



GMMM Interface Prescribing
Subgroup



Minutes

13th October 2016, 1pm-3pm
Room 3&4, Nye Bevan House,
Maclure Road, Rochdale, OL11 1DN

Present:

Dr Richard Darling (RD) General Practitioner, Heywood, Middleton and Rochdale CCG (*Chair*)
Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG
Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England
Lesley Smith (LS) Chief Pharmacist, Pennine Care NHS Foundation Trust
Dr Tom Leckie (TL) Consultant, Pennine Acute Hospital Trust
Jason Farrow (JF) Medicines Management Pharmacist, Salford CCG
Dr Jane Bradford (JB) General Practitioner, Bolton CCG
Robert Hirst (RHi) Senior Pharmacist, Tameside Foundation Trust
Salina Callaghan (SC) Medicines Management Pharmacist, Bury CCG

Support:

Gavin Mankin (GM) Principal Pharmacist Medicines Management, RDTCC (*Professional Secretary*)
Andrew Martin (AM) Strategic Medicines Optimisation Pharmacist, Greater Manchester Shared Services

In attendance:

Bernadette Bennie – Shared Care Pharmacist – Greater Manchester West Mental Health NHS Foundation Trust

Apologies received: Gary Masterman, Jeanette Tilstone, Claire Foster, Jole Hannan, Simon Darvill

Declarations of Interest

No declarations of interest relating to the agenda were raised.

It was noted that the procedure for declarations of interest would be changing in line with the newly updated GMMM policy. This policy had been updated and was based on the NHS England updated recommendations. It was noted that in future those that had a direct financial interest (e.g. attendance at advisory boards) would need to leave the room and for voting members they would not be involved in decision making. This was to remove any possible perceived conflict of interests.

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

The minutes were accepted as a true and accurate record.

ACTION: RDTCC to publish as final.

2) Matters arising

2a) RAG List Recommendations from May 2016 meeting

The RAG recommendations made at the May 2016 Interface Subgroup were approved at the September 2016 GMMMG meeting. The RAG list on the website has now been updated.

2b) RAG List Recommendations from June 2016 meeting

The RAG recommendations made at the June 2016 Interface Subgroup were approved at the September 2016 GMMMG meeting. The RAG list on the website has now been updated.

2c) RAG List Recommendations from August 2016 meeting

The comments received were circulated to and reviewed by the group. Comments received around ketamine were noted and discussed, and the group agreed that there may be some circumstances at end of life where it was appropriate for GPs to be asked prescribe if local arrangements were in place to support this.

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			
None			
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
Sufentanil sublingual (Zalviso®)	RED		
Ceritinib	RED		As per all other chemotherapy drugs.
Trametinib	RED		As per all other chemotherapy drugs.
3) RAG List Review – products on formulary currently with no RAG status			
None			
4) Changes to current RAG status			
Ketamine in Palliative Care	AMBER		No change but entry to be clarified to state RED for long-term use and short-term use at end of life subject to local arrangements.
Naltrexone for Alcohol Dependence		✓ pending response from current providers.	Currently RED. To confirm commissioning arrangements with local authorities.
Naltrexone for Opioid Dependence		✓ pending response from current providers.	Currently “Depends on local commissioning arrangements”. To confirm commissioning arrangements with local authorities.

5) No Change to Current RAG status			
None			
6) Miscellaneous Decisions			
Flunarizine for headache	RED		Unlicensed and not included in NW Headache pathway.
Testosterone injection for delayed puberty in children	GREEN (following specialist initiation)		

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

2d) DMARDs in Dermatology Shared Care Protocols

The following Shared Care Protocols were approved at the September 2016 GMMMGM meeting and are now available on the website.

- Hydroxychloroquine in dermatology
- Ciclosporin in dermatology
- Mycophenolate in dermatology
- Azathioprine in dermatology

2e) Naltrexone for Opioid and Alcohol Dependence

The local medicines management leads for each CCG have been asked to provide details of who their current service provider is so that can scope current prescribing arrangements.

ACTION: AM to contact other non-NHS providers and commissioners of drug & alcohol services in Greater Manchester to scope their prescribing arrangements for naltrexone.

3) Drugs Requiring a Review of RAG status

- Linezolid – currently RED - recommended no change and be classified as RED because SPCs states should only be initiated in a hospital environment, and the drug may not be readily available from community pharmacies in a timely fashion. The side-effect profile, interactions, and monitoring requirements were noted.
- Octreotide for Acromegaly – currently AMBER but no SCP in place – recommend change to RED for this indication as NHSE commissioned and NHSE will not reimburse CCGs if prescribing occurs in primary care.
- Oral ketoconazole for treatment of Cushing’s disease – currently no status – recommend be classified as RED because BNF states for specialist use only, and marketing authorisation has been rescinded for other indications. This will give the same RAG status as metyrapone which is also used for the treatment of Cushing’s disease.
- Degarelix – currently RED – recommend change to AMBER as clinically should have the same RAG status the LHRH agonists. Agreed it should only be used for patients with spinal metastases as per the NICE TA and only if CCGs have signed up to the rebate scheme.
- Metoject for psoriatic arthritis and psoriasis – currently no status for these indications – recommend be classified AMBER as per other indications for subcutaneous methotrexate.

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

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

- Nivolumab - recommended be classified as RED as per all other chemotherapy drugs.
- Ticagrelor for the long term prevention of atherothrombotic events in adult patients with a history of MI – recommend defer assigning a RAG status until NICE TA available.
- Lesinurad(Zurampic®▼) for the treatment of gout – recommend not to include on RAG list as not yet marketed.
- Brivaracetam (Briviact®▼) for the adjunctive treatment of focal onset seizures – recommend be classified as Green (following specialist initiation).
- Ulipristal (Esmya®) 5mg tablets for the intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women – recommend be classified as Green (following specialist initiation).

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

5) Shared Care Protocols – comments received

Mycophenolate for ILD

The group noted that this was this was the final drafts for approval. The group agreed to recommend approval to GMMMG as no comments received during consultation.

Guanfacine for childhood and adolescent ADHD

The group noted that this was these were the final drafts for approval. The group agreed to recommend approval to GMMMG as all comments received have now been actioned.

ACTION: GM to send to November 2016 GMMMG for approval.

6) Shared Care Protocols – 1st draft

None this month.

7) Paediatric Growth Hormone SCP – amendment

The group discussed and approved a request from CMFT to add use of growth hormone post-renal transplant. Whilst chronic renal insufficiency is a licensed indication, the use post-transplant is an off-label indication for all preparations. There is an UpToDate article which summarises the rationale behind this treatment, especially in the first year post transplant. The group noted that the dose, monitoring, cautions, etc would be the same as for chronic renal insufficiency.

In addition a minor amendment to drug monitoring table to make it clearer for GPs as to who is responsible for what was approved at the request of Wigan CCG.

8) Consultation on mechanism for GPs accepting shared care

The comments received during the latest consultation exercise on the mechanism for GPs accepting shared care were circulated for information. A paper will be going to the October 2016 GMMMG for them to make a decision and agree a way forward.

9) Survey of use of GMMMG SCPs

All Trusts and CCGs have been surveyed to find out which GMMMG SCPs are actually used. The responses received were circulated for information.

10) Future Structure of GMMMG and its Subgroups

An update on progress with the changes to GMMMG and its subgroups was given to the group for information. In future RAG decisions will be made by New Drugs and Formulary Subgroup, and SCPs will go to pathways and shared care subgroup. New groups will commence from Nov 2016 and nominations for membership close on the 18th Oct 2016.

11) GMMMG SCPs as of 1.10.2016

Spreadsheet on development status on SCPs for all AMBER drugs circulated for information.

12) Updates from Other Groups

New Therapies Subgroup

Sept meeting approved recommendations on Safinamide, Gabapentin/Pregabalin for chronic cough, Colchicine treatment of pericarditis pain. Also reviewed Ixekizumab for plaque psoriasis, Ferric Maltol for IDA in IBD patients, Freestyle Libre glucose monitoring device and Opicapone for Parkinson's disease.

Formulary Subgroup

Macular pathway, Anal irrigation systems pathway, NW Urticaria pathway – all in development.

GMMMG

The Sept meeting approved new subgroup structure and new Terms of Reference.

13) AOB

None

As this was the last meeting of the Interface Prescribing Subgroup in its current format due to the changes to GMMMG and its subgroups members were thanked for all their participation in the Interface Prescribing Subgroup over the past 2 years.

Date of Next Meeting: new Pathways and shared care subgroup, November 10th 2016, HMR CCG 1pm-3pm, Room 3&4, Nye Bevan House, Maclure Road, Rochdale, OL11 1DN

These minutes approved via Chair's Action 9th February 2017