



**GMMM** Interface Prescribing  
Subgroup



**Minutes**

**9<sup>th</sup> April 2015, 1pm-3pm**

**Number One Riverside, HMR CCG  
Smith Street, Rochdale**

**Present:**

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

**Claire Foster (CF)** Medicines Management pharmacist, Central Manchester CCG

**Jason Farrow (JF)** Medicines Management Pharmacist, Salford CCG

**Robert Hallworth (RH)** Specialist Cancer Pharmacist, North of England Area Team, NHS England

**Robert Elsey (RE)** Specialist Pharmacist, Pennine Acute Hospital Trust

**Dr Heather Procter (HP)** General Practitioner, Stockport CCG

**Anna Swift (AS)** Medicines Management Pharmacist, Wigan CCG

**Ben Woodhouse (BW)** Medicines Management Lead, Bolton CCG

**Dr Jane Bradford (JB)** General Practitioner, Bolton CCG

**Jeanette Tilstone (JT)** Medicines Management Lead, Bury CCG

**Support:**

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

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

**In attendance:** Sam Appiah-Anane (Central Manchester CCG)

**Apologies received:** Richard Darling, David O'Reilly, Lesley Smith, Gary Masterman, Robert Hirst, and Hong Thoong

**Declarations of Interest**

No declarations of interest relating to the agenda were raised.

**1) Minutes of the meeting on 12<sup>th</sup> March 2015.**

The minutes were accepted as a true and accurate record.

**ACTION: RDTCC to publish as final.**

**2) Matters arising**

**2a) RAG List Recommendations LMWH – awaiting GMMM approval**

These are going to April 2015 meeting of GMMM for final approval.

**2b) RAG List Recommendations from January meeting – now GMMM approved**

These were approved by the GMMM in March 2015 and the RAG list on the website has now been updated.

### **2c) RAG List Recommendations from February meeting – awaiting GMMMGM approval**

These are going to April 2015 meeting of GMMMGM for final approval.

### **2d) RAG List Recommendations from March meeting – comments received**

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 7<sup>th</sup> May 2015. Any comments received will be reviewed by the group at the May 2015 meeting

### **2e) Antidementia drugs leaflets – awaiting GMMMGM approval**

These were approved by the GMMMGM in March 2015 subject to a minor amendment and will be added to the GMMMGM website.

### **2f) Chapter 10 SCP Review**

The update of the shared care protocols for the drugs in Chapter 10 remains on hold pending updated BSR guidance on monitoring of DMARDs.

### **2g) Chapter 9 SCP Review – hydroxycarbamide**

The group discussed the drafts of the shared care guidelines for hydroxycarbamide in sickle cell disease and myeloproliferative disorders that have been prepared with input from the haematologists at CMFT. It was agreed that references to Siklos® should be removed and members of the IPS were asked to submit any further comments by the end of April 2015.

The group also agreed that these shared care guidelines could now be sent out to CCGs and Trusts for their comments.

**ACTION: GM/AM to send hydroxycarbamide SCP to CCGs and Trusts for further feedback.**

### **2h) Chapter 5 SCP Review – colistimethate for non-CF patients**

A first draft of this SCP has been prepared and sent to the original author at SRFT for comment and CMFT have also asked to be involved in the development process. There are some issues around supply of consumables that need to be resolved before the 1<sup>st</sup> draft is ready for external comment.

### **2i) Chapter 4 SCP Review**

Work has begun on producing GMMMGM versions of the agreed list of SCPs for chapter 4 from the January 2015 IPS meeting. For information:

ADHD drugs – 2<sup>nd</sup> draft is currently awaiting comments from CMFT before it is sent to other CCGs/Trusts for comment.

### **2j) Chapter 6 SCP Review - Denosumab**

The existing SCP had been put into the GMMMGM format and updated following comments received from the original authors and IPS members. It is currently out to comment with CCGs and Trusts until 7<sup>th</sup> May 2015.

### **3) Chapter 1 RAG list review – drugs for review**

- a) Colesevelam – currently Green (following specialist advice) for Colesevelam for diarrhoea associated with bile acid malabsorption (nb unlicensed indication so must be used 2nd line) – no change recommended. Ongoing supply issues with cholestyramine sachets noted.
- b) Linaclotide – change from Green (following specialist initiation) to Green (following specialist advice).
- c) Mercaptopurine – currently Amber – no change recommended.
- d) Methotrexate (oral) – currently Amber – no change recommended.
- e) Metoject® – no status – recommended be classified as Amber as per other indications for Metoject®.
- f) Sulfasalazine – currently Amber – no change recommended.

- g) Mesalazine – no status – recommended be classified as Green (following specialist initiation).
- h) Prednisolone enema - no status - recommended be classified as Green (following specialist advice).
- i) Prednisolone foam - no status – recommended be classified as Green (following specialist advice).
- j) Prednisolone suppositories - no status – recommended be classified as Green (following specialist advice).
- k) Prucalopride - no status – recommended be classified as Green (following specialist initiation). Noted NICE TA which stated only to be initiated by a clinician with experience of treating chronic constipation).
- l) Colestyramine - no status – recommended be classified as Green (following specialist advice).
- m) Pancreatin (Creon® - no status – recommended be classified as Green (following specialist initiation).

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

#### **4) Chapter 1 Shared Care Protocol review – existing guidelines**

The existing Share Care Protocols for drugs within Chapter 1 were reviewed:

- Azathioprine and 6-mercaptopurine for Chronic Inflammatory Bowel Disease – from CMFT and also Pennine Acute. It was agreed this SCP was still required and to work with current authors of existing SCP to transfer into new GMMMG SCP template.

**ACTION: GM to work with current authors to update current Shared Care Protocol for Azathioprine and 6-mercaptopurine for Chronic Inflammatory Bowel Disease into new GMMMG SCP template.**

#### **5) Chapter 1 Shared Care Protocol review – drugs without an SCP**

Sulfasalazine – agreed that IPS would facilitate the development of a Shared Care Protocol for Sulfasalazine for gastro indications.

**ACTION: GM to produce a 1<sup>st</sup> draft of an SCP for Sulfasalazine based on similar SCPs elsewhere in UK.  
AM to identify a Trust/Consultant to work with IPS on development of SCP for Sulfasalazine.**

#### **6) Chapter 8 RAG list review – drugs for review**

- a) Chemotherapy Drugs – currently Red – no changed recommended.
- b) Abiraterone – currently Red – no change recommended.
- c) Anastrozole – currently Green (following specialist initiation) – no change recommended.
- d) Azathioprine (transplant indications) – currently Amber (no SCP in place) – change to RED as NHSE commissioned.
- e) Interferon beta – currently Red – no change recommended.
- f) Bicalutamide – currently both Amber and Green (following specialist initiation) on list – recommended be classified as Green (following specialist initiation). Noted should be for short-term use and prescribers referred to SCP for LHRH analogues.
- g) Ciclosporin (transplant indications) – currently Amber (no SCP in place) – change to RED as NHSE commissioned.
- h) Degarelix – currently Red – no changed recommended.
- i) Exemestane – currently Green (following specialist initiation) – no change recommended.
- j) Flutamide – currently Amber (no SCP in place) – change to no status required as it is non-formulary.

- k) Fulvestrant – currently Amber for pts pre Dec 2011 and Red for patients post Dec 2011 – no change recommended should remain Red and delete Amber listing. Correspondence received from The Christie requesting change in RAG status to Amber was discussed. Fulvestrant was not approved by NICE hence the Red status but The Christie have continued to use the drug mainly in the third line setting. The IPS agreed Fulvestrant should remain Red because of the negative NICE TA and that use by the The Christie is outside of the product license.
- l) Histrelin – currently Amber – change to no status required as it is non-formulary.
- m) Hydroxycarbamide (thrombocythaemia or polycythaemia) – currently Amber – no change recommended.
- n) Interferon alfa 2a & 2b – currently Red – no change recommended.
- o) Lanreotide – currently Amber (no SCP in place) – recommended be classed as Amber for acromegaly and Red for all other indications.
- p) Letrozole – currently Green (following specialist initiation) – no change recommended.
- q) Mycophenolate (transplant indications) – currently Amber (no SCP in place) – change to RED as NHSE commissioned.
- r) Octreotide – recommended be classed as Amber for acromegaly and Red for all other indications.
- s) Sirolimus (transplant indications) – currently Amber (no SCP in place) – change to RED as NHSE commissioned.
- t) Basiliximab – no status (Red on formulary) – recommended be classified as RED.
- u) Ofatumumab – no status (Red on formulary) – recommended be classified as RED.
- v) Interferon gamma-1b – no status– recommended be classified as RED.
- w) Canakinumab – no status (Red on formulary) – recommended be classified as RED.
- x) Glatiramer acetate – no status (Red on formulary) – recommended be classified as RED.
- y) Mifamurtide – no status (Red on formulary) – recommended be classified as RED.
- z) Natalizumab – no status (Red on formulary) – recommended be classified as RED.
- aa) Anti-thymocyte immunoglobulin – no status – recommended be classified as RED.
- bb) Aprepitant – no status – recommended be classified as RED.
- cc) Amiofostine – no status – recommended be classified as RED.
- dd) Belatacept – no status – recommended be classified as RED.
- ee) Palifermin – no status – recommended be classified as RED.

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

#### **7) Chapter 8 Shared Care Protocol review – existing guidelines**

The existing Share Care Protocols for drugs within Chapter 8 were reviewed:

- Fulvestrant – it was agreed that SCP is no longer required and should be archived as it is now classed as a RED drug.
- Goserelin for breast cancer – it was agreed to work with current authors of existing SCP to transfer into new GMMMG SCP template.
- Leuprorelin for gynae indications – work is already underway with Pennine Acute the authors of the existing SCP to transfer into new GMMMG SCP template.
- Biculatamide - it was agreed that SCP is no longer required and should be archived as it is now classed as a Green (following specialist initiation) drug.

**ACTION: GM to work with current authors to update identified current Shared Care Protocols for into new GMMMG SCP template.**

#### **8) Chapter 8 Shared Care Protocol review – drugs without an SCP**

The following drugs with Chapter 8 have been identified as no currently having an SCP place:

- Hydroxycarbamide for essential thrombocythaemia or polycythaemia – noted work on SCP already underway.

- Lanreotide – agreed will require an SCP for acromegaly.
- Mycophenolate (transplant indications) – no SCP required as now classed as a RED drug for this indication.
- Octreotide – agreed will require an SCP for acromegaly.
- Sirolimus – no SCP required as now classed as a RED drug for this indication.
- Tacrolimus – no SCP required as now classed as a RED drug for this indication.
- Flutamide– no SCP required as no longer on RAG list as non-formulary.
- Histrelin– no SCP required as no longer on RAG list as non-formulary.
- Degarelix– no SCP required as classed as a RED drug.

Agreed that IPS would facilitate the development of Shared Care Protocol for lantreotide and octreotide in acromegaly.

**ACTION: GM/AM to identify authors for an SCP for lantreotide and octreotide in acromegaly.**

#### **9) Strontium – review of RAG status**

The group discussed the RAG status for strontium. It was noted current recommendations are that treatment with strontium should only be started by a physician with experience in the treatment of osteoporosis. The MHRA Safety Update for strontium was also noted. The group agreed that it should be given a RED RAG status because of the ongoing safety concerns.

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

#### **10) Lanthanum – review of RAG status**

The group discussed the RAG status for Lanthanum which is currently on the RAG list as Green (following specialist initiation). It was noted 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 agreed 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.

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

#### **11) Trientine – review of RAG status**

The group discussed the RAG status of Trientine for the treatment of Wilson’s disease in patients intolerant of D-Penicillamine therapy, which is currently listed as RED on the RAG list. The group noted that is only available as an unlicensed product in the UK and was previously given a RED RAG status by the NTS group back in September 2012. The group therefore agreed that it should be remain as RED.

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

#### **12) Ethinylestradiol for pubertal induction**

The group was asked to review the RAG status of ethinylestradiol for pubertal induction in females. After discussion the group was minded to recommend to GMMMG that ethinylestradiol for pubertal induction should be classed as RED on the RAG list for induction of sexual maturation in girls and Green (following specialist initiation) for Maintenance of sexual maturation in girls. This is because:

- Not licensed
- BNFC states Replacement therapy is generally started at the appropriate age for the development of puberty and should be managed by a paediatric endocrinologist.
- GPs may not be comfortable or have the experience to titrate the dose in the induction phase.

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

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

- a) DuoResp® (Budesonide/formoterol) inhaler – recommended by classed as GREEN.
- b) Tapentadol – not for routine prescribing and on Grey list – recommended by classed as Green (following specialist initiation) making reference to Grey list status.
- c) Relvar® inhaler – – recommended by classed as GREEN.
- d) Nabilone for the treatment of chronic non cancer pain (unlicensed indication) – recommended no status required as on DNP list.
- e) Aclidinium/Formoterol (Duaklir® Genuair®) 340/12 combination inhaler - – recommended by classed as GREEN.

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

### 14) Draft Shared Care Protocols for Discussion

#### Ciclosporin for use in childhood nephrotic syndrome

A request has been received from CMFT to consider making this an AMBER drug on the paediatric RAG list for this indication, and a draft shared care protocol was presented to the group to support this. The group noted that this is a NHSE commissioned treatment (NHSE Prescribed Specialist Service 127) and so therefore should be classed as RED drug.

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

### 15) Shared Care Protocols for Approval

#### Cinacalcet for primary hyperparathyroidism

The group noted that this was the final draft for approval. The group approved the shared care protocol with no further changes.

**ACTION: GM to send to May 2015 GMMMGM for approval.**

#### Ibandronate for breast cancer

The group noted that this was the final draft for approval. The group approved the shared care protocol subject to only minor changes being required following any comments received from CCGs/Trust by the 7<sup>th</sup> May 2015.

**ACTION: GM to make changes as above and then send to May 2015 GMMMGM for approval.**

### 14) Current work plans

The current work plan was circulated for information.

### 15) Updates from other groups.

#### **New Therapies Subgroup**

The March meeting of the NTS was cancelled.

#### **Formulary Subgroup**

Chapter 9 & 13 review now underway.

#### **GMMMGM**

The March meeting of GMMMGM approved the dementia drugs leaflets and the GMMMGM Medicines Optimisation Strategy is currently out for comment.

### 16) AOB

#### Grey/DNP List – RAG status of drugs

Discussion took place on adding new categories for the Grey list (Grey) and DNP list (Black) to the RAG list, and including those drugs in these lists on the RAG list for clarity.

**ACTION: GM to explore with FSG and bring a paper to future meeting of IPS for further discussion.**

#### Format of SCPs

Discussion took place on the format of the shared care protocol template. It was agreed that consideration be given to the inclusion of an appendix in the template of a quick reference summary of the essential information contained within the SCP for GPs.

**ACTION: GM bring a proposal for summary appendix for GPs to May 2015 IPS meeting.**

#### Rifaximin for hepatic encephalopathy

(BW declared a conflict of interest and took no part in the discussion)

Rifaximin currently has a Green (following specialist initiation) status and industry have asked if leaflet for GPs is required to support this. The IPS agreed no GP information leaflet is required as all the relevant prescribing information can be found in the NICE TA, the BNF, and the SPC.

#### Future IPS Meetings

The possibility of changing the time of the IPS meetings to 1.30pm-3.30pm was requested and it was agreed to explore this and make a decision at the May 2015 meeting.

It was also agreed to discuss at the May meeting changing the IPS meeting alternative months rather than monthly now that the full review of the RAG list is complete and to facilitate workload between meetings.

***Date of Next Meeting: 14<sup>th</sup> May 2015, 1pm-3pm Room 410, HMR CCG, Number One Riverside, Smith St. Rochdale OL16 1XU***