



## EAST LANCASHIRE HEALTH ECONOMY MEDICINES MANAGEMENT BOARD

### MINUTES OF THE TEAMS MEETING 23<sup>rd</sup> FEBRUARY 2022

#### PRESENT:

Dr L Rogan (LR)	Strategic Director of Medicines, Research and Clinical Effectiveness NHS EL CCG
Dr S Ramtoola (SR)	Consultant Physician, ELHT (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)	Senior Medicines Commissioning Pharmacist NHS EL/BwD
Ms Ana Batista (AB)	Medicines Information Pharmacist ELHT
Dr J. Adiyodi (JA)	Consultant Haematologist & Clinical Lead in Haematology
Z. Hisham (ZH)	Consultant Microbiologist, ELHT

#### IN ATTENDANCE:

S. Wilson (SW)	Clinical Director of Respiratory
Catherine Mackenzie (CM)	Obstetrician and Gynaecologist
A. Ahmed (AA)	Paediatric Pharmacist

#### 2022/018: APOLOGIES:

Ms L Prince (LP)	Medicines Management Technician, EL CCG
Ms F Iqbal (FI)	Senior Pharmacist NHS BwD CCG
N Fletcher (NF)	Director of Pharmacy ELHT
C Harding (CH)	Pharmacist, LSCFT
Mr U Akram (UA)	Deputy Lead Pharmacist, LS CFT
Dr T McKenzie (TMc)	GP East Lancashire
Chris Woods (CW)	Head of Contracting and Costing, Finance

#### 2022/019: DECLARATION OF INTEREST

Dr. Ramtoola - Trulicity formulary request

#### 2022/020: MINUTES OF JANUARY TEAMS MEETING:

Minutes Accepted



## 2022/021: MATTERS ARISING:

### a. 2021/101b: ELMMB Membership update

Some members have been removed following review and new ELHT members have been nominated. LR suggested there should be more representation from Primary Care and offered to look into it. The policy for introduction of new products on ELMMB website will need to be reviewed with memberships being changed; to be discussed outside this meeting and brought back for April's meeting. Discussion relating to when new product requests should be directed to LSCMMG or dealt with directly at ELMMB.

**Action:** Chair to send invites to suggested members supplied by AB. LR to look into ELMMB primary care representation and new product request policy to be reviewed and brought back in April.

### b. 2021/123: Fidaxomicin: pathway, including supply options and costings:

JV explored different options. Linked in with some Communities pharmacies who have agreed to hold the stock. Limited number of pharmacies who will hold it if it has a 6 month's shelf life.

**Resolved:** When pathway is finalised, the group will be informed. To be removed from action matrix.

### c. 2021/133: Klisyri – Guidance/Position

Product now being under evaluation at LSCMMG. As it has already been reviewed at ELMMB, the product can be added to our formulary with a green traffic light classification. Guidance has been presented, SJ requested that the guidance state that sometimes just using a moisturizer would be appropriate since this is for very mild actinic keratosis.

**Resolved:** Feedback provided to author of the guidance (WP). The updated guidance will then be shared. To be removed from action matrix.

**Traffic Light: GREEN**

### d. 2021/147 item a,b: Utrogestan® (Oral 100mg Capsules) /Topical oestrogen products.

Dr CM present to discuss place in therapy of Utrogestan® and topical oestrogen. Utrogestan® is now a staple for HRT treatment, there is a great demand for it coming from patients. Mirena coil is an option that not all patients agree too. Big push for patients over 60 to have HRT treatment. Benefits of topical oestrogen discussed, available as gel and spray; spray having better absorption than gel. Acknowledged that it would be useful to have a guidance of what to use and when. This has been flagged at LSCMMG as their shared guidance did not address product choice, this is currently under review.

A summarised document with products of choice and guidance would be helpful to address further at the next meeting, this can then be shared with LSCMMG. Agreed to add Utrogestan® and Oestrogel® to formulary as green.

**Action:** CM to put together a guidance listing the most cost-effective product options for which cohort of patients. Guidance to be brought to be discussed



at the next meeting. Utrogestan and Oestrogel to be added to formulary with a green traffic light classification.  
**Traffic Light: GREEN**

**e. 2021/148 Eosinophilic Oesophagitis**

**Action:** Postponed to March Meeting

**f. 2022/006a: Zonisamide liquid:**

Discussions between VG and LR around IMOT capacity and the need for this product to be adopted by IMOT as it is a liquid, licensed and there are other liquid anticonvulsants been prescribed by GPs.

**Action:** LR & VG to discuss further and come back to next meeting with a traffic light decision. Postponed to March. **Current Traffic Light: RED**

**g. 2022/006c: Ethosuximide liquid:**

**Action:** Postponed to March meeting. LR & VG to discuss further and come back to next meeting

**h. 2022/009: National procurement for DOACs**

Confirmed there is a working draft. To be finalised outside this meeting.

**Resolved:** To be removed from action matrix.

### 2022/022 Formulary Updates

**a. Nystatin pessaries:** requested by Will Price (Dermatology Pharmacist) as Unlicensed option for patients with recurrent vulvovaginal candidiasis with non-albicans candida species and azole resistance.

**Resolved:** Nystatin pessaries traffic light to be changed from red to amber  
**Traffic Light: AMBER**

**b. Canesten HC® Cream:** Currently not listed on ELMMB, review requested by Will Price (Dermatology Pharmacist) with a suggestion of black traffic colour. It was felt that it shouldn't be black as it is widely used in community.

**Resolved:** ELMMB website to be updated including the product as green for use in long term conditions patients only and black for acute flare ups with the advice to treat those with self-care (bought OTC).

**Traffic Light: GREEN** for long term conditions  
**BLACK** for acute fare ups

**c. Riamet® (Artemether/lumefantrine):** requested by Shaun Morgan (Critical Care and Antimicrobial Pharmacist) for acute uncomplicated falciparum malaria and chloroquine-resistant non-falciparum malaria.

**Resolved:** Riamet® to be added to formulary with red traffic light.

**Traffic Light: RED**

**d. Creon Micro®:** requested by Akil Ahmed (Paediatrics Pharmacist) for the treatment of pancreatic exocrine insufficiency as green traffic light for



paediatric use only. It was decided that it should be initiated on specialist advice and amber traffic lighting was more adequate.

**Resolved:** Creon Micro to be added to formulary with amber traffic light for paediatric use only

**Traffic Light: AMBER**

- d. **Trulicity® 3mg and 4.5mg solution for injection in pre-filled pen:** requested by Dr S Ramtoola to be added to formulary with green traffic light. Supply issue acknowledged; could be resolved in a couple of months. No need to come back to this meeting.

**Resolved:** Requested Trulicity ® strengths to be added to formulary with green traffic light when back in stock.

**Traffic Light: GREEN**

- e. **Paxlovid, Molnupiravir, Remdesivir and Sotrovimab:**

Use acknowledged and red traffic light be added to formulary with a red traffic light.

**Resolved:** items to be added to formulary

**Traffic Light: RED**

#### **2022/023 LSCMMG Consultations - February 2022**

##### **Utrogestan New Medicine Assessment**

Consultation circulated to relevant Consultants at ELHT ahead of meeting. ELMMB in agreement of proposed green traffic light.

**Action:** AB to respond to consultation on behalf of ELHE

#### **2022/024 LSCMMG Recommendations - January 2022**

- a. Rheumatoid Arthritis High-Cost Drugs Pathway - updated
- b. Guidelines for prescribing of nutritional supplements post bariatric surgery - updated.

**Resolved:** Acknowledged by ELMMB

#### **2022/025 Strategic Commissioning Committee (SCC) Decisions- Jan 2022**

- a. Glycopyrronium Oral - hypersalivation in adults and children (Non-Parkinson's disease) **Amber 0, CCG commissioned**
- b. Clonidine 25 mcg tablets – Vasomotor symptoms (VMS) associated with menopause. **Green Restricted**

#### **2022/026 Other items - Bedaquiline Funding request**

Patient with Mycobacterium abscessus resistant to most antibiotics; treatment recommendation to add Bedaquiline to treatment regimen (unlicensed use) came from British Thoracic Society. Patient will require 12-month maintenance to eradicate M. abscessus.

**Action:** LR to send form to IFR Panel urgently and inform Dr SW of outcome.

#### **2022/027 Other items - BP targets post CVA**



Query from a PCN Pharmacist in Ribblesdale regarding BP targets of 130/80 used by Consultants Geriatricians for post ischaemic stroke patients which differ from those used by GPs unless patients are diabetics or have CKD. Statins have also been queried as there are a discrepancy in doses recommended.

Many elderly patients feel unwell when taking several antihypertensive medications and lowering the BP to far will make them feel worst when they stand up. In regard to statins, NICE advises atorvastatin 80mg on patients who have had a stroke, but it is often not tolerated and the risk/benefit of high doses of statins need to be taken into account in elderly patients. Flexibility in statin doses and BP targets are required taking into consideration each individual despite NICE guidance.

**Action:** VG to feedback these concerns to Stroke Physicians ask them to consider those points and attempt to give a more moderate recommendation. Response to be brought back to March meeting.

#### **2022/028 Other items - Low Calorie Diet Programme and impact on medicines**

A national project with low calorie diets (800 cals/day) flagged the need to take in consideration more frequent medicines reviews as doses may need to be adjusted according to weight loss and blood sugar levels.

**Action:** LR to find more information and send to SR. To be reviewed in March.

#### **2022/029 Other items - Medicines reconciliation of red drugs in primary Care**

Not all red drugs are in the primary care EMIS systems (e.g. Chemotherapy) which means the full clinical record is not available for interaction checking posing a safety issue. It was acknowledged that this could be picked up by primary care inputting these drugs but there are concerns due to delays in receiving hospital letters.

Example given by SJ stating that sometimes a letter is received from the Rheumatology Consultants stating there is a plan to start a rheumatology drug, then the rheumatology nurses start it and there isn't always a letter sent by them to inform the GP, which means they are not aware that the patient has started the drug. This is a labour intense problem to resolve. We need to understand where A. Gray is with the shared record system that will improve this issue.

**Action:** Rheumatology concern to be fed back to Rheumatology Pharmacist. Further discussion in March meeting with A.Gray. Invite Alistair G to the next meeting.

#### **2022/030 Other items - Management of Bleeding in patients taking DOACs and Vit K Antagonists (warfarin) 2022**

**Resolved:** Updated guideline approved

#### **2022/031 Other items - Periprocedural Management of Patients on Anticoagulants and Antiplatelets - Updated guideline**

**Resolved:** Updated guideline approved



### **2022/032 NICE Guidance - January 2022**

Glaucoma: diagnosis and management (NG81), last updated 26<sup>th</sup> January 2022, first published 1<sup>st</sup> November 2017

**Resolved:** item acknowledged by ELMMB

### **2022/033 NICE Recommendations – January 2022**

Cabotegravir with rilpivirine for treating HIV-1(TA757) is recommended as an option by NICE. Approved in line with NICE

NHS England Commissioned

**Traffic Light: RED**

Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy (TA758) is recommended as an option by NICE. Approved in line with NICE

ICS/CCG commissioned, Blueteq required

**Traffic Light: RED**

Fostamatinib for treating refractory chronic immune thrombocytopenia (TA759) is recommended as an option by NICE. Approved in line with NICE.

NHS England Commissioned

**Traffic Light: BLACK**

Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer (TA760) is recommended as an option by NICE. Approved in line with NICE.

Cancer Drugs Fund

**Traffic Light: RED**

Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection (TA761) is recommended as an option by NICE. Approved in line with NICE

Cancer Drugs Fund

**Traffic Light: RED**

Sodium zirconium cyclosilicate for treating hyperkalaemia (TA599) is recommended as an option by NICE. Updated version acknowledged

ICS/CCG commissioned

**Traffic Light: RED**

### **2022/034 EAMS (Early access to medicines scheme) – January 2022**

a. Voxelotor in the treatment of sickle cell disease

b. Asciminib in the treatment of chronic myeloid leukaemia

**Resolved:** item acknowledged by ELMMB

### **Standing Items:**

**2022/035 For Action/Information:** Lancashire & South Cumbria Medicines Management Group (LSCMMG) minutes – January 2021

**Resolved:** Minutes acknowledged.

**2022/036 For Action/Information:** Lancashire & South Cumbria FT Drugs and



### Therapeutics Committee

- a. LSCFT Drugs and Therapeutics Committee minutes 21st January 2022
- b. LSCFT Drugs and Therapeutics Committee action tracker 21st January 2022

**Resolved:** Minutes acknowledged

### 2022/037 Additional Item:

- a. National protocol for COVID-19 Vaccine AstraZeneca
- b. Patient Group Direction for COVID-19 Vaccine AstraZeneca

**Resolved:** item acknowledged by ELMMB

### 2022/038 AOB:

- a. LR requested for Inclisiran to be added to March agenda.  
**Action:** LR to send latest published document to AB
  
- b. Discussed what would be the best approach for reviewing the list of medicines not currently included on the formulary on the ELMMB website (highlighted by the implementation of the CERNER system at ELHT)  
**Action:** AB to share the list with LR for review
  
- c. Request for meeting to be 1and half hour, i.e., to start at 12.30pm  
**Action:** Discuss with the Chair SR.

**DATE OF NEXT MEETING – Wednesday 16<sup>th</sup> March 2022 12.45pm via 'Microsoft Teams'**



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

**WEDNESDAY 23rd February 2022**

<b>MINUTE NUMBER</b>	<b>DESCRIPTION</b>	<b>ACTION</b>	<b>DATE</b>
<b>2021/101b</b>	<b>ELMMB Membership</b> Chair to send invites to suggested members supplied by AB.  LR to look into ELMMB primary care representation and new product request policy to be reviewed and brought back in April	SR  LR/VG	Apr 22
<b>2021/147 (a,b)</b>	<b>Utrogestan® &amp; Topical Oestrogen Products</b> – guidance to be put together listing the most cost-effective products options	CM	Mar 22
<b>2021/148</b>	<b>Eosinophilic oesophagitis:</b> Supporting guidance/PIL required for use of Flovent in Primary Care. To be developed by ELHT.	JE	Mar 22
<b>2022/006a</b>	<b>Zonisamide liquid:</b> LR & VG to discuss further and come back to next meeting with a traffic light decision.	VG/LR	Mar 22
<b>2022/006c</b>	<b>Ethosuximide liquid:</b> LR & VG to discuss further and come back to next meeting	VG/LR	Mar 22
<b>2022/026</b>	<b>Bedaquiline Funding request</b> – LR to send form to IFR Panel urgently and inform Dr SW of outcome	LR	Mar 22
<b>2022/027</b>	<b>BP targets post CVA</b> - VG to feedback these concerns to Stroke Physicians and ask them to consider those points and attempt to give a more moderate	VG	Mar 22





	recommendation. Response to be brought back to March meeting.		
<b>2022/028</b>	<b>Low Calorie Diet Programme and impact on medicines –</b> LR to find more information and send to SR.	LR	Mar 22
<b>2022/029</b>	<b>Medicines reconciliation of red drugs in primary Care –</b> Rheumatology concern to be fed back to Rheumatology Pharmacist. Invite Alistair G to the next meeting for further discussion.	VG	Mar 22
<b>2022/038a</b>	<b>Inclisiran –</b> LR to send latest published document to AB	LR	Mar 22
<b>2022/038c</b>	<b>Request to change meeting starting time to 12:30 –</b> AB to discuss with the chair SR	AB	Mar 22