

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 11th December 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
Amanda Parkinson (AP)	Pharmacist	Lancashire Care NHS Foundation Trust
David Jones (DJ)	Assistant 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
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:

Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Susan Mckernan (SM)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Cassandra Edgar	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Victoria Birchall (VB)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2014/183	<p>Welcome & apologies for absence</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence were received on behalf of Nicola Baxter, Aidan Kirkpatrick and Dr David Shakespeare.</p> <p>It was noted that Amanda Parkinson was attending on behalf of Catherine Fewster and Victoria Birchall, Medicines Commissioning Pharmacist from LCSU was in attendance to</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	observe the meeting.	
2014/184	<p>Declaration of any other urgent business</p> <p>None.</p>	
2014/185	<p>Declarations of interest pertinent to agenda</p> <p>None.</p>	
2014/186	<p>Minutes of the last meeting (13th November 2014)</p> <p>The minutes of the meeting dated 13th November 2014 were agreed as a true and accurate record subject to the following amendment:</p> <p>2014/168 LMMG – New Medicines Reviews Work Plan update (November) (page 5) Spelling error - Silk Garments (Adjunct to normal treatment for sever eczema and allergic skin conditions) – the minutes have been updated to, “severe.”</p> <p>2014/170 Non-Cancer Pain Guidance (page 8) It was agreed that it would be useful to form a virtual task and finish group with representation from Primary Care Pain Consultants.</p> <p>The minutes have been amended as follows:</p> <p>2014/170 Non-Cancer Pain Guidance It was agreed that it would be useful to form a virtual task and finish group with representation from Primary Care, Secondary Care and Pain Consultants.</p>	
2014/187	<p>Matters arising (not on the agenda)</p> <p>There were no matters arising.</p>	
NEW MEDICINES REVIEWS		
2014/188	<p>Eslicarbazepine</p> <p>CE presented the paper assessing eslicarbazepine acetate use in epilepsy, which was prioritised for review following a request from Dr Nixon a Consultant Neurologist at Royal Preston Hospital.</p>	

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	<p>The draft recommendation was:- Eslicarbazepine acetate is recommended for adjunctive therapy in adults with partial onset seizures with or without secondary generalisation, only for highly refractory patients in whom standard adjunctive treatment is ineffective or not tolerated.</p> <p>Treatment should only be considered following referral to or discussion with a tertiary care specialist.</p> <p><i>This recommendation covers adults and children, as per NICE CG 137. However, it should be noted that at the time of publication, eslicarbazepine acetate did not have UK marketing authorisation for children. Informed consent should be obtained and documented.</i></p> <p>6 out of 8 CCGs and 2 out of 4 Acute Trusts and LCFT responded by the closing date. 1 CCG responded after the deadline.</p> <p>5 CCGs supported the recommendation as written; the other 5 consultation responses neither agreed nor disagreed with the recommendation.</p> <p>Decision All members agreed to support the recommendation as written subject to the amendment below which was agreed at the meeting:</p> <p>All members agreed to amend the wording from “partial onset seizures” to “focal (partial onset) seizures” in line current terminology and as per NICE, but also to recognise the definition used in the product licence.</p> <p>All agreed that the recommended colour classification will be Amber0</p> <p>Action Amend the draft recommendation as above.</p> <p>This will be added to the website as Amber0 colour classification.</p>	<p>CE</p> <p>JJ</p>
2014/189	<p>LMMG – New Medicine Reviews Work Plan update (December)</p> <p>BH discussed the New Medicine Reviews Work Plan Update paper. The following medicines have been identified via Horizon Scanning or have been identified for review by member organisations for development of policy/formulary position statements.</p>	

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	<p><u>Medications for Recommendation from December 2014</u> Eslicarbazepine (Epilepsy) – discussed under agenda item 2014/188.</p> <p><u>Medications for Recommendation from January 2014</u> Vedolizumab (Crohns), Spironolactone (Acne Vulgaris) and Dapoxetine (Premature Ejaculation) are all currently out to consultation.</p> <p>Silk Garments (Adjunct to normal treatment for severe eczema and allergic skin conditions) – an evidence search has been undertaken; a position statement will be consulted on and brought to the February meeting.</p> <p><u>Medications for future review</u> Tiotropium (Asthma) – this is due to go out to consultation this month and will be brought to the February meeting.</p> <p>Testosterone (female sexual dysfunction following post oophorectomy or primary ovarian failure) – an evidence review is ongoing.</p> <p>Peristeen (Faecal incontinence and constipation) – the review is ongoing.</p> <p>Canagliflozin/metformin (Vokanamet®) (Diabetes mellitus in adults) – this is discussed under agenda item 2014/200 Position Statement for the prescribing of Oral Combination Products.</p> <p>Indacaterol/Gylcopyrrolate (Ultibro®) (COPD) – this is newly licensed and will be reviewed and a recommendation brought to a future LMMG meeting.</p> <p><u>Medications currently on hold</u> Contiform (Stress Incontinence) – all members agreed that this was not a priority across Lancashire and will not be added to the work plan for review; prescribable appliances were discussed further under LMMG application criteria review agenda item 2014/197.</p> <p>Rifaximin (Hepatic encephalopathy) – NICE have updated their website stating that this will be discussed at a meeting in January 2015, will remain Grey on the website with a comment that prescribing to remain with the specialist in the interim.</p> <p>Vedolizumab (Ulcerative Colitis) – awaiting NICE due April 2014 Umeclidinium (Incruse®) (COPD) – awaiting SMC due Dec 2014 Co-trimoxazole (Subacute Bacterial Peritonitis Prophylaxis) awaiting a fully completed application form.</p>	<p style="text-align: center;">All actions BH</p>

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	<p>Colomycin (Pseudomonal infection in bronchiectasis) - awaiting a fully completed application form.</p> <p>Rivaroxaban (Prevention of adverse outcomes after the acute management of ACS) – awaiting NICE due March 2015</p> <p>Sodium Oxybate (Narcolepsy with cataplexy) - awaiting a fully completed application form.</p> <p><u>Medications currently on hold – Awaiting Licensing and Launch</u></p> <p>Albiglutide (Diabetes).</p> <p>Bazedoxifene/conjugated oestrogen (Post-menopausal osteoporosis & menopausal symptoms).</p> <p>Insulin degludec & liraglutide (Xultophy®) – this has now been launched; an evidence review will be initiated during December 2014.</p> <p>Liraglutide (Obesity).</p> <p>Insulin degludec & insulin aspartate (Ryzodeg®) (Type II Diabetes).</p> <p>Insulin glargine biosimilar (Optisulin®) (Insulin dependent diabetes).</p> <p>Naloxegol (Opiate induced constipation).</p> <p>LR requested that the following two inhaler products could be added onto the work plan: Anoro Ellipta (Umeclidinium/Vilanterol) and Striverdi Respimat Device (Olodaterol) – BH will check whether these are on the SMC or AWMSG work plans and action as appropriate.</p>	
GUIDELINES and INFORMATION LEAFLETS		
2014/190	<p>Ophthalmology pathway change</p> <p>JL discussed the change made to the Ophthalmology Pathway following the update to the SPC for Ranibizumab to reflect the monitoring requirements. The change being from monthly monitoring required to after an initial 3 months monitoring, the consultant at their discretion can lengthen the time of monitoring requirements dependent upon the patient's response to the treatment.</p> <p>Actions</p> <p>JL will send the amended pathway to Ophthalmology Consultants to make them aware of the new flexibilities.</p> <p>Update the website with the amended version.</p>	<p>JL</p> <p>JJ</p>
2014/191	<p>Update on Asthma Guidelines</p> <p>JL informed the group that the CSU has reviewed the LMMG</p>	

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	<p>Asthma Guidelines in light of the new BTS/SIGN Guidelines published in October 2014; SIGN 141 – British Guideline on the management of Asthma. JL confirmed that the pharmacological management in the new guideline remains the same and therefore no amendments have been made to the LMMG guidelines.</p> <p>Decision It was discussed and decided that a footnote should be added to the LMMG asthma guidelines indicating that they had been reviewed against the new BTS/SIGN guidelines and no changes to recommendations had been required.</p> <p>Action Add a footnote to the guidelines as above.</p> <p>Update the website with the amended version.</p>	<p>JL</p> <p>JJ</p>
PROCESS PROPOSALS		
2014/192	<p>LMMG – Guidelines Work Plan update</p> <p>JL presented the LMMG guideline work plan update paper.</p> <p><u>Due for approval at the December meeting</u> RAG list annual review – discussed under agenda item 2014/199.</p> <p><u>Due for approval at the January meeting</u> Dosing and monitoring document to support local shared care guidelines for LMWHs – this is currently out to consultation.</p> <p><u>Guidelines for future review</u> Stroke prevention in AF decision making guideline – this is currently being worked up and is planned to come to the February meeting</p> <p>Non-cancer pain guidelines - This is ongoing via a task and finish group and will come to a future LMMG meeting</p> <p>Erectile dysfunction – work is still ongoing and it will come to a future meeting</p> <p>Apomorphine shared care guidelines – this is currently in development and is planned for the February meeting</p> <p>Treatment of Juvenile Idiopathic Arthritis – This is ongoing and awaiting Dr Jones from BVH</p> <p>Psychotropic Formulary – LCFT has proposed some changes to</p>	

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	<p>the formulary following a review, this is due to be sent out to consultation and brought back to the February meeting.</p> <p>Ivabradine information sheet – This will go out for consultation in March 2015.</p> <p><u>New additions to work plan</u></p> <p>JL informed the group that an updated version of the ADHD adult service shared care guideline will be brought to the January meeting.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2014/193	<p>New NICE Technology Appraisal Guidance for Medicines (November)</p> <p>SM gave an overview of the NICE TAGs for the medicines published in November 2014 and the following actions were agreed:</p> <p>TA323 Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating anaemia in people with cancer having chemotherapy (including review of TA142) – this is an NHS England responsibility; this will be put onto the website as Red Traffic light status.</p> <p>TA325 Nalmefene for reducing alcohol consumption in people with alcohol dependence – the commissioning responsibility is shared between CCGs and Local Authorities – it was decided to seek clarification from Local Authorities around the implementation of Nalmefene. All members agreed that EJ will draft a letter for the CCGs; who will then send it to their Local Authorities. A decision was made to recommend Red colour classification on the website.</p> <p>TA326 Imatinib for the adjuvant treatment of gastrointestinal stromal tumours (review of NICE technology appraisal guidance 196) this is an NHS England responsibility; this will be put onto the website as Red Traffic light status.</p>	<p>JJ</p> <p>EJ</p> <p>JJ</p> <p>JJ</p>
2014/194	<p>New NHS England medicines commissioning policies (November)</p> <p>None published in November.</p>	
2014/195	<p>Guidance published by SMC/AWMSG – Process Proposal</p>	

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	<p>BH discussed the LMMG actions in the draft flow chart which were proposed for consideration when SMC/AWMSG publishes an evidence review and commissioning position for a medicine.</p> <p>The following was agreed.</p> <ul style="list-style-type: none"> • Where a medication does not meet the LMMG criteria for review no action will be taken. • Where LMMG has prioritised a medicine for review a summary document will go out for consultation using the SMC/AWMSG document as the basis for the evidence review with the addition of Lancashire information for context. • All medications which have not been prioritised for review via LMMG will be brought to LMMG for a decision to be made about which action to take. <p>The draft flow chart will be amended in line with discussions and all future SMC / AWMSG recommendations will be considered in line with the amended flow chart.</p>	<p>All actions BH</p>
<p>2014/196</p>	<p>Evidence reviews published by SMC or AWMSG (November)</p> <p>All LMMG members agreed that this item will be deferred to the January meeting. The process agreed under agenda item 2014/195 will be applied to the items published by SMC and AWMSG, and a paper brought to the next meeting to pilot this approach.</p>	<p>BH</p>
<p>PROCESS PROPOSALS</p>		
<p>2014/197</p>	<p>LMMG Application Criteria Review</p> <p>EJ gave an overview of the Criteria for Referring Applications to the LMMG.</p> <p>The following were discussed and actions agreed by all:</p> <p>A new criterion has been added:-</p> <p><i>In the case of a medicine which has previously been considered by LMMG, substantial new clinical evidence should be available and be detailed in the application.</i></p> <p>A sentence will be added to the introduction stating applications will only be accepted from LMMG member organisations.</p>	

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	<p>The sentence below will be amended with the words 'prescribable products' replacing the word 'medicines.'</p> <p><i>LMMG member organisations may request that prescribable products which do not fulfil these criteria be reviewed via the LMMG processes. All such requests will be considered by LMMG and added to its work plan if agreed by the Group.</i></p> <p>A Statement will be put onto the LMMG website stating that the LMMG has agreed a policy position which is not to recommend the use of appliances and devices unless they have been through an assessment process in the originating NHS Trust and then reviewed by LMMG.</p>	<p>All actions EJ</p>
<p>2014/198</p>	<p>“Restricted” Classification</p> <p>JL discussed the proposal to use the word 'optimised' in place of 'restricted' following a similar process adopted by NICE when products are recommended for a smaller cohort of patients than their license covers</p> <p>The majority of members preferred the current use of the word 'restricted' and did not feel that the change would add value. Therefore, the word 'restricted' will continue to be used.</p>	
<p>OTHER PROPOSALS</p>		
<p>2014/199</p>	<p>RAG list annual review</p> <p>SM presented the Annual Review of Colour Classification recommendation following the receipt of feedback from member organisations.</p> <p>Responses were received from 4 CCGs and 2 providers trusts. LCFT proposals will be considered separately at a later LMMG meeting, as part of the psychotropic formulary review process.</p> <p>The following were discussed and agreed:</p> <p><u><i>Appendix 1 – Summary of Proposed Changes to Colour Classifications Identified in the Annual Review Process for discussion at LMMG</i></u></p> <p>Rivaroxaban – all members agreed to keep the LMMG colour classification as Red.</p> <p>Benperidol – all members agreed with the proposed colour classification of Amber1.</p>	<p>All actions SM</p>

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	<p>Buprenorphine, Methadone, Naltrexone - these will be brought back as a separate agenda item to a future meeting for further discussion.</p> <p>It was decided that further discussion was required for Mirabegron (Betmiga), CDF Medicines, Immunosuppressants post renal transplant and Febuxostat and these will be brought back to a future meeting.</p> <p>The paper will be reformatted so that CCG Leads can comment further on the proposals; consultation results will be brought to a future LMMG meeting.</p> <p><u>Appendix 2 – Summary of comments received requiring no further action or where it may be appropriate to delay discussion.</u> The group agreed that no actions will be taken at present for this group of medicines. – the medicines being Dornase Alfa, Melatonin, Duloxetine (Cymbalta), Atomoxetine, Denosumab (Prevention of osteoporotic fractures in postmenopausal women) and Denosumab (Bone Metastasis).</p> <p><u>Appendix 3 - Requests for new medications or new indications to be added to the LMMG</u></p> <p>KL will look at LNCCGs local colour classifications and check whether these are covered in the LMMG RAG list.</p> <p>Cannabinoid spray – there is a significant amount of prescribing in this area. Cannabinoid spray will be moved to appendix 1 for consultation with the recommendation that no new patients should be prescribed it in light of the NICE CG 186.</p> <p>Perampanel – JL requested that this be added to Appendix 1 for reviews. This was agreed</p> <p>Actions:</p> <p>KL will look at local LNCCGs colour classifications and check whether these are covered in the LMMG rag list.</p> <p>Move Cannabinoid spray from Appendix 3 to Appendix 1 for consultation. Add in perampanel to appendix 1.</p> <p>Reformat Appendix 1 and send out for consultation.</p>	<p style="text-align: right;">KL</p> <p style="text-align: right;">SM</p> <p style="text-align: right;">SM</p>
2014/200	<p>Position Statement for the prescribing of Oral Combination Products</p> <p>BH presented the paper for the position statement for oral combination products.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>The position statement was:</p> <p>The prescribing of ORAL COMBINATION PRODUCTS that are available as the separate constituents is not routinely recommended.</p> <p>All members agreed with the position statement in its form but to add in wording to specify that it applies to new oral combination products where CCGs are the responsible commissioner.</p> <p>Action Add the Black colour classification to the position statement.</p> <p>Put a statement on the website stating that this applies to new oral combination products.</p>	<p>All actions BH</p>
<p>2014/201</p>	<p>LMMG engagement with the pharmaceutical industry</p> <p>EJ informed the group that a meeting had taken place with Harriett Lewis from the ABPI regarding engagement with the industry and the work which LMMG have on their work plan.</p> <p>The following were discussed and decided by all members:</p> <p>LCSU will discuss with the Comms department about the feasibility of adding the LMMG work plan to a page on the LMMG website.</p> <p>LCSU will disseminate information about consultation periods via a 'newsflash' on the LMMG website.</p> <p>LMMG members agreed that it would not be appropriate to engage with the pharmaceutical industry during the consultation period. However, they agreed that, at the beginning of each evidence review, LCSU will contact the relevant manufacturer to request any information on the product which is not currently in the public domain.</p> <p>The appointment request form will be updated to include the criteria for new medicines reviews, so that pharmaceutical representatives are able to identify whether LMMG would be interested in their product.</p> <p>Actions Discuss with Comms regarding adding the work plan to the website.</p>	<p>All actions BH</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>A 'newsflash' section will be added to confirm when a consultation period has commenced.</p> <p>LCSU to contact manufacturers at the beginning of new evidence reviews.</p> <p>Update the appointment request form with the criteria for new medicines.</p>	
ITEMS FOR INFORMATION		
2014/202	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</p> <p>No meeting in November.</p>	
2014/203	<p>Minutes of the Lancashire CCG Network 30th October 2014</p> <p>The group noted these minutes.</p>	
<p>Date and time of the next meeting 8th January 2015, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre</p>		

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
11 DECEMBER 2014**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11.12.14
ACTION SHEET FROM THE 13 FEBRUARY 2014 MEETING				
2014/020	<p>LMMG New Medicine Review work plan update</p> <p>Fluarix Tetra Action: LMMG will respond to Shelagh Garnett at PH advising them that CCGs would like local advice on relative place in therapy. Update: Shelagh Garnett is happy for guidance to be drafted for GPs; this will be shared with Shelagh first for comments before circulating.</p>	EJ	01.01.15	Closed
ACTION SHEET FROM THE 11 SEPTEMBER 2014 MEETING				
2014/130	<p>Updated Rheumatology pathway</p> <p>Update: JL will email all with a reminder to all to send local decisions to the LCSU so that these can be added to the LMMG website.</p>	ALL/JL	Ongoing	Open
2014/137	<p>LMMG role in relation to pharmaceutical industry joint working proposals and the Health and Wellbeing Board</p> <p>Discussed under agenda item 2014/201</p>	EJ	04.12.14	Closed
ACTION SHEET FROM THE 9 OCTOBER 2014 MEETING				
2014/146	<p>Horizon Scanning Quarter 3 2014-15</p> <p>Dextromethorphan/quinidine oral (Nuedexta) for Pseudo Bulbar Affect (PBA) – CF to take advice from Brain Injury Unit, Guild Lodge as to whether this is required locally and inform CSU. Update: Ongoing - CF will bring an update to a future meeting.</p>	CF	01.01.15	Open
ACTION SHEET FROM THE 13 NOVEMBER 2014 MEETING				
2014/167	<p>Melatonin</p> <p>Action: Melatonin (Circadin®) - LR to</p>			

	inform LCSU of the outcome of local discussions at ELMMB. Update: LR will update at the next meeting following the local meeting next week.	LR	01.01.15	Open
2014/168	LMMG – New Medicine Reviews Work Plan update (November) Devices Action: LR to send a list of devices to LCSU which have been requested in EL. This was discussed under agenda item 2014/189	LR	04. 12.14	Closed
2014/173	LMMG – Guidelines Work Plan update Guideline for Erectile Dysfunction Action: LR to forward the East Lancs policy statement in support of the development of a guideline. This has been sent in by LR to the CSU.	LR	04.12.14	Closed
2014/177	LMMG Terms of Reference Update TN to take to the Clinical Network for ratification. Update: The TOR is on the agenda for the Clinical Network meeting next week.	TN	01.01.15	Closed
ACTION SHEET FROM THE 11 DECEMBER 2014 MEETING				
2014/199	Rag List annual review Action: KL will look at local colour classifications and check whether these are covered in the LMMG RAG list.	KL	01.01.15	Open
2014/201	LMMG engagement with the pharmaceutical industry Actions Discuss with Comms regarding adding the work plan to the website. A ‘newsflash’ section will be added to confirm when a consultation period has commenced. LCSU to contact the pharmaceutical	All actions BH	01.01.15	Open

	industry at the beginning of new evidence reviews. Update the appointment request form with the criteria for new medicines.			
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