Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting Held on Thursday 10th October 2019 at Preston Business Centre

PRESENT:

Mr Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Christine Woffindin (CW)	Medicines information manager	East Lancashire Hospital Trust
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	Blackburn with Darwen CCG
Dr Sonia Ramdour (SR)	Chief Pharmacist	Lancashire and South Cumbria NHS Foundation Trust
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research and Clinical Effectiveness	East Lancashire CCG
David Jones (DJ)	Deputy Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	Blackpool CCG
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Rebecca Bond (RB)	Head of Medicines Optimisation	Fylde and Wyre CCG

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Dr David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Lisa Ainsworth	Education and Training Pharmacist	Lancashire and South Cumbria NHS Foundation Trust

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/171	**Welcome & apologies for absence**	
2019/172	**Declaration of any other urgent business** None	

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/173	**Declarations of interest pertinent to agenda** None	
2019/174	**Minutes of the last meeting September 2019** The minutes of the meeting dated September 2019 were agreed as a true and accurate record.	
2019/175	**Matters arising (not on the agenda)** None	
NEW MEDICINES REVIEWS		
2019/176	**Suliqua for the treatment of Type 2 diabetes in combination with metformin** DP confirmed that an EIRA was completed and no significant equality issues were identified. However, DP stated that one issue was identified on the equality and impact proforma, namely cross border issues – Suliqua is not recommended by GMMMG and is RAG rated grey by Pan Mersey APC (under review). DP confirmed that the draft RAG status was Black. DP summarised the evidence. DP highlighted that none of the studies in the study program for insulin glargine /lixisenatide compare the combination preparation with GLP-1 receptor agonists and basal insulins given together but as separate injections. DP continued that the 'LixiLan-O' study compared insulin glargine/lixisenatide with insulin glargine alone and lixisenatide alone. DP confirmed that Insulin glargine / lixisenatide does not currently fit into any locally or nationally defined pathways. DP stated that the switch from GLP-1 receptor agonist to GLP-1 receptor agonist plus insulin combination has not been studied and Suliqua has not been studied in combination with DPP-4 inhibitors, sulfonylureas, meglitinides, pioglitazone and SGLT-2 inhibitors. DP stated that the NICE Guidelines for the management of T2DM state the following, "only offer a glucagonlike peptide-1 (GLP-1) analogue in combination with insulin in a specialist care setting" Additionally, DP stated that Insulin glargine plus lixisenatide, with its fixed ratio dosing, offers less flexibility to titrate the individual components and manage interruption of treatment, and at the initiation of treatment does not allow the prescriber to understand	

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	how the patient responds to or tolerates each component. In addition, there was potential for medication errors with two pen types / doses. DP confirmed that seven of eight CCGs and two of five provider trusts responded by the closing date. All but one of the responding members agreed with the Black RAG classification. DP summarised the main points from the consultation responses and additional feedback received from clinicians: Lixisenatide does not fit into the current Lancashire and South Cumbria pathway and therefore Suliqua is not a suitable addition for local use. Suliqua may be useful in a niche of patients e.g. patients unable for one reason or another to take any of SGLT2-i or Pioglitazone as part of a multiple oral antihyperglycaemic therapy combination therapy before proceeding to injectables, and who remained uncontrolled on metformin ± Gliptin or metformin ± sulfonylurea with or without basal insulin. **Discussion** BH confirmed that Suliqua was not going to the JCCCG for ratification. Therefore, the RAG rating and review would be uploaded to the website according to the usual timeframes. BH stated the lixisenatide as a single agent was RAG rated Black because it was less potent than the other GLP-1s available. BH continued that it was clear that Suliqua had not been trialled in combination with a number of drugs in the LSCMMG pathway. DP highlighted that ELHT disagreed with the proposed RAG status of Black as they felt it would be useful for a selection of patients in whom all other treatment options had failed. It was discussed that it would still be possible to have a GLP-1 and insulin combination in this cohort of patients but in separate devices with better dose flexibility. AC stated that the feedback offered by ELHT did not appear to be enough to counter the evidence. DP stated that there may be some oral GLP-1 agents available soon and this may alter the focus of what is requested by the specialists. **Decision** The group approved a Black RAG classification for Suliqua. **Actions** **RAG status for Suliqua to be updated to Black and the new medicines review to be added to the LSCMMG website.**	**DP**

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/177	**Cariprazine for the treatment of schizophrenia in adults** DP confirmed that an EIRA was completed and one significant issue was identified: cariprazine would need to be added to the existing shared care arrangements for atypical antipsychotics if approved. DP also stated that there were issues identified on the equality and impact proforma. DP stated that there is an unmet need for the management of the negative symptoms of schizophrenia which could be met by cariprazine. DP also stated that there would be a cost pressure across the health economy associated with the introduction of cariprazine of approximately £14,672 in year 1 rising to £28,296 in year 5. DP stated that cross-border issues have been identified also, GMMMG does not recommend the use of cariprazine and Pan Mersey are currently consulting on the use of cariprazine as a non-first line agent for the management of negative symptoms. DP confirmed that the draft recommendation is Amber 1; DP summarised the evidence. DP highlighted a trial comparing cariprazine to risperidone over 26 weeks, cariprazine demonstrated greater improvements in negative symptoms scores (PANSS negative subscale score) compared to risperidone. DP stated that the EMEA concluded that the safety profile of cariprazine is comparable to other atypical antipsychotics. DP continued that cariprazine has been approved for use by the Scottish Medicines Consortium (SMC) as a second-line therapy in patients where predominantly negative symptoms have been identified as an important feature. DP also stated that cariprazine does provide an additional treatment option for the management of patients with schizophrenia predominant negative symptoms, an area where there is a lack of evidence to support treatment choices. DP summarised the consultation responses received, seven of eight CCGs and two of five provider trusts responded by the closing date. Four organisations agreed with the draft recommendation; three organisations stated that they would support commissioning of cariprazine if additional information was considered; and two organisations disagreed with the draft recommendation. DP summarised the main points from the consultation responses are: the evidence base for recommending cariprazine is limited and use is supported for patients with negative symptoms stabilised on cariprazine if a clear pathway is defined with a shared care arrangement.	

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	Discussion DP confirmed that there would be an increased service impact in secondary care as patients would require stabilisation for 3 months before being suitable for shared-care with physical health monitoring for 12 months. SR stated that there would be an internal approval mechanism at LSCFT before cariprazine can be prescribed. AC stated that it would be useful to see the LSCFT document before it is approved. **Decision** The group approved an Amber 1 RAG rating for cariprazine however this approval was not to be actioned until the LSCFT approval mechanism was agreed. The LSCFT document can be presented at the next meeting for approval without the need for a consultation. **Actions** **LSCFT to share internal policy or process for approving cariprazine with DP** **Cariprazine to be added to the antipsychotic shared-care guideline and presented for approval at the next meeting.**	**SR** **DP**
2019/178	**LSCMMG – New Medicine Reviews Work Plan update** DP presented the new medicines workplan. The following medicines have been prioritised for review by the group and are expected to be presented at the November meeting: Fidaxomicin (*C. difficile* infection), Stiripentol (epilepsy). DP confirmed that the following reviews are on hold: nortriptyline (neuropathic pain), PTH (adjunctive treatment of adults with chronic hypoparathyroidism who cannot be adequately controlled with standard therapy), erenumab (migraine) and ulipristal (uterine fibroids). DP stated that the following reviews are prioritised for review to be presented at future meetings: sputum clearing devices (COPD), oral cyanocobalamin (vitamin B12 deficiency), octreotide and lanreotide (GI disorders), alirocumab (cardiovascular disease) and oxygen (cluster headaches). DP stated that the octreotide and lanreotide review would be divided into three given the various uses of octreotide identified by IFR applications.	

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	DP detailed the applications that had been received for prioritisation. *Ketamine for pain:* DP stated that the application has been received from GP and CSR CCGs. LR stated that she knows of patients that have been commenced on ketamine infusions by the private provider BMI. DP to liaise with LR. BH stated that use relating to MSK pathways can be looked at as part of the pain pathways work being conducted by AGR. DP to scope need for a review and the patient cohorts that would be potentially eligible for treatment. Review should target community use only, including outpatients and should not include the use for acute interventions or ITU. *Azathioprine for myasthenia gravis (steroid sparing):* DP confirmed there was a set of protocols available for this indication. The group prioritised this for review. *Voke Nicotine inhaler:* DP confirmed it was a prescribable item. The group considered the device could be covered by the OTC policy however its position for inpatient treatment has not been determined. Voke Nicotine inhaler was prioritised for review which will cover inpatient, outpatient and self-care settings. The review will take into account the current LSCMMG position statement for nicotine products. *Ulipristal:* For Intermittent treatment of moderate to severe symptoms of uterine fibroids in women of reproductive age who are not eligible for surgery. The request was from a Consultant Obstetrician and Gynaecologist at Lancashire Teaching Hospitals to consider a proposal for changing the colour classification of ulipristal from "Red" to "Amber0" in women who are not eligible for surgery. Applicant has been contacted repeatedly but has not responded to requests for background. DP suggested that the drug be removed from the work plan. *Erenumab (migraine).* It was agreed that this would remain on hold awaiting NICE. **Action** **Ketamine for pain, azathioprine for myasthenia gravis and Voke nicotine inhaler to be added to the new medicines**	**DP**

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	workplan. **Ulipristal for intermittent treatment of moderate to severe symptoms of uterine fibroids in women of reproductive age who are not eligible for surgery to be removed from the work plan.**	**DP**
GUIDELINES and INFORMATION LEAFLETS		
2019/179	**Liothyronine – RMOC review** AGR provided background information on the LSCMMG positions on the use of liothyronine, which was published following a full review of the evidence, in May 2016. The RMOC (South) published guidance on liothyronine with its final version being produced in November 2018 with post-publication revisions being made in April 2019. The latest version, version 2.6, was published in June 2019. The LSCMMG positions were reviewed against the final RMOC recommendations and presented to the group for consideration and adoption as LSCMMG RAG positions. AGR noted that there is a paucity of evidence in the literature supporting the use of liothyronine monotherapy for the management of hypothyroidism. **Decision** The group agreed to maintain current LSCMMG Black RAG ratings for liothyronine. RMOC patient classifications are to be adopted for this Black categorisation as follows: • Hypothyroidism in patients currently receiving liothyronine monotherapy • Hypothyroidism in new patients to receive liothyronine monotherapy • Hypothyroidism in patients currently receiving liothyronine and levothyroxine combination therapy • Hypothyroidism: levothyroxine + liothyronine combination therapy for new patients • Use of unlicensed thyroid extracts (e.g. Armour thyroid, ERFA Thyroid), plus compounded thyroid hormones, iodine containing preparations, dietary supplementation • Resistant depression: liothyronine monotherapy or combination therapy The current LSCMMG RED RAG rating was supported for prescribing by secondary or tertiary care specialists in the following settings: • Preceding ablation therapy with radioactive iodine • For the treatment of coma of myxoedema, the management of severe chronic thyroid deficiency and	

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	hypothyroid states occurring in the treatment of thyrotoxicosis. • Treatment of thyrotoxicosis as an adjunct to carbimazole to prevent sub-clinical hypothyroidism developing during treatment. • Treating severe and acute hypothyroid states because of its rapid and more potent effect, thyroxine sodium is normally the drug of choice for routine replacement therapy **Action** **RAG positions for Liothyronine to be updated on the LSCMMG website.**	**AGR**
2019/180	**New LSCMMG website – update** Item deferred to the November meeting	
2019/181	**Website – update – timescales for uploading documents** AGR outlined the current procedure for the upload of LSCMMG decisions to the LSCMMG web site, this normally being within 7 days of the LSCMMG meeting. Individual CCGs then notify the CSU about their adoption of the decisions and the position of each CCG is subsequently listed on the LSCMMG web site. At the August 2019 meeting of the JCCCG it was agreed that recommendations developed by the LSCMMG, including New Medicines Reviews, Commissioning Policies and Commissioning Pathways will be considered and adopted by the JCCCG. This change in procedure means that the timescales for updating various LSCMMG outputs on the LSCMMG web site need to be considered. It was discussed that there are two options. Documents could be uploaded to the LSCMMG website within 7 days of the meeting, as they are currently, with ratification of the decision indicated on the website once JCCCGs has made their decision. Or the documents could be uploaded to the website once the decision has been ratified by JCCCGs in line with the timescales and recommendation indicated in the paper presented to the committee. LSCMMG agreed with the recommendation that the website will be updated once decisions are ratified by JCCCGs. **Decision** The committee agreed that the revised timescales were acceptable and acknowledged that the new process was advantageous, eliminating variation across the region.	**AGR/DP**

ITEM	SUMMARY OF DISCUSSION	ACTION
	New timescale for web site update to be adopted by CSU	
2019/182	**Antipsychotic shared-care – update** AGR explained that that there is some disparity between time-periods that monitoring that should be conducted in secondary and primary care as defined in the antipsychotic shared-care guideline and what is happening in practice. AGR presented a paper showing the schedule of monitoring that should take place, splitting responsibility between specialist and General Practitioner. Monitoring is retained by LSCFT for 12-months and prescribing is transferred to primary care at a minimum of 3-months to establish response and tolerability. LSCFT indicated that they would be willing to consult on the proposal that GPs take responsibility for monitoring after 3-months to release specialist capacity. **Discussion** The group discussed the most suitable time periods for hand over to primary care and were mindful of NICE guidance advising that the secondary care team should maintain responsibility for monitoring service users' physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. **Actions** The following actions were agreed to enable the development of a guideline for review by LSCMMG: • CCG representatives to check what monitoring is conducted at annual reviews for patients on antipsychotics and feed back to CSU MMT. • All to consider what the definition of 'stable' means for a patient on antipsychotic medication and feed back to CSU MMT. • All to report on any issues arising in practice when prescribing antipsychotic medication and feed back to CSU MMT. • LMC representative to be contacted to ascertain position of GPs in the region.	**CCG/provider Trusts** **CCG/provider Trusts** **CCG/provider Trusts** **AGR**
2019/183	**LSCMMG – Guidelines Work Plan update** AGR presented the guideline work plan to the group. The development of a breastfeeding guideline has been occurring in the ICS. Within this guideline, drug related sections were identified and initially domperidone when used as a galactogogue was identified as a section requiring LSCMMG input. AGR to liaise with the authors to organise possible shared-care guidance. • The riluzole shared care was identified for update by East Lancashire CCG – particularly the wording for febrile	

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	illness should be the same across all section. • Testosterone shared care needs a slight amendment to state samples should be early, morning fasting. • Diabetes testing strips were identified as requiring guideline to ensure cost effectiveness and consistency. • It has been suggested that amiodarone and dronedarone require shared care guidance – to be reviewed as part of the shared care review work. • Nutrition guidelines post bariatric surgery require review – provision of multivitamins post-surgery for private vs. NHS patients. • Vitamin D position statement requires an update – reinstatement of the treatment flow chart. This will link into the osteoporosis guidelines used in practice. • Antipsychotic depot preparations currently do not have a shared care guideline; it was identified that nurses in primary care have been asked to administer depot injections – depots have variable rag rating to be look into by SR. The group agreed that all the above items were appropriate for inclusion in the work plan.	**AGR**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2019/184	**New NICE Technology Appraisal Guidance for Medicines (September 2019)** AGR presented a paper detailing relevant NICE TAs published in September 2019. TA599, sodium zirconium cyclosilicate for treating hyperkalaemia, was discussed by the group as it has a potentially large cost impact yet is not listed as an excluded high cost drug (therefore remaining in tariff). **Action** The committee requested that the pathway for prescribing and commissioning of the drug be clarified. If primary care is likely to provide the treatment, the LSCMMG need to consider actions to take at a future meeting.	**DJ**
2019/185	**New NHS England medicines commissioning policies (September 2019)** AGR presented a paper detailing relevant NHSE Commissioning Policies, published in September 2019. The paper provided background on the planned NHS to review making statins available direct from pharmacists as part of Long-Term Plan to cut heart disease. Specific details of which statins and dosing have not been published however increased availability of statins over the counter will affect community pharmacists. **Action**	

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	Increased availability of statins to be discussed at SLOG and communication with LPCs to be established.	**BH**
2019/186	**Regional Medicines Optimisation Committees – Outputs** DP confirmed there were not additions to the RMOC workplan for discussion.	
2019/187	**Evidence reviews published by SMC or AWMSG** DP informed the group that ospemifene had been approved by the SMC for the treatment of moderate to severe symptomatic vulvar and vaginal atrophy (VVA) in post-menopausal women who are not candidates for local vaginal oestrogen therapy. DP confirmed that this had previously been reviewed by LSCMMG and was assigned a Black RAG status. It was agreed that the Black RAG status would be retained but would be reviewed if any applications for use were received by the group.	
ITEMS FOR INFORMATION		
2019/188	**Lancashire Care FT Drug and Therapeutic Committee minutes (6th September 2019)** The group noted these minutes.	
AOB		
	BH discussed Pathway Transformation Fund for PCSK9 cholesterol inhibitors proposed by the Academic Health Science Network. The pathway aims to identify patients who may be eligible to receive PCSK9 cholesterol inhibitors according to NICE TA 393 and 394, The work has pharma involvement. BH to scope the impact of the proposal and liaise with the SLOG.	**BH**

Date and time of the next meeting
14th November 2019 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
2019

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 10th October 2019
ACTION SHEET FROM THE MEETING 11TH July				
2019/127	**Slenyto (melatonin)** Joint CSU and LCFT working in terms of producing generic information on melatonin Joint CSU and LCFT working to provide advice on switching of patients and the place of the licensed liquid and Slenyto CSU and LCFT to produce draft guidance for recommend formulary position for each presentation and indication - comprehensive recommendation to be discussed at September's LSCMMG meeting including the jet lag indication. Potential cost implications of each recommendation to be brought to next meeting **September 2019 Update:** Meeting to take place in 1 week, update to the October meeting. **October 2019 update:** Work on guidance in the process of being finalised. It was highlighted that often with the release of a licensed preparation that the MHRA may increase their oversight on the use of unlicensed preparations. Consideration with given to adding high-cost pressures identified at the LSCMMG to the ICS corporate risk register. BH agreed to look at this.	**DP/LCFT** **BH**	**11.07.2019** **10.10.19**	**Open** **Open**
2019/129	**Agomelatine** Shared care principles to be reviewed then suitability of agomelatine's inclusion in a	**AGR/DP**	**11.07.2019**	**Open**

	shared care protocol will be assessed. It is thought 12 patients are currently prescribed Agomelatine, LCFT to review the length of time this cohort have been prescribed agomelatine. In addition, the suitability of this patient cohort for continued prescriptions from a non-specialist setting to be considered alongside the frequency and requirement for medication reviews by LCFT to be reported back to the CSU. If following LCFT findings a Red Rating seems suitable and the LCFT guidance document can be used to support its implementation this will be brought back to the next LSCMMG. Should any other RAG classification be recommended this would result in a further consultation. **September 2019 update:** Work ongoing, one patient approved this year. To feedback at the October meeting The latest LCFT formulary to be circulated, this will be reviewed against LSCMMG's recommendations. **September 2019 update:** LCFT Drugs and Therapeutics committee was on Friday last week. A few small amendments to the formulary were agreed, once actioned the formulary will be shared. **October 2019 update:** DP confirmed that 3 patients had been prescribed agomelatine in the last 12 months. The group queried if shared care was appropriate given the low numbers. SR stated that if the drug was RAG rated Red then stable patients with depression would be retained by secondary care needlessly. The group agreed	**LCFT** **DP** **LCFT / AGR** **DP**	**11.07.2019** **11.07.2019** **11.07.2019** **10.10.2019**	**Open** **Open** **Open** **Open**

	that the RAG status for agomelatine would be consulted on first, with specific feedback sought from the LMC, if the consultation results in an Amber 1 classification a SCG will be developed and be consulted on.			
2019/142	**NHS England Low Priority Prescribing Commissioning Guidance** CSU to email LSCMMG members to scope which trust's use i.e. Ketone blood glucose testing strips and needles. **September 2019 update:** Work on Blood Glucose Testing strips is starting in the EL Health Economy. MLCSU to work with ELMMB to look to produce LSCMMG guidance. **October 2019 update:** Deferred to a following LSCMMG meeting.	**CSU**	**11.07.2019**	**Open**
ACTION SHEET FROM THE MEETING 12TH September				
2019/150	**Ustekinumab (increased dose) New Medicines Assessment** Confirm place in therapy with the specialist and report back to LSCMMG at the next meeting	**DP**	**12.09.2019**	**Open**
	When place in therapy confirmed, update the website with a separate increased dosing entry for ustekinumab with a red RAG status.	**DP**	**12.09.2019**	**Open**
	Bring numbers of patients using increased dosing of ustekinumab entered on Blueteq in six-months' time. **October 2019 update:**	**AGR**	**12.09.2019**	**Closed**
	DP has received some clarification form the applicant regarding place in the pathway. Further information required on this, particularly which other biologics will be used prior to increased dosing becomes an option.	**DP**	**10.10.2019**	**Open**

2019/152	**New medicines workplan** **Request for review of parathyroid hormone** Clarification of appropriate commissioner required before considering a full review. **October 2019 update:** Confirmed that PTH is NHSE commissioned. However, the process required to go through to obtain funding is not clear. DP to contact with specialised commissioning for clarification.	**DP** **DP**	**12.09.19** **10.10.2019**	**Closed** **Open**
2019/153	**OTC policy – update** Policy to be amended in line with recommendations before forwarding to JCCCG for approval. **October update:** It was requested that a newsletter should be circulated to inform members about what has been approved at the JCCCG.	**BH** **BH**	**12.09.2019** **10.10.19**	**Closed** **Open**
AOB	**UK exiting the European Union** Scope availability of protocols from other regions and engage with SLOG members **October 2019 update:** Memorandum of understanding for sharing medicines between providers is in place. Review of the process will be undertaken if needed. EU exit pharmacist in place regionally.	**BH** **BH**	**12.09.2019** **10.10.19**	**Closed** **Closed**
ACTION SHEET FROM THE MEETING 10th October				
2019/177	**Cariprazine for the treatment of schizophrenia in adults** LSCFT to share internal policy or process for approving cariprazine with DP Cariprazine to be added to antipsychotic shared-care guideline and presented for approval at the next meeting	**SR** **DP**	**10.10.19** **10.10.19**	**Open** **Open**

2019/179	**Liothyronine – RMOC review** RAG positions for Liothyronine to be updated on the LSCMMG website. Black RAG status to be added to the NMR for liothyronine review for hypothyroidism and resistant depression.	**AGR** **AGR**	**10.10.2019** **10.10.19**	**Open** **Open**
2019/181	**Website – update – timescales for uploading documents** New timescale for web site update to be adopted by CSU	**AGR/DP**	**10.10.2019**	**Open**
2019/182	**Antipsychotic shared-care – update** CCG representatives to check what monitoring is conducted at annual reviews for patients on antipsychotics and feed back to CSU MMT. All to consider what the definition of 'stable' means for a patient on antipsychotic medication and feed back to CSU MMT. All to report on any issues arising in practice when prescribing antipsychotic medication and feed back to CSU MMT. LMC representative to be contacted to ascertain position of GPs in the region.	**CCG/provider Trusts** **CCG/provider Trusts** **CCG/provider Trusts** **BH**	**10.10.2019** **10.10.2019** **10.10.2019** **10.10.2019**	**Open** **Open** **Open** **Open**
2019/183	**LSCMMG – Guidelines Work Plan update** Identified new guidelines/updates to be added to work plan	**AGR**	**10.10.2019**	**Open**
2019/184	**New NICE Technology Appraisal Guidance for Medicines (September 2019)** Pathway for prescribing and commissioning sodium zirconium cyclosilicate be clarified	**DJ**	**10.10.2019**	**Open**

2019/185	**New NHS England medicines commissioning policies (September 2019)** Increased availability of statins to be discussed at SLOG and communication with LPCs to be established.	**BH**	**10.10.2019**	**Open**
AOB	**Pathway Transformation Fund for PCSK9 cholesterol inhibitors** Scope the impact of the proposal and liaise with the SLOG	**BH**	**10.10.2019**	**Open**