GMMMG Greater Manchester Medicines Management Group NHS

FORMULARY AND MANAGED ENTRY SUBGROUP

Minutes of the meeting held on
Tuesday 25th September 2018
12:30 - 2:30 pm
Pharmacy Dept. CMFT

Present:

Name	Title	Organisation	Jan	Mar	May	July	Aug	Sept
Elizabeth Arkell (EA)	Medicines Management Lead	UHSM	✓	LA	A	✓	A	✓
Liz Bailey (LB)	Medicines Optimisation Lead	Stockport CCG	✓	✓	✓	A	✓ (RR)	✓
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	A	✓	A
Dr Paul Chadwick (PC)	Consultant Microbiologist and Chair of Meds Management Committee	SRFT	✓	A				
Lorna Hand	Medicines Management and Medicines Information Pharmacist	CMFT	✓	✓	✓	✓	✓	✓
Claire Foster (CF)	Senior Medicines Optimisation Advisor	SM CCG	✓	✓	✓	✓	✓ (FA)	✓
Leigh Lord (LL)	Locality Lead Pharmacist	Trafford CCG	✓	A	A	A	✓ (AH)	✓
Rachel Macdonald (RM)	Pharmacist	Community pharmacy	A	A	A	✓	✓ (AI)	✓
Keith Pearson (KP)	Head of Medicines Management	Heywood Middleton and Rochdale CCG	✓	✓	A	✓	✓	✓
Prof Peter Selby (PS)	Consultant Physician	CMFT	✓	A	✓	A	A	A
Suzanne Schneider	MI Pharmacist	Bolton FT.	A	✓	✓	A	A	✓

(SS)								
Dr Hina Siddiqi (HS)	GP	Trafford CCG			✓	A	A	✓
Lindsay Harper (LH)	Director of Pharmacy	SRFT	✓	A	A	✓	A	A
Jonathan Peacock (JP)	Deputy Chief Pharmacist	WWL	✓	✓	✓	A	✓	✓
Zoe Trumper (ZT)	Medicines Management	Pharmacist Wigan Borough CCG	✓	✓	✓	✓	A	✓
Andrew Martin (AM)	Strategic Medicines Optimisation Pharmacist	GM Shared Service.	✓	✓	✓	✓	✓	✓
Monica Mason (MM)	Principal Pharmacist Medicines Management	RDTC *(Professional Secretary)*	✓	✓	✓	✓	✓	✓
Carol Dolderson (CD)	Lead Pharmacist Medicines Management	RDTC				✓	✓	A

1. General Business

1.0 Apologies

Apologies had been received in advance as noted above.

In attendance: Nancy Kane (NK) (Senior Medical Information Scientist, RDTC).

1.2 Declarations of Interest:

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

1.3 Draft minutes (August 2018)

The minutes were agreed as an accurate record, following some minor amendments.

Prevention of dental caries: The group noted that there was a lack of clarity on the RAG list and formulary regarding prescribing of prescription-only toothpaste and mouth washes. It was agreed that prescribing should be restricted to dentists, who have the necessary skills to detect and manage the risk of fluorosis.

Action: RDTC to draft a letter to be sent to dental hospitals, the Christie, LDCs and chief pharmacists, clarifying this position.

1.4 Matters Arising

1) Consultation feedback:

All items from the August meeting are out for consultation at time of meeting; closing 22nd October.

Comments from the consultation on actions from the July meeting were discussed.

Bath emollients: The group noted the comments received, which were generally supportive of the use of emollients and bath additives. It was felt that, given the current evidence base, the recommendation for children should stand (standard emollient bath additives to be DNP, anti-bacterial products to be grey (green) for short term use). However, the formulary and DNP list should be clear that the DNP recommendation applies only to emollient bath additives, and not to standard emollients when used in the bath or shower as a soap substitute. Given the lack of any evidence that emollient bath additives are any more effective in adults than in children, the group felt that this recommendation should also be extended to adults to ensure a consistent approach.

Action: RDTC to add emollient bath additives to DNP list, as per consultation from the July meeting. Extension of this recommendation to adults is to be opened for GM-wide consultation.

Ulipristal acetate (Esmya) for uterine fibroids: The group noted the comments received which were split between supporting a green RAG status (as per previous placing) or preferring a more restrictive amber or red placement. The group felt that the new monitoring requirements for Esmya were within the scope of general practice, and in line with the requirements for other drugs which currently have a green status. The proposed status of green (following specialist initiation) was accepted, with the caveat that letters from secondary care should clearly state that no more than four total courses should be given, and list the monitoring requirements. The group also stated that an information leaflet outlining these requirements should be produced to support prescribers in primary care, and that the formulary should clearly reflect that Esmya should not be used for more than four total courses in primary care.

Action: RDTC to reinstate Esmya to formulary as green (following specialist initiation). RDTC to produce an information leaflet to support prescribers.

Donepezil, galantamine, rivastigmine and memantine for management of dementia: One comment was received and noted, supporting the group's proposed change of RAG status from green (following specialist initiation) to green, in line with NICE guidance NG97 which states that treatment with one of these agents may be started on the advice of a clinician who has the necessary knowledge and skills, including GPs if they have a specialist expertise in diagnosing and treating Alzheimer's disease.

Action: RDTC to amend the RAG status of these drugs.

No other comments were received on actions from the July meeting. RDTC to update the formulary and RAG/DNP list to reflect these actions.

2) Action log:

Updates to the action log were noted.

3) Dermatology/vitamin D update from PaGDSG

MM reported that:

- The dermatology pathways have been returned to PaGDSG, who have requested some amendments prior to CSB approval. Completion of the steroid and emollient ladders is pending. FMESG will proceed with a chapter review once all pathways are complete.
- PaGDSG have requested the removal of an unlicensed vitamin D product from the vitamin D guideline, simplification of the loading regime, and inclusion of NHSE guidance on self-care. To be approved by email by PaGDSG then opened for GM-wide consultation.

4) Cardiovascular Strategic Clinical Network update

The group received a verbal report from the work being undertaken through the cardiovascular SCN meetings. At this stage the involvement of GMMMG was minimal due to the limited discussion on medicines, but it was recognised that attendance was useful and that GMMMG would be able to support this work in due course, when the medicines agenda was reached.

It was noted that the upcoming licensing of rivaroxaban for the prevention of CV events required the attention of FMESG, and a request was made for a review of the evidence for rivaroxaban in this indication to return for consideration at the October FMESG meeting.

Action: RDTC to produce an evidence review of rivaroxaban for prevention of CV events for the October meeting (it was noted in the meeting that this topic was not part of the RMOC schedule).

2. Medicines Optimisation

2.1 Diabetes audits

1) FreeStyle Libre

AM reported that no local audit information is currently available, and that the ABCD audit only went live in August 2018. Therefore no audit data are currently available. The group noted that there have been reports of inappropriate initiations of FreeStyle Libre locally, e.g. in patients only testing 5-6 times per day, or with HbA1C already in the target range. It was suggested that a local audit template be produced, using the same fields as the ABCD audit to ensure consistency. This audit template will be circulated to CCG leads, and the results used to produce a paper for CSB on whether current use is in line with guidance, both for initiation and continuing use. The results should also be used to produce a standard referral letter with set criteria for initiation and continuation.

Action: AM to produce audit template and circulate to CCG leads.

2) Insulin glargine 300 units/mL (Toujeo)

The group noted that following a request for Toujeo audit data, this had only be returned by five CCGs. The data received suggested that over half of use is in those patients with type 2 diabetes mellitus, which is outside of NICE guidance. The average daily dose appeared to be around 40 units daily, and there was a lack of information explaining the rationale for initiation in most of these patients. It was noted that specialists supported the use of Toujeo in patients with nocturnal hypoglycaemia, the group commented that the evidence from trials shows that the absolute reduction in nocturnal hypoglycaemia was small, but appreciated the recommendation from the specialists.

Actions from the August meeting are currently out for GM wide consultation, and include the recommendation that Toujeo be listed as grey drug with a green RAG status (following specialist initiation), only for use in patients who experience pain due to large injection volumes of standard strength insulin glargine. It was suggested that the population be expanded to include patients with type 1 diabetes mellitus, and patients with type 2 diabetes who experience nocturnal hypoglycaemia or who experience pain due to large injection volumes. It was agreed that the existing recommendation on Toujeo should be updated to reflect this, and that specialists should be approached for input on the wording of the new statement through the consultation process.

Action: RDTC to draft grey listing based on the responses received through the GM consultation and return to the FMESG for approval.

2.2 Doxylamine/pyridoxine for treatment of nausea & vomiting in pregnancy

The group reviewed the evidence for doxylamine/pyridoxine 10 mg/10 mg gastro-resistant tablets (Xonvea®, Alliance Pharmaceuticals) for treatment of nausea and vomiting in pregnancy (NVP) presented by the RDTC. There was concern that the pivotal trial did not include women with hyperemesis gravidarum or who had failed prior pharmacological treatment, did not compare Xonvea to existing treatment options (e.g. off-label use of cyclizine, promethazine, chlorpromazine, metoclopramide, ondansetron or domperidone), and did not provide any evidence that use prevents hospital admissions. The group was also concerned that there is no evidence on whether the improvements in nausea scores seen in the pivotal trial were clinically important. It was noted that reactions from specialists were mixed.

The majority feeling from the group was that although Xonvea is licensed, there was an insufficient evidence base to support its use over options for which there is extensive clinical experience, and which are recommended in professional guidelines produced by the Royal College of Obstetricians and Gynaecologists (RCOG). The group recognised that these agents are unlicensed but felt that at this time guidance from RCOG and the UK Teratology Information Service (UKTIS) was sufficient to justify placing off-label use of established drugs for treatment of NVP ahead of Xonvea in the treatment pathway. The group therefore recommended that Xonvea be added to the DNP list, as criterion 3 (products which are clinically effective but, due to the nature of the product, are deemed a low priority for NHS funding).

Action: RDTC to open this recommendation for GM-wide consultation and seek CSB pre-approval.

2.3 OTC policy update

LB reported that there has been no further progress in GM on moving forward with a GM-wide approach to implementing NHSE guidance as local policy. It was recognised that GM CCGs are at different stages of implementation of this work and that GM-wide policy will need to account for this. LB requested the support of the group in approaching GM engagement and communication leads in order to move work forward on production of position statement and policy. It was proposed that a task and finish group should be formed to draft a position statement and policy.

Action: MM & LB to draft a letter to GM engagement leads, supporting a pan-GM approach to this work and requesting that they begin work on a GM-wide consultation.

3. Formulary and RAG

3.1 Formulary amendments September 2018

The suggested formulary amendments for September 2018 were noted, but not discussed due to time constraints. It was agreed that these would be approved by email.

Action: RDTC to seek group approval be email, then open these decisions for GM-wide consultation and seek CSB pre-approval

3.2 Grey listing criteria

Due to time constraints, this item was postponed.

3.3 Paediatric RAG/DNP items

Due to time constraints, it was agreed that this item would be approved by email.

Action: RDTC to seek group approval by email, then open this item for GM-wide consultation and seek CSB pre-approval.

The next ordinary meeting will be held on 30th October 2018 12.30-2.30pm, CMFT.