



GMMM Interface Prescribing
Subgroup



Minutes

10th December 2015
Virtual Meeting via Email

Response Received From:

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

Jason Farrow (JF) Medicines Management Pharmacist, Salford CCG

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

Claire Foster (CF) Medicines Management pharmacist, South Manchester CCG

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

Dr Jane Bradford (JB) General Practitioner, Bolton CCG

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Support:

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

Andrew Martin (AM) Strategic Medicines Optimisation Pharmacist, Greater Manchester Shared Services (part of NW CSU)

In attendance: Nil

Declarations of Interest

No declarations of interest relating to the agenda were raised.

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

The minutes were accepted as a true and accurate record.

ACTION: RDTCC to publish as final.

2) Matters arising

2a) RAG List Recommendations from August meeting

The RAG recommendations made at the August 2016 Interface Subgroup were approved at the November 2015 GMMM meeting. The RAG list on the website has now been updated.

2b) RAG List Recommendations from September meeting – awaiting GMMM approval

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

2c) RAG List Recommendations from October 2015 meeting

The comments received were circulated to and reviewed by the group.

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			
Naltrexone for opioid detoxification	Status depends on local commissioning arrangements		Currently no status on RAG list
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
None			
3) RAG List Review – products on formulary currently with no RAG status			
Methadone and Buprenorphine for opioid dependence	Status depends on local commissioning arrangements for substance misuse or if GP with specialist interest.		Commissioning arrangements vary between CCGs.
Buprenorphine (Sublingual) for pain	Green (following specialist advice)		
4) Changes to current RAG status			
Retigabine	RED		Currently Green (following specialist advice). Change at recommendation of SRFT neurologists to mirror restrictions on use. Now recommended as last line use by MHRA (MHRA DSU July 2013)
Acamprosate	GREEN in conjunction with specialist service		Currently AMBER. To have same status as nalmefene. No ongoing monitoring required.
Metformin for PCOS	Green(following specialist advice)		Currently Green. Change to reflect CKS, BNF and RCOG advice that needs to started on advice of specialist only.
5) No Change to Current RAG status			
None			
6) Miscellaneous Decisions			
Nalmefene for alcohol dependence	GREEN in conjunction with specialist service		Currently no status. To be used as per NICE guidance and see new therapies recommendations. Nalmefene should only be

			prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption provided by a specialist alcohol service.
Obinutuzumab	RED		As per all chemo drugs.
Lithium in paediatrics	RED		IPS agreed to no longer progress shared care for lithium in paed, as GPs not comfortable with concept and all patients currently managed with secondary care.

ACTION: GM to send final recommendation on RAG status of these drugs to the January 2016 meeting of GMMMG for approval.
GM to update RAG list and publish on website once approval received from GMMMG

2d) RAG List Recommendations from November 2015 meeting

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 31st December 2015. Any comments received will be reviewed by the group at the January 2016 meeting.

2e) Nalmefene RAG entry and info leaflet for GPs

The RAG entry for Nalmefene and the associated GP information leaflet to support its RAG status was approved at the November 2015 GMMMG meeting, and the website has now been updated.

2f) Acamprosate GP Information Leaflet

The GP information leaflet for acamprosate to support its Green (in conjunction with specialist service) RAG status is awaiting approval at the December 2015 GMMMG meeting.

2g) Process for GPs accepting individual patients for shared care

A discussion paper and with some draft proposals has been sent out to all Trusts/CCGs for wider consultation before any final recommendations were made to GMMMG. This includes a suggested standard form of words to be used in the letter from the specialist to the GP requesting shared care for an individual patient.

2h) Lithium RAG Status for Prophylaxis of Cluster Headache

Currently awaiting feed back from SRFT Neurologists which will be presented at January 2016 IPS meeting.

3) Drugs Requiring a Review of RAG status

- Nebulised Amoxicillin – discussion and draft recommendation deferred until January 2016 IPS meeting.
- Atovaquone for pneumocystis pneumonia - discussion and draft recommendation deferred until January 2016 IPS meeting.

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

- Apremilast for psoriatic arthritis – recommended be classified as RED as per other biologics and only to be used as per NTS recommendation.

- Linaclotide for IBS-C – recommended be changed to GREEN as per NTS recommendation i.e. only if suitable primary care pathway/guidance in place from GREEN (following specialist initiation).
- Edoxaban – recommended be classified as GREEN as per all the other NOACs.
- Pembrolizumab – recommended be classified as RED as per all other chemotherapy drugs.
- Idelalisib - recommended be classified as RED as per all other chemotherapy drugs.
- Tolvaptan for treating autosomal dominant polycystic kidney disease – recommended by classified as RED for this indication because of complicated dose titration, the hepatic monitoring required, specialist input required in decision to prescribe, and drug only available via a PAS scheme.

5) Shared Care Protocols for Approval at January 2016 GMMMG

- Disulfiram

Following comments received the final draft will be updated and brought to January 2016 IPS meeting for further discussion.

6) Shared Care Protocols for Approval – currently out for comment

- Antipsychotics for challenging behaviours in patients with learning disabilities

This is currently out for comment to all Trusts/CCGs by the end of January 2016.

7) Shared Care Protocols – drafts to go out to CCG/Trusts for comment

- Domperidone in paediatrics

CMFT are currently updating draft in light of comments received at November 2015 IPS meeting before it goes out for wider comment.

8) Max Dose of Opioids Suitable for Prescribing in Primary Care

Item deferred until January 2016 IPS meeting.

Date of Next Meeting: 14th January 2016, 1pm-3pm, Croft Shifa Health Centre, Belfield Road, Rochdale, OL16 2UP