Lancashire & South Cumbria Medicines Management Group

NHS Midlands and Lancashire Commissioning Support Unit

Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting Thursday 8th September 2022 (via Microsoft Teams)

PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Andy White (AW)	Chief Pharmacist	Lancashire and South Cumbria ICS
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston, NHS Chorley and South Ribble
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
Mohammed Ahmad (MA)	Assistant Director of Pharmacy Clinical Services	Blackpool Teaching Hospitals NHS Foundation Trust
Ashley Marsden (AM)	Pharmacist	North Med's Information Centre SPS
Ana Batista (AB)	Medicines Information Pharmacist	East Lancashire Health Trust
Nicola Baxter (NB)	Head of Medicines	West Lancashire
Melanie Preston (MP)	Head of Medicines	Fylde Coast
Lisa Rogan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	Lancashire and Blackburn with Darwin
Lisa Ainsworth	Lead Pharmacist for Central West Lancashire	Lancashire South Cumbria Foundation Trust

IN ATTENDANCE:

David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Dr Sam Donaldson (SD)	GP trainee	Medicines Management Group Blackpool
Emily Broadhurst (EB)	Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2022/133	**Welcome & apologies for absence** Apology from Sonia Ramdour who has sent Lisa Ainsworth in her place, Faye Prescot and Brent Horrell. Also in attendance was Dr Sam Donaldson who is observing while on 'CCG' (Place) placement for primary care training.	
2022/134	**Declaration of any other urgent business** None.	
2022/135	**Declarations of interest** None.	
2022/136	**Minutes and action sheet from the last meeting 14th July 2022** The minutes were approved and will be ratified and uploaded.	
2022/137	**Matters arising (not on the agenda)**	
NEW MEDICINES REVIEWS		
2022/138	**Ryaltris nasal spray for the treatment of symptoms of moderate to severe seasonal and perennial allergic rhinitis (re-consultation)** Identified through horizon scanning, it is similar to Dymista. Dymista was previously reviewed, and it was assigned a Black RAG rating. Ryaltris is a mixture of a nasal steroid and antihistamine to treat symptoms of moderate to severe seasonal and perennial allergic rhinitis. There would be a potential financial impact if the product is approved, if current patients are switched from Dymista currently prescribed there could be a saving of £6,600. Alternative treatment its between 2-6 times more expensive. No estimate how many patients are purchasing OTC and could potentially transfer to a prescription for Ryaltris was presented. The review proposed a Green (restricted) RAG rating for Ryaltris. The consultation responses received proposed a mix of Green (restricted) and Amber 0 RAG ratings. DP felt there evidence of efficacy but there is no direct comparison with the two separate components used in combination. The British Society of Allergy and Clinical Immunology supports combination therapy, and this aligns with the NICE Clinical Knowledge Summary for rhinitis. Members who had not been able to submit a response were asked if they would like to offer one at this meeting. CM gave her response as their area didn't meet in August, the responses she has had from GP colleagues was to support Green (restricted). LR echoed what CM said about not meeting in August so didn't have a decision and asked for longer to consult on. LR asked for clarity as in the papers it said that the British Society of Allergy and Clinical Immunology supports the prescribing of alternative therapies but also recommend Dymista, LR asked for clarity on if they are agreed on	

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	Dymista or Ryaltris. DP clarified that only Dymista was available when the Society wrote their guideline, and a safe assumption is that Dymista is the same as Ryaltris. The chair asked if there was any clinical value over the combination therapies, DP stated at this time there is no clear clinical evidence. MP commented that combination devices could making treatment easier for patients. While it was acknowledged that the evidence for combination treatment may not be available to demonstrate superiority over separate component treatment, there appears to be some specialists wishing to treat a cohort of patients with more severe symptoms that do benefit from combined treatment. LR brought up that it is important that primary care are aware of any positive RAG rating as this may lead to increase in GP attendances. The group agreed that if we accepted Ryaltris, Dymista should also be accepted unless difference in pricing of the products was significant. AW asked is the current spend on antihistamines was known as this could be used to calculate any potential impact of Ryaltris provision. LR commented that accepting r Green (restricted) RAG rating for Ryaltris could set a precedent other combination products. After further discussions it was agreed that the group would like to see an additional estimation of the cost impact and any other further implications of the Green Restricted RAG rating before finalizing a position. <u>Action</u> DP to estimate cost impact of Ryaltris using current antihistamine and nasal steroid prescribing patterns alongside estimated rhinitis incidence data as a basis of the calculation.	**DP**
2022/139	**Mexiletine for ventricular arrhythmias** This came as a request from Blackpool Teaching Hospitals as there is now a licensed product available. Mexiletine was previously available via the hospital but as a licensed product has become available, the Red RAG rating could potentially be revised to allow supply in Primary Care. The estimated cost impact of providing the drug by Primary Care would be between £44,700 - £4.3 million a year, due to a high drug tariff cost for the drug. Pan Mersey still have the product as Red RAG, and GM have no listing. The proposed RAG rating is to stay as Red, and the comments back were divided. Provider trusts are requesting it to be Amber 0 or Amber 1, and Primary care response was that it should be a Red RAG rating. From the evidence presented, this is a niche treatment that clinicians would like to keep using. The question is not if they should keep using it but where it can be used. AW gave the status for GM as Red, and CM also said their late response was for Red also. Most areas agreed that their feedback was for Red, however AB told the group this had been requested for Amber 0 or Amber 0 and that this had been agreed in her area. The group discussed this and the condition, even though the condition is high risk, the drug itself is not. AW said that if the commercial agreement could be agreed for primary care so possibly would be viable but if that couldn't be agreed it should remain in secondary care. AB raised in conversations prior about this is that the dose would not change for the patients when in	

	SUMMARY OF DISCUSSION	ACTION
	primary care, it would only be changed by secondary care. DJ said that that they had a small amount of use and they have been issuing some unlicensed preparations which could dry up now due to there being a licensed preparation. The group were divided, LR asked if there was any prescribing of this in primary care already. LR mentioned to look at further across the country, is there already shared care agreement or would there need to be one created if the drug is made Amber. MP agreed with LR's comments and raised possibly an information sheet could go with the drug in the future but at present more information would be needed to make a decision. The chair raised that it is the condition that looks difficult, but the drug is not new. DJ offered to prescribe and make the drug Red subject to change in 12months time when the data would be further available. The chair agreed but would request to link in with RB to see if patients are heading to specialist cardiologist or are they going to local cardiologists. The proposal is to go to Red for 12 months then look to review when more data available. The to look to the specialist to help with creating the shared care document. <u>Action</u> DP to investigate costings further.	**DP**
2022/140	**Vedolizumab s/c and Infliximab s/c gastroenterology** Both drugs currently used as IV, but there are now a subcutaneous preparation available for use in gastroenterology. There was a request from East Lancashire Teaching hospital for both. They are similar in cost to IV versions. All consultations came back as Red RAG status recommendation. No further comments from the group, a Red RAG rating was supported. Documents to be prepared for ratifying committee with proposed Red RAG rating for both drugs.	**DP**
2022/141	**New Medicines Review workplan** One drug is on hold - Oritavancin for infections. DP is still awaiting for East Lancashire antibiotic committee to get back to him. To be prioritized was Tolvaptan for SIADH in patients not requiring chemotherapy. This has been requested by Blackpool Teaching Hospitals Trust. The group agreed to priorities for review. The currently prioritized drugs for dry eyes are Thealoz Duo and Cationorm eye drops – DP asked if the drugs should continue to be prioritized as they potentially could form part of a dry eye formulary. LR raised in her locality they have a dry eye formulary, and it has helped them with these issues and others such as keeping costs down. After more discussions the chair concluded that the discussion was heading towards having a dry eye formulary and linking in with the Ophthalmology network for discussions on what drugs get Black, restricted, not available to patients and why.	

	SUMMARY OF DISCUSSION	ACTION
	It was agreed that instead of DP looking at two drugs, members thinking about the formulary discussion and if there is going to be one formulary across the whole ICB, and then look at developing a dry eye formulary. DP then raised the question on Cenomabate. It was prioritized but DP was unsure why and wanted clarification from the group. The request came from Lancashire Care, possibly due to it being a Red drug and to look at it becoming an Amber drug. No-one was able to contribute so the chair advised DP further to investigate the origin of the request.	
GUIDELINES and INFORMATION LEAFLETS		
2022/142	**Atrial Fibrillation Pathway** The AF pathway was developed by a group of specialists from, Primary and Secondary care. It is an update to the current guideline and has brought it in line with the new NICE clinical guideline. It has also been updated with things like SPC changes and the NHS England procurement contract for DOACs. Consultation comments were received: two agreed with the updates, there were a detailed comments from Pennine region and these comments were presented in the paper presented to the group for review. The one section that the CSU accepted should be changed was the section on assessment for stroke risk. DP suggested alternative wording which was agreed at the meeting. AW raised that it has been hard in GM to get patients swapped from Apixaban to Edoxaban and wanted to know the likelihood of a switch. DP responded that the guideline is intended for initiation not for switching. Additional documents to support a switching effort are available on the LSCMMG web site. LR asked to further consult on the document in the Pennine locality. AC asked for comments to be provided within the next two weeks with a view the document then being approved as chair's action. All members agreed. <u>Action</u> LR to take guideline back to colleagues for comment and then return to CSU for consideration before AC considers for chair's action to approve.	**LR/CSU/ AC**
2022/143	**Asthma desktop guide, minor update** The previously produced guidelines listed three of the four types of inhalers that are listed in the full guideline. The proposed update has got Fobumix Easyhaler added to ensure consistency with the full guideline. It was additionally noted that Trimbow is listed in the full guidance but has not been assigned a RAG rating – DP requested that this be considered alongside the presented update. The proposal was to assign Trimbow a Green (restricted) RAG rating in line with Enerzair. It is similar cost. AC asked MP for her views as she feeds into the respiratory group. MP agreed that the evidence for Trimbow is consistent with Enerzair, however	

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	requested to discuss with Sharon Andrew (SA) to ensure all criteria are considered before fully supporting an update. AC and the group supported the proposed addition of Fobumix Easyhaler to the desktop guideline. The group agreed that MP should further discuss the RAG rating of Trimbow with SA and report back to the next LSCMMG meeting. <u>Action</u> MP to further discuss the RAG rating of Trimbow with SA and report back to the next LSCMMG meeting.	**MP**
2022/144	**DMARD shared care – RMOC template adoption – done** There was an action from the Place Leads Meeting for LSCMMG to consider adopting the national shared care protocols which are known as the RMOC shared care protocols. As a group, LSCMMG has reviewed this previously last summer and there were approximately six reviews of all the different RMOC shared care documents against LSCMMG's documents. At the time it was felt it would be best to maintain our own documents. AGR has reviewed the request and considered the information submitted to the group last summer and the published documents, AGR provided an example document in appendix 1. AGR confirmed that they do look very similar clinically to LSCMMG's documents. It is important to note that they would be amended locally so there is some room for minimal changes to fit local pathways and ways of working. They will also need local approval so would need to be reviewed and agreed locally. AGR put last summer's finding in appendix two. The clinical content for the LSCMMG shared care agreements has already been updated and there is the interim expiry placed on the DMARD check until December, so AGR is still working towards that time frame at the moment. AGR asked the group for guidance on the following: 1) does the group want to consider adopting the national shared care protocols for DMARDs and 2) does the group want to consider adopting the national shared care protocols for all of the shared care medicines. There are some conversations in local areas around adopting the national shared care documents also. The meetings recently had with secondary care hinted that they would rather keep the existing LSCMMG and shared care guidelines which is important to consider. AC raised that there are lots of conversations and changes to how things are decided across the ICB, and it is unclear if these national protocols 'need' to be adapted. AC also raised the idea of having this conversation at SLOG rather than at this meeting with no disrespect to members of LSCMMG. AW offered to give insight as to why GM are going out for consultation on this to which AC welcomed. AW explained that GM felt it is done nationally why not do it locally as well. With the do it once and do it well strategy as well as it not being left to update locally but it would be done by national	

	SUMMARY OF DISCUSSION	ACTION
	bodies instead. It would also help with cross-border patients. This would also not be without its problems as there are a large number of shared care protocols that are not in the national guidelines so GM could end up with the national protocols and then all of their legacy ones that would need to be adapted and changed. AC came in with some comments. He raised that the first point AW said about doing it once and doing it well, one of the worries the group had was how well it had been done in the first place. Not being able to see the evidence that comes though and everything that comes through as well leads to a lowering of confidence in the process's things have gone through. This will evolve with time it is thought and become more open. CM brought a point from Morecambe Bay with FP being absent, was that there have been issues with DMARD shared care. This was really around roles and given the geography and how rural the area is, and responsibilities defined in the LSCMMG shared care agreement. CM asked if AS could expand on this point. AC suggested waiting to see what comes from conversations with SLOG, and then also looking at things again. AS stated, that UHMB would not mind which ones are adopted as long as there is time to adapt the service and is keen that whatever they are doing is done quickly due to already having to extend the expiry dates. She is getting a lot of complaints and requests for individual reviews of these so feels that whatever is done it needs to be done quickly. LR also gave her view and stated she would be happy to adopt national ones to relieve pressure in local systems, but it is important that the national groups do the full job. AC agreed and summarized. The group agree defer to SLOG for further discussion, taking on board comments from AS that any resolution would need to be expedited. <u>Action</u> EB to add to SLOG agenda for the next meeting	**EB**
2022/145	**Morphine 120mg equivalent position statement** The position statement was brought to the last meeting and were discussed. The feeling was that it needed to be stronger. AGR has updated the wording and changed the title as discussed at the July meeting and has added some extra wording. The updated position statement is in appendix one and again this is designed to support the existing suitability for opioid prescribing guideline that LSCMMG has. AGR has tried to balance the document between support and guideline but incorporating the stronger wording. AGR asked the group for comments and if the group are happy to adopt. LR asked for a change in the wording to be 'could' or 'can' instead of 'should' when recommending a trial.	

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	AC agreed with this as, and the maximum has been put but it could be read as 'I *am going to trial 40mg up to twice daily'*. AGR agreed with the change in wording. LR also requested some wording to be added to say that is anyone about 120mg needs specialist intervention and that the Faculty of Pain were very clear about this. So there needs to be something that states primary care should not be managing people on more than 120mg of morphine. AGR agreed to add this wording. The document was agreed with the additions/ amendments above to be added. <u>Action</u> AGR to make agreed additions/ amendments to the document.	**AGR**
2022/146	**Hydroxychloroquine information sheet – update** Similar to the last time, was requested to change some of the wording primarily about the Royal College of Ophthalmology guideline. This has been updated in line with that. AGR was also asked to put clarification on that following that not the SPC will be off label. No comments on this were taken but NB raised they are having some issues in her area and that it had slipped through the net. They are working with the hospital and local GPs to get it rectified but wanted to just raise it as awareness to the group. The information sheet was approved.	
2022/147	**Adoption of shared care guideline for Somatropin** AGR brought a verbal update. There was a request to consider a shared care for Somatropin growth hormone. There isn't one currently and it is currently Amber 0 on the website. There used to be a Blueteq form which was retired last year as the majority of the prescribing was in primary care. The request to consider this has come from place-based leads. There is some blood monitoring required but AGR confirmed this is minimal. There is also no national shared care for this so does the group want a new shared care or are they happy to leave it as Amber 0. LR commented that the conversation at leads discussed how when the patients leave tertiary centers, they are discharged with their shared care agreement and that there were no areas having issues with this except Morecambe Bay. This comes from issues within Morecambe Bay that were raised by FP at the Leads meeting. AS confirmed the issues are that the issue is these patients are all coming through the hospital as GP's are pushing back and not wanting to take it off. AGR agreed with AC to wait until FP is back and discuss with both her and AS and see how best to resolve the issues they are having. <u>Action</u>	

	SUMMARY OF DISCUSSION	ACTION
	AGR to link in with FP and AS when FP is back from leave.	**AGR/FP/ AS**
2022/148	**Review of medicines requiring approval prior to prescribing LSCFT** LA discussed this paper. It was presented at LSCFT's Drugs and Therapeutics Committee to propose the following changes: • Agomelatine - Red RAG rating to Amber 0 RAG rating, • Duloxetine for depression – Amber 0 the Green RAG rating • Lurasidone – Red to Amber 1 RAG rating – request to include in antipsychotic shared care document After LA presented to the group, AC asked the group to confirm that the process would be to put the proposed changes out for consultation not to just approve changes to which the group agreed. DP stated that LSCMMG reviewed Agomelatine and gave it a Red RAG status with specific approval from LSCFT. So, they would need to re-evaluate why it came to that RAG status. All proposed changes to be treated as a request from LSCFT to review the RAG ratings of the drugs requested for changes. <u>Action</u> Agomelatine and duloxetine to be added to new medicines workplan. CSU to work with Lancs Care Trust to understand requirements for lurasidone's inclusion in shared care guideline.	**CSU/ Lancs Care**
2022/149	**Guidelines Workplan** There is a lot of things on the guidelines currently. AGR did want to bring the oral nutritional supplements guidelines, but as already mentioned earlier in the meeting there has not been that many consultation responses coming through over the summer. AGR will re-send and email asking for people to submit if they have not already done so and extend the closing date. AGR raised the website update and that he was expecting to hear from the design time imminently so as soon as they have updated him, he will update here. <u>Action</u> AGR to send email asking members to submit their consultation response and extend the deadline for oral nutritional supplements guidelines.	**AGR**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2022/150	**New NICE Technology Appraisal Guidance for Medicines August 2022** Four ICS commissioned TAs this month, AGR had already put Blueteq forms on the system for those with a 30-day implementation period.	

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	Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides TA805. This is ICS commissioned and have proposed a Green Restricted RAG status, this is because this then ties in with Inclisiran but has not been included in the national Lipid guidance that is referred to on the LSCMMG website. Due to this AGR is going to look into it further and will bring back next time to firm up the RAG status. Roxadustat for treating symptomatic anemia in chronic kidney disease is again ICS commissioned and has a proposed RAG status of Red. The is an issue with the template so AGR is going to liaise with NICE and ask for clarification. AGR may also need to link in with specialists regarding number estimations so will bring back to the next meeting for update. Abrocitinib, tralokinumab or Upadacitinib for treating sever to moderate atopic dermatitis. This had a 30day implementation, so the form is done and has a proposed Red RAG status. AGR needs to run some data in order to calculate costs so will update at the next meeting. Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs. This is ICS commissioned but NICE do not expect a significant impact. Brolucizumab for treating diabetic macular oedema, is also ICS commissioned but NICE does not expect a significant impact. This requires an update to the guideline, but this is already in process. <u>Actions</u> AGR to provide updates at the next meeting on: Icosapent ethyl with statin therapy, Roxadustat and Abrocitinib, tralokinumab or upadacitinib.	**AGR**
2022/151	**New NHS England Medicines Commissioning Policies June 2022** N/A	
2022/152	**Regional Medicines Optimisation Committees – Outputs June 2022** N/A	
2022/153	**Evidence Reviews Published by SMC or AWMSG June 2022** Delafloxacin was approved by SMC, this is an anti-infective for skin conditions and is specialist use but there is no NICE TA planned or approved. It could be a cost if prescribed so this could be something considered for review. AB agreed to take to ELHT antimicrobial group to raise awareness and generate a New Medicine request of clinicians intend to prescribe. Brivaracetam was approved by AWMSG in children over the age of two years. LSCMMG have an Amber 0 status for children over the age of four years. The Group agreed to not review until a request for a change is received.	
ITEMS FOR INFORMATION		

	SUMMARY OF DISCUSSION	ACTION
2022/154	**Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee** Committee notes are added to the papers for members to view and ask any questions.	

Date and time of next meeting

The next meeting will take place on

Thursday 13th October 2022

9.30am – 11.30am

Microsoft Teams

ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
08.09.2022

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. **September 2022 update:** Has been drafted, DP to check over and then will propose web site wording.	**DJ** **AGR/DJ** **DP** **AGR/BH/DP/DJ** **AGR/DP**	**Open** **Open** **Open** **Open** **Open**	**10.03.2022** **14.04.2022** **09.06.2022** **14.07.2022** **08.09.2022**
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.	**AGR**	**Open**	**09.12.2021**

	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 progress. Will update at September's meeting. **September 2022 update:** AGR has had contact with specialist neurology pharmacists at LTHTR and is hoping to meet soon to progress. Will be added to the action plan and close here.	**AGR** **AGR** **AGR** **AGR**	**Open** **Open** **Open** **Closed**	**14.04.2022** **12.05.2022** **09.06.2022** **14.07.2022** **08.09.2022**
ACTION SHEET FROM THE MEETING 11th March 2022				
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	**AGR** **AGR**	**Open** **Open**	**14.04.2022** **12.05.2022**

	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. **September 2022 update:** Tied in with the website update. When the website is live the update will go on.	**AGR** **AGR** **AGR**	**Open**	**09.06.2022** **14.07.2022** **08.09.2022**
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. **September 2022 update:** Linked in with website update. When the website is live the update will go on.	**AGR** **AGR** **AGR** **AGR** **AGR**	**Open**	**14.04.2022** **12.05.2022** **09.06.2022** **14.07.2022** **08.09.2022**
ACTION SHEET FROM THE MEETING 14th April 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	**DP**	**Open**	**14.04.2022**

	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. **September 2022 update:** Flash glucose meters: To have a discussion with BH as he is chair of policies group as to where it is going to be discussed. Dapagliflozin in renal disease: DP to link in with DJ to look at work within the wider group.	**DP** **DP** **DP/BH** **DP/DJ**	**Open** **Open** **Open** **Open**	**09.06.2022** **14.07.2022** **08.09.2022** **08.09.2022**
ACTION SHEET FROM THE MEETING 12th May 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. **September 2022 update:** Went to SLOG, it was agreed for AGR to stay the lead contact.	**DP** **DP/AGR** **DP/AGR** **AGR**	**Open** **Open** **Open**	**12.05.2022** **09.06.2022** **14.07.2022**

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. **September 2022 update:** AGR has completed them, will send to DP to check over then it will go on Blueteq.	**DP / AGR** **DP/AGR** **AGR**	**Open** **Open** **Open**	**12.05.2022** **09.06.2022** **14.07.2022**
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. **September 2022 update:** On agenda. Closed	**DP** **DJ** **DP** **DP**	**Open** **Open** **Open** **Closed**	**09.06.2022** **09.06.2022** **14.07.2022** **08.09.2022**
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	**AGR** **Group Members/ Leads**	**Open** **Open**	**09.06.2022** **09.06.2022**

	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. **September 2022 update:** This has been completed, was down for chairs action but AC is unsure if he has seen it due to the time in-between meetings, AGR to check where it was approved.	**AGR** **AGR**	**Open** **Open**	**14.07.2022** **08.09.2022**
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. **September 2022 update:** Members not in attendance, deferred until next meeting.	**SR** **SR/FP** **SR/FP**	**Open** **Open** **Open**	**14.07.2022** **14.07.2022** **08.09.2022**
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. **September 2022 update:** Is ready but due to heavy agenda, differed until next meeting.	**CSU** **DP**	**Open** **Open**	**14.07.2022** **08.09.2022**

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/BH to develop guidance for prescribing and bring back to the group. **September 2022 update:** On October agenda due to heavy agenda.	**AGR** **AGR/DJ/BH** **AGR/BH** **AGR/BH**	**Open** **Open** **Open** **Closed**	**14.07.2022** **14.07.2022** **14.07.2022** **08.09.2022**
2022/121	**Amiodarone SCG Addition of Indication: Post Operative Atrial Fibrillation (Post CABG) Consultation** AGR to amend the wording to read the organization will prescribe Amiodarone until the follow up appointment. MA to feed back the trust ability to facilitate this. **September 2022 update:** Completed and on the website, closed.	**AGR** **MA** **AGR**	**Open** **Open** **Closed**	**14.07.2022** **14.07.2022** **08.09.2022**
2022/122	**Morphine 120mg Equivalent Position Statement** AGR take comments away and make amendments and bring the document back at the next meeting. September 2022 update: On the agenda.	**AGR** **AGR**	**Open** **Closed**	**14.07.2022** **08.09.2022**
2022/126	**Update Heart Failure Guidelines** DP to link with RC to get her view on.	**DP**	**Open**	**14.07.2022**

	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. **September 2022 update:** Links in with 2022/065, same comments apply.	**DP** **DP** **DP**	**Open** **Open** **Open**	**14.07.2022** **14.07.2022** **08.09.2022**
2022/127	**Guidelines Workplan –** **Hydroxychloroquine prescriber information sheet** AGR to take comments and amend the document. Then to bring back to LSCMMG. **September 2022 update:** On the agenda.	**AGR** **AGR**	**Open** **Closed**	**14.07.2022** **08.09.2022**
ACTION SHEET FROM THE MEETING 8th September 2022				
2022/138	**Ryaltris nasal spray for the treatment of symptoms of moderate to severe seasonal and perennial allergic rhinitis (re-consultation)** DP to estimate cost impact of Ryaltris using current antihistamine and nasal steroid prescribing patterns alongside estimated rhinitis incidence data as a basis of the calculation.	**DP**	**Open**	**08.09.2022**
2022/139	**Mexiletine for ventricular arrhythmias** DP to investigate costings further.	**DP**	**Open**	**08.09.2022**
2022/140	**Vedolizumab s/c and Infliximab s/c gastroenterology** Documents to be prepared for ratifying committee with proposed Red RAG rating for both drugs.	**DP**	**Open**	**08.09.2022**
2022/142	**Atrial Fibrillation Pathway** LR to take guideline back to colleagues for comment and then return to CSU for consideration before AC	**LR/DP/AC**	**Open**	**08.09.2022**

	considers for chair's action to approve.			
2022/143	**Asthma desktop guide, minor update** MP to further discuss the RAG rating of Trimbow with SA and report back to the next LSCMMG meeting.	**MP**	**Open**	**08.09.2022**
2022/144	**DMARD shared care – RMOC template adoption – done** EB to add to SLOG agenda for the next meeting	**EB**	**Open**	**08.09.2022**
2022/145	**Morphine 120mg equivalent position statement** AGR to make agreed additions/ amendments to the document.	**AGR**	**Open**	**08.09.2022**
2022/147	**Adoption of shared care guideline for Somatropin** AGR to link in with FP and AS when FP is back from leave.	**AGR/FP/AS**	**Open**	**08.09.2022**
2022/148	**Review of medicines requiring approval prior to prescribing LSCFT** Agomelatine and duloxetine to be added to new medicines workplan. CSU to work with Lancs Care Trust to understand requirements for luradisone's inclusion in shared care guideline.	**CSU**	**Open**	**08.09.2022**
2022/149	**Guidelines Workplan** AGR to send email asking members to submit their consultation response and extend the deadline for oral nutritional supplements guidelines.	**AGR**	**Open**	**08.09.2022**
2022/150	**New NICE Technology Appraisal Guidance for Medicines August 2022** AGR to provide updates at the next meeting on: Icosapent ethyl with statin therapy, roxadustat and abrocitinib, tralokinumab or upadacitinib.	**AGR**	**Open**	**08.09.2022**