Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 8th March 2018 at Preston Business Centre

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Dr Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen CCG
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Morecambe Bay CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Nima Herlekar(NH)	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:

Joanne McEntee	Senior Medicines Information Pharmacist	North West Medicines Information Centre
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
2018/042	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Andrea Scott, Alastair Gibson, Clare Moss, Lisa Rogan, Christine Woffindin and Melanie Preston. It was noted that Joanne McEntee, Medicines Information Lead Pharmacist for North West Medicines Information Centre was in attendance to observe the meeting. It was noted that the group was not quorate, however, it was decided that recommendations and approvals made at this meeting would be made in principle and queried with the LMMG representatives who were absent from the meeting. The decisions from today's meeting will be brought back to the April LMMG for ratification.	
2018/043	**Declaration of any other urgent business** None.	

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2018/044	**Declarations of interest pertinent to agenda** None.	
2018/045	**Minutes of the last meeting (8th February 2018** The minutes of the meeting dated 8th February 2018 were agreed as a true and accurate record.	
2018/046	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2018/047	**Trelegy Ellipta ▼** BH paper summarising the evidence and the draft recommendation which had been consulted on as follows: **Recommendation: Green** Appropriate for initiation and ongoing prescribing in both primary and secondary care. Generally, little or no routine drug monitoring is required Trelegy fits into the Ellipta strategy pathway of the LMMG COPD guideline and could be added as an option in the current third step of the pathway which involves use of both Incruse Ellipta and Relvar Ellipta. There may be other groups of patients who are established on LABA/ICS inhalers who could benefit from Trelegy should their condition require a LAMA component, with the added convenience of a single inhaler providing all three drug components. Trelegy costs less than the equivalent combination of currently available inhalers when used to provide an equivalent regimen of LAMA/LABA/ICS. 4 of 8 CCGs, all 4 Acute trusts and LCFT responded by the closing date. One of the responding CCGs agreed with the recommendation and 3 responding CCGs disagreed with the recommendation, although one would support a Green restricted rating. Three of the responding acute trusts and LCFT agreed with the recommendation. It was noted that the two CCGs and one Trust that did not support the recommendation was on the basis that Trelegy did not fit into their local COPD inhaler pathway. **Decision** The group considered the consultation responses and how the inhaler fitted into the LMMG COPD pathway, the group discussed	

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	and decided upon a Green restricted colour classification in line with its license. **Action** Trelegy Ellipta will be put on to the LMMG website as Green restricted RAG status subject to any issues raised by LMMG representatives who were not present at the meeting.	
2018/048	**Horizon scanning – expressions of interest 2018/19** BH presented the Horizon scanning paper discussing the drugs which may become available during the financial year 2018-19. Responses have been received from Blackpool CCG, UHMB and LTH. **Decision** The group decided that the products identified for prioritisation will be put onto the work plan on a holding list and brought to LMMG for consideration for a review when the license and launch dates are known. For those products where NICE guidance is due, these will be put on to a holding list; once NICE has published their guidance, the list will be brought to LMMG for discussion regarding any actions required. The group decided that for Eculizumab for treating refractory myasthenia gravis; this will be put on to the work plan awaiting NICE guidance. It was also highlighted that a product may be launched for treatment resistant depression at the end of 2018/19. **Action** The products highlighted in the Horizon scanning document will be put on to a holding list on the work plan in line with the discussions above.	**DP**
2018/049	**LMMG – New Medicines Reviews Work Plan update** BH discussed the paper; updating the group on the status of the work plan as follows: <u>*Medicines for discussion at a future LMMG meeting*</u> Guanfacine – treatment of adult ADHD – this requires prioritisation by LCFT D&T Committee. Tapentadol – for complex neuropathic pain in palliative care patients – a response is awaited form Palliative Care consultants.	

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	Lisdexamfetamine – management of ADHD in children and adolescents – a request has been received from Child Psychiatry, ELHT. A paper will be brought to the April LMMG meeting to highlight the issues in primary care with a view to considering the RAG status for both adults and children in advance of considering if a shared care document is required. <u>*New medicines reviews – on hold, awaiting licensing or launch*</u> Immediate release fentanyl preparations – treatment if pain in palliative care patients – a response is awaited from Palliate Care consultants as to whether they would like to use this. Cariprazine – treatment of schizophrenia – this requires prioritisation by LCFT D&T Committee.	
GUIDELINES and INFORMATION LEAFLETS		
2018/050	**Low Molecular Weight Heparins guideline** BH presented the Low Molecular Weight Heparins (LMWH) guideline. 4 of 8 CCGs and 2 of 5 provider trusts responded by the closing date. 2 of the CCGs agreed with the recommendation, the remaining two CCGs commented that they would continue to use their own LMWH Best practice guideline. One provider trust agreed with the recommendation (with comments) and one provider trust commented that it would continue to use its own LMWH Best practice guideline. **Decision** The group discussed and decided that a form of words will be included in the guideline to state that the Fylde Coast recommends an Amber RAG status for VTE Prophylaxis in Pregnancy and not a Red RAG status as per the guideline. A rider will be added to the LMWH guideline recognising that this is a primary care guideline but includes ACS indications in secondary care for information purposes. The amendments made to the LMWH guideline following consultation responses were discussed and approved by the group. **Action** The LMWH guideline will be amended in line with the discussion above and uploaded to the LMMG website subject to any issues raised by LMMG representatives who were not present at the meeting.	**DP**

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2018/051	**Psoriasis guideline update** BH presented the Psoriasis guideline which had been updated in light of NICE TA442 approving Ixekizumab for the treatment of moderate to severe plaque psoriasis in adults. **Decision** The amendments made were discussed approved by the group. **Action** The Psoriasis guideline will be uploaded to the LMMG website subject to any issues raised by LMMG representatives who were not present at the meeting.	
2018/052	**Ulipristal (Esmya®) MHRA alert** BH highlighted the safety measures which have been introduced in light of reports of serious liver injury in women using ulipristal (Esmya®) for uterine fibroids. **Decision** In light of the safety concerns raised in the MHRA alert for ulipristal (Esmya®) the group discussed and decided that the RAG status will be changed from Amber 0 to Black. The CCG representatives present at the meeting confirmed that they had acted locally with regards to the MHRA alert. No further action is required from LMMG. **Actions** A reference to the MHRA alert for ulipristal (Esmya®) will be highlighted on the LMMG website.	**DP**
2018/053	**Mycophenolate MHRA alert** AGR highlighted that the Mycophenolate shared care guideline has been reviewed in light of the Mycophenolate MHRA safety alert. AGR confirmed that the recommendations are already included in the guideline therefore there are no amendments required.	
2018/054	**Insulin pump and Continuous Glucose Monitoring policy (update)** BH provided an update of the Insulin pump and the Continuous Glucose Monitoring (CGM) policy. The policy includes insulin pumps, Flash Glucose Monitoring and CGM. The policy has been out to clinical consultation and has been amended and approved at the February meeting of the Policy Group. The Care Professionals Board requested some minor amendments to the policy and are in support of the policy.	

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	The policy is now ready to go out to public engagement however this has been delayed due to purdah for a period of 6 weeks; this starts from 22nd March. Due to purdah, the policy will be sent out for public engagement mid to late May for a period of 4-6 weeks. Following the consultation period, the policy will be further discussed at the Policy Group meeting in July. Finally, the policy will be considered for ratification at the Joint Committee of CCGs in September. In addition, paper has been drafted to go to the Finance Investment Group which will highlight potential cost pressures.	
2018/055	**Lidocaine and Ketamine infusions for the Management of Low Back Pain** DP presented the paper which had been brought to the meeting in light of concerns raised at the Care Professionals Board (CPB) in February 2018 regarding the number of Lidocaine and Ketamine infusions in use. **Decision** The group considered the request to look at the use of Lidocaine and Ketamine injections in secondary care, however it was felt that it was likely that the request did not fall under the Terms of Reference of LMMG. It was agreed that secondary care LMMG representatives will look at what is being used locally in their acute trust and discuss with medical directors to take through the CPB route. If an issue is identified under the remit of LMMG, this should be brought back for discussion at LMMG. **Action** Secondary Care representatives will look at the use of Lidocaine and Ketamine injections in their acute trusts.	**Secondary care representatives**
2018/056	**Eluxadoline guideline scoping (update)** AGR highlighted the safety measures which have been introduced following the MHRA alert regarding the use of eluxadoline and risk of pancreatitis published in December 2017. **Decision** The group discussed the MHRA alert which states *'Eluxadoline should be initiated and supervised by a specialist physician experienced in diagnosis and management of gastrointestinal disorders'* In consideration of the LMMG current RAG recommendation of Amber0, the MHRA alert and that there has been no prescribing of eluxadoline in primary care, the group were minded to recommend	

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	a Red RAG status. This recommendation will be taken to acute trusts and ratified at the next LMMG meeting. **Action** Secondary care representatives will take the proposed recommendation through their acute trusts for discussion at next month's LMMG.	**Secondary care representatives**
2018/057	**LMMG – Guidelines Work Plan update** AGR discussed the paper; updating LMMG on the status of the work plan as follows: <u>*For discussion at the April meeting*</u> Denosumab SCG update – to include men. <u>*For discussion at the May meeting*</u> Psoriasis expansion guidelines – this will include the HCDs which are not biologics. Type II and I DM leaflets – the leaflets are currently on hold awaiting ratification of the policy for Freestyle Libre. <u>*For discussion at the June meeting*</u> Familial hypercholesterolaemia guideline (scope) – NICE guidance was published in October 2017. ADHD SCG update – current LMMG guidance will be reviewed in line with NICE recommendations. Avastin and Lucentis position statement – The group discussed and recognised that NICE has highlighted that Avastin and Lucentis are clinically equivalent and that the GMC has issued a statement stating that using Avastin would not be deemed as poor practice; however, there is no current policy position. MLCSU has recently met with ophthalmologists and they are keen to work with CCGs however they still have concerns and do not think the GMC statement goes far enough to cover the practice of using Avastin. Chief pharmacists have raised their concerns regarding the risk of holding a stock of an unlicensed product when there is a NICE approved product available. The group recognised that the issue falls outside of the remit of LMMG however, BH will contact Alastair to understand the joint chief pharmacists' current position for Avastin and to distinguish whether they are packing down or holding a pre-prepared stock. BH will also query with chief pharmacists if Avastin was implemented through patient choice would this affect their current position.	

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	For discussion at the July meeting Asthma guidance update – new NICE guidance was published in October 2017. Specialist clinical Asthma teams are developing guidance and have asked to meet with MLCSU to work together. Depression guideline – new NICE guidance is due in March 2018. MLCSU will work with LCFT to develop some guidance. Rheumatoid arthritis pathway (non-biologic) – new NICE guidance is due in July 2018. *To be presented at the future meetings of the Clinical Policy Development Group* Insulin Pump Policy - out to further consultation with STP groups CGM Policy (including Freestyle Libre) - this will go to Joint Committee of CCGs in September for ratification. *Other work in support of LMMG* LMMG decision making – work is ongoing, currently scoping stakeholder opinion.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2018/058	**New NICE Technology Appraisal Guidance for Medicines (February 2018)** AGR presented the NICE TA guidance paper. TA506 Lesinurad for treating chronic hyperuricaemia in people with gout (TA506) – AGR will check the commissioning responsibility and update LMMG at the next meeting. *The following NICE technology appraisals are an NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification* TA502 Ibrutinib for treating relapsed or refractory mantle cell lymphoma (TA502). TA504 Pirfenidone for treating idiopathic pulmonary fibrosis in adults (TA504). TA507 Sofosbuvir-velpatasvir- voxilaprevir for treating chronic hepatitis C in adults (TA507). *The following NICE technology appraisals are an NHSE commissioning responsibility. These will not be added to the LMMG website as NICE does not recommended their use.*	**All actions AGR**

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	TA501 Intrabeam radiotherapy system for adjuvant treatment of early breast cancer (TA501). TA503 Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer (TA503). *The following NICE technology appraisal is a CDF fund commissioning responsibility. This will not be added to the LMMG website.* TA505 Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (TA505).	
2018/059	**New NHS England medicines commissioning policies** None published.	
2018/060	**Evidence reviews published by SMC or AWMSG (February 2018)** DP discussed the SMC and AWMSG recommendations published during February 2018 and meeting LMMG criteria as follows: **SMC** 1303/18 Fluticasone furoate/umeclidinium/vilanterol (Trelegy Ellipta®) SMC accepted 1303/18 fluticasone furoate/umeclidinium/vilanterol (Trelegy Ellipta®) for the maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease who are no adequately treated by a combination of an inhaled corticosteroid and a long acting β2 agonist – discussed under an agenda item. 1301/18 lacosamide (Vimpat®) SMC accepted 1301/18 lacosamide (Vimpat®) as adjunctive therapy in the treatment of partial-onset seizures without secondary generalisation in adolescents and children from 4 years of age with epilepsy – no action required for LMMG, unless a request to use this is received from a specialist. 1299/18 levonorgestrel (Kyleena®) SMC accepted 1299/18 levonorgestrel (Kyleena®) for use as a contraception for 5 years – the group decided that this will not be prioritised for review. 1304/18 sevelamer carbonate (Renvela®) SMC accepted 1304/18 Sevelamer carbonate (Renvela®) for restricted use for the control of hyperphosphataemia in paediatric patients (>6 years of age and a Body Surface Area of >0.75m2)	

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	with chronic kidney disease – LMMG has a current position of Amber 0 RAG status, no action required for LMMG. The remaining SMC and AWMSG recommendations for February 2018 did not meet LMMG criteria; therefore, the group agreed that no further action was necessary.	
ITEMS FOR INFORMATION		
2018/061	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee** No meeting in February.	
2018/062	**Any other business** BH informed the group that a letter has been received from the drug manufacturer regarding canagliflozin in respect of the Diabetes guideline. MLCSU are currently reviewing the comments made in the letter and are drafting a response that the chair will consider on behalf of LMMG. **Meeting rooms - LMMG** Some of the meeting rooms for this year did not get booked at PBC due to a clerical issue. Therefore, some of the meetings will take place at PBC and some at Jubilee House in Leyland. The amended schedule will be sent out to LMMG and the room for the forthcoming meeting will be stipulated on the email when the LMMG agenda and papers are sent out.	

Date and time of the next meeting
12th April 2018, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
8th MARCH 2018

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11th January 2018
ACTION SHEET FROM THE 13th SEPTEMBER 2017 MEETING				
2018/145	**Prevention of stroke and systemic embolism in non-valvular atrial fibrillation guideline** **Update:** MLCSU has liaised with the Stroke Prevention Group; a paper has been drafted highlighting the financial risks involved. This paper will be presented at the CCB next week. BH will circulate the paper to the CCG MM Commissioning Leads. **Update:** a paper went to CCB highlighting the cost pressures. The CCB agreed to a working group with a project plan. CCB are now looking at delegated budgets for stroke and stroke prevention for service areas therefore the working group is currently on hold until the CCB has confirmed the way forward. **Update:** Amanda Doyle has stated that Warfarin and DOAC are being discussed at an NHSE committee in March; Amanda will update BH after the meeting. In the meantime, Amanda has suggested to hold all work in connection with Warfarin and DOACs. **Update:** a response has not yet been received.	**BH**	**05.04.2018**	**Open**
ACTION SHEET FROM THE 11th JANUARY 2018 MEETING				
2018/006	**Expressions of interest – new medicines 2018** **Action** LMMG representatives will take the expressions of interest paper to their local medicines committees and feedback to DP by the 1st March 2018; to			

	discuss the medicines where the cost pressures are unknown. **Update:** discussed under an agenda item.	**All LMMG representatives**	**01.03.2018**	**Closed**
ACTION SHEET FROM THE 8th FEBRUARY 2018 MEETING				
2018/032	**Co-trimoxazole for PCP Prophylaxis** **Action** DJ will find out if Renal Transplant patients are repatriated for immunosuppressants or for all prescribing associated with Renal Transplants.	**DJ**	**05.04.2018**	**Open**
2018/035	**Melatonin** *Melatonin for new patients with learning disabilities* Proposed RAG status of Red **Action:** LMMG representatives will ask specialist services whether there would be any significant operational issues if adults with learning disabilities that would routinely be discharged out of the service could stay in secondary care. **Update:** LCFT are discussing this at a consultants' meeting; SR will feedback following this. UHMB have raised concerns regarding the management of patients if Melatonin is given a Red RAG status. The RAG status for Melatonin for new patients with learning disabilities and neurodevelopment disorders will be discussed at the April LMMG meeting.	**LMMG representatives**	**05.04.2018**	**Open**
ACTION SHEET FROM THE 8th MARCH 2018 MEETING				
2018/055	**Lidocaine and Ketamine infusions for the Management of Low Back Pain** **Action** In consideration of the CPB request; Secondary Care representatives will look at the use of Lidocaine and Ketamine injections in their trusts and discuss with their medical directors. If it falls within remit of LMMG this should be brought back to LMMG.	**Secondary care representatives**	**05.04.2018**	**Open**

2018/056	**Eluxadoline guideline scoping (update)** **Action** Secondary care representatives will take the proposed Red RAG status through their acute trusts. This recommendation will be ratified at the next LMMG meeting.	**Secondary care representatives**	**05.04.2018**	**Open**
2018/058	**New NICE Technology Appraisal Guidance for Medicines (February 2018)** TA506 Lesinurad for treating chronic hyperuricaemia in people with gout (TA506) – AGR will check the commissioning responsibility and update LMMG at the next meeting.	**AGR**	**05.04.2018**	**Open**