



GMMM Interface Prescribing
Subgroup



Minutes

10th March 2016, 1pm-3pm
Number One Riverside, HMR CCG
Smith Street, Rochdale

Present:

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

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

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Dr Heather Procter (JP) General Practitioner, Stockport CCG

Jeanette Tilstone (JT) Medicines Management Lead, Bury CCG

Support:

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

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

In attendance: Barry Robertson, Locality Lead Pharmacist – Wigan and Leigh, 5 Boroughs Partnership NHS Foundation Trust

Apologies received: David O'Reilly, Hong Thoong, Jason Farrow, Robert Hallworth, Claire Foster, Jane Bradford, Gary Masterman, Robert Hirst

Declarations of Interest

1) Minutes of the meeting on 11th February 2016.

The minutes were accepted as a true and accurate record.

ACTION: RDTC to publish as final.

2) Matters arising

2a) RAG List Recommendations from October 2015 and November 2015 meeting – awaiting GMMM approval

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

2b) RAG List Recommendations from December 2015 meeting

These are going to the March 2016 meeting of GMMM for final approval.

2c) RAG List Recommendations from January 2016 meeting

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

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			
Lithium for prophylaxis of cluster headache	AMBER		To include as an additional indication on existing GMMMG SCP for Lithium.
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
None			
3) RAG List Review – products on formulary currently with no RAG status			
Atovaquone for pneumocystis pneumonia	GREEN (following specialist advice)		Only to be used if other treatments e.g. co-trimoxazole have failed or are not suitable.
Nadolol		✓	
Omeprazole for GORD in paediatrics	GREEN		Only omeprazole MUPS tablets to be included on paediatric RAG list
LMWH Thromboprophylaxis after delivery	RED		As per MBRACE report
LWMH Thromboprophylaxis for high risk patients who have suffered a fracture and are in plaster	RED		As per College of Emergency guidance
Vortioxetine	GREEN (following specialist initiation)		To have the same RAG status as Venlafaxine in depression because like venlafaxine it would be a 3rd line option and it is new drug with limited clinical experience in practice.
4) Changes to current RAG status			
Tapentadol	GREEN (following specialist advice)		Change from Green (following specialist initiation) as per updated NTS recommendation
5) No Change to Current RAG status			
None			
6) Miscellaneous Decisions			
None			

ACTION:	<p>GM to send final recommendation on RAG status of these drugs to the April 2016 meeting of GMMMG for approval.</p> <p>GM to update RAG list and publish on website once approval received from GMMMG</p>
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2d) RAG List Recommendations from February 2016 meeting

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

2e) Disulfiram Shared Care Protocol

The Disulfiram Shared Care Protocol was approved at the February 2016 GMMMG meeting and is now available on the website.

2f) Domperidone Shared Care Protocol

This is going to the April 2016 meeting of GMMMG for final approval.

2g) Azathioprine in ILD SCP

It was agreed at Jan 2016 IPS to suggest to authors that this indication be added to the existing GMMMG SCP for azathioprine for IBD in adults. This is because it would be easier to have just one SCP for a drug covering all the different indications especially as because the monitoring should not differ between indications. UHSM have indicated that they would be ok with adding the ILD indication to the IBD SCP. However, concerns were expressed to the group about this approach because the IBD SCP also contains mercaptopurine and this should not be prescribed in ILD. After further discussion the group therefore agreed to proceed with a separate azathioprine in ILD SCP but keeping the monitoring the same as it would be when azathioprine is used for other indications.

The group approved the final draft of the azathioprine in ILD SCP.

ACTION: GM to send Azathioprine in ILD SCP to April 2016 GMMMG for approval.

3) Drugs Requiring a Review of RAG status

- Diazoxide – recommended be classified as Green (following specialist initiation) as it is licensed and included in the BNF.
- Diltiazem Ointment/Cream for anal fissure - recommended be classified as Green (following specialist advice) as whilst it is unlicensed its use is supported by the BNF and a NICE Unlicensed Medicines Evidence Summary.
- Fumaderm/Fumarate esters - recommended be classified as RED as unlicensed and not included in BNF.

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

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

- Capsaicin patch (Qutenza®) for peripheral neuropathic pain in non-diabetic adults - recommended be classified as RED due to complicated administration instructions and because NTS do not recommend prescribing in primary care.
- Anal irrigation solutions – decision deferred. If used correctly does not fit RED criteria but needs a pathway before RAG status finalised.
- Ramucirumab – recommended be classified as RED as per all chemotherapy drugs.
- Olaparib – recommended be classified as RED as per all chemotherapy drugs.
- Panobinostat – recommended be classified as RED as per all chemotherapy drugs.
- Nintedanib for idiopathic pulmonary fibrosis – recommended be classified as RED as PBR excluded and NHSE only commission from specialist centres.
- Dulaglutide – recommended be classified as Green as per all other GLP-1's.

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

5) Shared Care Protocols – drafts currently out for comment to CCGs/Trusts

- Typical antipsychotics depot injections
- Amiodarone in paediatrics.

These are currently out for comment to all Trusts/CCGs by the end of March 2016. All comments received will be discussed at the April 2016 IPS meeting.

6) Shared Care Protocols – comments received

Oral atypical antipsychotics

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

- ECG – provide clear guidance on when an ECG is required e.g. do perform as appropriate on annual basis in those patients at greater risk of QT prolongation.
- Summary of Monitoring requirements table – include as an appendix.
- Prolactin – to discuss with specialist if outside normal range. Monitoring only required for amisulpride and risperidone.
- FBC – make clear specifically looking for neutropenia.
- U&Es – make clear specifically looking for hyperkalaemia and poor renal function

ACTION: GM to make changes as above and then send to April 2016 GMMMG for approval.

Antipsychotics for challenging behaviours in patients with learning disabilities

The group noted that this was the final draft. The group discussed the comments received from CCGs.

The group noted that a final RAG status of this indication is still deferred pending outcome of Trafford audit on use, and do not want to do anything that encourages over-prescribing in light of national call to action in this area. It was also highlighted that local commissioning arrangements in this area are complex.

After further discussion it was agreed not to progress approval of this SCP at this current time until local commissioning arrangements are clearer, and more information is available on the actions required by the national Call to Action in this therapeutic area.

7) Shared Care Protocols – 1st draft

- Apomorphine

This group agreed to send this out for comments all Trusts/CCGs with comments due by the end of April 2016. All comments received will be discussed at the May 2016 IPS meeting

ACTION: AM to send draft of apomorphine SCP out to CCGs/Trusts for comment.

8) RAG Status of Unlicensed Medicines

The text agreed at the January 2016 IPS meeting has been slightly amended to include paediatrics. This was discussed and approved by the group.

ACTION: GM to update introduction to RAG lists and publish on website.

9) Update on Future Structure of GMMMG

A paper on the proposed future structure of GMMMG, suggested membership and role of the main GMMMG body is going to the next AGG for approval.

A subgroup is also to be formed to develop the terms of reference for the revised main GMMMG body.

There will be no changes to the existing subgroups until the new GMMMG body is in place.

10) Updates from Other Groups

New Therapies Subgroup

Next meeting is in March 2016 – looking at Idarucizumab (reversal agent for dabigatran), Etanercept biosimilar, and Sufentanil s/l tablets for post-operative pain

Formulary Subgroup

The FSG is currently developing COPD/Asthma pathway, and a Pain pathway.

GMMMG

The next meeting is in March 2016.

11) AOB

Mepacrine

A request was made to review the RAG status of mepacrine when used by dermatology. This will be considered at the April 2016 GMMMG.

Mental Health CQUIN

A verbal update on progress with the development of the local Mental Health CQUIN was given. It was noted that not all CCG Medicines Management Teams appear to have been included in the discussions.

Melatonin SCP

Following a recent query that has been received around the use of melatonin liquid in primary care the group agreed to amend the wording in the melatonin shared care protocols to make it clear that melatonin can be prescribed in primary care in exceptional circumstances. Currently the SCP states that “Melatonin 2mg MR tablets (Circadin®) brand only to be prescribed in primary care.”

Date of Next Meeting: 14th April 2016, 1pm-3pm, Room 410, Number One Riverside, 3rd Floor, Smith Street, Rochdale, OL16 1XU