GMMMG Interface Prescribing Subgroup

Minutes

9th June 2016, 1pm-3pm
Number One Riverside, HMR CCG
Smith Street, Rochdale

Present:

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

Anna Swift (AS) Medicines Management Pharmacist, Wigan CCG

Dr Heather Procter (JP) General Practitioner, Stockport CCG

Jeanette Tilstone (JT) Medicines Management Lead, Bury CCG

Robert Hallworth (RH) Specialist Cancer Pharmacist, North of England Area Team, NHS England

Dr Tom Leckie (TL) Consultant, Pennine Acute Hospital Trust

Jason Farrow (JF) Medicines Management Pharmacist, Salford CCG

Hong Thoong (HT) Lead Pharmacist - Paediatric Medicine, CMFT

Claire Foster (CF) Medicines Management pharmacist, South Manchester CCG

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

Robert Hirst (RHi) Senior Pharmacist, Tameside Foundation Trust

Robert Elsey (RE) Specialist Pharmacist, Pennine Acute Hospital Trust

Jole Hannan (JH) Interface Pharmacist, Bolton CCG

Dr Jane Bradford (JB) General Practitioner, Bolton CCG

Gary Masterman (GMa) Deputy Chief Pharmacist, Wigan Wrightington and Leigh Foundation Trust

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:

Jane Wilson – Chief Pharmacist – Greater Manchester West Mental Health NHS Foundation Trust

Petra Brown – Chief Pharmacist – Manchester Mental Health & Social Care Trust

Elaine O'Shea – Specialist Nurse Practitioner, CMFT (for item 7)

Prof Leena Patel – Consultant Paediatric Endocrinologist, CMFT (for item 7)

Apologies received: Simon Darvill

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

1) Minutes of the meeting on 12th May 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 February 2016 meeting

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

2b) RAG List Recommendations from March 2016 meeting

These are going to the June 2016 meeting of GMMMG for final approval.

2c) RAG List Recommendations from April 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			
None			
2) New Requests from New Therapies Subgroup and Formulary Subgroup			
Dymista®	GREEN		
3) RAG List Review – products on formulary currently with no RAG status			
None			
4) Changes to current RAG status			
None			
5) No Change to Current RAG status			
None			
6) Miscellaneous Decisions			
Hydroxychloroquine for dermatology indications	AMBER		Licensed.
Mepacrine	RED		Unlicensed in EU and USA. No dosing info in BNF. No SPC available

ACTION: GM to send final recommendation on RAG status of these drugs to the July 2016 meeting of GMMMG for approval.

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

2d) RAG List Recommendations from May 2016 meeting

These were circulated to Trusts and CCGs for comment with a deadline for comments of the 30th June 2016. Any comments received will be reviewed by the group at the August 2016 meeting.

2e) Azathioprine for IBD in Paediatrics Shared Care Protocol

The Azathioprine for IBD in Paediatrics Shared Care Protocol was approved at the May 2016 GMMMG meeting and is now available on the website.

2f) Typical Antipsychotic Depot Injections Shared Care Protocol

The Typical Antipsychotic Depot Injections Shared Care Protocol was approved at the May 2016 GMMMG meeting and is now available on the website.

2g) Apomorphine Shared Care Protocol

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

2h) Sacubitril / Valsartan GP Information Leaflet

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

3) Drugs Requiring a Review of RAG status

- PCSK9 Inhibitors (Alirocumab and Evolocumab) – currently no status - recommended be classified as RED as requires specialist input and are tariff excluded drugs.
- Macitentan – currently no status – recommended be classified as RED as NHSE commissioned and should only be prescribed by specialist centres.
- Metolazone – currently no status – recommended be classified as GREEN (following specialist initiation). Noted it is unlicensed as UK product withdrawn in 2012 for purely commercial reasons. Felt that most GPs would be happy to prescribe provided patient under specialist heart failure team with appropriate follow-up.
- Rufinamide – currently RED – recommended be changed to GREEN (following specialist initiation) as had this status prior to December 2014 plus no monitoring required so does not fit criteria for a shared care drug.

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

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

- None this month.

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

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

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

6) Shared Care Protocols – comments received

<u>Goserelin in breast cancer</u>

The group noted that this was the final draft for approval. The group discussed the comments received from CCGs/Trusts. The group also discussed the feedback from the specialists regarding the inclusion of the unlicensed indications and agreed this was appropriate as there is evidence to support these indications. It was also noted that GPs have experience of this drug for other indications so are familiar with its use and administration.

The group agreed to recommend approval to GMMMG subject to the following changes:

- 1st dose should be given by specialist

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

7) Shared Care Protocols – 1st draft

Growth hormone in paediatrics

Elaine O'Shea and Prof Leena Patel from CMFT presented the SCP for the use of growth hormone in paediatrics to the group for approval. The group noted that this is an updated version of the existing SCP into the current GMMMG format.

During discussion the following key points were raised:

- Device used does aid compliance in experience of team but clarity is needed in which devices are offered to patients and in which order.
- NICE guidance suggests some degree of patient choice is required. Choice is not offered for things that are not important e.g. colour of device.
- NICE states that treatment with somatropin should always be initiated and monitored by a paediatrician with specialist expertise in managing growth hormone disorders in children. The choice of product should be made on an individual basis after informed discussion between the responsible clinician and the patient and/or their carer about the advantages and disadvantages of the products available, taking into consideration therapeutic need and the likelihood of adherence to treatment. If, after that discussion, more than one product is suitable, the least costly product should be chosen.
- Need to ensure that the most cost-effective devices/preparations are used first.
- Discussion on the use of biosimilars tool place and should a longer term project look at switching existing patients to biosimilars.
- Dose titration is all done by the specialist.
- The specialist team review the choice of preparation/device and cartridge size each time the patient is seen.

After discussion the group agreed to approve the growth hormone in paediatrics SCP subject to only minor comments being received from CCGs prior to it going to GMMMG for final sign-off. The group also agreed that an algorithm was required to define the order in which devices/presentations should be chosen with priority given to the most cost-effective being first choice if there are no other factors to be taken into consideration.

ACTION:
GM to send to July/August 2016 GMMMG for approval.

HT to work with Elaine O'Shea and Prof Leena Patel to develop an algorithm for order in which products should be prescribed.

Ketamine in Palliative Care

The group reviewed the draft of shared care guideline for the use of ketamine in the management of cancer pain in palliative care. This has already been commented on by The Christie. During discussions the following key points were raised:

- There is increasing use of ketamine in palliative care. Why is this? Is an audit needed to understand reasons for and who is prescribing?
- Is shared care the most appropriate method to support this prescribing in primary care?
- Prescribing data suggests only two scripts issued across Greater Manchester for ketamine in the last quarter.
- Is the use of ketamine included in any existing end of life pathways?
- No monitoring requirements for GPs so does it fit criteria for a shared care drug
- Is shared care appropriate when used for palliative care at imminent end of life? Would shared care be appropriate for use in patients with cancer pain unresponsive to opiates with at least 6 months to live?

- Should ketamine only be prescribed by specialist palliative care teams?

After discussion the group agreed to put development of this SCP on hold for now whilst the views of palliative care teams were sought.

ACTION:
Robert Hallworth to seek views of local palliative care teams on need for development of an SCP for ketamine.

8) Progress with GMMMG versions of SCPs as of May 2016

Circulated for information. The group noted that by the autumn of 2016 SCPs should be in place covering 70% of the drugs classified as AMBER on the RAG list.

9) Updates from Other Groups

New Therapies Subgroup

The July 2016 meeting is to review pregabalin/gabapentin for cough and colchicine for pericarditis.

Formulary Subgroup

The COPD pathway, Wound Care Formulary and Chapter 5 of the formulary have all been out for consultation and a final draft is now being prepared.

Work on pain pathway and diabetes pathway is about to start are all currently out for comment on the GMMMG website.

The following changes have been made to the DNP list:

- E-voke has been added to the DNP list as per the NTS recommendation
- Rubefacients have been added to the DNP list as follows "topical rubefacient products may contain nicotinate and salicylate compounds, essential oils, capsicum, and camphor. However, topical NSAID preps or Capsaicin preps are not rubefacients."
- FSG noted that meprobamate is to have its license cancelled but agreed that its listing on the DNP list will remain
- The group assessed vaginal lubricants and moisturisers for addition to the DNP list, however it was agreed that it was more appropriate that the products with the lowest acquisition cost as identified in the assessment be recommended for use locally by prescribing decision support systems. This will be communicated from the GM FSG in due course.

GMMMG

At its May 2016 meeting the GMMMG approved the guidance document on ‘Polypharmacy- A de-prescribing Toolkit’ and approved the guidance document on ‘Prescribing infant formula for cow’s milk protein allergy in primary care’.

There was also lots discussion on the process for GPs accepting patients under shared care arrangements. It was agreed at GMMMG to distribute the proposal out to GM CCGs for comment within localities and that LMC representative involvement may be useful. The proposal will also be added to the GMMMG website for GM wide consultation.

10) AOB

Future meeting dates

The group agreed to move to meeting every alternate month instead of monthly for the remainder of 2016. The group will therefore meet in August 2016, October 2016 and December 2016.

Changes in membership

Heather Proctor informed the group she was stepping down from her role as prescribing lead in Stockport and so this would be her last Interface Subgroup meeting. The group thanked her for valuable contribution to the group since its reformation in July 2014.

Low dose antipsychotics for BPSD in dementia patients

Following the decision taken at the July 2015 IPS meeting on assigning a RED status to the use of low dose antipsychotics for BPSD in dementia patients it was agreed to review this after 12 months.

The group agreed that no change to this decision is required at this time but will review the decision if new information becomes available. It also noted that audits remaining ongoing in this therapeutic area.

Degarelix

Degarelix is currently listed as RED on the RAG list as per the previous Interface Prescribing & New Therapies Subgroup recommendation for use in patients with advanced hormone dependent prostate cancer.

The group was made aware that UHSM are developing a shared care guideline for its in patients at impending risk of spinal cord compression. The group noted that use of degarelix is currently in-tariff so included in the amount that secondary care is paid for managing these patients.

After discussion the group agreed Degarelix should remain RED and that shared care was not appropriate.

Date of Next Meeting: 11th August 2016, 1pm-3pm, Room 1&2, Nye Bevan House, Maclure Road, Rochdale, OL11 1DN

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