GMMMG Interface Prescribing Subgroup

Minutes

11th June 2015, 1pm-3pm

Number One Riverside, HMR CCG
Smith Street, Rochdale

Present:

Dr Richard Darling (RD) General Practitioner, Heywood, Middleton and Rochdale CCG *(Chair)*

Gary Masterman (GMa) Deputy Chief Pharmacist, Wigan Wrightington and Leigh Foundation Trust

Dr Tom Leckie (TL) Consultant, Pennine Acute Hospital Trust

Ben Woodhouse (BW) Medicines Management Lead, Bolton CCG

Dr Jane Bradford (JB) General Practitioner, Bolton CCG

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Lesley Smith (LS) Chief Pharmacist, Pennine Care NHS Foundation Trust

Hong Thoong (HT) Lead Pharmacist, Paediatric Medicine, CMFT

Support:

Gavin Mankin (GM) Principal Pharmacist Medicines Management, RDTC *(Professional Secretary)*

Andrew Martin (AM) Strategic Medicines Optimisation Pharmacist, NW CSU

In attendance: Nil

Apologies received: Robert Elsey, Claire Foster, Jason Farrow, Robert Hallworth, Jeanette Tilstone, Heather Proctor, Simon Darvill

Declarations of Interest
No declarations of interest relating to the agenda were raised.

1) Minutes of the meeting on 14th May 2015.

The minutes were accepted as a true and accurate record.

ACTION: RDTC to publish as final.

2) Matters arising

2a) RAG List Recommendations from March (Drugs for alcohol dependence, Chapter 3 and 13 - awaiting GMMMG approval

These are going to June 2015 meeting of GMMMG for final approval.

2b) RAG List Recommendations from April meeting (Chapter 1 and 8)

These were circulated to Trusts and CCGs for comment.

Comments on the following drugs were received and reviewed by the group:

- Hydroxycarbamide – see item 2g on agenda

- Transplant drugs – agreed to remain AMBER until repatriation to secondary care occurs
- Linaclotide – agreed to remain Green (following specialist initiation) as follow-up required after 6 weeks to review benefit of drug.
- Fulvestrant – RED status applies to new patients only.
- Strontium – RED status applies to new patients only.
- Disethylstibestrol – should be Green (following specialist initiation) for prostate cancer which is the same as bicalutamide.

After discussion it was agreed that the following RAG rating be the final recommendation of the group:

Product	Decision		Notes on Decision
	Status Assigned	Deferred	
1) Requests deferred from previous meetings			
None			
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
Relvar Ellipta ® inhaler (Fluticasone furoate/ vilanterol	Green		
Nabilone for the treatment of chronic non cancer pain	No status required		On DNP list and assumed if on DNP list then would be Red
Tapentadol	Green (following specialist initiation)		Noted on Grey list – this be added to comments section of RAG list
DuoResp® inhaler (Budesonide/formoterol)	Green		
Duaklir® inhaler (Aclidinium/formoterol)	Green		
3) RAG List Review – Chapter 1 & 8 (products on formulary currently with no RAG status)			
Metoject® for gastro indications	Amber		As per other indications
Mesalazine	Green (following specialist initiation)		Green (following specialist initiation) on the formulary
Prednisolone enema	Green (following specialist advice)		Green (following specialist initiation) on the formulary
Prednisolone foam	Green (following specialist advice)		Green (following specialist initiation) on the formulary
Prednisolone suppositories	Green (following specialist advice)		Green (following specialist initiation) on the formulary
Prucalopride	Green (following specialist initiation)		Green (following specialist initiation) on the formulary
Colestyramine	Green (following specialist advice)		Green (following specialist initiation) on the formulary
Pancreatin (Creon®)	Green (following specialist initiation		Green (following specialist initiation) on the formulary
Basiliximab	Red		Red on the formulary
Ofatumumab	Red		Red on the formulary
Interferon gamma -1b	Red		Red on the formulary
Canakinumab	Red		Red on the formulary
Mifamurtide	Red		Red on the formulary
Natalizumab	Red		Red on the formulary
Anti-thymocyte	Red		NHSE commissioned

immunoglobulin			
Aprepitant	Red		NHSE commissioned
Amiofostine	Red		NHSE commissioned
Belatacept	Red		NHSE commissioned
Palifermin	Red		NHSE commissioned
4) Changes to current RAG status - Chapter 1 & 8			
Bicalutamide	Green (following specialist initiation)		Two entries on list – Amber and Green (following specialist initiation)
Flutamide	No status		Changed from Amber as not on formulary.
Fulvestrant	Red for new patients		Remove Amber status for pre-Dec 2011 patients
Histrelin	No status		Changed from Amber as not on formulary.
Lanreotide	Acromegaly = Amber All other licensed and unlicensed indications = Red		
Octreotide	Acromegaly = Amber All other licensed and unlicensed indications = Red		
5) No changes to current RAG status - Chapter 1 & 8			
Linaclotide	Green (following specialist initiation)		No change
Colesevelam for Colesevelam for diarrhoea associated with bile acid malabsorption (nb unlicensed indication so must be used 2nd line)	Green (following specialist advice)		No change
Mercaptopurine for gastro indications	Amber		No change
Methotrexate (oral) for gastro indications)	Amber		No change
Sulfasalazine	Amber		No change
Mycophenolate for post-transplant use	Amber		No change – to remain AMBER until repatriation occurs.
Sirolimus	Amber		No change – to remain AMBER until repatriation occurs.
Azathioprine for post-transplant use	Amber		No change – to remain AMBER until repatriation occurs.
Ciclosporin for post-transplant use	Amber		No change – to remain AMBER until repatriation occurs.
Chemotherapy drugs for chemo indications	Red		No change
Abiraterone	Red		No change
Anastrazole	Green (following specialist initiation)		No change
Interferon-beta	Red		No change
Degarelix	Red		No change
Exemestane	Green (following specialist initiation)		No change

Hydroxycarbamide for thrombocythaemia or polycythaemia	Amber		No change
Interferon alfa 2a and 2b	Red		No change
Letrozole	Green (following specialist initiation)		No change
6) Miscellaneous Decisions			
Strontium	Red for new patients		Change to Red due MHRA safety warnings.
Trientine	Red		No change
Diesthylstilbestrol for prostate cancer	Green (following specialist initiation)		

ACTION:	**GM to send final recommendation on RAG status of these drugs to the JulyMay meeting of GMMMG for approval.** **GM to update RAG list and publish on website once approval received from GMMMG**

2c) RAG List Recommendations from May meeting

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 2nd July 2015. Any comments received will be reviewed by the group at the July 2015 meeting.

2d) Ethinylestradiol for Pubertal Induction

At the April 2015 IPS meeting the group considered a request from CMFT to assign a RAG status for ethinylestradiol for pubertal induction, and initially the group felt it should be a RED drug for induction and Green (following specialist initiation) once a maintenance dose reached.

CMFT have asked the group to reconsider this draft recommendation and propose that ethinylestradiol should be classed as AMBER for this indication.

This is because patients would generally be on ethinylestradiol for 2-3 years, and have slow incremental changes in dose (reviewed at clinic at least every 6 months). CMFT specialist consultants have peripheral clinics in various locations e.g. Barrow, Blackburn etc, and they would not expect GPs to prescribe the dose change, but would like them to help make patients and their families lives easier in that they can get repeat supplies of medication from their local GP/pharmacy. All initiation and dose changes will be via their specialist team in clinic.

Once patients reach puberty, CMFT would stop ethinylestradiol and would switch them to a combined oral contraceptive or progestogen only oral contraceptive pill (see draft SCG). Therefore, a different agent is used for maintenance of sexual maturation. The team are aware of the RCOG guidelines and the recommendations for using transdermal patches. This is something CMFT will look into in the near future, however current practice is with ethinylestradiol. Therefore, CMFT would like to be able to continue using this and continue ensuring patients receive their medication in the most convenient setting for their family.

What CMFT propose is for ethinylestradiol to be made an Amber drug with specialist initiation and specialist dose changes. The draft SCG that CMFT are proposing was also discussed.

After further discussion it was agreed that an AMBER status was appropriate for Ethinylestradiol for Pubertal Induction.

ACTION:	**AM to contact Trusts and CCGs with proposed AMBER RAG status.** **GM to work with HT to finalised SCP.**

2e) Ciclosporin for use in Childhood Nephrotic Syndrome

The group discussed the request from CMFT to consider making this an AMBER drug on the paediatric RAG list for this indication, and the draft shared care protocol at April's Interface Prescribing Subgroup. The group recommended at the April 2015 meeting that as this is a NHSE commissioned treatment (NHSE Prescribed Specialist Service 127) it should therefore should be

classed as RED drug. BUT since the meeting it has been confirmed with NHSE that CCGs commission uncomplicated nephrotic syndrome so would be a role for CCGs to commission ciclosporin, and hence the drug should be AMBER for this indication using the CMFT proposed SCP.

ACTION:	**AM to contact Trusts and CCGs with proposed AMBER RAG status.** **GM to work with HT to finalised SCP.**

2f) Lanthanum RAG Status

At the April 2015 meeting the group discussed the RAG status for Lanthanum which is currently on the RAG list as Green (following specialist initiation). It was noted at the time that Lanthanum is NHSE commissioned when used in dialysis patients and CCG commissioned with used in non-dialysis patients. There are no specialist monitoring requirements when using this drug. The group therefore recommended at the April 2015 meeting that it should remain as GREEN (following specialist initiation) RAG status for use in non-dialysis patients but be classified as RED in dialysis patients.

Since the April 2015 meeting NHSE have confirmed that is may be appropriate for GPs to prescribe Lanthanum for dialysis patients and that local guidance from SRFT states that although these are currently commissioned by NHS England they are not subject to repatriation and should be prescribed in primary care as above. They are tariff exempt and prescribing in primary care is the best option for patients.

The group therefore agreed that Lanthanum should be classified as Green (following specialist initiation) for both dialysis and non-dialysis patients. The same RAG rating should also apply to Sevelamer.

ACTION: AM to contact Trusts and CCGs with proposed RAG status

2g Hydroxycarbamide for MPD RAG status for Myelofibrosis

The current draft SCPs for MPD developed by CMFT only made reference to Essential Thrombocythaemia or Polycythaemia but it has been pointed out that the MPD grouping also contains Myelofibrosis.

The IPS agreed that it was appropriate for hydroxycarbamide to have the same AMBER RAG rating for myelofibrosis as it does for Essential Thrombocythaemia and Polycythaemia, and that the SPC for MPD will be updated to reflect this.

ACTION:	**AM to contact Trusts and CCGs with proposed RAG status** **GM to update draft hydroxycarbamide for MPD SCP to include myelofibrosis.**

2h) Review of Antipsychotics in BPSD

The draft updated recommendation from the May 2015 IPS meeting is currently out for comment with all CCGs and Mental Health Trusts until the July IPS meeting.

All the Mental Health Trusts have been contacted to ask them for feedback from their respective Consultant Old Age Psychiatrists.

It was also noted by the group that the June meeting of the GMMMG has a mental health focus and this topic is the agenda for that meeting.

All feedback received will be discussed at the July 2015 IPS meeting.

Some initial feedback to date is:

- Accept there is a need to prescribe less on grounds of safety but some patients do need.
- Wording on proposed RED RAG status is now too complicated.
- Amber RAG status is also a problem as SCG can't easily be written and definition of 'stable' is complex.
- Some of alternative drugs are RED due to lack of licence.
- Cannot have 'one rule for 3rd sector and one rule for NHS'.

- No system in the Mental Health Trusts to issue repeat prescriptions and carers/ patients would find this unacceptable.
- Need properly commissioned services for non-drug treatments others wise pathways don't work.

Prescribing data on the use of low dose antipsychotics in the elderly was also presented to the group for information.

2i) Inclusion on Grey/DNP List Drugs on RAG List

Currently on hold pending the updated list/format of the Do Not Prescribe List from the formulary subgroup.

2j) Modafinil in paediatrics

The group agreed to recommend that the use of modafinil in paediatrics should be classed as RED not AMBER after receiving confirmation from CMFT on current prescribing arrangements for use of modafinil in paediatrics

2k) Amiodarone in paediatrics

It was again agreed to defer a decision until the next meeting of the IPS so that the current prescribing arrangements for use of amiodarone in paediatrics by Alder Hey Children's Hospital could be confirmed.

3) Review of IPS Terms of Reference

The Terms of Reference for the group are now due for review. It was agreed that no changes other than updating the current membership list were required. They will be reviewed again in 12 months time.

ACTION: GM to publish reviewed TOR on website with a review date of 12 months once GMMMG approved.

4) Drugs Requiring a Review of RAG status

- Bilvalirudin - currently no status – recommended be classified as RED.
- Prothrombin complex - currently no status – recommended no status required and not appear on RAG list as not supplied by pharmacy and not a drug as such.
- Digoxin-specific antibody fragments - currently no status – recommended be classified as RED.
- Mifeprostone - currently no status – recommended be classified as RED.
- Gemeprost - currently no status – recommended be classified as RED.
- Atosiban - currently no status – recommended be classified as RED.
- Carboprost - currently no status – recommended be classified as RED.
- Anti-D immunoglobulin - currently no status – recommended be classified as RED.
- Calcium resonium (oral) - currently no status – recommended be classified as Green as it is a pharmacy medicine but noted need to ensure patients with hyperkalaemia are managed in the most appropriate setting based on their level and severity of hyperkalaemia.

ACTION: AM to contact Trusts and CCGs with proposed RAG status.

5) New Drugs from NTS and Formulary Subgroup requiring a RAG status

None received this month.

6) Shared Care Protocols on GMMMG Website to Archive as of May 2015

It was agreed that the expired SCPs and those superseded by a change in RAG status should be moved to the archive section of the GMMMG website. Pennine Care requested that their SCP for antipsychotics in dementia patients be archived.

It was also agreed that where a Trust has extended the expiry date of an existing SCP pending the production of a GMMMG version this would be hosted & reflected on the Local Shared Care Guideline pages of the GMMMG website.

ACTION: GM to move items to the archive section of website.

7) 1st Draft SCPs for IPS Discussion

Growth hormone for use in adults

The existing SCP had been put into the GMMMG format and updated following comments received from the original authors (Pennine Care). The group agreed that this could now be sent out to CCGs and Trusts for further comments with a deadline of 3 weeks prior to going to July 2015 GMMMG for approval.

ACTION: GM/AM to send to CCGs and Trusts for further feedback with deadline of 3 weeks. If no major changes required then to go to July 2015 for final approval.

Methylphenidate, Atomoxetine, Dexamfetamine and Lisdexamfetamine

The existing SCPs had been put into the GMMMG format and updated following comments received from the original authors (Pennine Care) and CMFT. It was agreed that these should only refer to children and adolescents not adults. The group agreed that these could now be sent out to CCGs and Trusts for further comments with a deadline of 3 weeks prior to going to July 2015 GMMMG for approval.

ACTION: GM/AM to send to CCGs and Trusts for further feedback with deadline of 3 weeks. If no major changes required then to go to July 2015 for final approval.

Long-acting Atypical Antipsychotic Injections

The existing SCPs for risperidone LAI, aripiprazole LAI and paliperidone LAI had been put into the GMMMG format and updated following comments received from the original authors (Pennine Care) and the other Mental Health Trusts. The group agreed that these could now be sent out to CCGs and Trusts for further comments with a deadline of 3 weeks prior to going to July 2015 GMMMG for approval.

8) Shared Care Protocols for Approval

Hydroxycarbamide for Sickle Cell Disease

The group noted that this was the final draft for approval. The group agreed to recommend approval to GMMMG once the following changes had been made:

- Remove all reference brand names
- Monitoring for GPs should be every 8-12 weeks.

ACTION: GM to make changes as above and then send to June 2015 GMMMG for approval.

Hydroxycarbamide for Myleoproliferative Disorders

The group noted that this was the final draft for approval. The group agreed to recommend approval to GMMMG once the following changes had been made:

- Remove all reference brand names
- Monitoring for GPs should be every 8-12 weeks.
- Add myleofibrosis to indications and title.

ACTION: GM to make changes as above and then send to June 2015 GMMMG for approval.

9) Supply of Dressing on Discharge from Secondary Care

The issue of insufficient supplies of medicines and dressings when patients are discharged from secondary care was discussed. It has been audited in two of community boroughs (Trafford and Tameside) and patients are frequently discharged with less than 7 days supply and in some cases

none at all. There is anecdotal evidence of problems in the other boroughs as well and Trafford CCG have asked if the interface group can provide guidance on this for GM Trusts.
The group noted and endorsed the guidance contained in NHS Executive Letter EL (91)127 "Responsibility for Prescribing between Hospitals and GPs" which states in paragraph 11 that:

When a patient is discharge from hospital, sufficient drugs and dressings should normally be prescribed by the hospital and dispensed by the hospital pharmacy, where possible, for a minimum of 7 days after discharge unless the drugs are not required for so long a period.

10) IPS Meeting Dates 2015 – Venues Amended

An updated list of IPS meeting dates and confirmed venues was circulated for information.

ACTION: GM to publish on website.

11) Updates from other groups

Due to time constraints no verbal update was given but update included in the minutes for information.

New Therapies Subgroup

Currently reviewing edoxaban. The NTS have changed their meeting to alternate months and their next meeting will be in July 2015.

Formulary Subgroup

Chapter 13 signed off at June meeting. The group is to review the formulary content of Chapter 4 in July/August 2015.

GMMMG

The April meeting of GMMMG approved the Cinacalcet for primary hyperparathyroidism SCP and Ibandronate breast cancer SCP.

17) AOB

Fondaparinux

The group was asked to assign a RAG status for fondaparinux and agreed to should have the same RAG rating as LMWHs.

Adult ADHD Shared Care Protocols

Agreed that separate shared protocols to those for children and adolescents for use of ADHD drugs in adults are required. These will be developed in injunction with the authors for the existing SCPs for these drugs/indications hosted on the GMMMG website.

NICE NG11 (May 2015) - Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges

Implications of this new NICE guidance for the current RAG ratings in this therapeutic area will be discussed at July 2015 IPS meeting.

Date of Next Meeting: 9th July 2015, 1pm-3pm Room G10, HMR CCG, Number One Riverside, Smith St. Rochdale OL16 1XU

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