

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 8th November 2018 at Jubilee House, Leyland, PR26 6TR**

PRESENT:

Mr Andy Curran (AC)	Chair of LMMG	NHS Lancashire & South Cumbria ICS
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust
Alastair Gibson (AGi)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Catherine Dugdale (CD)	Advanced Medicines Management Pharmacist	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool 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
Graham Atkinson (GA)	Medicines Optimisation Pharmacist	NHS Morecambe Bay CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde & Wyre CCG

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AG)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Laura Mullany	Medicines Management Technician	NHS Midlands and Lancashire CSU
Philip Haydock (Minutes)	Medicines Optimisation Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/199	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Joanne McEntee and Dr David Prayle.</p> <p>It was noted that Laura Mullany was in attendance who is the new Medicines Commissioning Technician for MLCSU.</p>	
2018/200	<p>Declaration of any other urgent business</p> <p>None.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/201	<p>Declarations of interest</p> <p>None.</p>	
2018/202	<p>Minutes of the last meeting (11th October 2018)</p> <p>The minutes of the meeting dated 11th October 2018 were agreed as a true and accurate record.</p>	
2018/203	<p>Matters arising (not on the agenda)</p> <p>None.</p>	
NEW MEDICINES REVIEWS		
2018/204	<p>Anticoagulation - update</p> <p>BH gave an overview of the anticoagulation service questionnaire responses received to date from Lancashire CCGs.</p> <p>Wide ranging discussions took place and the group agreed from a safety, quality and cost-effectiveness perspective, that there is clinical buy in to drive the development of anticoagulation initiation clinics forward. MLCSU were tasked to take this further through the ICS and engage with ICPs to get this highlighted as a service redesign piece of work.</p> <p>BH went on to discuss the review of DOAC prescribing and anticoagulation services. The group agreed to put the education of health professionals and patient education on hold. Discussions then continued around DOAC cards and the group agreed that MLCSU would scope the costs of these cards further.</p> <p>Discussions continued around creatinine clearance and whether to use actual body weight, adjusted body weight or ideal body weight for calculating DOAC doses within the templates. The group agreed to arrange a meeting of specialists including representatives from renal, cardiology, haematology and primary care to look at the evidence and make a decision/recommendation back to LMMG.</p> <p>Actions:</p> <p>MLCSU to draft paper to ICS regarding anticoagulation clinics.</p> <p>MLCSU to scope DOAC cards and bring back to LMMG.</p> <p>CCG leads to forward names of people to be included in the group to consider the appropriate weight to use to MLCSU.</p>	<p>BH</p> <p>BH</p> <p>CCG leads</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/205	<p>Working with the pharmaceutical industry policy - update</p> <p>BH gave an overview of the paper regarding commercial sponsorship and joint working with the pharmaceutical industry. The group agreed that this policy should be worked up into a position statement rather than a policy and to make clear that the statement is to work alongside existing CCG policies. It was agreed CCGs would feedback by week ending 16th November and MLCSU would rework into a position statement.</p> <p>Actions:</p> <p>CCG leads to feedback to MLCSU by 16th November 2018.</p> <p>MLCSU to rework the policy into a position statement.</p>	<p>CCG leads</p> <p>BH</p>
2018/206	<p>LMWH website content - update</p> <p>BH highlighted to the group that the LMWH summary prescribing guide was approved in March 2018 and now supersedes the LMWH colour classification document which is also on the website. The group agreed to remove the LMWH colour classification document from the LMMG website.</p> <p>Action:</p> <p>MLCSU to remove the LMWH colour classification document from the LMMG website.</p>	<p>BH</p>
2018/207	<p>Avastin - update</p> <p>BH gave a verbal update that MLCSU are working with the North East and linking with the Royal Liverpool Hospital and that MLCSU will be drafting a generic policy once further information is received from North East.</p>	
2018/208	<p>Cannabis-based products for medicinal use in humans – update</p> <p>AG updated the group on the change in legislation that has come into place on the 1st of November relating to the use of cannabis-based products. The group agreed a position statement is needed on the use of cannabis-based products in pain.</p> <p>Action:</p> <p>MLCSU to draft position statement on the use of cannabis products in pain and bring back to a future meeting.</p>	<p>AG</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/209	<p>LMMG – New medicine reviews work plan update</p> <p>BH updated the group that work has started around Rivaroxaban in combination with aspirin. It was agreed that Sativex is to come off the work plan as MLCSU had agreed with the requesting clinician that this was not required at this stage. The group agreed that Pentosan will not be prioritised as an area of work.</p> <p>There has been a request for a review of erdosteine and BH asked JL to identify the requester and forward details to MLCSU.</p> <p>Action:</p> <p>JL to forward details of erdosteine request to MLCSU.</p>	JL
GUIDELINES and INFORMATION LEAFLETS		
2018/210	<p>Testosterone SCG</p> <p>A shared care document for testosterone was prioritised for development by the LMMG in May 2018 following a request made by East Lancashire CCG. The guidance was produced in August and September 2018 and was sent out for consultation with responses to be received by 27th September 2018.</p> <p>Five of eight CCGs, three of five provider trusts responded by the closing date. All CCGs that responded agreed with the document. One provider trust disagreed, one agreed and one sent comments only.</p> <p>AG gave an overview of the guidance. The group approved the document with the following amendments:</p> <ul style="list-style-type: none"> • The wording on page 6, point 6 of secondary care responsibilities 'Prescribe and monitor the patient for a minimum period of three months and until the patient is on a stable dose' will be highlighted in the monitoring section. • The monitoring section (appendix A) will be moved to before the references. <p>The group agreed the SCG will cover gels and if specialists want to use injectables then a further request will need to be made to LMMG.</p> <p>Action:</p> <p>The above amendments will be made to the Testosterone SCG and it will be uploaded to the LMMG website.</p>	AG

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/211	<p>Type II DM – lifestyle medication evidence review</p> <p>AG gave an overview of the evidence review to the group. The group were in support of the paper and agreed that BH would contact the ICS Prevention workstream to highlight that LMMG would like to ensure that there are appropriate lifestyle interventions available to patients at risk of and diagnosed with diabetes to minimise those requiring intervention with medications.</p> <p>Action:</p> <p>BH to email the chair of the ICS prevention workstream on behalf of LMMG.</p>	BH
2018/212	<p>Fluoride toothpaste guidance</p> <p>BH gave an overview of the guidance. The group approved the proposed rewording that LMMG recommends that high concentration fluoride toothpaste is only prescribed by general dental practitioners.</p> <p>The guidance will be uploaded onto the LMMG website.</p> <p>Action:</p> <p>The approved fluoride toothpaste guidance will be uploaded to the LMMG website.</p>	BH
2018/213	<p>Psoriasis biologic treatment pathway</p> <p>Since the last update of the psoriasis pathway in May 2018, NICE has issued technology appraisal TA521 recommending guselkumab as a treatment option for treating plaque psoriasis in adults. The updated psoriasis guidance presented in appendix 1 was produced in July 2018 and was sent out for consultation with responses to be received by 30th August 2018.</p> <p>Three of eight CCGs and three of five provider trusts responded by the closing date. All responding organisations support the draft guidance. The response from a consultant dermatologist from East Lancashire Hospital Trust requested the inclusion of additional detail around the guideline's eligibility criteria to reflect the latest guidance from the British Association of Dermatologists Biologics Guidelines. The changes requested relate to the cohort of patients who would qualify for biologics.</p> <p>BH gave an overview of the pathways. The group agreed the pathway document. In relation to the specialist request, it was agreed that the comments were not included in this update. Instead</p>	

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	<p>it was agreed that the requesting clinician should be advised that should they wish to widen access to biologics for the treatment of psoriasis that they will need to make an application to LMMG including the rationale, evidence and estimated patient numbers.</p> <p>Action:</p> <p>MLCSU to contact the specialist at ELHT to advise them to submit a case for consideration should they wish to widen access to biologics.</p>	BH
2018/214	<p>Gonadorelin analogues (including goserelin) information sheet</p> <p>AG updated the group on the gonadorelin analogues information sheet. It was agreed that this would be removed from the LMMG workplan and no further work will be carried out.</p>	
2018/215	<p>LMMG – Guidelines work plan update</p> <p>AG updated the group on the guideline work plan. The group agreed that in line with the discussions under agenda item 2018/208 that the cannabis position statement for the treatment of pain should be prioritised as an area of work.</p> <p>Discussions around a Lancashire wide cold chain policy followed, and the group agreed not to prioritise this area of work.</p> <p>JL raised an issue with the chronic non-cancer pain guidance. JL highlighted that there is an error in appendix 3 of the draft version of guideline that was presented at the October meeting. The guideline has previously been referred for further work by the group and the error will be actioned as part of this review.</p> <p>Action</p> <p>AG to amend non-cancer pain guidelines.</p>	AG
NATIONAL DECISIONS FOR IMPLEMENTATION		
2018/216	<p>New NICE technology appraisal guidance for medicines (October 2018)</p> <p>AG presented the NICE TA guidance paper.</p> <p>TA543 - Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs.</p>	All actions AG

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>This will be put on to the LMMG website as Red colour classification and a Blueteq form will be created.</p> <p>TA293 update – Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura. NICE have updated the recommendations because the marketing authorisation for Eltrombopag now includes people who have not had a splenectomy.</p> <p>The LMMG website will be updated to include people who have not had a splenectomy and the Blueteq form will be amended.</p> <p>TA221 update – Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura. NICE have updated the recommendations because the marketing authorisation for romiplostim now includes people who have not had a splenectomy.</p> <p>The LMMG website will be updated to include people who have not had a splenectomy and the Blueteq form will be amended.</p> <p><u>The following NICE TAs are NHSE commissioning responsibility and will be put on to the LMMG website as Red colour classification:</u></p> <p>TA542 – Cabozantinib for untreated advanced renal cell carcinoma.</p> <p>TA544 – Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive melanoma.</p>	<p>All actions AG</p>
<p>2018/217</p>	<p>New NHS England medicines commissioning policies (October 2018)</p> <p>AG updated the group regarding adalimumab – biosimilars will be available from 1st December. MLCSU are currently working up Blueteq forms ready for when biosimilars are implemented.</p>	
<p>2018/218</p>	<p>Regional medicines optimisation committees – Outputs</p> <p>The group noted the Regional Medicines Optimisation Committees for NHS England (RMOC) guidance published in October 2018.</p>	
<p>2018/219</p>	<p>Evidence reviews published by SMC or AWMSG (October 2018)</p> <p><u>BH discussed the SMC and AWMSG recommendation published during October 2018 and meeting LMMG criteria as follows:</u></p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>SMC2097 - Ixekizumab (Taltz®) is accepted for restricted use within NHSScotland. Indication under review: ixekizumab, alone or in combination with methotrexate, is indicated for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drug (DMARD) therapies.</p> <p>LMMG has a current position of Red RAG rating in line with NICE TA537, no action was required by LMMG.</p> <p>SMC2088 – Hydrocortisone (Alkindi®) is accepted for restricted use within NHSScotland. Indication under review: replacement therapy of adrenal insufficiency in infants, children and adolescents (from birth to < 18 years old)</p> <p>The group agreed that this is not a priority unless an application is received.</p> <p>SMC2124 – Cenegermin (Oxervate®) is not recommended for use within NHSScotland.</p> <p>No action required by LMMG as NICE TA532 does not recommend.</p> <p><u>SMC and AWMSG recommendations published during October 2018 and NOT meeting LMMG criteria</u></p> <p>SMC2094 – Ipilimumab (Yervoy®) is accepted for use within NHSScotland. Indication under review: as monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adolescents 12 years of age and older.</p> <p>SMC2104 - Anakinra (Kineret®) is accepted for use within NHS Scotland for the treatment of Stills disease.</p> <p>SMC2095 - Cabozantinib (Cabometyx®) is not recommended for use within NHS Scotland. Indication under review: advanced renal cell carcinoma.</p> <p>SMC2089 - Gemtuzumab ozogamicin (Mylotarg®) is accepted for restricted use within NHSScotland. Indication under review: de novo CD33 positive acute myeloid leukaemia.</p> <p>SMC2125 – Lenalidomide (Revlimid®) is not recommended for use within NHSScotland. Indication under review: multiple myeloma in people who have received at least one prior therapy.</p> <p>SMC2126 – Sirolimus (Rapamune®) is not recommended for use within NHSScotland. Indication under review: patients with sporadic lymphangiomyomatosis.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/220	Section 117 Aftercare This item was deferred.	
ITEMS FOR INFORMATION		
2018/221	Minutes of the Lancashire Care FT Drug and Therapeutic Committee (No meeting in October) No meeting in October 2018.	

Date and time of the next meeting

Thursday 13th December 2018, 9.30 am to 11.30 am, Kipling Room, Jubilee House, Leyland

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
8th November 2018**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 8 th November 2018
ACTION SHEET FROM THE MEETING 13th SEPTEMBER 2018 MEETING				
2018/152	DOAC prescribing and anticoagulation services review meeting – update <i>Anticoagulation template</i> Action: MLCSU will bring an update to the next meeting regarding the Anticoagulation templates. Update: The LMMG template and the ELMMB template have been reviewed, it is felt that they perform two different roles, there is a query in relation to the calculation of Creatinine Clearance that is being worked through with renal and cardiology. MLCSU to bring an update to next meeting. Nov Update: discussed under agenda item 2018/204	DP	01.11.2018	Closed

	<p><i>DOAC cards</i> Action: LR will share the Pennine Lancashire DOAC card with MLCSU Update: BH has received DOAC cards, these will be included in the update at the next meeting. Nov Update: discussed under agenda item 2018/204</p>	LR	01.11.2018	Closed
	<p><i>Haematology Group DOAC cards</i> Action: JM will feedback to LMMG on the timescales for the development of a national DOAC card by the Haematology Working Group Update: BH noted feedback from JM will be included in paper to be brought back to the group. Nov Update: discussed under agenda item 2018/204</p>	JM	01.11.2018	Closed
	<p><i>Education of Health Care Professionals</i> Action: LMMG representatives to feedback educational requirements to MLCSU; this will be put into a paper for the October LMMG. Update: BH noted nothing received yet and people have until the 15th October to feedback. Nov Update: discussed under agenda item 2018/204</p>	All LMMG representatives	15.10.2018	Closed
	<p><i>Patient Education</i> Action: LMMG representatives to feedback educational requirements to MLCSU; this will be put into a paper for the October LMMG. Update: BH noted nothing received yet and people have until the 15th October to feedback. Nov Update: discussed under agenda item 2018/204</p>	All LMMG representatives	1.11.2018	Closed

	<p><i>Pharmaceutical Representatives</i> Action: LMMG will write to industry agencies to highlight the process for requests to work in local areas Update: BH updated the group that this action will be picked up in the November meeting. Nov Update: discussed under agenda item 2018/205</p> <p><i>Anticoagulation Initiation Clinics</i> Feedback will be given from each ICP area regarding current provisions for anticoagulation, usage and plans for future change with timescales; this will be put into a paper for the October LMMG. Update: BH updated the group that this action will be picked up in the November meeting. Nov Update: discussed under agenda item 2018/204</p>	BH	01.11.2018	Closed
	<p><i>Anticoagulation Initiation Clinics</i> Feedback will be given from each ICP area regarding current provisions for anticoagulation, usage and plans for future change with timescales; this will be put into a paper for the October LMMG. Update: BH updated the group that this action will be picked up in the November meeting. Nov Update: discussed under agenda item 2018/204</p>	BH	01.11.2018	Closed
2018/153	<p>Edoxaban (first line use) Action: MLCSU will scope edoxaban and bring back to LMMG. Update: DP updated that this work is ongoing. Nov Update: Currently out to consultation.</p>	DP	01.11.2018	Closed
2018/154	<p>Denosumab for treatment of glucocorticoid-induced osteoporosis Actions MLCSU will liaise with the specialists to draft a treatment flow chart which includes denosumab with other treatments such as infusions. Patient numbers will be estimated based on the number of patients who are prescribed regular corticosteroids. Update: DP updated the group that he is waiting to hear back on a</p>	DP	01.11.2018	Open

	<p>price for zoledronic acid and will bring this back to the group.</p> <p>Nov update – BH fed back on the current prices of denosumab and zoledronic acid. It was agreed that as the price differential was not significant that the choice of agent should be made on a clinical basis. It was agreed to bring back a paper on denosumab setting out the place in therapy to the next meeting.</p>	BH	01.12.2018	Open
2018/161	<p>Policy for Over the Counter items that should not be routinely prescribed in Primary Care</p> <p>Action: The Policy will be taken through the Joint Committee of the CCGs for ratification.</p> <p>Update: AC fed back that this will be taken to the ICS board.</p> <p>Nov update: The policy is now going to CCB and CCG governing bodies as the Joint Committee of CCGs has not been delegated decision making for medicines policies. BH to draft a paper for the next CCB. It was also agreed that the LMMG Terms of Reference will be updated to include the updated sign off process and will accompany the paper.</p>	AC	01.11.2018	Open
ACTION SHEET FROM THE MEETING 11th OCTOBER 2018 MEETING				
2018/182	<p>Pharmacological management of adults with chronic non-cancer pain guidelines – update</p> <p>Action: All CCGs agreed to identify numbers of patients on high dose opiates and send this information to MLCSU.</p> <p>Update: 2 CCGs have returned data to date. It was agreed that this would be deferred awaiting further information.</p>	CCGs	01/12/2018	Open

2018/185	<p>Memantine RAG rating / Dementia medicines prescribing information sheet</p> <p>Action: SR to discuss memantine RAG rating with LCFT colleagues and feedback to LMMG.</p> <p>Update: SR updated the group that this meeting is being arranged.</p>	SR	01/12/2018	Open
2018/186	<p>RAG review – BNF Ch 1 – 3 (list 1)</p> <p>Action: CM and SR to discuss sacubitril outside the meeting and bring back to LMMG.</p> <p>Update: CM met with LMC and they are looking into this. The group agreed to close this action until information is received.</p>	CM/SR	01/11/2018	Closed
2018/187	<p>Post-bariatric surgery nutrition position statement – update</p> <p>Action: CCG leads to take item away and discuss further with colleagues. Leads to feedback to MLCSU.</p> <p>Update: Issues relating to the provision of vitamins post-bariatric surgery were discussed in detail. It was agreed that to deviate from the current policy would mean that the policy would be outside of the published evidence base for vitamins post bariatric surgery, would not be in line with the national “Items not routinely prescribed in primary care” guidance, and would necessitate the completion of a stage 2 equality impact assessment. After consideration, the group agreed to leave the self-care policy and post bariatric surgery documents in their current format.</p>	CCGs	01/11/2018	Closed
2018/189	<p>ADHD SCG (combined)</p> <p>Action: SR to investigate the >95th percentile systolic blood pressure issue with LCFT colleagues.</p> <p>Update: SR noted this statement is within NICE and charts setting out the values are available online. Having discussed with CAMHS it was agreed that the wording in the</p>	SR	01/11/2018	Closed

	Shared care document would remain unchanged and the document will be uploaded to the LMMG website.	BH	16/11/2018	Closed
2018/197	<p>LMMG pre-submission equality form</p> <p>Action: An Equality form will be conducted for the Over the Counter Items that Should not be Routinely Prescribed in Primary Care Policy</p> <p>Update: BH noted a pre-submission equality form has been completed and that a stage 2 equality impact assessment is in the process of being developed and will go with the policy to CCB and ICS board. BH noted camouflage creams are not in the national document and that MLCSU will engage with the specialist service at LTHTr.</p>	DP	01/11/2018	Closed
ACTION SHEET FROM THE MEETING 8th NOVEMBER 2018 MEETING				
2018/204	<p>Anticoagulation – update</p> <p>MLCSU to draft paper to ICS regarding anticoagulation clinics.</p> <p>MLCSU to scope DOAC cards and bring back to LMMG.</p> <p>CCG leads to forward names of people to be included in the group to consider the appropriate weight to use to MLCSU</p>	<p>BH</p> <p>BH</p> <p>BH</p>	<p>01/12/2018</p> <p>01/12/2018</p> <p>01/12/2018</p>	<p>Open</p> <p>Open</p> <p>Open</p>
2018/205	<p>Working with the pharmaceutical industry policy - update</p> <p>CCG leads to feedback to MLCSU by 16th November 2018.</p> <p>MLCSU to rework the policy into a position statement.</p>	<p>CCGs</p> <p>BH</p>	<p>16/11/2018</p> <p>01/12/2018</p>	<p>Open</p> <p>Open</p>
2018/209	<p>LMMG – New medicine reviews work plan update</p> <p>JL to forward details of erdosteine request to MLCSU</p>	JL	01/12/2018	Open

2018/211	Type II DM – lifestyle medication evidence review BH to email the chair of the ICS prevention workstream on behalf of LMMG.	BH	01/12/2018	Open
2018/213	Psoriasis biologic treatment pathway MLCSU to contact the specialist at ELHT to advise them to submit a case for consideration should they wish to widen access to biologics.	BH	01/12/2018	Open