trusts responded by the closing date. All respondents supported the draft recommendation. The East Lancashire Health Economy agreed with the proposed Black classification, however, commented that the product could potentially be classed as Red when used by sexual health clinics as part of a short-term trial in conjunction with behavioural techniques. DP stated that the data showed that the drug did appear to work but there was no accepted definition of successful treatment effect. There were no significant documented systemic adverse effects, although there were some local effects noted related to the drugs action as a local anaesthetic. DP confirmed that approximately 3,500 could potentially be eligible for treatment across the health economy resulting in a £2.46million cost pressure if everyone that was eligible to receive Fortacin® received one 12 dose container per month. **Discussion** The group considered the evidence and consultation responses. Based on the lack of active comparator data and the significant cost pressure that could result from having Fortacin® available it was agreed that Fortacin® should be given a RAG status of 'Black'. **Action – the website to be updated with a 'Black' RAG status for Fortacin®.**	**DP**
2019/071	**GLP-1 place in therapy - update** DP confirmed that it was agreed at the last LMMG that the place of therapy for GLP-1s would be scoped and reported to the group, this was primarily because GMMMG had published draft guidance to this effect that deviates from NICE.	

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	DP stated that draft GMMMG guidance states that GLP-1s can be used earlier in the pathway for patients that have cardiovascular disease. This position is supported by North American and European consensus guidelines and to a lesser extent SIGN. DP confirmed that no economic analysis supporting the cost-effectiveness of these agents at this stage in the pathway is available. DP noted that GMMMG have not estimated the extent of the cost-pressure based on this approach. DP mentioned that GMMMG have cited the cardiovascular burden in Greater Manchester as a driver to introduce approaches to address this. DP suggested that the revised GMMMG anti-hyperglycaemic pathway may be one method of addressing this burden. DP stated that the evidence underpinning this approach is relatively weak. Manufacturer cardiovascular safety studies have been used to support the use of GLP1-s at this point in the treatment pathway, however, the studies were designed as safety studies and were not sufficiently structured or powered to show positive cardiovascular outcomes. DP confirmed that there is no long-term data, the duration of follow up for patients in the safety studies ranged from 2-5 years. DP felt that the weight of cardiovascular safety evidence sits firmly behind more established treatments such as Metformin. DP did not believe it was necessarily the wrong approach to advocate the use of GLP-1s earlier in the pathway, but the evidence and cost-effectiveness data to support such a change is currently lacking. **Discussion** LR stated that she has seen the use of GLP-1s earlier in treatment pathways in ELCCG. LR stated that patients tend to stay on GLP-1s if weight loss is observed rather than being prescribed solely for glycaemic control. JM confirmed that RMOCs are looking at GLP-1 choice rather than place in the treatment pathway. Following discussion, it was agreed that the group wishes to maintain the current position of GLP-1s in the LMMG treatment pathway, as this reflects the current evidence base. It was highlighted that there may be a drive from secondary care to prescribed GLP-1s at this place in the pathway, but from a population perspective there does not appear to be the evidence. BH stated that we have evidence-based guidance but there is anecdote that specialists may be using these agents based on limited evidence. BH recommended that significant buy-in from clinicians will be needed to ensure that the pathway is followed in its current form. BH suggested that resources may be better focussed on interventions like the Diabetes Prevention Programme rather than prioritising certain classes of drugs further up the treatment pathway. BH	

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	elaborated that the uptake of these programmes is high but the numbers completing the course are relatively low. AG felt that there was not sufficient evidence to change the guidance. GA stated that there may be gains from wider engagement with the ICS as diabetes is not just a medicines-issue. **Action – GA to engage with AC regarding the wider management of diabetes care across the ICS.**	**GA**
2019/072	**LMMG – New Medicine Reviews Work Plan update** DP confirmed two new additions to the new medicines review work plan – agomelatine and ulipristal. DP advised that Prasterone and melatonin (Slenyto®) are being worked on currently as they are both now licensed. DP stated that cariprazine is currently on hold as no applications have been made. SR stated she is expecting some demand for cariprazine in the near future.	
GUIDELINES and INFORMATION LEAFLETS		
2019/073	**Combined oral contraception – hormone-free interval guidance – scope** AG presented a paper scoping the impact of updated guidance from the faculty of sexual and reproductive healthcare (FRSH) published in February 2019 on the use of combined hormonal contraceptives (CHC). The FSRH now state that there is no health benefit from a monthly withdrawal bleed, and the 7-day hormone-free interval (HFI) has a number of drawbacks. The FSRH states that 'tailored' CHC regimens in which there are fewer (or no) HFI and shortened HFI can be safely used to avoid withdrawal bleeds and associated symptoms and theoretically reduce the risk of contraceptive failure. The FRSH recommends that women should be told about tailored regimens and given their choice of a regimen based on their preference. The use of tailored CHC regimens would be an off-label use of a licensed product. The estimated cost pressure of changing from a 21 day to 28 day for patients in the Lancashire and South Cumbria region is £257,557 per year. The committee were asked to discuss the issues raised and decide whether formal guidance should be developed for approval by LMMG informing primary care prescribers that there is no clinical requirement for women receiving the CHC to take a HFI. CM noted that guidance has already been produced by the FSRH and questioned the need for additional LMMG guidance.	

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	BH commented that LMMG guidance may not be necessary as implementation of the updated guidance is likely to be achieved due to clinicians being aware of the new guidance. **Action: The group agreed that LMMG guidance was not necessary for implementation of the updated FSRH guidance, however, this would be reconsidered if an application from a specialist is received.**	
2019/074	**Trans-anal Irrigation System – guidance update** AG presented an update of the existing LMMG position statement on the use of trans-anal irrigation systems. The only change with this update is the inclusion of the Aquaflush® device in the product choice section of the position statement. An LMMG equality scoping form has been completed for the position statement. The CSU are aware that a stage 2 equality assessment has been completed in another region, however, as the preparations are being recommended across all patient groups no equality issues were identified. The position statement was sent to LMMG members for consultation with responses to be received by 4th April 2019. Six of eight CCGs and two of five provider trusts responded by the closing date. Three CCGs and one provider agreed with the position statement. Three CCGs and one provider stated that they may support the position statement if additional information was considered. The committee's discussion focussed on the commissioning of services for bowel dysfunction and the level of support from specialists for GPs and patients. **Action: The group agreed that the document should be accepted and published on the LMMG website.** **CCG leads will contact commissioners locally to identify any local issues with the commissioning of the devices.**	**AGR** **CCG leads**
2019/075	**COPD guidance – update** DP stated that the inhaler pathway in the guidance had not changed. DP confirmed that it was the 'ABCD' section on pages 7 and 8 (the GOLD criteria) that had changed. DP summarised that changes were based on the distinction between initiation and follow-up and the inclusion of eosinophil levels. DP confirmed that the request to change the guidance had come from clinicians and there has been significant engagement with clinicians whilst changing the guidance, however, a full consultation had not been undertaken. It was discussed that the changes to the guidance were triggered by the changes made to external documents (GOLD) as the guidance has only recently been approved. Following discussion, the group confirmed that a full consultation was not required.	

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	Discussion CM stated that she found pages 7 and 8 difficult to read. DP confirmed that these are in line with the GOLD guideline which include the use of asterixis. The group felt that it would be beneficial to pull this information onto one page and look to remove the asterixis. It was agreed that the guidance will be redrafted and brought back to the group for approval. **Action – to reformat pages 7 and 8 and bring back to the next meeting.**	**DP**

2019/076	**Freestyle Libre – update**
	
	AGR presented a paper outlining the potential impact of the recently published NHS England guidance 'NHS England National Arrangements for Funding of Relevant Diabetes Patients'. The NHS England guidance differs from the current Lancashire and South Cumbria Clinical Commissioning Group's 'Policy for the Provision of Continuous Glucose Monitoring and Flash Glucose Monitoring to patients with Diabetes Mellitus'.
	
	The LMMG were informed of the differences between the two policies and the committee were asked for their comments about the differences which will be used to inform the CPDIG during subsequent discussions about the NHS England guidance.
	
	Comments from the LMMG meeting in March 2019, when the NHS England policy was first highlighted were presented at the March meeting of the CPDIG alongside an earlier expression by the JCCCG to adopt the NHSE criteria in Lancashire if it is less restrictive than the current policy. The CPDIG agreed the following:
	
	• the Lancashire and South Cumbria policy should be aligned with the national criteria;
	• the local criteria enabling provision to the three additional patient cohorts not covered by the national guidance should be retained, these being:
	  ○ children who require third parties to carry out monitoring where conventional blood testing is not possible;
	  ○ patients who are eligible for insulin pump therapy as a result of their HbA1c level, for whom a specialist clinician considers pump therapy inappropriate; or who has been unable to use an insulin pump due to intolerance or lack of compliance;
	  ○ patients with non-type 1, non-type 2 diabetes caused by (near) absence of insulin production.
	• the Lancashire and South Cumbria policy should be amended to align the prescribing approach with the national guidance. This will ensure CCGs are able to maximise their potential to access the national funding stream for these devices.
	• the local continuation criteria should be modified to allow review periods to be determined by individual patient's clinical circumstances or need.
	
	The policy group noted that as the majority of supply would now be relocated to primary care, this being only route of reimbursement from NHSE, Blueteq forms	

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	for Freestyle Libre use in secondary care should be withdrawn. AGR confirmed that Lancashire Blueteq forms for Freestyle Libre had now been removed. The criteria for initiation have been modified to include specialists and, in some circumstances a clinician responsible for the wider care and management of the patient's diabetes. It was suggested that a revised criterion of 'Green (restricted)' or 'Amber 0' would be more appropriate. AGR highlighted that demand is likely to exceed that predicted by NHSE. However, costs associated with the additional Lancashire criteria would not be expected to exceed that previously agreed by CCGs during the ratification of the Lancashire policy. AGR confirmed that CCGs would be expected to cover the cost of any additional devices, in excess of the 20%, that are supplied against the policy. After 2020/21 CCGs will be responsible for the funding of all Flash Glucose Monitoring devices. AGR stated that the audit of Freestyle Libre usage in primary care is not mandated in the revised version Lancashire policy. However, AGR confirmed that the CPDIG noted that there was still a national requirement to complete the audit. BH stated that the Medicines Management team will monitor the spend on Freestyle Libre, currently at around 10% of predicted overall uptake. RB stated that Fylde and Wyre CCG would prefer an Amber RAG rating. It was highlighted that clinicians may need additional training to initiate the device, and that that clarification of the NHS England criteria for initiation would be helpful. It was agreed that the CSU would work with the policy group to draft a prescribing tip on the requirements for training and initiation. **Action: The group agreed that a RAG rating of Amber 0 should be assigned to Freestyle Libre** **Action: The group agreed that the CSU would work with the policy group to draft a prescribing tip on the requirements for training and initiation.**	**AGR** **AGR**
2019/077	**LMMG – Guidelines Work Plan update** AG discussed the paper; updating LMMG on the status of the work plan as follows: *For discussion at May LMMG and currently at the consultation stage* Guidelines for good prescribing in primary care – update Lithium shared-care update *For discussion at June LMMG* GLP-1 guidance update Review of POM antihistamine products (EL CCG self-care work stream) Dementia prescribing information - to be updated by LCFT Camouflage creams - position statement	

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	For discussion at July LMMG Riluzole shared-care guidance update Rheumatoid Arthritis High Cost Drugs pathway AMD pathways update Type I and II DM leaflets GP shared-care requests for the prescribing of hormone therapy for trans-gender patients Homely remedies template policy – scope *For discussion at September LMMG* Chronic non-cancer pain guidance	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2019/078	**New NICE Technology Appraisal Guidance for Medicines March 2019** AG presented the NICE TA guidance paper. *The following NICE TAs are NHSE commissioning responsibilities for cancer indications and will not be added to the LMMG website:* TA567 – Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies TA569 - Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer TA570 - Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (terminated appraisal) TA571 - Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib *The following NICE TA is a NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification* TA565 – Benralizumab for treating severe eosinophilic asthma *The following NICE technology appraisal is a CCG commissioning responsibility. It will not be added to the LMMG website as NICE it is a terminated appraisal* TA568 - Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal) *The following NICE technology appraisal is a CCG commissioning responsibility and will be added to the LMMG website as Green (restricted) colour classification.* TA572 - Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes	**All actions AG** **All actions AG**

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/079	**New NHS England medicines commissioning policies** AG informed the group that no relevant NHS England commissioning policies were published in March 2019.	
2019/080	**Regional Medicines Optimisation Committees – Outputs** DP noted that liothyronine will be looked at by the RMOC because of variations in practice being identified by a House of Lords report and is due to be discussed at the CCG leads meeting. DP confirmed that NHSE have stated that liothyronine may have a place in therapy for patients that do not metabolise levothyroxine in the CNS. CM queried whether IFR would be the appropriate route for these patients. BH clarified that as it appears to be a cohort of patients requests under the IFR route would not be appropriate. It was agreed that policy criteria should be led by the evidence and that unfortunately the NHSE criteria is ambiguous as current access is bound by interpretation by individual consultants and this is where problems are occurring. It was agreed, that there is not enough evidence available to amend the current LMMG position and that the group is to await RMOC decision later in the year. JM confirmed that this is likely to be June.	
2019/081	**Evidence reviews published by SMC or AWMSG (March 2019)** DP outlined the SMC and AWMSG recommendation published during March 2019 and meeting LMMG criteria as follows: Nothing from the SMC. AWMSG: Ciclosporin (Verkazia®) is recommended as an option for use within NHS Wales for the treatment of severe vernal keratoconjunctivitis in children from 4 years of age and adolescents (until the age of 18). It was agreed that this will be explored further should any requests be received. DP discussed epoetin alfa (Eprex®) for myelodysplastic syndrome. It has been listed as NHSE commissioning responsibility as it is being used as a treatment for a cancer not as a supportive treatment. DP highlighted that this may be challenged by NHSE and was for information. No other actions were required as there was already a NICE TA available in the indications listed or NICE was in development.	

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ITEMS FOR INFORMATION		
2019/082	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee, March 2019** The minutes of the Lancashire Care FT Drug and Therapeutic Committee, March 2019 were noted	
ADDITIONAL ITEM NOT ON THE AGENDA		
N/A	SR raised an issue relevant to the **methylphenidate shared care document** relating to dosing information for certain branded preparations. The Xaggatin brand of methylphenidate has a licensed dose maximum of 54mg, the maximum paediatric dose for which it is licensed whereas some alternative methylphenidate products, for example Concerta, have higher licensed doses. The BNF quotes the maximum adult doses of products therefore there could potentially be discrepancies with the doses presented in the shared care document. SR agreed to arrange a small working group to review the document, which will be left in its current form on the LMMG web site.	**SR**

Date and time of the next meeting

Thursday 9th May 2019, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE and SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 14th April 2019
ACTION SHEET FROM THE MEETING 8th NOVEMBER 2018 MEETING				
2018/204	**Anticoagulation – update** MLCSU to scope DOAC cards and bring back to LMMG. **Dec update:** Update deferred as waiting for discussions with CCG leads. **Jan update 2019:** update to be given at LMMG 14th February 2018 **March update 2019:** Most CCG's have responded. Once all CCG's have confirmed this will be brought back to LMMG **April update 2019:** Still awaiting confirmation from one CCG.	**BH**	**01/12/2018**	**Open**
ACTION SHEET FROM THE MEETING 13th DECEMBER 2018 MEETING				
2018/232	**Working with pharma position statement** AC to meet with the AHSN / Innovation Agency to update them on LMMG position statement. **Jan Update 2019:** AC still to meet. **March 2019:** A meeting has taken place with Gemma Byrne from the innovation agency. An email has been circulated around pincer. A further meeting will take place at the end of March 2019.	**AC**	**01/01/2019**	**Closed**

	April 2019: BH and AC met with the innovation agency. Phillip Jenner to attend the next SLOG meeting.			
2018/235	**Hydroxychloroquine prescriber information sheet** BH to investigate who is responsible for retinal screening and refer to this in the document. **Jan update 2019**: Remain open due to comments from Dr Rau raised regarding no specific service to refer patients into. This has also been confirmed by commissioner's further exploration required. **Feb update 2019:** Awaiting feedback from the Eye Network meeting. **April 2019:** MLCSU is working with the Eye Health Network – update to be presented at the May meeting.	**BH**	**01/01/2018**	**Open**
ACTION SHEET FROM THE MEETING 14TH FEBRUARY				
2019/032	**RA pathway update proposal** DP to update the Rheumatology Alliance on the outcome of discussions with LMMG **March update 2019:** Meeting due to take place Friday 15th March 2019 **April update 2019:** This is on the workplan and is due to be brought back to the July LMMG	**DP**	**14.02.2019**	**Closed**

ACTION SHEET FROM THE MEETING 14TH March				
2019/050	**Minutes and action sheet from the last meeting 14.02.2019** BH typing error on page 3. RMOC re wording January minutes to be amended around Evidence reviews published by SMC for Ciclosporin eye drops	**LM**	**14.03.2019**	**Closed**
2019/052	**Ospemifene for moderate to severe symptoms of VVA** Ospemifene to be added to the LMMG website with a 'Black' RAG rating	**DP**	**14.03.2019**	**Closed**
2019/053	**New Medicine Reviews Work Plan update** SR to define the place in therapy for Agomelatine. **April 2019 update:** Work is ongoing, and it has been placed on the work plan.	**SR**	**14.03.2019**	**Closed**
2019/054	**Ulipristal application to change RAG status** Further details of the patient pathway and monitoring of Ulipristal to be presented to the group. **April 2019 update:** added to work plan.	**DP**	**14.03.2019**	**Closed**
2019/055	**RMOC homely remedies** AGR to collate homely remedy policies for review. Outputs of the review are to be shared with RMOC.	**AGR**	**14.03.2019**	**Closed**

2019/056	**DOAC workstream – update** CCG leads to send anti-coagulant service specification to DP. **April 2019 update:** Two specifications have been received, due to be discussed at the meeting on the 24th April.	**CCG Medicines Leads**	**14.03.2019**	**Open**
2019/058	**LMMG – Guidelines Work Plan update** GLP-1 review to be added to the workplan. **April 2019 update:** On the agenda Oral-contraceptives guidance scope to be added to the workplan. **April 2019 update:** On the agenda	**DP** **AGR**	**14.03.2019** **14.03.2019**	**Closed** **Closed**
2019/060	**Freestyle Libre / NHSE – update February 2019** Points expressed by the group will be fed back at the next policy group meeting. **April 2019 update:** On the agenda	**AGR**	**14.03.2019**	**Closed**
ACTION SHEET FROM THE MEETING 11TH April				
2019/071	**GLP-1 place in therapy – update** GA to engage with AC regarding the wider management of diabetes care across the ICS.	**GA/BH**	**11.04.2019**	**Open**
2019/074	**Trans-anal Irrigation System – guidance update** CCG leads will contact commissioners locally to identify any local issues with	**CCG medicines leads**	**11.04.2019**	**Open**

	the commissioning of the devices.			
2019/075	**COPD guidance – update** To reformat pages 7 and 8 and bring back to the next meeting	**DP**	**11.04.2019**	**Open**
2019/076	**Freestyle Libre – update** The CSU to work with the policy group to draft a prescribing tip on the requirements for training and initiation.	**AGR**	**11.04.2019**	**Open**