GMMMG Interface Prescribing Subgroup

Minutes

8th January 2015, 1pm-3pm

Number One Riverside, HMR CCG
Smith Street, Rochdale

Present:

Dr Richard Darling (RD) General Practitioner, Heywood, Middleton and Rochdale CCG *(Chair)*
Claire Foster (CF) Medicines Management pharmacist, Central Manchester CCG
Jason Farrow (JF) Medicines Management Pharmacist, Salford CCG
Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England
Lesley Smith (LS) Chief Pharmacist, Pennine Care NHS Foundation Trust
Robert Hirst (RH) Senior Pharmacist, Tameside Foundation Trust
Dr Tom Leckie (TL) Consultant, Pennine Acute Hospital Trust
Robert Elsey (RE) Specialist Pharmacist, Pennine Acute Hospital Trust
Dr Heather Procter (HP) General Practitioner, Stockport CCG
Dr Jane Bradford (JB) General Practitioner, Bolton CCG
Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Support:

Bhavana Reddy (BR) Head of Prescribing Support, RDTC *(Professional Secretary)*
Andrew Martin (AM) Strategic Medicines Optimisation Pharmacist, NW CSU

Apologies received: Ben Woodhouse, David OReilly, Jeanette Tilstone, and Gavin Mankin

Declarations of Interest
No declarations of interest relating to the agenda were raised.

1) Minutes of the meeting on 11th December 2014.

The minutes were accepted as a true and accurate record.

ACTION: RDTC to publish as final.

2) Matters arising

2a) Domperidone Paediatric Use – secondary care feedback

To be discussed at February 2015 IPS meeting following publication of NICE guidance in January 2015 for a final recommendation to be made on the RAG status of domperidone in paediatrics.

2b) RAG List Recommendations from October meeting – comments received

These were circulated to Trusts and CCGs for comment.
Comments on the following drugs were received and reviewed by the group:

- Sodium Fusidate – this was proposed to be GREEN and the group felt that this was a suitable RAG status are there are occasions when it does need to be initiated in primary care.
- Vancomycin – the group agreed to change this status to GREEN as vancomycin was now the first line option for severe C.diff as recommended in the Public Health England Guidance.
- Co-trimoxazole – it was greed that this would remain GREEN (following specialist advice) as proposed. Despite the many cautions for use it is regularly prescribed in primary care and prescribers are aware of the warnings and problems associated with it.
- TB medicines – the group agreed that a line should be included stating that *the local pathway for TB depends on local commissioning arrangements.*
- LMWH – it was agreed that a line should be included in the comments section for the oncology VTE inducing therapy indication to state that *'commissioning of this service will commence from the 1st April 2015'* It was also agreed that for the Green (following specialist initiation) oncology status the indication should state: DVT or PE in malignant disease to clarify when the status is green and when the status is red.

After discussion it was agreed that the following RAG rating be the final recommendation of the group:

Product	Decision		Comments/notes
	Status Assigned	Deferred	
1) Requests deferred from previous meetings			
Domperidone for paediatric use		✓	Need feedback from secondary care on what the impact would be giving this a Red status.
LMWH	✓		See LMWH table.
2) Chapter 5 RAG List Review (products on formulary currently with no RAG status)			
Sodium fusidate	Green		
Vancomycin (oral)	Green		1st line for severe or recurrent C.diff only. To be used on advice of microbiology for other indications.
Co-trimoxazole	Green (following specialist advice)		To be used on advice of microbiology only.
Ganciclovir	Red		High risk drug only given in secondary care
Cidofovir	Red		High risk drug only given in secondary care
Palivizumab	Red		High risk drug only given in secondary care
Telaprevir	Red		High risk drug only given in secondary care
Boceprevir	Red		High risk drug only given in secondary care
Caspofungin	Red		High risk drug only given in secondary care
Micafungin	Red		High risk drug only given in secondary care
Anidulafungin	Red		High risk drug only given in secondary care
Daptomycin	Red		High risk drug only given in secondary care
3) Chapter 9 RAG List Review (products on formulary currently with no RAG status)			
IV Iron	Red		High risk drug only given in secondary care

Phosphate infusion	Red		Only ever given in secondary care
4) Changes to current RAG status			
Colistmethate nebulized	Red for CF indications Amber for non CF patients		Change from Amber as being repatriated to secondary care by NHS England.
TB medicines	Green (following specialist initiation)		Change from Red until patient stabilized and then Green.
Fidaxomicin	Green (following specialist advice)		Change from Red. Now being used in primary care for C.difficile on advice of microbiology.
Rifaximin for hepatic encephalopathy	Green (following specialist initiation)		Change from Red. No specialist monitoring required.
Deferasirox	Red		Change from Amber. NHSE commissioned. Specialist monitoring required.
5) Miscellaneous Decisions			
Enzalutamide	Red		NICE approved
Ipilimumab	Red		NICE approved
Dimethyl fumarate	Red		NICE approved

It was agreed to that the following RAG ratings for LMWH be the final recommendation of the group:

PREVENTION of DVT/PE in MEDICAL & SURGICAL PATIENTS
Prevention of DVT/PE in patients at moderate to high risk.
(Prophylactic dose of LMWH required)

Speciality	Indication	Licensed	Duration	RAG Status
Oncology	Prophylaxis of VTE in oncology patients on VTE inducing therapy	Dalteparin = N Tinzaparin = N Enoxaparin = N		Red
All Surgical Specialities	Prophylaxis Post-operative use [e.g. hips, knees, general surgical]	Dalteparin = N Tinzaparin = N Enoxaparin = N	Hip = 35 days total Knee = 14 days total Other = as directed by surgeon, up to max of 28 days	Red
General Surgery or Medicine	Immobile patients or those deemed to be at particularly high risk of DVT at home or in care situation.	Dalteparin = Y Tinzaparin = N Enoxaparin = Y	For as long as patient is immobile and/or at higher risk of DVT/PE	Green (following specialist recommendation or advice)
	For travel prophylaxis in high risk patients (travelling time over 8 hrs) and only as per national recommendations. http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2141.2010.08408.x/full	Dalteparin = N Tinzaparin = N Enoxaparin = N		Green (following specialist recommendation or advice)

PREVENTION of DVT/PE during PREGNANCY and following delivery
Prevention of DVT/PE in pregnant patients at moderate to very high risk.
PLEASE NOTE THE DOSES USED IN PREGNANCY FOR PROPHYLAXIS DIFFER FROM THE USUAL LICENSED DOSES.

MODERATE TO HIGH RISK PATIENTS: NOT ON WARFARIN PRIOR TO PREGNANCY

Speciality	Indication	Licensed	Duration	RAG Status
Obstetrics / Fertility Clinics	*Use by fertility clinics, and also to prevent miscarriage*	*Dalteparin = N* *Tinzaparin = N* *Enoxaparin = N*		*Red*
Obstetrics	Prophylaxis of VTE during pregnancy	Dalteparin = N Tinzaparin = N Enoxaparin = N		Red

Treatment of DVT/PE in all patients
Full anticoagulation of patients with a diagnosis (or working diagnosis) of DVT/PE.
(Treatment dose of LMWH required)

Speciality	Indication	Licensed	Duration	RAG Status
All Medical & Surgical Specialities	DVT and PE treatment - initial 2 weeks or as per locally agreed pathways	Dalteparin = Y Tinzaparin = Y Enoxaparin = Y	Until warfarin is in range, or scan is negative.	Red
All Surgical Specialities	Warfarin replacement. Given pre-operatively for up to 5 days up until the day of surgery instead of taking warfarin. Allows INR to fall before operation.	Dalteparin = N Tinzaparin = N Enoxaparin = N	As directed by the surgeon	Red
All Surgical Specialities	*Given post-operatively in conjunction with warfarin whilst waiting for the INR to come into range.*	*Dalteparin = Y* *Tinzaparin = Y* *Enoxaparin = Y*	*Until INR is in range, for a minimum of 6 days treatment.*	*Red*
Obstetrics	Treatment of DVT/PE in pregnancy. First line treatment of choice.	Dalteparin = N Tinzaparin = N Enoxaparin = N	During pregnancy and for at least 6 weeks post-partum	Red
Obstetrics	*Patients with mechanical heart valves or those on long term warfarin prior to pregnancy should be discussed by obstetrics/gynaecology consultants with consultant cardiologists/haematologists, ideally before pregnancy.*	Dalteparin = N Tinzaparin = N Enoxaparin = N	*As advised by the specialist. Likely to be throughout pregnancy in place of warfarin.*	*Red*
Oncology	DVT or PE in malignant disease	Dalteparin = Y Tinzaparin = N Enoxaparin = N	Up to six months treatment	Green (following specialist initiation)
All Medical & Surgical Specialities	DVT or PE in patient unable to stabilise on warfarin or NOACs, with an allergy or with contra-indication to warfarin and/or NOACs	Dalteparin = N Tinzaparin = N Enoxaparin = N	As per intended duration of warfarin treatment. Usually, 3 to 6 months - DVT 6 months - PE OR as stated by initiating consultant	Green (following specialist initiation)

ACTION:

GM to send final recommendation on RAG status of these drugs (including the LMWH) to the February meeting of GMMMG for approval.

GM to update RAG list and publish on website once approval received from GMMMG

2c) LHRH analogues for prostate cancer SCP

The group discussed the final draft of the LHRH SCP and a few minor changes were agreed:

- In section 3, the group agreed that 'bicalutamide' should be changed to '*specialist will initiate and supply an anti-androgen (e.g. bicalutamide) if needed and agree…*'
- In section 8 under drug interactions the group agreed that examples should be included for GP's to clarify which drugs would be affected.
- In section 18 – supporting documentation; it was noted that a patient information leaflet was referred to and it was suggested that the wording should be changed to: *the SCG may be accompanied by a patient information leaflet*. It was agreed that the authors should be approached for a copy of the patient information leaflet and a copy included in the appendices if possible.

The group then approved the LHRH shared care protocol.

ACTION: GM to update document as above and send to GMMMG for approval.
GM to publish on website once approval received from GMMMG.

2d) Chapter 10 SCP Protocol Review & Metoject® SCP

The group was informed that the existing Chapter 10 Shared Care Protocols have been rationalised into one SCP per drug and copied into the new GMMMG Shared Care Protocol template. They have now been sent to the authors of the existing SCPs for comment on the 1st draft. It was however agreed that these SCPs should be put on hold until the British Society on Rheumatology (BSR) monitoring guidelines are issued (~May 2015).

It was noted that two different models of care operate across GM and that in some localities (Tameside & Glossop, Oldham) secondary care diagnose but then advise the GP on which drug to start, whereas in most other localities secondary care initiate the drug and supply the first month of treatment. The group agreed that both of these models of care should be referred to within the SCP as with the LHRH shared care guidelines. It was also noted that as tocilizumab is a RED drug no SCP is required.

ACTION: GM to add to agenda for further discussion once BSR guidelines have been issued.

2e) Chapter 5 SCP Review – colistimethate for non-CF patients

A first draft of this SCP has been prepared and sent to the original author for comment. As yet no comments have been received. It has been confirmed however that non-CF use is unlicensed and a sentence to this effect has been included in the SCP. This will come back to the group once further comments are received.

2f) Chapter 9 SCP Review – hydroxycarbamide (sickle cell)

Following discussion at GMMMG it was agreed that this SCP should just refer to the 500mg hydroxycarbamide capsules. The group reviewed the SCP and agreed that under section 6 dosage regimen, the sentence relating to the 1000mg tablets should be deleted. It was also agreed that the dose is a once daily dose. As with the previous SCP section 18 should be amended to read: *the SCG may be accompanied by a patient information leaflet.* It was agreed that the authors should be approached for a copy of the patient information leaflet and a copy included in the appendices if possible.

ACTION: GM to send to authors for comments.

2g) Chapter 9 SCP Review – cinacalcet primary hyperparathyroidism

The existing SCP had been put into the GMMMG format and updated following comments received from the original authors. The group agreed that this could now be sent out to CCGs and Trusts for further comments.

ACTION: GM/AM to send to CCGs and Trusts for further feedback.

2h) RAG List Recommendations from November and December meeting – comments received

These were circulated to Trusts and CCGs for comment.

Comments on the following drugs were received and reviewed by the group:

- **General.** A few comments had been received regarding keeping RAG status of various drugs Red until a shared care protocol had been drafted however it was noted that the website clearly states that an AMBER drug becomes RED if a SCP is not available. The group felt that an AMBER status is required before a SCP could be developed as otherwise specialists would be drafting an SCP for a RED drug which goes against the current approved processes.
- **Levomepromazine.** It was noted that the Christie are currently recommending the unlicensed special for use rather than the 25mg tablet. The dose recommended by them is 6.25-12.5mg nocte or in divided doses twice a day. The 25mg tablet is not scored. It was agreed that this issue was outside the remit of interface and needed to be discussed with Christie.
- **SSRIs for major depression in children and adolescents**. A comment had been received regarding the SCP. The group was aware that this SCP in particular was out of date and needed updating. The group approved the proposed amber RAG status.
- **Antiparkinsons drugs**. A comment was received regarding the need for specialists to initiate and review treatment however it was agreed that as per previous discussions the RAG status should still be moved to Green (following specialist recommendation or advice).
- **Atypical Antipsychotics (oral) use in dementia** – the group noted the comments from CCGs relating to the proposed change in RAG status from AMBER to RED on safety grounds. Comments indicated that CCGs felt this would prove difficult to implement on a practical basis as many of these patients were residents in nursing homes.

  Whilst the group was mindful of the comments received, it was agreed that the RAG list is primarily about safety and that there is still a substantial number of patients being treated with low dose antipsychotics. It was agreed that these patients need to be reviewed on a regular basis due to the safety concerns (increased risk of stroke) associated with the use of antipsychotics in dementia patients. The group also noted that there is still a national drive to reduce use further than has already happened. It was felt a RED status (for new patients) would ensure that patients would be reviewed regularly and appropriateness questioned on at regular intervals. The group agreed to include a statement in the notes section to say that *'local commissioning arrangements may vary.'*
- **Drugs for Alcohol dependence (including nalmefene).** Following on from previous discussions the group had put forward a proposal that no RAG status should be issued for any of the alcohol drugs as local commissioning arrangements are very different across Greater Manchester. CCGs however, felt that a status was still required, regardless of who was responsible for commissioning. The group had decided to not specify a status to offer some flexibility to GPs so that patients who needed treatment could receive it, if no prescribers were available within the commissioned alcohol service. After some discussion it was agreed that this item would be deferred until GMMMG had received a response to its letter to Public Health Directors regarding alcohol services.

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			
Domperidone for paediatric use		✓	Awaiting NICE guideline on GORD in Paediatrics due in January 2015.
Drugs for Alcohol dependence (nalmefene, naltrexone, acamprosate and disulfiram)		✓	Await response to GMMMG letter to public health directors regarding alcohol services.

2) New Requests from New Therapies Subgroup			
None			
3) Chapter 4 RAG List Review (products on formulary currently with no RAG status)			
Levomepromazine for palliative care use	Green		Palliative care guidelines support use & should be no delay in patient accessing treatment.
Moclobemide	Green (following specialist initiation)		
Phenelzine, Tranylcypromine, Isocarboxazid	Red (for new patients)		BNF states less suitable for prescribing
Ondansetron melts for meniere's disease	No status required		Listed on formulary as for specialist initiation for this indication but due to lack of license/evidence for this indication Formulary Group to be asked to remove from formulary for this indication.
Trihexyhenidyl for drug induced parkinsonism	Green		BNF recommends for drug induced parkinsonism only. Not recommended for use in Parkinson's disease.
Paraldehyde for status epilepticus	Red		High risk and unlicensed drug.
Selective Serotonin Reuptake Inhibitors (SSRIs) for Obsessive Compulsive Disorder or Body Dysmorphic Disorder in children and adolescents below 18 years of age	Amber		Have a Shared care protocol already in place but not currently listed on RAG list.
Selective Serotonin Reuptake Inhibitors (SSRIs) for the treatment of Anxiety in children and adolescents	Amber		Have a Shared care protocol already in place but not currently listed on RAG list.
Selective Serotonin Reuptake Inhibitors (SSRIs) for major depression in children and adolescents below 18 years of age	Amber		Have a Shared care protocol already in place but not currently listed on RAG list.
Drug's for Tourette's in children	Red (for new patients)		Currently there is a Shared care protocol in place for use of these drugs but drugs themselves are not currently listed on RAG list. Should be under specialist due to concerns re use of antipyschotics in children.
Carbamazepine & Valproate for Bipolar	Amber		As per NICE CG185. Also concerns re use of valproate in women of child bearing potential.

Zuclopenthixol acetate (Clopixol accuphase)	Red		Risk of confusion with zuclopenthixol deconate. BNF states for acute episode in hospital only.
Asenapine	Red		NTS recommended in March 2012 that not for use in primary care. Use in acute phase only.
4) Changes to current RAG status			
Antiparkinson's drugs	Green (following specialist recommendation or advice)		Change from Green (following specialist initiation)
Atypical antipsychotics (oral) use in children (incl aripiprazole)	AMBER for those licensed & unlicensed indications supported by NICE. Red for all other indications incl short-term use		Change from Red to AMBER for those licensed & unlicensed indications supported by NICE. Red for all other indications incl short-term use
Atypical antipyschotics (Oral) Use in dementia patients.	Red (for new patients)		Change from AMBER to RED due to safety concerns from MHRA (e.g. risk of stroke)
Anticonvulsants	Green (following specialist recommendation or advice)		Change from Green(following specialist initiation) with the exception of rufinamide and vigabatrin which remain Red.
Melatonin	Amber for paediatic use Green for licensed use in adults		Circadin® is 1st choice product. Unlicensed specials only to be used in exceptional circumstances e.g. disabled or autistic children
Agomelatine	Red		Change from AMBER as use no longer supported by NICE.
5) No changes to current RAG status			
Atypical antipsychotics (oral)	Amber for all licensed indications & NICE recommended indications To remain RED for all unlicensed indications with no NICE recommendation. Clozapine to remain RED.		No change. Should remain Amber for all licensed indications & NICE recommended indications during initiation and stabilization, but then SCP will include information on shared care once patient stabilized according to local commissioning arrangements. To remain RED for all unlicensed indications with no NICE recommendation. Clozapine to remain RED.
Antipsychotic use for challenging behaviours in patients with intellectual disability	Red		No change. High risk area of prescribing.
Dementia drugs	Green (following specialist initiation)		No change
Drugs for ADHD	Amber		No change – this includes dexamfetamine and lisdexamfetamine

Depot injections	Amber		No change – this includes adding paliperidone and aripiprazole injections to RAG list as Amber
Lithium	Amber		No change
Modafinil		✓	No change
Ketamine for palliative care	Amber		No change
Ketamine – all other indications	Red		No change
Riluzole	Amber		No change
Apomorphine for Parkinson's disease	Amber		No change
6) Miscellaneous Decisions			
Stiripentol	Red		Classed as Red but has an SCP in place. Agreed should be Red and to remove SCP from website.

ACTION:

GM to send final recommendation on RAG status of these drugs to February meeting of GMMMG for approval.

GM to update RAG list and publish on website once approval received from GMMMG

2i) Antidementia Drugs – information sheet to support RAG status

Due to the potential RAG status change from GREEN (following specialist initiation) to GREEN (following specialist recommendation or advice) the group agreed that an information sheet for the antidementia drugs would be useful. The group reviewed the information sheets that had been presented as examples and agreed that one sheet per drug was needed but that it should be kept concise (2 A4 pages max).

ACTION: GM to draft an information sheet based on examples presented and table for discussion at the next meeting.

2j) Chapter 4 SCP Review – proposed list of SCPs

Following the RAG status review of drugs in Chapter 4 of the BNF undertaken at the November and December meetings of the GMMMG Interface Subgroup it has been identified that the following shared care protocols are required:

- Atomoxetine for the treatment of Attention Deficit Hyperactivity Disorder (ADHD)
- Lisdexamfetamine (Elvanse) for the treatment of Attention Deficit Hyperactivity Disorder (ADHD)
- Dexamfetamine for the treatment of Attention Deficit Hyperactivity Disorder (ADHD)
- Methylphenidate for the treatment of Attention Deficit Hyperactivity Disorder (ADHD)
- Melatonin
- Ketamine for palliative care
- Modafinil
- Riluzole for motor neurone disease
- Apomorphine in Parkinson's disease
- Lithium treatment in persons aged 12-18 years
- Lithium Treatment in Adults aged 18-65 years
- Lithium treatment in adults aged 65 years and over
- Carbamazepine and valproate for bipolar
- Nalmefene for alcohol dependence

- SSRIs for the obsessive compulsive disorder or body dysmorphic disorder in children and adolescents below 18 years of age.
- SSRIs for the treatment of Anxiety in children and adolescents
- SSRIs for major depression in children and adolescents below 18 years of age.
- Antipsychotics for the treatment of Schizophrenia and psychotic symptoms in children and adolescents
- Antipsychotics for the treatment of Obsessive Compulsive Disorder (OCD) in children and adolescents
- Oral Atypical Antipsychotics
- Depot atypical antipsychotic injections to include risperidone, Olanzapine pamoate, Paliperidone palmitate, aripiprazole MR
- Depot typical antipsychotics
- Atypical antipsychotics (oral)

Discussion took place around whether it would be feasible to have one shared care guideline per drug with all indications included. It was felt that this would be difficult to achieve as some indications have different monitoring requirements and also because the SCPs are currently authored by the specialists who wouldn't feel comfortable producing a document to cover an indication with which they weren't familiar. It was also noted that it isn't within the remit of the interface prescribing subgroup to actually author the SCPs currently. It was agreed that where this may be easy to do it could be explored but for the main most SCPs would cover one indication and with separate SCPs for adults and children.

It was noted that the following SCPs will no longer be required following the suggested change in RAG status:

- Stiripentol – recommended be changed to RED
- Drugs for Tourette's - recommended be changed to RED
- Atypical antipyschotics (oral) in dementia - recommended be changed to RED for new patients
- Agomelatine – recommended be changed to RED
- Donepezil, galantamine, rivastigimine and galantamine for Alzheimer's – recommended by changed to Green (following specialist initation)
- Antipsychotics for the treatment of Neurodevelopmental Disorders in children and adolescents - recommended be changed to RED for new patients

It was agreed that those SCPs no longer required be removed from the website.

ACTION: GM to remove above SCPs no longer required from website once RAG status changes approved by GMMMG.

2k) Modafinil RAG status review

The group agreed that no changes were required to the RAG status for modafinil and that the status should stay the same i.e. AMBER or RED as below:

Modafinil	4	Sleepiness associate with narcolepsy.	Amber	CCG
Modafinil	4	Postural Hypotension, excessive idiopathic sleepiness associated with sleep apnoea or shift work disorder (unlicensed).	Red	CCG

It was agreed however that the wording for the RED RAG status should be updated to read '*all unlicensed indications e.g. postural hypotension, excessive idiopathic sleepiness or shift work disorder'*

The group also agreed that the Salford SCP needed adapting into the GMMMG format.

ACTION: GM to update wording on RAG list as above and contact authors to update SCP.

3) Ranolazine – review of RAG status

The group discussed a RAG status for ranolazine. It was noted that as ranolazine is still potentially a 3rd or 4th line treatment option that most GPs would still refer to secondary care for advice if patients were still symptomatic. It was however noted that as there are no monitoring requirements ranolazine could be initiated in primary care. The group therefore agreed that it should be given a GREEN (following specialist recommendation or advice) RAG status.

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

4) Fosfomycin (oral) – RAG status required

The group discussed the various issues with fosfomycin and noted the fact that it is unlicensed in the UK and therefore has to be supplied as a special which leads to a range in cost per item from £75- £316. Other regions had tried to contain costs by agreeing that all prescriptions for fosfomycin are dispensed by the hospital pharmacy as some Trusts are able to procure it cheaper than in community pharmacy. This would have to be commissioned however so was currently outside of IPS remit and for local discussion.

It was noted however that Fosfomycin was useful for ESBL (extended spectrum beta lactamase) producing bacteria that cause UTI's. The group therefore agreed that fosfomycin should be given a GREEN (following microbiology advice or recommendation) RAG status.

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

5) Ulipristal acetate (Esmya®) 5mg – RAG status required

The group noted that there wasn't a RAG status for ulipristal for the treatment of moderate to severe symptoms of uterine fibroids prior to surgery. NTS recommended that prescribing is retained within secondary care for the full treatment duration and that ulipristal 5mg tablets should be prescribed by the surgeon responsible for arranging the surgery. It was felt that as there are two products containing ulipristal available (one an emergency contraception) that there would be potential confusion if this product was to be prescribed in primary care.

The group agreed with the above and therefore a RED status was assigned to ulipristal 5mg for the above indication only.

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

6) Removal of SCPs for colistin, TobiR), Bramitob® and Caytson® from GMMMG website

It was agreed at October's IPS meeting that the SCPs for colistimethate, Bramitop, Cayston and TOBI for Cystic Fibrosis patients would no longer be required in future as prescribing of these medications is being repatriated to Specialist Centres by NHS England over the next few months

They were therefore removed from the website as was approved at GMMMG In Nov 2014. However since then queries have been received around these SCPs as the repatriation of these medicines is not due to occur till next year. It was therefore agreed that these SCPs should be moved to the archive section of the website rather than them being removed altogether.

ACTION: GM to work with RDTC web developer to develop an archive section of the GMMMG website and to move the above SCPs into it.

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

Denosumab for men – already on RAG list as Amber for other indications. The group agreed that no changes to this were required as monitoring requirements are the same.

8) Shared Care Protocols for Approval

Melatonin Circadin®.

The group noted that this was the final draft for approval. The group approved the shared care protocol once the following changes had been made:

- Leave indication as 'sleep disorders' as is currently

- Include a statement within section 6 after the *'max 6mg daily'* that states '*doses >6mg are a RED drug and therefore prescribing in these circumstances should be retained by specialists'*
- Within the drug interaction section it was agreed that the highlighted section be removed as there was no interaction and that within the list of drugs the bottom point be changed to 'hypnotics' rather than listing every drug.
- Under section 18: supporting documentation, this should be changed to state '*The SCG <u>may</u> be accompanied by a patient information leaflet'* if a patient information leaflet is available then this should be presented in the appendices.

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

9) Expired Shared Care Protocols on GMMMG Website as of Nov 2014

It was agreed that the expired SCPs should be moved to the archive section of the GMMMG website.

ACTION: GM to move items to archive section of GMMMG website once developed

10) Current work plans

The current work plan was circulated for information.

11) Updates from other groups.

This item wasn't discussed due to a lack of time.

7) Chapter 6 RAG list review – drugs for review (if time permits)

These items were deferred to the next meeting.

13) AOB

<u>Tolcapone RAG status</u>

The group noted that a status for Tolcapone was needed. Parkinson's drugs had been classified as Green (following specialist initiation) when tolcapone had been withdrawn. Tolcapone is now available again however extra precautions and monitoring is required due to the side effect of life threatening hepatotoxicity. The group therefore agreed a RED RAG status.

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

Date of Next Meeting: 12th February 2015, 1pm-3pm Room 410, HMR CCG, Number One Riverside, Smith St. Rochdale OL16 1XU

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