

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 12 June 2014 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
Dr Emile Li Kam Wa (LKW)	Consultant Physician	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Jane Wright	Pharmacist	Lancashire Care NHS Foundation Trust
Gareth Price (GP)	Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Dr Pervez Muzaffar (PM)	GP Prescribing Lead	NHS Blackburn with Darwen CCG
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
Nicola Schaffel	Medicines Optimisation Lead Pharmacist	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Julie Lonsdale	Head of Medicines Optimisation	NHS Fylde and Wyre 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
Aidan Kirkpatrick (AK)	Public Health Specialist	Lancashire County Council,

IN ATTENDANCE:

Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/80	<p>Welcome & apologies for absence</p> <p>The chair welcomed everyone to the meeting and introduced Jane Wright, Pharmacist who was attending on behalf of Catherine Fewster and Cassandra Edgar, Senior Medicines Commissioning Pharmacist from Midlands and Lancashire CSU, who was in attendance to observe the meeting. Julie Lonsdale was introduced in her new role as Head of Medicines Optimisation, Fylde and Wyre CCG.</p> <p>Apologies for absence were received on behalf of Dr Sigrun Baier and Dr Hari Nair and Dr Catherine Fewster.</p>	

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2014/081	Declarations of interest pertinent to agenda None.	
2014/082	Declaration of any other urgent business None.	
2014/083	Minutes of the last meeting 8th May 2014 The minutes of the last meeting were agreed as a true and accurate record.	
2014/084	Matters arising (not on the agenda) 2014/077 Annual Report TN informed the group that the annual report has been shared with the CCG Network. The network was pleased with the work that LMMG members have undertaken, in particular with the majority of recommendations being adopted across Lancashire.	
NEW MEDICINES REVIEWS		
2014/085	Vesomni BH discussed the evidence review and consultation responses for Vesomni [®] for the treatment of storage symptoms associated with Benign Prostatic Hyperplasia. The draft recommendation was: <i>Solifenacin 6mg & tamsulosin 400mcg MR (Vesomni[®]) one tablet daily is recommended for the treatment of moderate to severe storage symptoms (urgency, increased micturition frequency) and voiding symptoms associated with benign prostatic hyperplasia in men who are not adequately responding to treatment with tamsulosin monotherapy.</i> At the meeting BTH and UHMB confirmed their agreement with the recommendation. <i>7 of 8 CCGs, 3 of 4 acute trusts and LCFT responded, 8 were in agreement with the recommendation and 3 were not.</i> Decision A decision was made to approve the recommendation as written, based on 10 votes in favour and 4 against. Action: This will be made Green on the website.	BH
2014/086	Lubiprostone BH gave an overview of the draft evidence review and consultation responses for Lubiprostone (Amitiza [®]) for the	

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	<p>treatment of chronic idiopathic constipation in adults. The draft recommendation was:</p> <p><i>Lubiprostone is not recommended for use to treat adults with chronic idiopathic constipation (CIC) in adults.</i></p> <p>BH informed the group that the medicines management team have spoken with the company since the consultation period closed. The company have confirmed that there will be a new 2 week pack size, which will cost approximately £30.</p> <p>NICE are due to issue their final recommendation in October 2014. The manufacturer has informed the medicines management team that the NICE Final Appraisal Determination (FAD) will be released next week.</p> <p>7 of 8 CCGs, 2 out of 4 acute trusts and LCFT responded to the consultation. All 10 were in agreement with the recommendation.</p> <p>Decision LMMG agreed to support the recommendation that “Lubiprostone is not recommended for use to treat adults with chronic idiopathic constipation.”</p> <p>It was noted that the recommendation will be reviewed when the final NICE recommendation is available.</p> <p>Action: This will be made BLACK on the website.</p>	<p style="text-align: center;">BH</p>
<p>2014/087</p>	<p>Certolizumab for Psoriatic Arthritis</p> <p>BH presented the paper for Certolizumab for the treatment of active and progressive Psoriatic Arthritis. The draft recommendation was:</p> <p><i>Certolizumab is recommended for the treatment of adults with active and progressive psoriatic arthritis in line with NICE TA199 for first line use, that is when the person has peripheral arthritis with three or more tender joints and three or more swollen joints and their psoriatic arthritis has not responded to adequate trials of at least two standard disease-modifying antirheumatic drugs, administered either individually or in combination.</i></p> <p>7 of 8 CCGs, 4 of 4 acute trusts and LCFT responded. 11 of the responders were in agreement with the recommendation. The other response indicated they would follow the advice of LCFT, who were in agreement.</p>	

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	<p>Decision Based on the majority of the responses being in support of the recommendation, a decision was made to approve the recommendation in line with NICE TA199.</p> <p>Action This will be made Red on the website.</p>	BH
2014/088	<p>Ticagrelor pathway update</p> <p>BH provided an update on Ticagrelor (Brilique[®]▼) for acute coronary syndromes. The current treatment pathways were discussed with supporting information on when ticagrelor is proposed to be used. It was noted that Prasugrel will be reviewed by NICE in August. A discussion took place as to where Prasugrel would sit within the pathway and it was agreed that it needed to be on formulary should it be required as a treatment option.</p> <p>LMMG agreed that the information supplied from Blackpool Victoria fulfilled the requirement for a pathway which sets out the place in therapy of ticagrelor.</p> <p>Action Check that Prasugrel is on formulary as a NICE approved drug and therefore available as an option if clinically appropriate in all health economies.</p> <p>AG to confirm with cardiology leads at BTH that they expect ticagrelor treatment to be stopped after 12 months in line with the product licence.</p>	BH AG
2014/089	<p>LMMG – New Medicine Reviews Work Plan update</p> <p>BH updated the group with the new medicines reviews on the work plan for 2014/15. The following were discussed subject to the actions below:-</p> <p><u>Currently out to consultation – to be brought to the July meeting</u> Relvar Ellipta – Asthma. Relvar Ellipta – COPD. Certolizumab – Ankylosing spondylitis. Dapoxetine – Premature ejaculation.</p> <p><u>Medications for future review</u> Alogliptin – Type II Diabetes – a discussion took place regarding newly licensed medications where recent publications from SMC and AWMSG are available. It was queried whether these require a full evidence review, whether they should be sent out to consultation once they are released or whether they should be</p>	

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	<p>biologic pathway for the treatment of rheumatology which is due to be published in January 2015; however, it has not been confirmed whether tocilizumab subcut will be included in the review. It was agreed that tocilizumab subcut will be added to the work plan.</p> <p>Insulin Degludec + Liraglutide – currently the LMMG has adopted a Black position for Degludec. All agreed to add this to the work plan.</p> <p>Naloxegol for opioid induced constipation – there could be a significant number of patients in the future, therefore this will be added to the work plan.</p> <p>Insulin Glargine – Biosimilar – it was highlighted that the launch date may be delayed as there is currently a lawsuit filed for infringement of patent in the US. Launch date in the US is now expected for mid-2016. It was agreed that this should be added to the work plan with the evidence review being initiated once the launch date is confirmed.</p> <p><u>The following drugs were discussed and it was decided by the members not to add them to the work plan</u></p> <ul style="list-style-type: none"> • Prasugrel with percutaneous coronary intervention for treating acute coronary syndrome (review of TA 182) • Brinzolamide + brimonidine for glaucoma • Clopidogrel + Aspirin • Ferumoxytol for iron deficient anaemia, unsatisfactory response for oral iron. 	<p>All actions BH</p>
NATIONAL DECISIONS FOR IMPLEMENTATION		
<p>2014/091</p>	<p>New NICE Technology Appraisal Guidance for Medicines May 2014</p> <p>EJ gave an overview of the NICE TAGs for medicines published in May 2014 and the following actions were agreed:</p> <p>TAG NO 312 Multiple Sclerosis (relapsing-remitting – alemtuzumab - the commissioning responsibility belongs to NHS England; this will be put on the website as Red.</p> <p>TAG NO 313 Psoriatic arthritis (active) – ustekinumab – the treatment of psoriatic arthritis is the commissioning responsibility of CCGs; this will be put on the website as Black.</p>	<p>All JL</p>

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2014/092	<p>New NHS England medicines commissioning policies May 2014</p> <p>This paper was brought to the meeting to inform members of the latest medicines commissioning decisions made by NHS England.</p> <p>Correspondence from NHS England to Lancashire CSU has confirmed to that Omalizumab (chronic spontaneous urticaria) will be NHS England's commissioning responsibility. A policy will be developed, but at this stage the date for this is unknown.</p> <p>Action Put on the website as Grey with a statement to say that it is not commissioned by CCGs and is under review by NHS England. Add the email address to the website to give clinicians a clear route to submit requests. Omalizumab will be removed from the work plan paper.</p>	BH
GUIDELINES and INFORMATION LEAFLETS		
2014/093	<p>Scoping paper for diabetes guidelines</p> <p>JL presented the scoping exercise paper for the development of Diabetes Guidelines. There are 12 national guidelines and 2 local guidelines available for reference in nurse-led Diabetes Clinics across Lancashire.</p> <p>In total 8 responses were received, 2 CCGs were in agreement with proceeding with developing guidelines and 2 CCGs were not as they are developing their own local guidelines. 4 provider trusts were not in agreement with developing guidelines.</p> <p>As a result of discussions about developing summary Diabetes Guidelines the LMMG members decided that the development of local diabetes guidelines was more appropriate.</p> <p>Action: Remove from the work plan – CCGs to work collaboratively to develop local Diabetes guidelines.</p>	JL
2014/094	<p>Scoping paper for Denosumab for bone metastasis</p> <p>JL gave an overview of the scoping paper for Denosumab for bone metastasis, which looked at the financial and potential service impacts around the development of shared care or movement of the prescribing into primary care.</p> <p>Responses were received from 3 Acute Trusts; UHMB, ELHT and BTH. BTH expressed that they would not be looking to a shared care approach for prescribing Denosumab.</p>	

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	<p>After a discussion about the financial service impact it was decided that Lancashire North CCG will look further at costings with UHMB and bring back to the next meeting.</p> <p>Action UHMB will discuss with Lancashire North CCG outside of the LMMG meeting to look at further the costings for the prescribing of Denosumab in Primary Care.</p>	<p>PB & KL</p>
<p>2014/095</p>	<p>LMMG – Guidelines Work Plan update</p> <p>JL gave updates on the LMMG guidelines and work plan. The following were discussed and actions agreed:-</p> <p><u>Due for approval July</u> Adult ADHD shared care document- currently out to consultation and will be brought to the July meeting.</p> <p><u>Due for approval at September meeting</u> DMARD Shared Care – monitoring has been agreed by Rheumatology Alliance. JL is looking at responses from CCG Leads around timing of transfer to Primary Care and will propose SCGs for Lancashire. The final drafts will go out to consultation and will be brought to the September meeting.</p> <p>Gluten free guidelines – this will be sent out to consultation soon and brought to the September meeting.</p> <p><u>Ongoing</u> Treatment of Juvenile Idiopathic Arthritis – the policy statement is currently being developed by Steven Jones who has been on holiday.</p> <p>Ophthalmology Pathway – a meeting is currently being arranged to finalise the pathway and explore gaps.</p> <p>Non-cancer pain guidelines – KS will be forwarding comments next week from a pain consultant. JL will re-send the document again.</p> <p>Infant feeding – a date has been set for a meeting with the tertiary centre in Preston and LTH.</p> <p>Low molecular weight heparins shared care – JL will scope out the current SCGs across Lancashire, explore the options and bring back to a future meeting.</p>	<p>All actions JL</p> <p>All actions JL</p>

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ITEMS FOR INFORMATION		
2014/096	Minutes of the Lancashire Care FT Drug and Therapeutic Committee 20th May 2014 The group noted these minutes.	
2014/097	Minutes of the Lancashire CCG Network minutes 24th April 2014 JL highlighted that the piece of work regarding stroke/TIA/vascular under agenda item number 3 (Collaborative Work Programme) may link in with LMMG work areas. EJ stated that this will be picked up with the Service Redesign Team at the CSU.	JL
Date and time of the next meeting 10th July 2014, 9.30 am to 11.30 am, Meeting Room 1, Preston Business Centre		

	Review LCFTs D&T document at the June meeting Update: waiting for LCFT to take this to the D&T meeting, this will then be brought to LMMG as an agenda item.	JL	03.07.14	Open
	MATTERS ARISING: ACTION SHEET FROM THE 8 MAY 2014 MEETING			
2014/076	NOAC prescribing data Action: CF to forward details of the post marketing surveillance company to the CSU Update: awaiting the information from CF	CF	03.07.14	Open
	MATTERS ARISING: ACTION SHEET FROM THE 12 JUNE 2014 MEETING			
2014/088	Ticagrelor pathway update Action: Check that Prasugrel is on formulary as a NICE approved drug and therefore available as an option if clinically appropriate in all health economies. AG to confirm with cardiology leads at BTH that they expect treatment to be stopped after 12 months in line with the product licence.	BH AG	03.07.14 03.07.14	Open Open
2014/089	LMMG – New Medicine Reviews Work Plan update <u>New requests for medicines since the publication of the June update</u> Spironolactone - BH to email a question to Lead Pharmacists regarding the use of Spironolactone locally for discussion with Dermatologists, to bring to the July meeting.	BH/Lead Pharmacists	19.06.14	Open
2014/094	Scoping paper for Denosumab for bone metastasis Action UHMB will discuss with Lancashire North CCG outside of the LMMG meeting to look at the cost implications for the prescribing of Denosumab in Primary Care.	PB & KL	03.07.14	Open