



**Minutes of the meeting held on
Tuesday 23rd June 2020
12:30 - 2:30 pm
Via Microsoft Teams**

Present:

Name	Title	Organisation	Jan	Feb	Jun	July	Aug	Sept	Oct	Nov
Liz Bailey (LB)	Medicines Optimisation Lead	Stockport CCG	✓	✓	A					
Dr Pete Budden (PB)	GP Prescribing Lead	Salford CCG (Chair)	A	✓	✓					
Sarah Boulger (SB)	Senior Medicines Information Pharmacist	The Pennine Acute Hospitals NHS Trust	A	✓	✓					
Lisa Kershaw (LK)	Medicine Guideline and Formulary Pharmacist	MFT-WH	✓	✓	A					
Claire Foster (CF)	Senior Medicines Optimisation Advisor	MHCC	✓	✓	✓					
Keith Pearson (KP)	Head of Medicines Management	Heywood Middleton and Rochdale CCG	A	✓	✓					
Prof Peter Selby (PS)	Consultant Physician	MFT-ORC	A	A	✓					
Suzanne Schneider (SS)	MI Pharmacist	Bolton FT.	A	✓	✓					
Dr Hina Siddiqi (HS)	GP		A	A	✓					
Anna Swift (AS)	Snr. Assistant Director Medicines Management	Wigan Borough CCG	✓	✓	✓					
Jonathan Schofield (JS)	Consultant Physician	MFT-ORC	✓	A	✓					
Faisal Bokhari (FB)	Deputy Head Medicines Optimisation	T&G CCG	✓	A	✓					
Andrew Martin (AM)	Strategic Medicines Optimisation Pharmacist	GM JCT (non-voting)	✓	✓	✓					

Name	Title	Organisation	Jan	Feb	Jun	July	Aug	Sept	Oct	Nov
Carol Dolderson (CD)	Lead Pharmacist Medicines Management <i>(Professional secretary)</i>	RDTC (non-voting)	✓	✓	✓ (+DN)					

1.0 General Business

1.1 Apologies

Apologies had been received in advance as noted above. Dan Newsome, Principal Pharmacist also attended from RDTC.

Prof Selby acted as chair until item 3.4, when Dr Budden joined and chaired for the remainder. Dr Schofield joined for item 4.1 onwards.

1.2 Declarations of Interest:

No new declarations of interest were made at or in advance of the meeting.

2.0 Matters arising and actions

All GMMMG consultations were noted to have been paused for a period during the COVID response March-May, but had now resumed.

2.1 Consultation Feedback Jan 2020 actions

Consultation comments on actions proposed at January's meeting were considered by the group. The group acknowledged that there had been a request not to DNP paracetamol mucilage on the basis of anecdotal evidence of benefit in patients with sore mouth or throat resulting from cancer treatment. In light of the lack of inclusion of this product in national guidance on management of this patient group, FMESG were minded to uphold the recommendation of DNP. It was felt that a formal application to FMESG including supportive evidence base would be needed to consider recommending use outside of national guidance.

ACTION: FMESG agreed the following recommendations. (As no significant resource or service implications, these to be enacted on the website by RDTC ahead of the next GMMMG meeting):

- Paracetamol mixture/ mucilage 500mg/5mL for topical use in patients with sore mouth or throat resulting from cancer treatment to be DNP (criterion 1).
- Fluoride toothpaste 5000ppm for patients at risk of caries secondary to treatment for head and neck cancers or reduced salivary flow rate secondary to surgery to be GREEN (specialist recommendation) and GREY (criterion 3). And annotated: 'to be continued for as long as natural teeth remain. **The prescribing of fluoride mouthwashes and toothpastes for other indications should be by dental prescription only**, and in line with [GMMMG Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care](#)'
- Oral pyridoxine for prophylaxis and treatment of pyridoxine deficiency secondary to isoniazid or penicillamine therapy to be GREEN (specialist recommendation). And annotated: 'see BNF for recommended doses; discontinue when isoniazid/ penicillamine therapy is stopped'.
- A link to NG144- Cannabis-based medicinal products to be added to formulary (chapter 4)
- A link to NG145- Thyroid disease: assessment and management to be added to formulary (chapter 6)

- A link to NG148- Acute kidney injury: prevention, detection and management to be added to formulary (chapter 2)
- Reference to TA616: Cladribine for treating relapsing-remitting multiple sclerosis to be added to formulary (chapter 8)

2.1 Consultation Feedback Feb 2020 actions

Consultation comments on actions proposed at February's meeting were considered by the group.

ACTION: FMESG agreed the following recommendations. (As no significant resource or service implications, these to be enacted on the website by RDTG ahead of the next GMMMG meeting):

- Testosterone for menopausal women with low sexual desire (HSDD) to be GREEN (specialist initiation) and GREY (criterion 3); only if HRT alone is not effective. And annotated 'Off label use of either Testogel® or Tostran®. Tostran comes in a multi-dose canister providing measured doses, thus may more easily allow administration of lower doses. Not for use in non-menopausal women'
- Cariprazine for schizophrenia in adults to be RED (pending development of SCP) and GREY (criterion 2); for use in patients with negative symptoms where at least 2 generic antipsychotics such as (amisulpride, olanzapine, risperidone, aripiprazole or clozapine) have been trialled and have failed.
- Lusutrombopag to be added to formulary as RED (chapter 9), along with link to TA617: Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure. This is a CCG commissioned PbRe which is not expected to have a significant cost impact. The addition of lusutrombopag in the treatment pathway may help reduce the need for platelet transfusions. It may also help increase the time in which procedures can be scheduled and reduce hospital stays.

2.3 Update on GMMMG priorities

The group were updated verbally on the progress of GMMMG Recovery Restart Priorities. Following consultation across GM which had including feedback from FMESG subgroup members, June's GMMMG had met as a workshop to discuss priorities for the work plan moving forward. In addition to existing work plan items, six new priority areas had been identified:

- Care home medicines optimisation
- Outpatient redesign and associated changed to hospital only drug management, diagnostics and shared care
- GM clinical guidelines impacted by COVID-19: e.g. vitamin D, diabetes, respiratory, seasonal flu/ pneumococcal infections, shielding patients, mental health impact of COVID-19
- BAME populations and health outcomes
- Robust links between commissioning and shared care protocols

Further work was underway to further refine these priorities with commissioners, CCG leads, trust chief pharmacists. It was anticipated these would be agreed at July's meeting of GMMMG. FMESG to be updated accordingly at July's meeting.

2.4. Action log

The action log was provided for information only. This would be reviewed more fully at the next meeting of FMESG following confirmation of GMMMG priorities and how these would impact on subgroup work streams at July's GMMMG.

3.0 FMESG work plan

3.1 Monthly horizon scanning documents March- May 2020.

The RDTC monthly horizon scanning documents for March to May 2020 were considered by the group. The following actions were agreed:

- RDTC to scope potential place in therapy of the newly licensed omeprazole powder for oral suspension with MFT-ORC paediatric team. To bring summary to July's meeting along with potential cost impact.
- RDTC to bring a NDE for estradiol transdermal spray for HRT to a future meeting, along with clinician views on place in therapy versus more established options.
- RDTC to scope potential place in therapy of patiromer and sodium zirconium cyclosilicate for treating hyperkalaemia with clinical teams. To establish appropriate RAG positioning for these agents and whether there is a need to develop supportive material for GPs. (It was noted that sodium zirconium cyclosilicate had previously been assigned a RED status based on availability of PAS to secondary care, however this was now to be extended to primary care; to remain RED on RAG in interim).

The following recommendation to be added to the June consultation as 'for information only':

- Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis to be added to formulary in chapter 8 as a RED drug, along with reference to TA624.

4.0 Formulary and RAG

4.1 Formulary amendments June 2020

Suggested formulary amendments and clarifications were noted and approved as follows:

- Chlordiazepoxide for alcohol detoxification to be GREEN (in conjunction with specialist service). This is in keeping with the RAG listing other medicines for this indication (acamprosate and nalmefene). NICE CKS states: *Offer referral to specialist alcohol services for people showing moderate or severe signs of alcohol dependence so that they can enter a programme of planned withdrawal. Alternatively, where facilities exist, and depending on the person's circumstances (severity of dependence, level of social support, physical and psychiatric comorbidities etc) an alcohol detoxification programme **can potentially be overseen in primary care by a general practitioner with a special interest in treating alcohol-related protocols who has received appropriate training.***
- Sucralfate preparations for prophylaxis and treatment of gastrointestinal disorders to be RED (new initiations). Following discontinuation of the UK licensed product due to ongoing manufacturing problems, all available formulations are now unlicensed imports and not included in the drug tariff (NP8). Scoping within specialist teams at MFT (both adult and paed) indicate that teams are aware and have been advocating that prescribing is maintained in secondary care once initiated. Patient numbers are expected to be small.
- A link to NG155: Tinnitus: assessment and management to be added in chapter 4. Entry for betahistine in chapter 4 to be annotated 'do not offer betahistine to treat tinnitus'.
- A link to NG158: Venous thromboembolic diseases: diagnosis, management and thrombophilia testing to be added in chapter 2.8. Links to superseded guidance to be removed.

ACTION: RDTC to open the above for GM wide consultation.

Additionally the following actions agreed (no consultation needed):

- Propamidine eye drops to be clarified on the formulary as RED for acanthamoeba keratitis in keeping with other interventions for this indication (dibrompropamidine eye ointment and polyhexamethylene biguanide (PHMB) eye drops which are both RED). The BNF lists propamidine for treatment of acanthamoeba keratitis as 'specialist use only'.

- Sodium aurothiomalate (gold) injection- to be retired from RAG as product discontinued 2019. SCP to be retired from website. GM primary prescribing data shows that prescribing has petered out over previous 12 months, with no prescriptions issued since January 2020.

A request to add low dose naltrexone (3mg OD) to treat inflammatory hair loss/ lichen planopilaris (LPP) and bicalutamide 50mg OD to treat hirsutism and female pattern hair loss to the RAG list as RED was not accepted at this time. FMESG were under the impression that the NHS does not routinely fund treatment for hair loss. A full RAG assessment form to be submitted by the applicant clarifying what is provided at NHS expense.

5.0 AOB

As subgroup members no longer had to travel, a proposal to move meetings to the earlier time of 12 noon was discussed and agreed by members.

The next meeting will be held on 28th July 2020, 12.00-2.00pm via Microsoft Teams.