

**Minutes of the Lancashire Medicines Management Group Meeting  
Held on Thursday 14<sup>th</sup> May 2015 at Preston Business Centre**

**PRESENT:**

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care 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
Kenny Li (KL)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	NHS Lancashire North CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Pauline Bourne (PB)	Senior Pharmacist, Medicines Management, Deputy Chief Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG
David Jones (DJ)	Assistant Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust

**IN ATTENDANCE:**

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Cassandra Edgar (CE)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Susan McKernan (SM)	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
2015/083	<p><b>Welcome &amp; apologies for absence</b></p> <p>The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Dr Emile Li Kam Wa, Alastair Gibson and Dr David Shakespeare.</p> <p>It was noted that Liz Houston, Medicines Commissioning Technician, M&amp;LCSU was in attendance to observe the meeting.</p>	
2015/084	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	
2015085	<p><b>Declarations of interest pertinent to agenda</b></p> <p>The GP members of LMMG declared an interest in the receipt of</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	payments for the monitoring of DMARDs (agenda item 2015/091) under Local Enhanced Services.	
2015/086	<p><b>Minutes of the last meeting (9<sup>th</sup> April 2015)</b></p> <p>The minutes of the meeting dated 9<sup>th</sup> April 2015 were agreed as a true and accurate record.</p>	
2015/087	<p><b>Matters arising (not on the agenda)</b></p> <p>There were no matters arising.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2015/088	<p><b>Testosterone – Female Sexual Dysfunction post oophorectomy or primary ovarian failure</b></p> <p>CE presented the paper, summarising the evidence review and the draft recommendation which had been consulted on as follows:-</p> <p>Testosterone gel (Testim®) is not recommended for female sexual dysfunction post oophorectomy or primary ovarian failure.</p> <p>4 of 8 CCGs, 2 of 4 Acute trusts and LCFT responded by the closing date. 4 CCGs, 1 Acute Trust and LCFT agreed with the recommendation. 1 Acute Trust disagreed with the recommendation.</p> <p>Additionally CE discussed a consultation response which comprised 39 abstracts that had been submitted by ELHT for consideration. A review of the papers (referred to in the abstracts) found that there was no significant additional evidence to support the use of Testosterone gel (Testim®) in addition to that included in the evidence review.</p> <p><b>Decision</b> Due to the limited evidence of efficacy and safety concerns LMMG members supported the draft recommendation.</p> <p><b>Action</b> The website will be updated to show Black colour classification.</p>	JJ
2015/089	<p><b>Horizon Scanning 2015/16 – LMMG member organisations priorities</b></p> <p>BH discussed the Horizon Scanning paper which summarised the medicines that had been identified as a priority by member organisations for the 2015/16 financial year.</p>	

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	<p>Responses were received from 2 CCGs, UHMB and LCFT.</p> <p>In addition to the information contained within the paper, it was noted that a request had been received from an ophthalmologist for the use of Aflibercept in the treatment of DMO in advance of the release of the NICE guidance. BH and JL will review the NICE timescales outside of the meeting to consider if this is feasible.</p> <p><b>Decision</b> The medicines included in the paper were discussed and it was agreed by the group that the quarterly horizon scanning process will continue; priorities which have been identified in this paper will be highlighted during the quarterly horizon scanning process.</p>	<p><b>JL &amp; BH</b></p>
<p><b>2015/090</b></p>	<p><b>LMMG – New Medicine Reviews Work Plan update</b></p> <p>BH discussed this paper; updating LMMG on the current status of the work plan, as follows:-</p> <p><u>Medications for recommendation from the June LMMG</u> Peristeen – Faecal incontinence and constipation</p> <p><u>Medications for recommendation from the July LMMG</u> Co-trimoxazole – Subacute Bacterial Peritonitis Prophylaxis; an evidence review is currently being undertaken.</p> <p>Renavit/Ketovit – Patients on haemodialysis; an evidence review is currently being undertaken.</p> <p><u>Medications for future review</u> Colomycin – Non-CF Bronchiectasis; an evidence review is currently being undertaken.</p> <p>Lidocaine Patches – Neuropathic Pain post Herpes Zoster, Neuropathic pain with allodynia and/or Hyperalgesia; PB will ask Pain Consultants to contact SM to check pain guidelines cover the indications which are being prescribed in UHMB.</p> <p>LABA/LAMA combinations – COPD</p> <p>Antipsychotic long-acting injections – Schizophrenia</p> <p>Alprostadil Cream – Erectile Dysfunction</p> <p>Second line use of biologics – Crohn’s disease</p> <p><u>Medications currently on hold</u> Second line use of biologics – Ulcerative Colitis – awaiting the</p>	<p><b>PB</b></p>

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	<p>publishing of NICE guidance of Vedolizumab  <u>Medications currently on hold – Awaiting Licensing and Launch</u>  Dalbavancin – complicated skin and skin structure infections  Insulin Glargine – U300 – Type I and II Diabetes  Oxycodone/Naloxone – Restless legs  Safinamide – Parkinsons – early and mid to late  Naltrexone/Bupropion – Obesity  Albiglutide/Dulaglutide – Diabetes  Bazedoxifene/conjugated oestrogen – post menopausal osteoporosis + menopausal symptoms  Liraglutide – Obesity  Insulin degludec/insulin aspartate (Ryzodeg®) – Type II Diabetes  Insulin glargine biosimilar (Optisulin®) – Insulin dependent diabetes  Naloxegol – Opiate induced constipation</p>	
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
2015/091	<p><b>DMARD shared care guideline</b></p> <p>JL discussed the proposed changes to the DMARD shared care guidelines, in relation to the monitoring requirements, that have been requested by the Rheumatology Alliance.</p> <p><b>Decision</b>  Due to the safety issues and practicalities involved in 2 monthly monitoring for complex patients who are receiving more than 1 DMARD (including biologic drugs) a decision was made to discuss this further with the Rheumatology Alliance.</p> <p><b>Action</b>  JL will email the Rheumatology Alliance to suggest that further discussions regarding the safety issues around the 2 monthly monitoring period should take place.</p>	JL
2015/092	<p><b>Non-cancer pain guideline</b></p> <p>SM discussed the changes made to the non-cancer pain guideline.</p> <p>7 CCGs and 3 provider trusts responded; all organisations were in favour of the guideline with some minor amendments suggested.</p> <p><u>As a result of discussions at the meeting the following actions were agreed:-</u></p> <p>Buprenorphine patches will be reserved for use in patients with chronic, stable pain who are unable to take or tolerate oral medications. The website will be updated, with the addition of a statement advising clinicians to refer to local commissioning</p>	

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	<p>positions. The colour classification for Buprenorphine will be Green 'restricted.' A statement will be added in stating that Buprenorphine patches are reserved for patients who cannot take the oral preparations only.</p> <p>The CSU was asked to draft a position statement regarding the use of patch preparations for pain. This will be added to the work plan.</p> <p>The pain scale will be inserted into the document as a cross reference to the scores used in the treatment algorithm.</p> <p><b>Decision</b> Following the amendments listed above the group supported the guidelines. SM to make the amendments and upload the guideline to the LMMG website.</p>	<p><b>All actions SM</b></p>
<p><b>2015/093</b></p>	<p><b>Scope for Gout guideline</b></p> <p>SM discussed the results of the scoping exercise for the development of a guideline relating to Gout.</p> <p>7 CCGs and 5 provider Trusts responded; all were in favour of the development of a guideline.</p> <p><u>As a result of discussions at the meeting the following actions were agreed:-</u> Add in information around the management of patients with impaired renal function.</p> <p>Add a reference in the guideline around the risk factor of high Uric Acid levels affecting CV safety.</p> <p><b>Decision</b> The group supported the development of a guideline in line with the amended scoping document.</p>	<p><b>All actions SM</b></p>
<p><b>2015/094</b></p>	<p><b>Scope for secondary prevention of TIA guideline</b></p> <p>SM discussed the results of the scoping exercise for the development of a guideline relating to Antiplatelet/Anticoagulant Therapy for Primary and Secondary Prevention of stroke and Transient Ischaemic Attack.</p> <p>7 CCGs and 1 provider trust responded and all were in favour of developing a guidance document.</p> <p>EL Medicines Management Board responded with comments however these were omitted from the paper in error; CW will re-forward these for consideration during guideline development.</p>	<p><b>CW / SM</b></p>

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	<p><b>Decision</b> The group supported the development of a guideline in line with the scoping document.</p> <p><u>Post meeting amendment to the LN consultation response</u></p> <p>Following the LMMG meeting, Lancashire North CCG has requested that their consultation response is amended from the following, which was included in the paper.</p> <p>UHMB currently use Royal College Guidance – but there is agreement to adopt the new guidance when it's ready.</p> <p>To read as follows:</p> <p><b>Barriers</b> UHMB currently use Royal College Guidance.</p>	
2015/095	<p><b>LMMG – Guidelines Work Plan update</b></p> <p>JL discussed this paper, updating LMMG on the current status of the work plan, as follows:-</p> <p><u>Due for approval at the May meeting</u> Non cancer pain guidelines Gout prescribing guidance scope Secondary prevention of stroke post TIA scope</p> <p><u>Due for approval at the June meeting and currently out to consultation</u> Treatment of Juvenile Idiopathic Arthritis in adults Dementia drugs prescribing information sheet ADHD Shared Care Guideline for children</p> <p><u>In development</u> Aporpormhine shared care guidelines Erectile Dysfunction Gout prescribing guidance Secondary prevention of stroke post TIA Neuropathic pain guideline</p> <p><u>It was decided by the group that the following two pieces of work will be reviewed next year in line with the 3 year review period for other guidelines:-</u></p> <p>1 Riluzole Shared Care Guideline and Patient Information leaflet – due July 2015</p>	

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	<p>2 Vitamin and minerals position statement – due November 2015; JL will check the Vitamin D guidance in light of the recent NICE guidance to check if any amendments are required.</p> <p><b>Action</b> The review period of the Riluzole guidelines and the vitamins and mineral statement will be extended by a year</p>	<p><b>JL</b></p> <p><b>SM</b></p>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2015/096	<p><b>New NICE Technology Appraisal Guidance for Medicines (April 2015)</b></p> <p>None published in April 2015.</p>	
2015/097	<p><b>New NHS England medicines commissioning policies (April 2015)</b></p> <p>None published in April 2015.</p>	
2015/098	<p><b>Evidence reviews published by SMC or AWMSG</b></p> <p>CE discussed the SMC published medicines from April 2015.</p> <p><u>SMC recommendations published in April 2015 – meeting LMMG criteria</u></p> <p>1034/15 Acclidinium/formoterol fumarate dehydrate (Duaklir Genuair) – maintenance bronchodilator treatment to relieve symptoms in adult patients with COPD – this has previously been prioritised for a review.</p> <p>1041/15 Tacrolimus (Envarsus®) – prophylaxis of transplant rejection in adult kidney or liver allograft recipients and treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult patients. As there is no timescale for the repatriation of immunosuppressants agreed as yet, DJ will liaise with Manchester and feedback to the LMMG.</p> <p>1036/15 Levonorgestrel (Jaydess) – contraception for up to 3 years – CF will find out the contact details of the Lead Commissioner for Family Planning. Upon receipt, MLCSU will seek clarity about the place in therapy in their commissioned services; LMMG will then decide whether this will be looked at with a view to a working towards a joined up approach.</p> <p>1035/15 Sucroferric Oxyhydroxide (Velphoro) – control of serum phosphorus levels in adult chronic kidney disease patients on haemodialysis or peritoneal dialysis – DJ to seek clarity from Renal Services as to whether there is a requirement to look at this.</p>	<p><b>DJ</b></p> <p><b>CF</b> <b>BH</b></p> <p><b>DJ</b></p>

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	The remaining SMC recommendations in the paper did not meet LMMG criteria and so no action would be taken with regards to them. There were no AWMSG decisions in April 2015.	
<b>OTHER PROPOSALS</b>		
<b>2015/099</b>	<p><b>Infliximab Biosimilar</b></p> <p>BH updated LMMG with details about the introduction of biosimilars together with their potential cost savings across the health economy.</p> <p>BH discussed the two Infliximab biosimilar products and the current expenditure of Infliximab preparations within CCGs and Provider Trusts.</p> <p><b>Decision</b> It was agreed that CCGs would engage with local Acute Trust clinicians in relation to the use of Infliximab Biosimilars; should there be additional work which is required at a Lancashire level this would be brought back to the group.</p> <p><b>Action</b> Information regarding the implementation of infliximab biosimilar is awaited from Lorraine Booth; on receipt, BH will forward to the group.</p>	<b>BH</b>
<b>2015/100</b>	<p><b>Ticagrelor – Summary of Primary Care issues</b></p> <p>BH updated the group following the receipt of feedback from CCGs in relation to the prescribing of Ticagrelor beyond 12 months.</p> <p>Feedback has been received from 3 CCGs. One response confirmed the use of Ticagrelor for longer than a 12 month period would be considered by one specialist in the following instances:-</p> <ul style="list-style-type: none"> <li>- If risk of stent thrombosis is high or if the stent is in a place where the thrombosis would be disastrous.</li> </ul> <p>It was also noted that there was use beyond 12 months in a large proportion of patients; generally this was due to the lack of stop dates in clinic letters, but also at the request of the specialist for individual patients.</p> <p><b>Decision</b> A decision was made that this will be audited locally by CCG Leads and LMMG will be informed if there is a requirement for guidance to be updated.</p>	<b>CCG Leads</b>



ITEM	SUMMARY OF DISCUSSION	ACTION
<b>ITEMS FOR INFORMATION</b>		
2015/101	<p><b>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</b></p> <p>No meeting in April.</p>	
2015/102	<p><b>Minutes of the Lancashire CCG Network</b></p> <p>The group noted these minutes.</p>	
2015/103	<p><b>Any other business</b></p> <p>Following the LMMG review in April 2015 of Insulin Degludec plus Liraglutide (Xultophy), a letter has been received from Novo Nordisk which challenges the LMMG recommendation which was not to support the product.</p> <p>Novo Nordisk raised ten separate issues which have all been considered in turn. We have not found any material information in the letter which would mean that the recommendation made by LMMG requires reconsideration.</p> <p>Subsequently, a letter has also been received from Dame Barbara Hakins office regarding the same. A letter has been sent to the office informing them that the points are being considered, and that a letter will be sent to Novo Nordisk once considerations are complete.</p>	

**Date and time of the next meeting**

11 June 2015, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE  
LANCASHIRE MEDICINES MANAGEMENT GROUP  
14<sup>th</sup> May 2015**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 14 <sup>th</sup> May 2015
<b>ACTION SHEET FROM THE 12<sup>th</sup> FEBRUARY 2015 MEETING</b>				
2015/027	<p><b>RAG list review – immunosuppressants post renal transplant</b></p> <p><b>Action:</b> JL has contacted Specialised Commissioning/NHS England; there are ongoing discussions with LTH, however the timescales for the repatriation plan have not been determined at this time. LTH to inform LMMG of timescales once agreed.</p> <p><b>Update:</b> the finance model has been submitted to NHS England; further information will be fed back once this has been received.</p>	DJ	07.05.2015	Closed
2015/046	<p><b>Ticagrelor</b></p> <p><b>Action:</b> In light of recent requests for the use of Ticagrelor for a period longer than 12 months – CCG Medicines Management leads to carry out an audit of Ticagrelor prescribing in Primary Care.</p> <p><b>Update:</b> Discussed under an agenda item at the May meeting.</p>	CCG MM Leads	07.05.15	Closed
<b>ACTION SHEET FROM THE 12 MARCH MEETING</b>				
2015/052	<p><b>LMMG – New Medicine Reviews Work Plan update</b></p> <p><b>Infliximab Biosimilar</b></p> <p><b>Action:</b> BH will bring a summary of information received from Lorraine Booth to the May LMMG meeting.</p> <p><b>Update:</b> Discussed under an agenda item at the May meeting.</p> <p><b>Liothyronine</b></p> <p>Acute Trusts to provide the contact details of appropriate specialists; the CSU will then contact specialists to see if there is a requirement for its use and in which indications. A review of Liothyronine will be carried out dependent upon the feedback from the Specialists.</p> <p><b>Update:</b> Contacts have been received from</p>	BH	07.05.15	Closed
		Acute Trust	07.05.15	Open

	some trusts; BH asked for additional contacts to be sent through as soon as possible. BH will be contacting the Specialists imminently.	<b>Leads</b> <b>BH</b>	<b>04.06.15</b>	<b>Open</b>
<b>2015/053</b>	<b>Aripiprazole Long Acting Injection</b>  CSU will send this out to consultation once the reviews have been considered and an appropriate consultation document / evidence review developed. <b>Update:</b> CF has forwarded evidence reviews to MLCSU. This has been added to the work plan.	<b>BH</b>	<b>In line with agreed work plan</b>	<b>Closed</b>
<b>ACTION SHEET FROM THE 9<sup>th</sup> APRIL MEETING</b>				
<b>2015/071</b>	<b>Horizon Scanning Quarter 1 2015-16</b> Dalbavancin – Skin and soft tissue bacterial infections. Tedizolid phosphate – Acute bacterial skin and skin structure infections <b>Action:</b> Acute Trust Leads to discuss these with Microbiology to see if there is a requirement for their use. <b>Update:</b> BH reminded Acute Trusts to discuss this with Microbiologists. PB has approached Microbiologists in UHMB and will feedback to LMMG after the antibiotic meeting on 29 <sup>th</sup> May. All agreed that these will not be put on the work plan for review unless a request for use is received.	<b>Acute Trust Leads</b>  <b>PB</b>	<b>04.06.15</b>  <b>04.06.15</b>	<b>Open</b>  <b>Open</b>
<b>2015/076</b>	<b>New NICE Technology Appraisal Guidance for Medicines (March 2015)</b>  TA335 Rivaroxaban for preventing adverse outcomes after acute management of acute coronary syndrome <b>Action:</b> SM to contact Cardiologists from Secondary Care and Tertiary Care (Blackpool) to understand the potential use in these centres. <b>Update:</b> Feedback has determined that there is no defined patient group for its use. Due to the risk of this being mistaken to provide VTE level anticoagulant, SM will update website for clarity stating that Rivaroxaban used in line with NICE TA335 does not provide VTE level anticoagulation.	<b>SM</b>	<b>04.06.15</b>	<b>Closed</b>
<b>2015/079</b>	<b>LMMG Annual Report 2014-15</b>  <b>Action:</b> CCG Leads to provide any further decisions made on the medicines listed in the LMMG recommendations and CCG decisions table by the end of April 2015.	<b>CCG Leads</b>	<b>07.05.15</b>	<b>Closed</b>

	<b>Update:</b> the Annual Report has been updated and will be presented at the next CCG Network meeting.			
<b>ACTION SHEET FROM THE 15<sup>th</sup> MAY MEETING</b>				
2015/90	<b>LMMG – New Medicine Reviews Work Plan update</b>  Lidocaine Patches – Neuropathic Pain post Herpes Zoster, Neuropathic pain with allodynia and/or Hyperalgesia; <b>Action:</b> PB will ask Pain Consultants to contact SM to check pain guidelines cover the indications which are being prescribed in UHMB.	PB	04.06.15	Open
2015/091	<b>DMARD shared care guideline</b>  JL to email the Rheumatology Alliance to suggest that further discussions regarding the safety issues around the 2 monthly monitoring period should take place.	JL	04.06.15	Open
2015/095	<b>LMMG – Guidelines Work Plan update</b>  Vitamin and minerals position statement – due November 2015; JL will check the Vitamin D guidance in light of the recent NICE guidance to check if any amendments are required.	JL	04.06.15	Open
2015/098	<b>Evidence reviews published by SMC or AWMSG</b>  1041/15 Tacrolimus (Envarsus®) – prophylaxis of transplant rejection in adult kidney or liver allograft recipients and treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult patients <b>Action:</b> as there is no timescale for the repatriation plan, DJ will liaise with Manchester and feedback to the LMMG.  1036/15 Levonorgestrel (Jaydess) – contraception for up to 3 years <b>Action:</b> CF will find out the contact details of the Lead Commissioner for Family Planning, Public Health.  <b>Action:</b> MLCSU will seek clarity about their commissioning services; LMMG will then decide whether this will be looked at with a	DJ	04.06.15	Open
		CF	04.06.15	Open
		BH	04.06.15	Open

	<p>view to a working towards a joined up approach.</p> <p>1035/15 Sucroferric Oxyhydroxide (Velphoro) – for the control of serum phosphorus levels in adult chronic kidney disease, patients on haemodialysis or peritoneal dialysis  <b>Action:</b> DJ will seek clarity from Renal Services as to whether there is a requirement to look at this.</p>	<b>DJ</b>	<b>04.06.15</b>	<b>Open</b>
<b>2015/099</b>	<p><b>Infliximab Biosimilar</b></p> <p><b>Action</b>  Information regarding the implementation of infliximab biosimilar is awaited from Lorraine Booth; on receipt, BH will forward to the group.</p>	<b>BH</b>	<b>04.06.15</b>	<b>Open</b>
<b>2015/100</b>	<p><b>Ticagrelor – Summary of Primary Care issues</b></p> <p><b>Decision</b>  <b>Prescribing of Ticagrelor beyond a 12 month period</b> - CCG Leads to audit this locally and inform informed LMMG if guidance needs to be updated.</p>	<b>CCG Leads</b>	<b>04.06.15</b>	<b>Closed</b>