



## EAST LANCASHIRE HEALTH ECONOMY MEDICINES MANAGEMENT BOARD

### MINUTES OF THE TEAMS MEETING 17th NOVEMBER 2021

#### PRESENT:

Dr L Rogan (LR)	Strategic Director of Medicines, Research and Clinical Effectiveness NHS EL CCG (Chairperson)
Mr V Goodey (VG)	Assistant Director of Pharmacy, Clin Service ELHT
Dr S Jackson (SJ)	Clinical Commissioning Group MM Lead, GP EL
Mr J Vaughan (JV)	Commissioning Support Pharmacist NHS EL/BwD
Ms Ana Batista	Specialist Pharmacist ELHT
Mr N Fletcher (NF)	Director of Pharmacy ELHT
Ms F Iqbal	Senior Pharmacist NHS BwD CCG
Mr U Akram (UK)	Pharmacist, Lancashire Care Foundation Trust
Dr Hisham Ziglam (HZ)	Consultant Microbiologist, ELHT

#### IN ATTENDANCE:

Ms L Prince	Medicines Management Technician, EL CCG
Dr Doina Badea	Cancer Services
Akil Ahmed	Pharmacist ELHT
Dr A Raza	Clinical Lead for East Lancashire and Blackburn with Darwen Dermatology Service
Hani Hanna	Pharmacist ELHT

#### 2021/129: APOLOGIES:

Dr S Ramtoola (SR)	Consultant Physician, ELHT
Dr T McKenzie (TM)	GP East Lancashire

#### 2021/130: DECLARATION OF INTEREST – None declared

#### 2021/131: MINUTES OF OCTOBER Teams MEETING:

Amendment to Page 2 – comments from item 2021/119 to be moved to item 2021/120  
Minor correction to item 2021/119: hyperkeratonic replaced with hyperkeratotic.

#### 2021/132: MATTERS ARISING:

**2021/086:** New Product Request (unlicensed) – Short Chain Fatty Acids – Item closed as per Directorate Pharmacist, will be submitted again in future

**2021/123:** Fidaxomicin supply options. Difficult for pharmacies to stock as a regular shelf item due to expense was highlighted; it would be readily available to order by community pharmacies. Options for supply at weekend in emergency to be explored by ELHT.



### **2021/133 NEW PRODUCT REQUEST – KLISYRI**

Dr Raza was in attendance to present the request for use of Klisyri® for the topical treatment of actinic keratosis. He explained that most Grade1 lesions would need a shorter duration of treatment in comparison to Efudix® and that the recurrence rate compares favourably with Efudix®. SJ commented that there was a place for the use of Klisyri® within the elderly population, housebound and district nurses with the treatment length being shorter. There are also fewer side effects reported in comparison to Efudix®. The need to use Klisyri® in the treatment of grade 1 lesions was questioned i.e., would this not be treated with emollients? Dr Raza explained that it is licensed to treat an affected area covering 5x5cm, where the skin is scaly and rough. It is suitable for initiation in Primary Care. It was agreed that it's use could be solely in Primary Care, with no need to refer patients if clear guidance was available for GPs. Klirysi® will be added to formulary along with clear guidance and a position statement for practices. The dermatology team will prepare Guidance/Position Statement for GPS and that Dr Raz will facilitate a training session and introduce the Position Statement [when finalised] for PCN/CCG colleagues.

**Resolved: Klisyri approved for inclusion on formulary. A draft Guideline/Position Statement to be brought to next meeting. It will be included in formulary as Green Traffic Light when guidance is available.**

### **2021/134 NEW PRODUCT REQUEST – Fulvestrant request for change of regimen**

Proposed use as 4<sup>th</sup> line after all other endocrine options have been used. The treatment will be managed and prescribed in hospital and eventually move to shared care. The cost has reduced as the drug is off patent now and was originally NHSE funded. LR proposed that this should be sent to LSCMMG for review of clinical evidence.

**Resolved: Approved for inclusion in formulary, clinical evidence review to be requested by LR as an action from LSCMMG                      RED Traffic Light**

### **2021/135: LSCMMG CONSULTATIONS (for December LSCMMG)**

- a. **Botulinum Toxin Hyperhidrosis** New Medicines Assessment. Suggested recommendation is RED Traffic Light. Concerns as to where this fits into the cosmetic policy as well as service capacity to manage its use in this group of patients. Suggestions were made to look towards a limited course of funded treatment. The use of the Product is not considered a priority, given the cost of treatment and the lack of clinical evidence to support its use.



b. **Glycopyrronium** all indications except PD. Suggested recommendation is AMBER Traffic Light. AB has asked for comments from directorates. Other comments included:

- There is a gap in treatment of adults and children with neurological conditions.
- Less of an anticholinergic effect with glycopyrronium
- Suggested 2<sup>nd</sup> line use after hyoscine.
- Review of use to be specified at 3 months by specialist

c. **Supplements post bariatric surgery:** update for consultation  
Concerns were raised as to the need to differentiate between the two options and questioned whether this would be equitable. There is also the possibility that patients may not purchase OTC products if they are not prescribed and also the potential for errors to occur should procedures not be coded correctly on PMR systems.

#### **Comments to be fed back to LSCMMG**

#### **2021/136: LSCMMG RECOMMENDATIONS (from October LSCMMG)**

Insulin Aspart - Type 1 and type 2 diabetes mellitus

*Trurapi*® to be included as an option as 3<sup>rd</sup> line bolus insulin. (1<sup>st</sup> line being *Apidra SoloStar*®, 2<sup>nd</sup> line *Humalog KwikPen*®)

**Acknowledged and accepted by ELMMB**

**GREEN Traffic Light**

#### **2021/137: FORMULARY UPDATES**

**3% hypertonic saline (Mucoclear®)** – Requested as an addition to formulary for CF and bronchiectasis patients. The use of this product will avoid patients having to dilute the 7% solution with water for injection. **AMBER Traffic Light**

**Trazodone 50mg/5ml oral solution** – traffic light review. Currently RED traffic light on formulary following extensive work to review patients taking liquid formulation to either stop or refer to IMOT. There are 2 strengths available and possibility of dosing errors. **Deferred to next meeting**

#### **Project Orbis Drug Access Arrangements –**

Project Orbis and Health Technology Assessment Agencies (HTA)



Is a programme coordinated by the US Food and Drug Administration (FDA) to review and approve promising cancer treatments. It currently involves the regulatory authorities of several countries.

It provides a framework for concurrent submission and review of oncology products among international partners. It aims to deliver faster patient access to innovative cancer treatments with potential benefits over existing therapies across the globe.

The MHRA will participate fully in the scheme from 1 January 2021. While the FDA serves as the primary coordinator for application selection and review, Project Orbis Partners (POPs) may propose products for inclusion in the scheme. Each country remains fully independent on their final regulatory decision. Applications submitted to the MHRA within a Project Orbis procedure are national (Great Britain only) marketing authorisation applications and variations.

Medications introduced via this scheme may be made available free of charge prior to marketing authorisation with NHSE responsible for commissioning and ensuring appropriate exit strategies are in place for all marketing authorisation & commissioning decision outcomes. Drugs approved under this scheme will be forwarded to ELMMB for minuting in a similar way to EAMS schemes.

### **Acknowledged and accepted by ELMMB**

#### **2021/138: Other items**

##### **a. GID Top Tips for Prescribers**

This is a resource document for GP. It covers GMC points and is aimed at protecting GPs with prescribing and safeguarding issues. There is a huge demand across the UK for treatment, including use of black-market drugs, private clinics and eventually patients turn to GPs to prescribe. Questions were raised why the term 'development' and not 'disorder' were used in the document and also why adults were not included.

##### **b. Specialised new product notification** Rilpivirine 600mg/2ml prolonged-release suspension for injection and Cabotegravir 400mg/2ml prolonged-release suspension for injection

This is a one-off request for a patient on ICU at Blackpool Hospital.

### **Resolved: items acknowledged by ELMMB**



## 2021/139: NICE recommendations (from October)

	TA number	Recommendation	Traffic light	Commissioner
Baloxavir marboxil for treating acute uncomplicated influenza (terminated appraisal)	TA732	Not recommended	Black	N/A
Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia	TA733	Recommended	GREEN	ICS / CCG
Secukinumab for treating moderate to severe plaque psoriasis in children and young people	TA734	Recommended	RED :	NHSE
Tofacitinib for treating juvenile idiopathic arthritis	TA735	Recommended	RED	NHSE
Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy	TA736 Replaces TA490	Recommended	RED	NHSE
Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer	TA737	Recommended	RED	NHSE
Bertralstat for preventing recurrent attacks of hereditary angioedema	TA738	Recommended	RED	NHSE
Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable	TA739 Replaces TA492	Recommended	RED	NHSE
Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer	TA740	Recommended	RED	NHSE
Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer	TA741	Recommended	RED	NHSE



## STANDING ITEMS

**2021/140: FOR ACTION/INFORMATION: LANCASHIRE & SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP (LSCMMG) MINUTES –October 2021**  
Minutes acknowledged [draft version]

**2021/141 Lancashire & South Cumbria FT D & T - September 2021**

- a. Lancashire & South Cumbria FT D & T Minutes from 24th September 2021
- b. DT Action Tracker from 24th September 2021

(The next meeting will take place on Friday 26<sup>th</sup> November 2021)

**2021/142 Antimicrobial Stewardship Committee Minutes – October 2021**

### AOB:

**NICE TA733** – Concerns were raised over capacity issues in Primary Care as there could possibly be high numbers of patients identified for this drug. It has been proposed that a pathway be developed through LSCMMG for its place in therapy.

**LSCMMG October 2021 minutes:** Page 5 of the minutes, **Antipsychotic shared care – update** – re: Primary Care carrying out the twelve-month physical health checks in the interim whilst the ongoing business case for transfer of community services is being discussed. Concerns were raised as to the outcome and pressure on primary care whilst further discussion are underway and ultimately if a decision cannot be made.

### **World Antibiotic Awareness Week (WAAW)**

For information: This is an annual campaign and will run from 18<sup>th</sup> to 24<sup>th</sup> November

**DATE OF NEXT MEETING – Wednesday 15<sup>th</sup> December 2021 12.45pm via 'Microsoft Teams'**



**ACTION SHEET FROM  
EAST LANCASHIRE HEALTH ECONOMY  
MEDICINES MANAGEMENT BOARD**

**WEDNESDAY 17th NOVEMBER 2021**

<b>MINUTE NUMBER</b>	<b>DESCRIPTION</b>	<b>ACTION</b>	<b>DATE</b>
<b>2021/101b</b>	<b>ELMMB Membership</b> VG to approach Divisional directors to be asked to review their members and suggest a nominated person to attend future meetings.	VG	Dec 21
<b>2021/123</b>	<b>Fidaxomicin</b> – supply options/pathway to be explored.	VG	Dec 21
<b>2021/133</b>	<b>Klisyri</b> – draft Position Statement to be brought to next meeting	LR/JV	Dec 21
<b>2021/137</b>	<b>Trazodone 50mg/5ml oral solution</b> Deferred to next meeting for discussion. Epact report for use in primary care	All	Dec 21