Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 8th September 2016 at Preston Business Centre

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Judith Argall	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 Lancashire North CCG
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	NHS Lancashire North CCG
Pauline Bourne (PB)	Senior Pharmacist, Medicines Management, Deputy Chief 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
2016//142	**Welcome & apologies for absence** The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of David Jones, Nicola Baxter and Cath Fewster. It was noted that Judith Argall was attending on behalf of David Jones and Rukaiya Chand, Medicines Optimisation Pharmacist from MLCSU was also in attendance to observe the meeting. TN highlighted that this would be KS's last meeting. TN and BH thanked KS for her input and support into the LMMG.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/143	**Declaration of any other urgent business** None.	
2016/144	**Declarations of interest pertinent to agenda** Annual declarations have been received from all committee members attending LMMG. The Chair and the Convener of the Group have reviewed the annual declarations, there were no significant areas of concern to note.	
2016/145	**Minutes of the last meeting (14th July 2016)** The minutes of the meeting dated 14th July 2016 were agreed as a true and accurate record.	
2016/146	**Matters arising (not on the agenda)** There were no matters arising.	
NEW MEDICINES REVIEWS		
2016/147	**Colesevelam** DP presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows: **Recommendation: Amber 0** Suitable for prescribing in primary care following recommendation or initiation by a specialist. • No specific monitoring required except routine lipid profiles. • Patients may need a regular review, but this would not exceed that required for other medicines routinely prescribed in primary care. Six of eight CCGs, two of four acute trusts and LCFT responded by the closing date. Two CCGs agreed with the draft recommendation and four disagreed. All those that disagreed supported a 'Black' classification. One of the acute trusts agreed and one disagreed with the draft recommendation **Decision** The committee disagreed with the draft recommendation due to the lack of outcome data in support of Colesevelam (Cholestagel®). It was also recognised that there are other agents in use which are supported by recent NICE TAs. The committee agreed on a Black colour classification. Secondary care representatives will inform specialists of the LMMG recommendation of a Black colour classification and ask	

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	specialists to submit a case for the use of Colesevelam (Cholestagel®) for a cohort of patients who would not be prescribed the new agents should this be required. **Action** Colesevelam (Cholestagel®) combination and monotherapy for the treatment of familial hypercholesterolemia will be added to the LMMG website as Black colour classification. Secondary care representatives will inform specialists of the LMMG Black colour classification recommendation and ask specialists to submit further information for a cohort of patients who are not appropriate to receive the new agents to the LMMG for consideration should this be required.	**DP** **Secondary care representatives**
2016/148	**Tapentadol** Following the June 2016 LMMG where it was agreed that the Tapentadol recommendation of Amber 0 would be separated into three population groups, AGR presented the paper summarising the evidence and the draft recommendations for each patient cohort which had been consulted on as follows: **Recommendation: Red** Tapentadol as a treatment option for intractable neuropathic pain in non-palliative care patients Four CCGs out of eight and three trusts responded. All trusts and CCGs disagreed with the proposed RAG rating of 'Red' except for East Lancashire CCG. CCGs that did not agree advocated a 'Black' rating and acute trusts advocated an 'Amber0' rating. **Recommendation: Amber 0** Tapentadol as a treatment option for neuropathic pain in palliative care Four CCGs out of eight responded. One CCG supported the proposed RAG rating, two disagreed and one sent comments only. One of the CCGs that disagreed with the RAG rating proposed a 'Red' RAG status. Two acute trusts responded and both agreed with the proposed RAG rating. **Recommendation: Black** Tapentadol MR use for non-specific pain Four CCGs out of eight responded. Three CCGs supported the proposed RAG rating and one CCG sent comments only. Two acute trusts responded, one agreed with the proposed RAG rating and one disagreed.	

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	Decisions Tapentadol as a treatment option for intractable neuropathic pain in non-palliative care patients - the committee disagreed with the recommendation of Red colour classification. The recommendation was discussed with reference to the LMMG process for the colour classification of medicines flow chart. The committee considered the evidence presented in the review. The committee felt that the majority of the evidence showed equivalent clinical benefit to oxycodone and only a small amount of evidence showed clinical superiority to oxycodone. There was no significant evidence to suggest that patients would benefit from Tapentadol when other opioids have failed. The committee agreed on a Black colour classification. Tapentadol as a treatment option for neuropathic pain in palliative care - the committee disagreed with the recommendation of Amber 0 colour classification. The evidence was considered by the committee; it was recognised that there was evidence in support of Tapentadol in a patient population for tumour related pain. The committee agreed upon a Grey colour classification. This will be discussed further alongside the review of the Palliative Care Guidelines; these will be reviewed soon in collaboration with the Specialist Clinical Network for Lancashire and Cumbria. Tapentadol MR use for non-specific pain - the committee agreed with the Black colour classification in line with the decision for intractable neuropathic pain in non-palliative care patients. **Actions** Tapentadol for intractable neuropathic pain in non-palliative care patients will be made Black colour classification on the LMMG website. Tapentadol MR use for non-specific pain will be made Black colour classification on the LMMG website. Tapentadol as a treatment option for neuropathic pain in palliative care will be made Grey colour classification on the LMMG website.	**All actions AGR**
2016/149	**Psoriasis Biologics Pathway** DP presented the paper, summarising the evidence and the draft recommendation which has been consulted on, as follows: Five out of eight CCGs and two out of four trusts responded to the consultation by the deadline. All of those that responded agreed	

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	with the proposed guideline document. East Lancashire CCG provided comments only. LCFT responded also and stated that they would be guided by their colleagues in the acute trusts. **Decision** The amendments made following consultation responses were discussed. Reference to UVB will be added to the guideline in line with NICE guidance. It was decided that a generic statement will be added to the guideline; this will stipulate that it is recognised that prices of biologics and biosimilars will vary throughout the product lifecycle of the medication and that clinicians should consider the most cost effective clinically appropriate agent as first line agent at the time of initiation. The committee approved the guideline in its current form subject to the amendments discussed. **Action** The Psoriasis Biologics Pathway will be amended and uploaded to the LMMG website.	**DP**
2016/150	**LMMG – New Medicines Reviews Work Plan update** DP discussed this paper; updating the committee on the current status of the work plan as follows: *Medications for discussion at September LMMG* Bazedozifene/conjugated oestrogen – post menopausal osteoporosis + menopausal symptoms – this product was launched in July after the July LMMG. It was prioritised for review and will be made Grey colour classification on the LMMG website. Infliximab – Pyoderma Gangrenosum – the committee decided that this will be removed from the work plan, no requests have been received over the last 18 months. *Medications recommendations for October LMMG* Brivaracetam – Epilepsy – this is currently out to consultation and will be added to the website as Grey colour classification. Ivermectin cream – Rosacea - this is currently out to consultation and will be added to the website as Grey colour classification. *Medications recommendations for November LMMG* Rheumatology Alliance RA biologics pathway – update with biosimilars –the specialists would like to increase the flexibility on choice of biologic as biosimilar agents are becoming available while maintaining the current guideline which allows 3 lines of treatment. Currently, etanercept biosimilar is usually considered the standard 1st line agent.	**DP** **DP** **DP**

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	Medications currently on hold Ticagrelor - prevention of atherothrombotic events in adult patients with a history of myocardial infarction (MI) occurred at least one year ago) and a high risk of developing an atherothrombotic event – EPAR updated, licence changed to widen indication, currently awaiting information from specialists. Eluxadoline – irritable bowel syndrome, diarrhoea prominent – awaiting licensing and launch, included in the NICE timetable for review due June 2017. Naltrexone/bupropion – Obesity – await confirmed launch date. Safinamide (Xadago®) – mid-late stage Parkinson's disease – await confirmed launch date. Liraglutide – Obesity – await confimed launch date. *New medicines reviews requests* *The following requests have been received and were discussed:* Relvar Ellipta – proposed change of Black to Green colour classification for asthma and COPD. The committee considered the safety and the new efficacy references provided by the clinician. The committee felt that the new references did not provide any substantial new clinical evidence since the LMMG review which was undertaken in January 2015. In light of this, the LMMG recommendation of Black colour classification will remain unchanged. Secondary care representatives will go back to specialists to ask them to submit a case for its use should this be required across the Lancashire footprint. Insulin Degludec – Diabetes – proposed change from Black colour classification to Amber 0 - the committee considered the request. The committee felt that the request did not include any significant evidence to support a further review; it was agreed that the current RAG status of Black would remain and that no further action was required. Asthma guideline – update – the committee decided that the guideline will be updated with minor amendments in line with the request. A full review of the guideline will be carried out following the NICE asthma management guideline, due in June 2017. Grazax (Phleum pratense) Severe seasonal allergic rhinitis due to grass pollen allergy only, unresponsive to optimal standard pharmacotherapy, suggest Amber classification – the committee discussed the request; it was recognised that local funding positions are in place. Due to the small patient numbers this will not be prioritised for a review.	**Secondary Care Representatives** **DP**

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GUIDELINES and INFORMATION LEAFLETS		
2016/151	**E-Cigarettes/Smoking Cessation products** AGR presented the paper, summarising the E-Cigarettes position statement. Four out of eight CCGs and two out of four provider trusts responded. Public Health England and Lancashire County Council also responded by the deadline. All organisations supported the position statement. **Decision** The committee discussed and decided that reference to Stop Smoking Services that were not commissioned by CCGs will be removed from the position statement for accuracy. The amendments made following consultation responses were discussed, the committee approved the position statement subject to the amendment above. A black colour classification will be added to the position statement. **Action** The position statement will be amended and uploaded to the LMMG website together with a Black colour classification.	**AGR**
2016/152	**Constipation Guidance** AGR presented the constipation guideline paper. Four out of eight CCGs responded and all supported the guideline. Four out of five trusts responded and all supported the guideline. **Decision** Lancashire Care Continence Service has asked for an extension to the consultation deadline date. The committee decided that this will be deferred and brought to the October LMMG for further discussion once the comments have been received. **Action** Add Constipation Guidance to the October agenda.	**AGR**
2016/153	**Antidepressant guidance scoping paper** AGR presented the Antidepressant scoping document. Two out of eight CCGs and two out of four trusts responded to the consultation by the deadline. None of those that responded agree with the proposed development of the guideline at this time.	

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	Decision In view of the responses received the committee decided that no further action was required.	
2016/154	**Ulipristal Prescribing Information Sheet** DP presented the Ulipristal Prescribing Information Sheet. Six out of eight CCGs and two out of four trusts responded to the consultation by the deadline. Four of the CCGs that responded agreed with the draft information leaflet. Two CCGs did not agree as they made some comments on the document and felt that it would benefit from the addition of a schematic. **Decision** The committee approved the Ulipristal Prescribing Information Sheet and agreed that the schematics flow chart should be included in the information sheet. **Action** The Ulipristal Prescribing Information Sheet will be uploaded to the LMMG website.	**DP**
2016/155	**LMMG – Guidelines Work Plan update** AG discussed this paper; updating LMMG on the current status of the work plan as follows: *In development* Melatonin Position Statement/Guidance – this will be sent out to consultation within the next two weeks and will be brought to the November LMMG . Osteoporosis Guidance - a first draft has been produced by the Rheumatology Alliance. This may need to be supplemented with some evidence searches to allow LMMG members to make a decision around proposed flexes for some treatments. Depending on the extent of the work required this will either come to the November or December LMMGs. Apomorphine Shared Care Guidelines – work is ongoing. It is anticipated that this will be brought to the November LMMG. Oral Anticoagulant Prescribing Guide – this will be brought to the November LMMG.	

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	New Additions – work to start soon Guanfacine Shared Care Guidance – further discussions will take place with Lancashire Care; this will be brought to the November LMMG. Primary Care Psoriasis Guidance – further information is awaited from MM Commissioning Leads relating to the scope of the guidance. Vitamin D Guidelines – due for review in September, aiming to bring this to the November LMMG. Guidelines for Good prescribing in Primary Care - due for review in October, aiming for this to be brought to the November LMMG. Vitamin and Minerals position statement – Aiming for this to be brought to the October LMMG. Inhaler comparison and identification guide – this is to be aligned with anticipated update of NICE COPD guidance which is currently in process and scheduled review of LMMG guidance. *Other LMMG work* Annual RAG Review – list 3 will be brought to the October LMMG. Impact of Biosimilars on RA pathways – work is ongoing. Mycophenolate Shared Care Guidance (Unlicensed indications) – on hold awaiting publication of updated BSR DMARD monitoring guidance and UHSM Shared Care guidance for ILD. Co-trimoxaxole Shared Care Guideline – it was agreed by the committee that this will removed from the work plan following the recent change in RAG status to red. Outstanding information has not been received to enable this to be progressed. Finasteride and Dutasteride - following the decision at the July LMMG for the restricted place in therapy of dutasteride and to clarify timescales for switching patients from dutasteride to finasteride, AGR highlighted the updated wording for the website for information. Cumbria and Lancashire Palliative Care formulary - for information, the Strategic Clinical Network is using the Northern Palliative Care Guidance as a basis for the Cumbria and Lancashire Palliative Care formulary. The document cannot be fully adopted because it does not reflect local practice. AGR is liaising with Dr Salt regarding the first draft. The RA pathway will be added to the guidelines work plan.	

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NATIONAL DECISIONS FOR IMPLEMENTATION		
2016/156	**New NICE Technology Appraisal Guidance for Medicines (July/August 2016)** AG presented this paper, the following actions were agreed: TA404 Degarelix for treating advanced hormone-dependent prostate cancer – this is a CCG commissioning responsibility. BH will seek further information regarding the discounted drug cost referred to in the TA. If this is feasible in primary care BH will feedback to CCG MM Leads, alternatively this will be brought back to LMMG for discussion. The following NICE TA's are an NHS England commissioning responsibility and will be added to the LMMG website as red colour classification. TA387 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated. TA391 Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel. TA400 Nivolumab in combination with ipilmumab for treating advanced melanoma. TA405 Tri uridin-tipiracil for previously treated metastatic colorectal cancer. TA402 Pemetrexed maintenance treatment for non-squamous non-small cell lung cancer after permetrexed and cisplatin. TA401 Bosutinib for previously treated chronic myeloid leukaemia. TA259 Abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen. The following NICE TAs are an NHS England commissioning responsibility, NICE have not supported their use, they will not be added to the LMMG website. TA398 Lumacaftor – ivacaftor for treating cystic fibrosis homozygous for the F508del mutation. TA399 Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts.	**BH** **AG**

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	TA403 Ramucirumab for previously treated locally advanced or metastatic non-small cell lung cancer.	
2016/157	**New NHS England medicines commissioning policies (July/August 2016)** *Clinical commissioning policy proposition on Pre-Exposure Prophylaxis* AGR highlighted the information contained in the clinical commissioning policy proposition on Pre-Exposure Prophylaxis which made reference to 45 day public consultation for a proposed clinical commissioning policy proposition for HIV.	
2016/158	**Evidence reviews published by SMC or AWMSG (July/August 2016)** DP discussed the SMC recommendations published during July and August 2016 meeting LMMG criteria, which were: 1160/16 brivaracetam (Briviact®) SMC accepted brivaracetam (Briviact®) for the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent patients from 16 years of age with epilepsy. This is currently out to consultation and will be brought to the October LMMG therefore no further action was required. 856/13 insulin degludec (Tresiba®) SMC accepted insulin degludec (Tresiba®) for the treatment of diabetes mellitus in adults. This was discussed under agenda item 2016/150. This will not be prioritised for a review, therefore no further action was required. The remaining recommendations published by the SMC and AWMSG during July and August 2016 did not meet LMMG criteria; therefore the committee agreed that no further action would be taken with regard to them.	
PROCESS PROPOSALS		
2016/159	**Commissioning position for Total Parenteral Nutrition (TPN)** BH discussed the paper which discussed the commissioning responsibilities for the recharge of TPN to CCGs. BH discussed the complexity of the tariff and costs for TPN whereby if a patient is initiated on long term TPN it is not a CCG commissioning responsibility and if a patient is initiated on TPN as	

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	an in-patient the first 14 days are included in tariff. Subsequently after 14 days the CCGs are responsible for funding TPN. **Decision** It was agreed by the committee that a Blueteq form will be developed and will need to be completed should TPN wish to be charged back to CCGs. This will ensure the future recharge of TPN to CCGs will be restricted to those patients who fall under CCGs commissioning responsibility. The draft Blueteq form was approved. **Action** The Blueteq form will be implemented.	**BH**
OTHER PROPOSALS		
2016/160	**Consultation for Regional Medicines Optimisation Committees; Proposals for Establishment** BH discussed the paper which is currently out to consultation. **Decision** A discussion took place and it was decided that organisations will submit their responses to MLCSU by Friday 16th September. MLCSU will formulate a response to support LMMG member organisations in drafting their own response to the consultation and send out early next week. **Action** Organisations will submit their responses to MLCSU by Friday 16th September. MLCSU will formulate a response to support LMMG member organisations in drafting their own response to the consultation and send out early next week.	**LMMG representatives** **BH**
2016/161	**LMMG annual report** BH presented the annual report which gave an overview of the LMMG's activity in the 2015-16 financial year. BH and TN commended the work that LMMG members have undertaken in the last financial year. BH will add in the information about the process for looking at medical devices that was introduced in the 2015-16 financial year. CCG leads were asked to provide any further decisions made on the medicines listed in the LMMG recommendations and CCG decisions tables (appendix 3 and appendix 5) by the 23rd	

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	September 2016. TN asked that websites are kept up to date in line with local decisions. TN will then take the updated annual report to the Collaborative Commissioning Board. **Actions:** CCG Leads to provide any further decisions made on the medicines listed in the LMMG recommendations and CCG decisions tables by the 23rd September 2015. CCG MM Leads to ensure that website are up to date in line with local decisions.	**CCG MM Commissioning Leads**
ITEMS FOR INFORMATION		
2016/162	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (29th July 2016)** The Committee noted these minutes.	
2016/163	**AOB** PB highlighted that the RA department at UHMB would like to prescribe secukinumab for AS patients ahead of the publication of NICE guidance and its formal ratification process through CCGs. The committee discussed this and decided that this request falls outside of the LMMG remit.	

Date and time of the next meeting
13th October 2016, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
8th SEPTEMBER 2016

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 8th SEPTEMBER 2016
ACTION SHEET FROM THE 9th JUNE MEETING				
2016/106	**LMMG – New Medicines Reviews Work Plan update** A discussion regarding the feasibility of looking at products which are being prescribed but which have not be part of an evidence review through LMMG. **Update:** this is in progress and will be brought to the October LMMG. **Action:** DP will email Secondary Care MM Leads with a reminder to forward priority areas for products due to be licensed for 2016/17. **Update:** No further action is required. A consultation will be sent out soon for next year's work plan requirements.	**DP** **DP**	**06.10.2016** **01.09.2016**	**Open** **Closed**
ACTION SHEET FROM THE 14th JULY 2016 MEETING				
2016/126	**Albiglutide and Dulaglutide** The GLP-1s on the LMMG website will be checked and cross referenced with the criteria set out in NICE CG 28. **Update**: these have been reviewed.	**DP**	**01.09.2016**	**Closed**
2016/136	**Dutasteride for benign Prostatic Hyperplasia** SM will ask urologists the timescales of when patients are expected to be switched to finasteride. The LMMG website will be updated accordingly and reference made to the EPICs trial. **Update:** discussed further under agenda item 2016/155 LMMG guidelines work plan.	**SM**	**01.09.2016**	**Closed**
2016/137	**New NICE Technology Appraisal Guidance for Medicines (June 2016)** TA393 Alirocumab for treating primary hypercholesterolemia and mixed dyslipidaemia **Action:** BH highlighted the potential cost			

	pressures and asked for MM Leads to take this to their local commissioners. Update: no further action required. TA394 Evolocumab for treating primary hypercholesterolemia and mixed dyslipidaemia **Action:** BH highlighted the potential cost pressure and asked for MM Leads to take this to their local commissioners. **Update:** no further action required.	**MM Leads** **MM Leads**	**01/09/2016** **01.09.2016**	**Closed** **Closed**
ACTION SHEET FROM THE 8th SEPTEMBER 2016 MEETING				
2016/147	**Colesevelam** Secondary care representatives will inform specialists of the LMMG Black colour classification decision and ask specialists to submit further information for a certain cohort of patients who are not prescribed the new agents supported by NICE TAs to LMMG for consideration if appropriate.	**Secondary Care representatives**	**06.10.2016**	**Open**
2016/150	**LMMG – New Medicines Reviews Work Plan update** **Relvar Ellipta** Secondary care representatives will go back to specialists to ask them to submit a case for its use should this be required across the Lancashire footprint.	**Secondary Care Representatives**	**06.10.2016**	**Open**
2016/156	**New NICE Technology Appraisal Guidance for Medicines (July/August 2016)** TA404 Degarelix for treating advanced hormone-dependent prostate cancer **Action:** BH will seek further information regarding the discounted drug cost referred to in the TA. If this is feasible in primary care BH will feedback to CCG MM Leads, alternatively this will be brought back to LMMG for discussion	**BH**	**06.10.2016**	**Open**
2016/160	**Consultation for Regional Medicines Optimisation Committees; Proposals for Establishment Action** Organisations will submit their responses to MLCSU Friday 16th September.	**LMMG representatives**	**06.10.2016**	**Open**

	BH will formulate a response to support LMMG organisations in drafting their own response to the consultation and send out a draft early next week.	**BH**	**06.10.2016**	**Open**
2016/161	**LMMG annual report** CCG Leads to provide any further decisions made on the medicines listed in the LMMG recommendations and CCG decisions tables by the 23rd September 2015. CCG MM Leads to ensure that website are up to date in line with local decisions.	**CCG Leads** **CCG Leads**	**06.10.2016** **06.10.2016**	**Open** **Open**