

**Minutes of the Lancashire Medicines Management Group Meeting  
Held on Thursday 9<sup>th</sup> October 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
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Gareth Price (GP)	Chief Pharmacist	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
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
Aidan Kirkpatrick (AK)	Public Health Specialist	Lancashire County Council, Public Health Lancashire

**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
2014/140	<p><b>Welcome &amp; apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence were received on behalf of Dr Emile Li Kam Wa, Dr Pervez Muzaffar, Dr Hari Nair, Dr Sigrun Baier and Dr David Shakespeare.</p>	
2014/141	<p><b>Declarations of interest pertinent to agenda</b></p> <p>None.</p>	
2014142	<p><b>Declaration of any other urgent business</b></p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	None.	
2014/143	<p><b>Minutes of the last meeting (11 September 2014)</b></p> <p>The minutes of the last meeting were agreed as a true and accurate record.</p>	
2014/144	<p><b>Matters arising (not on the agenda)</b></p> <p>There were no matters arising.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2014/145	<p><b>Lisdexamfetamine</b></p> <p>Following the review in September 2013 of Lisdexamfetamine there has been several requests to review the recommendation.</p> <p>BH discussed the paper <i>Lisdexamfetamine (Elvanse®) for the treatment of ADHD in children and young adults</i> which considered each of the patient groups requested. The paper recommended lisdexamfetamine “in patients who are on 3 – 4 daily doses of short acting dexamfetamine where extenuating circumstances exist which mean that it is not possible for the patient to receive all doses on a regular basis. All patients must be agreed with the Chief Pharmacist / D&amp;T Chair prior to initiation.”</p> <p><b>Decision</b></p> <p>Having considered the review and consultation responses LMMG members agreed to support the recommendation, with the addition of specifying it is for complex patients on multiple doses where local agreement has been obtained.</p> <p><b>LMMG Recommendation: Red (Restricted)</b></p> <p>Lisdexamfetamine (Elvanse®) is recommended for use in the treatment of ADHD in children and young adults only in complex patients who meet <b>both</b> of the following criteria.</p> <ul style="list-style-type: none"> <li>• on 3-4 daily doses of short acting dexamfetamine where extenuating circumstances exist which mean that it is not possible for the patient to receive all doses on a regular basis</li> <li>• treatment has been agreed through the internal governance arrangements of the trust.</li> </ul> <p><b>Action</b></p> <p>Put onto the website as Red traffic light status and update the recommendation in line with the LMMG discussions as above.</p>	<b>BH</b>

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2014/146	<p><b>Horizon Scanning Quarter 3 2014-15</b></p> <p>BH presented the Horizon scanning paper for quarter 3 from the period 2014/15. The following drugs were discussed and agreed:-</p> <p><u>The following drugs will not be added to the work plan:-</u>            Propranolol oral (Hemangirol) – Infantile haemangioma            Clevidipine injection (Cleviprex) – perioperative hypertension.            Ciclosporin A ophthalmic emulsion (Ikervis) – Severe dry eye</p> <p><u>The following drugs are currently on hold and will be considered for addition to the work plan following product license and launch:-</u>            Rivaroxaban oral (Xarelto) – prevention of atherothrombotic events after ACS.            Umeclidinium inhaler (Incruse) - COPD            Indacaterol/glycopyrronium inhaler (Ultibro Breezhaler) - COPD            Naltrexone/bupropion oral (Contrave) - Obesity            Dextromethorphan/quinidine oral (Nuedexta) – Pseudo bulbar affect - CF to take advice from Brain Injury Unit, Guild Lodge as to whether this is required locally.            Alogliptin/pioglitazone oral (Incrasyn) – Type 2 diabetes            Insulin degludec/liraglutide injection (Xultophy) – Type 2 diabetes            Bazedoxifene/conjugate estrogens oral – postmenopausal osteoporosis            Liraglutide injection – Obesity.            Acridinium/formoterol – COPD.            Aflibercept – Diabetic Macular Oedema            Dulaglutide – Type 2 diabetes.</p> <p><u>The following drugs will be added to the work plan:-</u>            Canagliflozin/metformin oral (Vokanamet) – type 2 diabetes mellitus, alone or in combination with other anti-diabetic medicines including insulin.            Tiotropium (Respimat®) – Asthma – mild, moderate and severe – in adolescents and adults – this was launched on 1<sup>st</sup> September; this will be prioritised over Apixaban.            Apixaban – VTE treatment; initial and extended use – this was launched on 1<sup>st</sup> July.</p>	<p style="text-align: center;"><b>CF</b></p> <p style="text-align: center;"><b>All other actions BH</b></p>
2014/147	<p><b>LMMG – New Medicines Reviews Work Plan update (October)</b></p> <p>BH presented the New Medicines Reviews Work Plan Update paper. The following medicines have been identified via Horizon Scanning or clinician requests for development of policy/formulary position statements.</p> <p><u>Medications for Recommendation from October 2014</u>            Lisdexamfetamine – discussed under agenda item 2014/145</p>	

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	<p>Alogliptin &amp; Umeclidinium/Vilanterol inhaler - discussed under agenda item 2014/155</p> <p><u>Medications for future review</u>  Vedolizumab (Crohn's) – the review is ongoing.</p> <p>Switching anti-TNFs in Psoriatic Arthritis - this is currently out to consultation.</p> <p>Dapoxetine (Premature Ejaculation) – this was considered at the July LMMG and it was decided to defer a decision subject to a review of the evidence in support of SSRIs, the review of SSRIs will be sent out to consultation within the next few weeks.</p> <p>Testosterone (Female sexual dysfunction following post oophorectomy or primary ovarian failure) – an evidence review has been completed however there are a number of clarification questions which are required to be answered before the review can be completed, these will be sent to CW and the requesting clinician following the October LMMG.</p> <p>Eslicarbazepine (Epilepsy) – a request has been received by Dr Nixon; an evidence review is being carried out.</p> <p>Spironolactone (Acne Vulgaris) – BH highlighted that the CSU has been unable to access a number of the references and that currently the requesting clinician is on maternity leave; it was agreed that BH will check clinicians' responses to the initial query and ask them to submit supporting evidence. If this is unavailable this will be put on to the website as Black stating "insufficient evidence available to complete the evidence review"</p> <p><u>Medications currently on hold</u>  Vedolizumab (Ulcerative Colitis) – awaiting the NICE MTA for biologics due for publication in January 2014, following this TA NICE are due to publish a TA in relation to Vedolizumab in April 2015.</p> <p>Umeclidinium inhaler (COPD) – SMC is due in December 2014.</p> <p>Co-trimoxazole (Sub acute Bacterial Peritonitis Prophylaxis) – awaiting a fully completed form.</p> <p>Sodium Oxybate (Narcolepsy with cataplexy) – awaiting a fully completed form.</p> <p><u>Medications currently on hold – Awaiting licensing and launch</u>  Rivaroxaban - prevention of atherothrombotic events after ACS.  Albiglutide – type 2 diabetes.  Bazedoxifene/conjugated oestrogen – postmenopausal</p>	<p style="text-align: center;">BH/JJ</p> <p style="text-align: center;">PB &amp; BH</p>

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	<p>osteoporosis  Insulin degludec &amp; Liraglutide (IDegLira®) – type 2 diabetes  Insulin glargine biosimilar (Optisulin®) – type 2 diabetes  Naloxegol – opiate induced constipation</p> <p><u><i>New requests since the last meeting</i></u>  Silk garments for eczema – there is approximately £10,000 of prescribing in the last quarter in Lancashire. LR has supplied a draft commissioning policy from Yorkshire and Humber CSU; BH will review the Yorkshire and Humber policy and send out to consultation.</p> <p>Selenium (Graves Orbitopathy) – It was highlighted that Trusts in Manchester have been requesting GPs to prescribe selenium for Graves Orbitopathy, BH highlighted that selenium was currently covered under the Vitamins and Minerals Policy which states that unlicensed vitamins and minerals should not be prescribed. PB will find out which Trusts are requested this. On receipt of this information BH will query with GMMMGMG whether this indication has been considered for formulary.</p> <p>Colomycin (pseudomonal infection in bronchiectasis) –the requesting clinician has been asked to complete an application form.</p> <p>Peristeen - (faecal incontinence and constipation) – BH highlighted that on initial review there is a small amount of available evidence on the product, following discussion LMMGMG members requested that a review should be carried as this is an issue in local areas.</p> <p>LR queried what had occurred in relation to the development of shared care for interstitial lung disease, EJ highlighted that at the time of the original request this had been discussed with Greater Manchester as the requests were coming from their health economy. This will be followed up with GM to understand their progress with developing a shared care document following the establishment of their interface group with Wythenshawe hospital.</p>	<p>PB</p> <p>BH</p> <p>EJ</p>
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
<b>2014/148</b>	<p><b>Infant Feeding Guidelines – Update</b></p> <p>JL discussed the changes made to the Guidelines for Prescribing of Specialist Infant Formula Feeds.</p> <p>The guideline was amended to reflect the comments from the tertiary centre at LTHFT regarding the suggestion that there may be a cohort of babies with low birth weights who may benefit from</p>	

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	<p>post discharge formula.</p> <p>New products have been added into the guidelines.</p> <p>An algorithm was added for nutrient enriched post discharge formulas.</p> <p><b>Decision</b> A decision was made by LMMG members to approve the current guidelines.</p> <p><b>Action</b> This will be uploaded onto the LMMG website.</p>	<p><b>JJ</b></p>
<p><b>2014/149</b></p>	<p><b>Denosumab Shared Care – Update</b></p> <p>JL discussed the amendments made to the update of Denosumab Shared Care Guidelines which were made following the updated SPC for Denosumab.</p> <p><b>Actions</b> Following a discussion of the guidelines at the meeting the actions below were agreed:-</p> <p>Check the spelling of hypocalcaemia throughout the guideline.</p> <p>Add the symptoms of hypocalcaemia into the guideline and re-circulate.</p> <p>Add the logo to the front of the guideline.</p> <p>Upload the guideline onto the LMMG website.</p>	<p><b>All actions JL</b></p>
<p><b>2014/150</b></p>	<p><b>Anticoagulant Scoping Paper</b></p> <p>JL gave an overview of the Anticoagulant Scoping paper for the development of guidance for choosing between oral anti-coagulants for prevention of stroke and systemic embolism in Atrial Fibrillation.</p> <p>Seven out of the eight CCGs responded to the scope; all five trusts responded although LCFT said it was not applicable to them. There was a mixed opinion regarding the development of the decision guidance:-</p> <p>4 CCGs support the development of the guidance 3 CCGs do not support development 3 providers support the development 1 provider did not support the development</p>	

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	<p><b>Decision</b> Due to difference of opinion in some local areas on the formulation of an anticoagulant decision guide, it was decided to ask MM Leads to feed back further comments within the next seven days.</p> <p><b>Action</b> Bring back to the next meeting following feedback.</p>	<p><b>JL</b></p>
<p><b>2014/151</b></p>	<p><b>NOAC Consensus Statement</b></p> <p>JL presented the revised consensus statement on the use of oral anticoagulants for prevention of stroke and systemic embolism in Atrial fibrillation. Following the NICE CG180 the consensus statement was amended and sent out to consultation.</p> <p>Five out of the eight CCGs responded to the consultation; four supported the consensus statement. Five trusts responded; three were in support of the consensus statement and one trust said that it was not applicable to them. Public Health supported the guideline. Two organisations did not specify either way whether or not they supported the consensus statement.</p> <p><b>Decision</b> Due to a lengthy discussion at the meeting about the consensus statement and the further amendments required, it was felt that a further week was required to allow for further feedback.</p> <p><b>Action</b> Bring back to the next meeting after further feedback has been received.</p>	<p><b>JL</b></p>
<p><b>2014/152</b></p>	<p><b>LMMG – Guidelines Work Plan update</b></p> <p>JL discussed the LMMG guidelines work plan update paper.</p> <p><u>Approval at the November meeting</u> Antipsychotic Shared Care Guideline. Dementia Shared Care Guidelines. Non-cancer pain guidelines.</p> <p><u>Ongoing</u> Treatment of Juvenile Idiopathic Arthritis.</p> <p><u>New additions to work plan</u> Dosing and monitoring document to support local shared care guidelines for LMWHs. Ivabradine information sheet.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>RAG list annual review.</p> <p><b>Decision</b> Substance misuse guideline for patients on hospital admission – this guideline has expired and responsibility for commissioning the substance misuse service has moved to the local authorities, taking this out of LMMG’s remit.</p> <p><b>Action</b> Remove the Substance Misuse guideline from the website.</p>	<p><b>JL</b></p>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
<p><b>2014/153</b></p>	<p><b>New NICE Technology Appraisal Guidance for Medicines (September)</b></p> <p>EJ gave an overview of the NICE TAG for the medicine published in September 2014 and the following action was agreed:</p> <p>TAG 322 Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5g cytogenetic abnormality – this is an NHS England commissioning responsibility; this will be put onto the website as Red traffic light status.</p>	<p><b>JJ</b></p>
<p><b>2014/154</b></p>	<p><b>New NHS England medicines commissioning policies (September)</b></p> <p>None published in September.</p>	
<p><b>2014/155</b></p>	<p><b>Evidence reviews published by SMC or AWMSG (August &amp; September)</b></p> <p>This item was deferred to the November meeting.</p>	
<b>PROCESS PROPOSALS</b>		
<p><b>2014/156</b></p>	<p><b>Appeal process for LMMG recommendations</b></p> <p>EJ gave an overview of the Appeal Process paper for LMMG recommendations which was brought to the meeting in light of recent correspondence which challenged one of the LMMG’s recommendations.</p> <p>EJ discussed the appeals process system which is in operation in two area prescribing groups in the North West; whereby appeals are submitted via stakeholder organisations. It was agreed at the meeting that the same process should operate within the LMMG.</p> <p><b>Action</b></p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Amend the terms of reference with wording to reflect the introduction of an LMMG appeals process.	EJ
<b>OTHER PROPOSALS</b>		
2014/157	<b>Phosphate Binders in Renal Dialysis</b>  This item was deferred to the November meeting.	
<b>ITEMS FOR INFORMATION</b>		
2014/158	<b>Lancashire Care FT Drug and Therapeutic Committee</b>  No meeting in August.	
2014/159	<b>Minutes of the Lancashire CCG Network minutes (31 July 2014 &amp; 28<sup>th</sup> August 2014)</b>  The Group noted these minutes.	
2014/160	<b>Any other business 'Restricted Classification'</b>  This item was deferred to the November meeting.	

**Date and time of the next meeting**

13<sup>th</sup> November 2014, 9.30 am to 11.30 am, **Meeting Venue to be confirmed.**

**ACTION SHEET FROM THE  
LANCASHIRE MEDICINES MANAGEMENT GROUP**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 16 October 2014
<b>ACTION SHEET FROM THE 13 FEBRUARY 2014 MEETING</b>				
2014/020	<p><b>LMMG New Medicine Review work plan update</b></p> <p><b>Fluarix Tetra</b>  <b>Action:</b> discuss issue with Public Health including collaborative working between Public Health and the 3 local authorities.  <b>Decision/Action:</b> LMMG will respond to Shelagh Garnett at PH advising them that CCGs would like local advice on relative place in therapy.  <b>Update:</b> EJ will contact Shelagh Garnett</p>	AK	03.07.14	Closed
		EJ	06.11.14	Open
<b>ACTION SHEET FROM THE 10 JULY MEETING</b>				
2014/104	<p><b>Dapoxetine – Premature Ejaculation</b></p> <p><b>Action:</b> send out a summary of the evidence in support of SSRIs to members and bring back to future LMMG meeting.  <b>Update:</b> the review is currently being drafted and will be brought to LMMG after the consultation period.</p>	BH	06.11.14	Open
2014/115	<p><b>Melatonin prescribing and monitoring</b></p> <p><b>Update:</b> This item was deferred to the November meeting.</p>	BH	02.10.14	Closed
<b>ACTION SHEET FROM THE 11 SEPTEMBER 2014 MEETING</b>				
2014/126	<p><b>LMMG New Medicine Reviews Work Plan update</b></p> <p><b>Rifaximin</b>  <b>Action:</b> Contact Leeds to find out what is on their pathway and details about their supporting evidence base.  <b>Update:</b> This action was not completed due to NICE updating their website stating that further deliberation by the appraisal committee will be taking place.  <b>Action:</b> Check the NICE position in 3-4 weeks' time; in the meantime put onto the website as grey.</p>	BH	06.11.14	Open

2014/127	<p><b>LMWH SCG scoping paper</b></p> <p><b>Action:</b> JL to devise a dosing and monitoring document to support local shared care guidelines.</p> <p><b>Update:</b> This has been added to the work plan.</p>	JL	02.10.14	Closed
2014/128	<p><b>DMARD shared care guidelines</b></p> <p><b>Action:</b> JL to investigate bin sizes which are included in the drug tariff</p> <p><b>Update:</b> JL has looked into this and confirmed that the 1 litre bin size is sufficient.</p>	JL	02.10.14	Closed
2014/130	<p><b>Updated Rheumatology pathway</b></p> <p><b>Action:</b> Include the caveat and recirculate to the Rheumatology alliance via Dr Lizzy Macphie.</p> <p><b>Update:</b> The Rheumatology Alliance has acknowledged the added statement regarding submitting an IFR to request use of a biologic outside of the pathway. JL reminded all to send local decisions to the LCSU so that these can be added to the LMMG website.</p>	JL All	02.10.14 Ongoing	Closed Open
2014/137	<p><b>LMMG role in relation to pharmaceutical industry joint working proposals and the Health and Wellbeing Board</b></p> <p><b>Action:</b> AK to contact the Health and Wellbeing Board for clarification about the support required and the issue of working with three local Health and Wellbeing Boards.</p> <p><b>Update:</b> AK updated that unless prevention was a key LMMG priority that there was no specific support required at this stage. Harriett Lewis from the ABPI has contacted EJ regarding the feasibility of working with LMMG.</p> <p><b>Action:</b> EJ will contact other regional groups in the North West to understand their current interaction with ABPI. EJ will also contact Harriet Lewis for further clarity around the type of working arrangements she would want.</p>	EJ	06.11.14	Open
<b>ACTION SHEET FROM THE 9 OCTOBER 2014 MEETING</b>				
2014/145	<p><b>Lisdexamfetamine</b></p> <p><b>Action:</b> Update the recommendation in line with LMMG discussions and upload the evidence review onto the website as Red traffic light status.</p>	BH	15.10.14	Closed

2014/146	<b>Horizon Scanning Quarter 3 2014-15</b>  Dextromethorphan/quinidine oral (Nuedexta) – CF to take advice from Brain Injury Unit, Guild Lodge as to whether this is required locally and inform CSU.	CF	06.11.14	Open
2014/147	<b>LMMG – New Medicines Reviews Work Plan update (October)</b>  <b>Action:</b> Selenium (Graves Orbitopathy) – PB will find out which Trust requested this. On receipt of this information BH will query with GMMMG whether this indication has been considered for formulary.	PB BH	06.11.14 06.11.14	Open Open
2014/156	<b>Appeal process for LMMG recommendations</b>  <b>Action</b> Amend the terms of reference with wording to reflect the introduction of an LMMG appeals process.	EJ	06.11.14	Open