Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 14th July 2022 (via Microsoft Teams)

PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
David Jones (DJ)	Assistant Director of Pharmacy	NHS Lancashire Teaching Hospitals
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacists	Morecambe Bay CCG
Melanie Preston (MP)	Assistant Director – Medicines Optimisation	Blackpool CCG
Mohammed Ahmad (MA)	Assistant Director of Pharmacy Clinical Services	Blackpool Teaching Hospitals NHS Foundation Trust
Sonia Ramdour	Chief Pharmacist	Lancashire and South Cumbria NHS Foundation Trust
Johnathon Boyd		

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2022/110	**Welcome & apologies for absence** Apology from Rebecca Bond, Nicola Baxter, Ana Batista and Lisa Rogan. Johnathan Vaughan is in attendance on behalf of Lisa Rogan.	
2022/111	**Declaration of any other urgent business** None.	
2022/112	**Declarations of interest** None.	
2022/113	**Minutes and action sheet from the last meeting 9th June 2022** The minutes were approved and will be ratified and uploaded.	
2022/114	**Matters arising (not on the agenda)**	

	SUMMARY OF DISCUSSION	ACTION
	Ashley brought an update for RMOC – The guideline for Hydroxychloroquine and Retinopathy have been published along side the 18 shared care protocols. They are all now on the NHS England Website. Awaiting official comms. DMARS for Review- Are we going to consider the RMOC in the consultation. DMARDS on the workplan but FP wanted to highlight this point. AGR said they would consider in the process.	
NEW MEDICINES REVIEWS		
2022/115	**Paliperidone 6 monthly** DP presented to the group. The proposed RAG status is Red as long as the patient meets the criteria for Lancashire Care Guidance for Prescribing and NICE guidance. The concern for this drug is that it is long lasting and can affect patients up to 4 years after which could implicate pregnancy. This was agreed by the group. FP raised that there was previously a historic commissioning pathway for this drug, all historic local places signed up apart from Morecambe Bay. Both FP and SR have tried to pursue but with commissioning and Finance they have not been able to resolve. SR raised that some patient's prescription is being paid for and others are not. While they can still access the drug, the trusts are having to absorb the costs. After discussions SR will continue with her approach of finance-to-finance route. FP/SR to send costing information to BH who will support resolving the issue. **<u>Actions</u>** SR to approach costing issue via finance-to-finance. SR/FP to send BH costing information from other areas and BH will support resolving issue.	**SR** **SR/FP**
2022/116	**New Medicines Review Workplan/ Free of Charge Medicines Schemes** Medicines needing prioritising are: Cenomabate for seizures -Request from LTHT – Added to the work plan for prioritisation. Sativex for Refractory Neuropathic Pain – Request from LTHT - Added to the work plan for prioritisation. Oritavancin for Management of Patients with Skin and Soft Tissue Infections – Request from ELMMB – Already on the work plan, added for prioritisation. Propranolol – Safety investigation due to a patient death due to overdose. Do we need to respond to these alerts via this group to look at RAG rating. Pregabalin – Safety study on pregnancy and possible issues. Do we need to respond via this group to look at RAG rating.	

	SUMMARY OF DISCUSSION	ACTION
	The group discussed the Propranolol and Pregabalin alerts and it was agreed it is not for this group to act on, but for each lead to filter down any information to their place-based staff. However, to take to SLOG and raise the idea of a future medicines safety group that would look at these types of alerts and advice the ICB's on how to action. **Free of Charge Medicines Schemes** This is for 2 drugs, Tralokinumab and Upadacitinib, both for atopic dermatitis in patients who are candidates for systemic therapy. ELMMB had proposals from a drug company for both drugs that in advance of the NICE TA they would provide the drugs free of charge/ minimal cost. Then if NICE said no to the drug they would continue to supply at the low cost, if NICE said yes, they would continue with low cost for 90 days the revert to the negotiated patient access price. Question was is there a policy. The policy we have is linked to the RMOC policy, relevant to this it states that we should only use free of charge schemes if there is an unmet need, but that there is a potential to undermine commissioning and they shouldn't just be used as a pre-NICE. When the guidance was originally made, they drafted guidance that didn't support the drugs where they have now drafted further guidance that states they do support. In this instance as the NICE guidance is imminent, LSCMMG will not make a decision on these drugs but await the guidance. Discussions in the group resulted that there needs to be a consistent approach across the patch and to assess the individual cases against the RMOC guidance. It was agreed that going forward to review the RMOC and PrescQIPP documents to create a form for providers to complete and send to LSCMMG to discuss. **Action** Look at the RMOC and PrescQIPP documents and look to create a form for providers to complete and send to LSCMMG for discussion and decision.	**CSU**
GUIDELINES and INFORMATION LEAFLETS		
2022/117	**PPI Guideline Review – Update** AGR gave an update to the group on the draft guidance. AGR has made no changes as he felt it covered points needed. Items were previously added for CDIF and was felt no other changes needed to be made. After discussions this was approved and will be sent to localities for approval. **Action** AGR to send out document to localities.	**AGR**
2022/118	**Dual RAG Ratings/ICB RAG Positions Review – Update – To Follow** AGR detailed to the group that there was some feedback from on the two separate items, one being the RAG positions review which is all the RAG	

	SUMMARY OF DISCUSSION	ACTION
	positions and where there are big differences between the different areas. The second item is the specific medications that had dual RAG ratings on the website. Looking at all of the RAG positions, East Lans have fed back they are happy that all the positions align except for the items mentioned in the paper which are: Alprostadil, Methotrexate and Solifenacin. Feedback from Central Lancashire was to wait until places are more aligned and due to the lack of feedback it is felt either places feel that they are happy with the alignment or would like to wait a little some more while places become more defined. This is for historical RAG statues as now all decisions will go through one group once this has been set up and confirmed by the ICB. It was asked what the current procedure for drug requests is at the moment. BH explained to the group that the current procedure is if a drug is PBR excluded or is a crossover from primary to secondary care, then it is brought to LSCMMG. The ToR for LSCMMG needs to be revisited and amended in light of the CCG's forming the ICB, but at the moment the previously used guidance applies. After discussions, it was agreed the risk of differing RAG statuses at the moment are minimal and it was felt changing them now and then possibly then having to change them again would create more of a risk. This item will await further outcomes of the new ICB before continuing further. Dual RAG statues There is a dual RAG status for: Methadone, Meltrexone for opioid dependence and Paroxetine and Sertraline. The website is unable to manage differing RAG status so places were asked to feedback where they felt the drug should sit in their local health economies. AGR has received some feedback which was still varied across the area with no response from some. AGR recommended this item is differed back to the other ICB RAG reviews and take that outcome as a whole.	
2022/119	**Vaernicline Position Statement – Update** AGR brought this agenda item. AGR has received some feedback from LSCFT around clarity for the position statement. This has now been updated. AGR has made it as clear as possible to make sure any new patients were ok to start on Bupropion (Zyban®) and that it was a barrier for patients that were already on Vaernicline, in that they should not be switched onto Bupropion, but new patients can have either (which ever is best for them medically). The group agreed and approved the changes made by AGR.	
	Sodium Zirconium Cyclosilicate RAG Consultation AGR discussed this item with the group. It was a condensed consultation. There was a NICE that wasn't very clear, and so the consultation went out with the question on should this become a Red RAG status, with secondary care absorbing the cost as it is not on the high-cost drug list or should it be an Amber 0 status and prescribable in primary care. From the	

	SUMMARY OF DISCUSSION	ACTION
2022/120	feedback one area agreed for it to become a Red drug and remain in secondary care and the other responses were for it becoming an Amber 0 drug. CM voiced her apologies for the delay in her area response and fed back that the GP's in her area would advise the drug to be a Red drug. This bring it to 2 areas requesting Red, 4 areas for Amber 0 and Fylde Cost responding for maybe to both. FP brought that her area reasoning is that it is a small number of patients, and they tend to be complex, and it was felt the GPs were unsure of being competent and confidence in issuing this. The NICE guidance shows it should be available through both primary and secondary but doesn't mention in what route and how to ensure it is safe. FP also voiced that the NICE TA doesn't highlight which indication it is meant for. The TA does state is it useful for the prevention of hypokalaemia in certain patients which would make it quite specialist. Also, if this was available in primary care it is felt there will be a lot of push back in secondary care from primary care as they may feel uncomfortable prescribing. Further discussions felt that these patient would already be being monitored and that NICE have advised it can be prescribed in both primary and secondary care. If there was uncertainty/ lack of confidence around prescribing that possibly issuing a prescribing guide to assist. AGR will look for clarification on monitoring as primary care are pushing back and not comfortable prescribing without further information. DJ/AGR will look for updated data for numbers in primary care. **<u>Actions</u>** AGR to find clarification on monitoring and feed back to the group. AGR/DJ/BH to look at updated data for numbers of patients in primary care. AGR/BH to develop guidance for prescribing and bring back to the group.	**AGR** **AGR/DJ/BH** **AGR/BH**
2022/121	**Amiodarone SCG Addition of Indication: Post Operative Atrial Fibrillation (Post CABG) Consultation** AGR brought this to the group, as another short consultation. This item was around if Post CABG should be added to the care guideline, which everyone agreed that Post CABG should be added to the care guideline. The second question was if the organisation would support the requirement that the provider will supply the initial 6-week course of Amiodarone. This response was mixed with some yes and some maybe responses. Main comments for maybes were a concern for if the 6 week follow up appointment was delayed what would happen to the supply. With this there is a counter point that a change to the wording of the guidance to read that the organisation would prescribe Amiodarone until the follow up appointment. MA would speak to colleagues to confirm this impact on Blackpool area as they would be the most effected. MA felt there may be difficulties with	

	SUMMARY OF DISCUSSION	ACTION
	providing a top up service and asked if there is the possibility of primary care colleague picking this up on occasions. The group agreed that the recommendation to change the wording to read that the organisation would prescribe Amiodarone until the follow up appointment which is usually 6 weeks. MA will feedback to the group the if this is something the trust can facilitate. Then the issue with patients not having a follow up at 6 weeks for what ever reason how they would get the medication. **Actions** AGR to amend the wording to read the organisation will prescribe Amiodarone until the follow up appointment. MA to feed back the trust ability to facilitate this.	**AGR** **MA**
2022/122	**Morphine 120mg Equivalent Position Statement** This was a quick turn around request possibly from CCG leads, AGR has put together a position statement based on current opioid prescribing guidelines as it was felt it was better to include information that had already been approved by LSCMMG as a base. AGR asked the group for guidance on how they would like him to proceed with it. SP raised a question of if a patient is already on 120mg what they would do? CM requested the statement be a bit stronger. With regards to patients already over 120mg it needs to come down which can stay within primary care. Reducing to 120mg has been voiced previously with plenty of guidance on reducing patients. MP has asked for some items to become bold so easier to see in the text and some sentences extended with more information. JV echoed what MP said that 120mg is the maximum does and the aim is lower. And the reduction is very much patients focused not just a letter and reduction. AC voiced agreement with the points made and that the title still is undecided as the group agree not to have the 120mg as the focus. There is a request to put that below the title in bold but not the title. A possible title could be '*High dose Morphine prescribing for chronic pain'* then a possible statement that this should be read in conjunction with LSCMMG guidance, then - it has been noted there a number of patients in the area receiving a higher dose of Morphine than needed. AGR will take away comments and make amendments to the document and bring back in September. **Action** AGR take comments away and make amendments and bring the document back at the next meeting.	**AGR**
2022/123	**Asthma Desktop Guideline**	

	SUMMARY OF DISCUSSION	ACTION
	DP spoke about the shortened guideline; it has been discussed with MP's respiratory group. This version is what may be posted on the website. MP shared with the group some discussions which were had outside of the group to bring this document together. The highlights is that this is a guideline with links to the main guidelines, and that some compromised have to be made but it is felt that the guideline is a good fit. MP offered to share the full comments to the group. The group agreed they were happy with the guideline. The chair advised the group should they have a further interest/ queries in this to contact MP directly.	
2022/124	**Botox for Hyperhidrosis** DP shared that there is some background data. The ask of the group was to produce a guidance on how many times you can use Botox a year per patient. Alongside this was a want to add to the website what additional things primary care people can do to treat Hyperhidrosis before referral to a Botox specialist. The paper was shared to the group before the meeting for members to view. The item that may need further discussion is the statement frequency of admission, it states that most information found shows that it should be administered at the maximum frequency of twice yearly, but more frequent administration would be at the discretion of the specialist and the rational should be clearly documented. This says that the group are saying it should be twice a year, but it could be more. There was an issue with 2 trusts having different wants as one wanted to limit the number of doses and the other wanted to continue to administer more than the twice yearly. The group discussed if they were happy with this statement as is. The group approved this statement.	
2022/125	**Pitolisant for the Treatment of Narcolepsy with or without Cataplexy in Adults** Previously this has been given a Black RAG rating. Mersey have a Red RAG. Solriamfetol was approved by NICE as a third line treatment for Narcolepsy. This resulted in us looking at our guidance which was found to be out of step with Mersey's. As we both looked at the evidence and the specialist's said yes do we need to revisit it? Both reviews were shared to the group before the meeting. There are differences as our standpoint is a detached generalised and theirs is more opinionated. After discussions it was noted that there is a gap in our process as we didn't have a review from the consultant specialist's. The out of area specialist's need to be included in the processes, however in this instance the evidence is the same and there are no actual issues raised by this so it should remain Black. Also, that there are funding request available should it be required.	

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2022/126	**Update Heart Failure Guidelines** Came from looking at our guidelines but were not aware there is a Cardiac Network Failure group in Lancashire and South Cumbria. Once we had created our guidelines, the lead from the group and there were some issues raised. With this is may need to be looked at again. It was voiced it needs to be shared with RC as she is the lead into Cardiac. Our group are here to support and ensuring patients get their medications but equally we won't be supporting anything if there is no evidence. DP raised that the comments came via RC to the group and MP had direct comments. DP will send out information and look to pull both groups together, then will feedback to the group. **<u>Actions</u>** DP to link with RC to get her view on. DP to send out what it would mean to the overall guidance. DP will look to bring both groups together and bring back to this group at a later stage.	**DP** **DP** **DP**
2022/127	**Guidelines Workplan** The accelerated access collaborative have a Lipid Pathway which we have referenced on the website, there has been a request to ratify as a LSCMMG guideline rather than developing one ourselves. This came from Aiden Kirkpatrick's Lipid group; they would like it to be made clear in our guideline that we support it. It has been looked at and it mainly refers to NICE guidance so asking the group if a link can be added to the pathway. This was agreed by the group. **Tofacitinib –** Anomaly with the TA for JIA, for all other JIA meds there is a form to complete transferring from Paed's to adult services as the NICE TA was clear that the commissioning responsibility goes to the CCG and this one does not have a form and the commissioning goes to NHS England. There is requests for a form. AGR is happy to create and put on a form in line with other JIA meds. The group are in agreement for AGR to complete a form. CSU have recently completed the Hydroxychloroquine prescriber information sheet, historically we would go with the SPC information for this. Hydroxychloroquine still recommends an eye test as part of the licencing before starting the drug and there is guidance from the Royal college of ophthalmology stating this is not necessary, but we would normally go with the licencing. Would we different from the SPC where there is evidence from outside of the SPC which would technically make it an unlicenced product. BH raised that as there is a national consensus that is different from the licensing would be comfortable going off licence. CM said she would be comfortable going with the guidance as long as it is noted how it sits with the SPC and that it would be unlicenced. Going forward if it was to come up again it needs to be on an individual case.	

	SUMMARY OF DISCUSSION	ACTION
	This was agreed by the group to go with the guidance outside of SPC and making it clear it could be come unlicensed. AGR will make amendments and bring back to LSCMMG. **Action** AGR to take comments and amend the document. Then to bring back to LSCMMG.	**AGR**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2022/128	**New NICE Technology Appraisal Guidance for Medicines June 2022** **NICE TA792 Filgotinib – For Ulcerative Colitis** Is ICS commissioned, NICE don't recommend and so no cost impact but is Red so will have a BlueTeq form. **NICE TA799 Faricimab – For treating Diabetic Macular Oedema** Is ICS commissioned, AGR is unable to find a price so unbale to advise if there is a cost implication but is Red and will require a BlueTeq form. **NICE TA800 Faricimab – For treating Wet age-related Macular Degeneration** Is ICS commissioned, AGR is unable to find a price so unbale to advise if there is a cost implication but is Red and will require a BlueTeq form.	
2022/129	**New NHS England Medicines Commissioning Policies June 2022** N/A	
2022/130	**Regional Medicines Optimisation Committees – Outputs June 2022** N/A	
2022/131	**Evidence Reviews Published by SMC or AWMSG June 2022**	
ITEMS FOR INFORMATION		
2022/132	**Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee – To Follow** **Abrocitinib for treating moderate-to-severe atopic dermatitis –** NICE info TBC but no interest at the moment. No requests to review at present, if specialist's wanting to use it they will need to submit a request. **Lenvatinib for treating adults with advanced renal cell carcinoma –** NICE have not covered a TA, would possibly come under NHSE so not needing to discuss. **Teriflunomide is licenced for treating paediatric patients aged 10 years and older with relapsing remitting multiple sclerosis –** This	

	SUMMARY OF DISCUSSION	ACTION
	would possibly under NHSE as MS is NHSE, this may change in the future. Not needed to discuss but to be aware of in the future.	

Date and time of next meeting

The next meeting will take place on

Thursday 8th September 2022

9.30am – 11.30am

Microsoft Teams

ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
09.06.2022

ACTION SHEET FROM THE MEETING 09th December 2021				
2021/154	**Ketamine survey results** Ketamine for chronic pain current position to be discussed at November LSCMMG meeting. CSU to work with LTHT to develop mechanism to provide assurance that a new initiation has carefully been considered and all other options exhausted. An MDT approach and proforma capturing rationale and previous treatments plus higher level sign off to be explored. **November 2021 update**: DJ will have internal conversations with pain team, LTH to review and await information back to LSCMMG. **December 2021 update:** Ongoing awaiting feedback **January 2022 update**: Discussed at LSCFT medicines committee, requests received from diabetes wider pain treatments specialist to use Sativex and broaden beyond ketamine and non-pharmacological interventions. MM group to provide evidence for new initiation. DJ suggested there is a criteria and local Blueteq form developed. CSU agreed that a local Blueteq form could be developed once the clinical and review criteria are agreed. **February 2022 update**: Audit delayed due to covid pressures. Focused meeting on ketamine to take place shortly. **March 2022 update:**	**DJ** **DP/DJ**	**Closed** **Open**	**14.10.2021** **14.10.2021**

	DJ has been unable to meet, has had a draft list of criteria, which could be put into local Blueteq. This includes confirming patient has persistent pain, referred to pain management service, has tried long term opiates, has tried other relevant pain management. **April 2022 update:** Not drafted yet, to defer until next meeting. DJ drafted internal Blueteq form, received positively, some suggestions for follow ups so will be completing this and will hopefully be on agenda for next month, will send to DP/AGR. **June 2022 update:** DP to circulate form from DJ and will bring back to next meeting. **July 2022 update:** DP had feedback from one from East Lancashire Trust and this was they have no comment. After discussions AGR to draft a Blueteq form and DP/BH to draft RAG position wording and bring back to the next meeting.	**DJ** **AGR/DJ** **DP** **AGR/BH/DP/DJ**	**Open** **Open** **Open** **Open**	**10.03.2022** **14.04.2022** **09.06.2022** **14.07.2022**
2021/205	**Dual RAG ratings on LSCMMG website** CCGs to review the dual rag ratings for Methadone, Naltrexone, Paroxetine and Sertraline and feed back to AGR **January 2022 update:** Deferred **February 2022 update:** AGR to send last paper presented to the group with a request for responses. To present at the March meeting. **March 2022 update:** AGR apologised as has not sent papers, to send round and will be added to April's agenda. **April 2022 update:** Item on agenda around intention is to have discussions	**CCG leads**	**Open**	**09.12.2021**

	around where there are different RAG ratings in different health economies, with a view to bring dual RAG ratings to the next meeting. **May 2022 update:** Discussions had amongst the team, there is another piece of work ongoing relating to RAG statuses across the patch. It was verbally agreed to put the two items of work together. **June 2022 update:** If members can look at dual RAG ratings and differing RAG ratings across Lancashire. CSU will circulate the list of RAG ratings from December and April. **July 2022 update:** On the agenda.	**CSU** **CSU** **CSU** **CSU**	**Open** **Open** **Open** **Closed**	**14.04.2022** **12.05.2022** **09.06.2022** **14.07.2022**
2021/206	**Oxygen for cluster headache – update** AGR is to engage with neurology service to discuss advice and guidance for Oxygen for cluster headaches. **January 2022 update:** Deferred **February 2022 update:** Deferred, to be considered at the March meeting. **March update 2022:** AGR has engaged with Mersey, one of the seniors has been off for a while due to a bereavement. AGR will get back in touch and will bring update to the next meeting. **April 2022 update:** Managed to get in touch with the person at Mersey, formulary information, is more of a practical guide to obtain it, needs some more work to look into it and look to bring full update to the next meeting. **May 2022 update:** Ongoing, AGR will look to bring update for this urgently. **June 2022 update:** Will bring to July's meeting. **July 2022 update:** Linking in with local specialists as other route was not making	**AGR** **AGR** **AGR** **AGR**	**Open** **Open** **Open** **Open**	**09.12.2021** **14.04.2022** **12.05.2022** **09.06.2022** **14.07.2022**

	progress. Will update at September's meeting.			
ACTION SHEET FROM THE MEETING 13th January 2022				
2022/006	**Testosterone (transdermal) for postmenopausal women** Shared Care guidance and patient information leaflet to be developed for Testosterone (transdermal) for postmenopausal women. **February 2022 update:** Working ongoing for SCG. DP to engage with specialists to check feasibility of Amber 1 RAG rating. **March 2022 update:** Ongoing, have had good responses. Will update at the next meeting. **April 2022 update:** Feedback received from LTH and Morecombe Bay Hospitals. Replies are not definitive on what s required, need a meeting to look into further, not quite ready to bring to the group, is taking longer as it is no longer a licenced product, should be ready to bring to next meeting. **May 2022 update:** On the agenda. **June 2022 update:** On agenda.	**DP** **DP** **DP** **DP** **AG**	**Closed** **Closed** **Closed** **Closed** **Closed**	**13.01.2022** **13.02.2022** **13.03.2022** **14.04.2022** **09.06.2022**
ACTION SHEET FROM THE MEETING 10th February 2022				
2022/020	**Oral glycopyrronium spend** Liaise with secondary care to collect glycopyrronium usage data and combine with primary care data. **March 2022 update:** DP asked for data from trusts on use, DJ has got back but has not received from other trusts. If you have this data, please send to DP. **April 2022 update:** Have received some information but not able to present at this meeting, still awaiting more responses. A reminder is to be sent out to	**DP** **DP**	**Closed** **Closed**	**10.2.2022** **14.04.2022**

	those who have not responded and feed back to next meeting. **May 2022 update:** DP has sent data from 3 trusts, is awaiting data from Blackpool. Seems so far to be a majority prefer the same drug and is the least expensive of them. It was agreed that specific preparations should not be listed on web site. **June 2022 update:** Closed as preparation was agreed not needed to list.	**DP**	**Closed**	**09.06.2022**
2022/024	**PPI guideline review** Re-consult, sending updated guideline to consultees. **March 2022 update:** Guidance sent out, should be back ready for next meeting. **April 2022 update:** Is on agenda **May 2022 update:** Decided at the April meeting to review PrescQIPP and LSCMMG draft guidance and provide summary of differences – work ongoing to be presented at the June meeting. **June 2022 update:** other areas were prioritised for inclusion in the agenda, work ongoing to be presented at the June meeting. **July 2022 update:** On the agenda.	**AGR** **AGR** **AGR** **AGR**	**Closed** **Closed** **Open** **Open** **Closed**	**10.2.2022** **14.04.2022** **12.05.2022** **09.06.2022** **14.07.2022**
ACTION SHEET FROM THE MEETING 11th March 2022				
2022/040	**Progesterone (Utrogestan) for HRT** Mark as Green on RAG rating and continue with commissioning committee meeting. Do a piece of work around what products are available and bring up on a future agenda. **April 2022 update:**	**CSU** **CSU**	**Closed** **Closed**	**11.03.2022** **14.04.2022**

	Due to go to the next SCC. **May 2022 update:** Reports show low level usage, update relevant information. **June 2022 update:** Going to SCC today, then will be closed.	**CSU**	**Closed**	**09.06.2022**
2022/042	**Fidaxomicin** DP to look at entry and see what needs to be updated by LCSMMG. **April 2022** Old position is on website following a full review in second relapse, now NICE updated guidance stating can use second line in first incidence with C DiFF, website is out of step with NICE. Bring a proposed RAG rating to the next meeting. Action to bring discussions with CCG leads around supply and how it would work and then also bring to SLOG to discuss RAG status and linking in with microbiology and then bring this back to future meeting at LSCMMG. **June 2022 update:** Was taken to SLOG, differing views, returning to SLOG today, closed at LSCMMG unless SLOG decide otherwise.	**DP** **DP**	**Closed** **Closed**	**14.04.22** **09.06.22**
2022/043	**Menopause guideline – additional product information options** Create a table with £'s to indicate cost's without indicating price and make it clear that progesterone at the bottom may be used as a secondary agent and bring to a subsequent meeting. Also, to add some links to the Menopause society guidelines. Once agreed this needs to be circulated to consultants. **April 2022 update:**			

	Work ongoing, trying to keep up with the prices and product availability, looking for a semi-automatic guide. Will update at next meeting. **May 2022 update:** Technical piece of work may take some time to complete but once done will be applicable to other areas of guidance. Ongoing, further update to be presented at the June meeting. **June 2022 update:** Guidance for website to track cost, AG meeting website team next week to get it added onto update. **July 2022 update:** Meeting with design team this week for application to the website.	**AGR** **AGR** **AGR** **AGR**	**Open** **Open** **Open** **Open**	**14.04.2022** **12.05.2022** **09.06.2022** **14.07.2022**
2022/044	**Environmental impact policy – Scope** To work on the policy further as described and link in with other areas of the ICS to collaborate. **April 2022 update:** Work is ongoing. **May 2022 update:** Work ongoing, to bring provisional amendments to LSCMMG front sheets at the June meeting. **June 2022 update:** Work still ongoing, update at July's meeting. **July 2022 update:** Re-scheduled for September as this will tie in with Website.	**AGR** **AGR** **AGR** **AGR**	**Open** **Open** **Open** **Open**	**14.04.2022** **12.05.2022** **09.06.2022** **14.07.2022**
ACTION SHEET FROM THE MEETING 14th April 2022				
2022/057	**Trimbow NEXThaler for COPD** Review accepted by the group – paper to be presented at SCC.	**DP**	**Closed**	**14.04.2022**

	May 2022 update: Still awaiting ratification at SCC, to provide further update at the June meeting. **June 2022 update:** Went to last SCC, they were not quorate, was approved but will be ratified today.	**DP**	**Closed**	**09.06.2022**
2022/058	**New Medicines Work Plan** **Cationorm eye drops-** LR will send docs to DP and will look alongside other dry eye products and pull together into one piece of work.	**DP/LR**	**Open**	**14.04.2022**
	June 2022 update: Agreed to put onto work plan, can close.	**DP/LR**	**Closed**	**09.06.2022**
	Paliperidone palmitate 6 monthly injections- Complete an abbreviated summary on the drug as is a new preparation of an existing drug.	**DP**	**Open**	**14.04.2022**
	May 2022 update: DP has paperwork from Lancashire and will put this into the work plan.	**DP**	**Open**	**14.04.2022**
	June 2022 update: Was reviewed and will be going out for consultation.	**DP**	**Open**	**09.06.2022**
	July 2022 update: Is on the agenda.	**DP**	**Open**	**14.07.2022**
	Infliximab s.c.- DP to look into frequency of use and add to work plan.	**CCG Leads**	**Open**	**14.04.2022**
	May 2022 update: Is on the work plan.	**DP**	**Open**	**12.05.2022**
	June 2022 update: Will give update on work plan.	**DP**	**Closed**	**09.06.2022**
	July 2022 update: Due for a review imminently.	**DP**	**Closed**	**14.07.2022**
	Rifaximin- Trusts check with gastro and see if there is more wanting to use or specialist			

	patient use or wide issue. Bring to next meeting. **May 2022 update:** Added to the workplan. **June 2022 update:** No requests for it. Closed. **July 2022 update:** Ongoing work.	**DP** **DP** **DP**	**Open** **Closed** **Closed**	**12.05.2022** **09.06.2022** **14.07.2022**
2022/059	**LSCMMG ICB RAG position review** Members to check first tab and report any discrepancies they see to CSU by the end of next week. CSU will then engage with clinical specialists in required areas for discussions around differing RAG positions. **June 2022 update:** Combine this action with action 2021/205 on action table. Members to review the 3rd tab with a view to adopting positions that were currently not showing a CCG RAG position and aligning RAG positions wherever possible **May 2022 update:** Some responses received from health economies, all responses to be received by 3rd June 2022. **June 2022 update:** Merge with action 2021/205. **July 2022 update:** On the agenda with 205.	**Group Members/ CSU** **CSU** **Group Members** **CSU** **CSU**	**Open** **Closed** **Open** **Closed** **Closed**	**14.04.2022** **09.06.2022** **14.04.2022** **09.06.2022** **14.07.2022**
2022/060	**Primary care PPI review guideline** Look into the link from PrescQIPP and NICE and bring a summary of evidence for PPI use with C. Difficile infection back to group for clarifications. **May 2022 update:**	**CSU/ PT/AG**	**Open**	**14.04.2022**

	To be presented at the June meeting. **June 2022 update:** Bringing to Julys meeting. **July 2022 update:** On the agenda.	 **AGR** **AGR**	 **Open** **Closed**	 **09.06.2022** **14.07.2022**
2022/061	**Sodium Oxybate and Solriamfetol place in therapy** DP to engage with Mersey and see if we can work towards an aligned pathway, mindful that Lancashire and South Cumbria have assigned pitolisant a Black RAG rating. **May 2022 update:** Work ongoing, update to be presented at the June meeting. **June 2022 update:** Compare Mersey and L&SC reviews of pitolisant and bring to next meeting. **July 2022 update:** On the agenda.	 **DP** **DP** **DP/BH** **DP/BH**	 **Open** **Open** **Open** **Closed**	 **14.04.2022** **12.05.2022** **09.06.2022** **14.07.2022**
2022/062	**Botox activity per clinical area** Meet with Trusts and their specialities to source more detailed information on usage of Botox. **May 2022 update:** Still awaiting data, DP and AGR to check emails for responses. **June 2022 update:** All data is now in, bring back paper with details of number of doses to be used each year. **July 2022 update:** On the agenda.	 **CSU** **CSU** **CSU** **CSU**	 **Open** **Open** **Open** **Closed**	 **14.04.2022** **12.05.2022** **09.06.2022** **14.07.2022**
2022/063	**Asthma Treatment Guideline for Adults (aged 17 and over)**	**DP**	**Open**	**14.04.2022**

	DP and colleagues to revise guideline in line with consultation comments and then publish on web site. A condensed form of the guideline to be produced on one or two pages and added to agenda for discussion at future LSCMMG meeting. **May 2022 update:** Ongoing piece of work, further update to be presented at the June meeting. **June 2022 update:** Ongoing, DP to meet with SA and MP. **July 2022 update:** On the agenda.	**DP** **DP** **DP**	**Open** **Open** **Closed**	**12.05.2022** **09.06.2022** **14.07.2022**
2022/065	**New NICE Technology Appraisal Guidance for Medicines February 2022** Bring guidance back to group for Empagliflozin adapting guidance for Dapagliflozin. Also look at Diabetes growth and the costs and look at growth of Flash against test strip usage. Have conversations with nephrologists to see how Dapagliflozin will be initiated in patients without diabetes. **June 2022 update:** Ongoing, LTH renal team would like it to have a Green RAG status. DP to link in with DJ. **July 2022 update:** Empagliflozin and Dapagliflozin have been added to the guideline. Flash guidance will be brought to another meeting due to pricing and needing further work.	**DP** **DP** **DP**	**Open** **Open** **Open**	**14.04.2022** **09.06.2022** **14.07.2022**

2022/075	**Tapentadol MR as a treatment option for the management of neuropathic pain in palliative care** DP to liaise with AGR who will discuss with the NWC SCN palliative care group. **June 2022 update:** Ongoing. **July 2022 update:** With the palliative care team, they are taking it to a clinical network group and feedback to AGR. Taking item to SLOG to appoint a lead.	**DP** **DP/AGR** **DP/AGR**	**Open** **Open** **Open**	**12.05.2022** **09.06.2022** **14.07.2022**
2022/076	**New Medicines Review Workplan** DP to look review previous agreements made by LSCMMG for consideration for free of charge drug schemes. **June 2022 update:** On work plan.	**DP**	**Closed**	**12.05.2022**
2022/077	**Testosterone Shared Care Guideline, female sexual dysfunction** AGR to adjust the guideline as discussed. To be brought back and reviewed by the group once complete. **June 2022 update:** On the agenda	**AGR**	**Closed**	**12.05.2022**
2022/078	**Varenicline Position Statement- Update** SR would speak to service members and feed back to AGR for amendments to the document. **June 2022 update:** Will bring information back for approval. **July 2022 update:** On the agenda.	**SR/AGR** **AGR** **AGR**	**Open** **Open** **Closed**	**12.05.2022** **09.06.2022** **14.07.2022**
2022/079	**Amiodarone SCG CABG – Scope**			

	Consult on the proposal for 6/52 supply from secondary care initially and a proposed RAG rating for the use of amiodarone post CABG. **June 2022 update:** Out for consultation. **July 2022 update:** On the agenda.	**AGR** **AGR** **AGR**	**Closed** **Closed** **Closed**	**12.05.2022** **09.06.2022** **14.07.2022**
2022/080	**Feedback from Liothyronine Meeting** Send comments to AGR by June 3rd. AGR to then bring back to LSCMMG for ratification at the next meeting. **June 2022 update:** On the agenda.	**LSCMMG Members/ AGR**	**Closed**	**12.05.2022**
2022/081	**Sodium Zirconium Cyclosilicate and Palforzia** AGR to scope a recharge mechanism for Palforzia. RAG rating for sodium zirconium cyclosilicate to be consulted on. **June 2022 update:** Out for consultation.	**AGR** **AGR** **AGR**	**Closed** **Closed** **Closed**	**12.05.2022** **12.05.2022** **09.06.2022**
2022/082	**Axial Spondylarthritis Pathway** Amended pathway to be updated on the LSCMMG website associated Blueteq forms to be reviewed in line with new pathway. **June 2022 update:** Blueteq forms in the process of being finalised. **July 2022 update:** Still with AGR, will be completed soon.	**DP / AGR** **DP/AGR** **AGR**	**Open** **Open** **Open**	**12.05.2022** **09.06.2022** **14.07.2022**
2022/083	**Asthma – Short Guide** Members to share with clinicians and bring comments back to DP.	**LSCMMG Members**	**Closed**	**12.05.2022**

	DP to then make any amendments to the guide and bring back to a future LSCMMG meeting. **June 2022 update:** To be merged with 2022/063.	**DP** **DP**	**Closed** **Closed**	**12.05.2022** **09.06.2022**
2022/084	**Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure (HFrEF)** Amended Guideline to be updated on the LSCMMG website. **June 2022 update:** Actioned.	**DP** **DP**	**Closed** **Closed**	**12.05.2022** **09.06.2022**
ACTION SHEET FROM THE MEETING 09TH June 2022				
2022/096	**Ryaltris nasal spray for the treatment of moderate to severe seasonal and perennial allergic rhinitis.** Re-consult the review of Ryaltris, adding details of current treatment options. DJ to link in with specialist for expert opinion and examples of Dymista use in practice. **July 2022 update:** DP to send out for re-consultation once enough information has been collected along with the Dymista review hopefully in September. DJ not received response from colleague.	**DP** **DJ** **DP**	**Open** **Open** **Open**	**09.06.2022** **09.06.2022** **14.07.2022**
2022/097	**New Medicines Review Workplan** Infliximab and Vedolizumab s.c versions to be reviewed first, then increased dosing to be reviewed separately – reviews to be added to workplan. Gastroenterology high-cost drug pathway to be updated in response to review outcomes. Efmody to be added to workplan.	**DP**	**Open**	**09.06.2022**

	July 2022 update: On the workplan.	**DP**	**Closed**	**14.07.2022**
2022/098	**Testosterone Shared Care Guidance - Update** AGR will continue with clinical appropriateness and look to define who would fit as specialist. Leads are to take back and look at implementing from a commissioning point of view and how to commission the service to make it available to patients. **July 2022 update:** Have had feedback, there are a lot of differences between where patients are getting in. Still waiting on further information, may need more time to address further. Sing off shared care with a health warning. Work with ICB leads for health warning. Then further work to look outside of this group within the ICS looking for commissioning pathways. Circulate health warning wording to be agreed then have chair approval before issue.	**AGR** **Group Members/ Leads** **AGR**	**Open** **Open** **Open**	**09.06.2022** **09.06.2022** **14.07.2022**
2022/103	**Update to the Lancashire and South Cumbria Continuous Glucose Monitoring Policy** DP to share new policy and estimate of cost with the group. **July 2022 update:** Covered costing in earlier action.	**DP** **DP**	**Open** **Closed**	**09.06.2022** **14.07.2022**
2022/105	**New NICE Technology Appraisal Guidance for Medicines May 2022** TA788 Avelumab: AGR to contact acute trusts for their position on the proposed RAG status. **July 2022 update:**	**AGR**	**Open**	**09.06.2022**

	Secondary provider so Red RAG.	**AGR**	**Closed**	**14.07.2022**
2022/108	**Evidence Reviews Published by SMC or AWMSG May 2022** DP will look into course and costing of Oritavancin. Acute trust colleagues to discuss desire for Oritavancin use with microbiology members and feed back to DP. **July 2022 update:** Members do want Oritavancin looked at so has been added to the work plan.	**DP** **Group Members** **DP**	**Open** **Open** **Closed**	**09.06.2022** **09.06.2022** **14.07.2022**
ACTION SHEET FROM THE MEETING 14TH JULY 2022				
2022/115	**Paliperidone 6 monthly** SR to approach costing issue via finance-to-finance. SR/FP to send BH costing information from other areas and BH will support resolving issue.	**SR** **SR/FP**	**Open** **Open**	**14.07.2022** **14.07.2022**
2022/116	**Free of Charge Medicines Schemes** Look at the RMOC and PrescQIPP documents and look to create a form for providers to complete and send to LSCMMG for discussion and decision.	**CSU**	**Open**	**14.07.2022**
2022/117	**PPI Guideline Review – Update** AGR to send out document to localities.	**AGR**	**Open**	**14.07.2022**
2022/120	**Sodium Zirconium Cyclosilicate RAG Consultation** AGR to find clarification on monitoring and feed back to the group. AGR/DJ/BH to look at updated data for numbers of patients in primary care.	**AGR** **AGR/DJ/BH**	**Open** **Open**	**14.07.2022** **14.07.2022**

	AGR/BH to develop guidance for prescribing and bring back to the group.	**AGR/BH**	**Open**	**14.07.2022**
2022/121	**Amiodarone SCG Addition of Indication: Post Operative Atrial Fibrillation (Post CABG) Consultation** AGR to amend the wording to read the organisation will prescribe Amiodarone until the follow up appointment. MA to feed back the trust ability to facilitate this.	**AGR** **MA**	**Open** **Open**	**14.07.2022** **14.07.2022**
2022/122	**Morphine 120mg Equivalent Position Statement** AGR take comments away and make amendments and bring the document back at the next meeting.	**AGR**	**Open**	**14.07.2022**
2022/126	**Update Heart Failure Guidelines** DP to link with RC to get her view on. DP to send out what it would mean to the overall guidance. DP will look to bring both groups together and bring back to this group at a later stage.	**DP** **DP** **DP**	**Open** **Open** **Open**	**14.07.2022** **14.07.2022** **14.07.2022**
2022/127	**Guidelines Workplan** AGR to take comments and amend the document. Then to bring back to LSCMMG.	**AGR**	**Open**	**14.07.2022**