Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 12th October 2023 (via Microsoft Teams)

PRESENT:

Andy White (AW)	Chief Pharmacist (Acting Chair)	Lancashire and South Cumbria ICB
Ana Batista (AB)	Medicines Information Pharmacist	East Lancashire Hospitals NHS Trust
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Clare Moss (CM)	Head of Medicines Optimisation	Greater Preston, NHS Chorley, and South Ribble locality
David Jones (DJ)	Assistant Director of Pharmacy Lancashire Teaching Hospitals	NHS Lancashire Teaching Hospitals
Dr. S Ramtoola (DR)	Consultant Physician	East Lancashire Hospitals Trust
Melanie Preston (MP)	Head of Medicines Optimisation	NHS Lancashire and South Cumbria ICB (Fylde Coast)
Mohammed Ahmad (MA)	Assistant Director of Pharmacy	Blackpool Teaching Hospitals NHS Trust
Paul Elwood (PE)	Senior Medicines Optimisation Pharmacist	NHS North of England Commissioning Support Unit
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust

IN ATTENDANCE:

Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB) (Minutes)	Medicines Optimisation Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2023/411	**Welcome & apologies for absence** Apologies were received from Brent Horrell and Lisa Rogan.	
2023/412	**Declaration of any other urgent business**	
	SUMMARY OF DISCUSSION	**ACTION**
2023/413	**Declarations of interest** There was one outstanding declaration from Dr Ramtoola for an ongoing one with her trust for Novo Lily and AZ. DP will forward the declaration of interest form to her for her to complete, so it is on file and only new ones relating to the agenda need to be raised in this section. Action DP to send DR the declaration of interest form.	**DP**
2023/414	**Minutes and action sheet from the last meeting 14th September 2023** There were a few items that required clarity in the minutes. EB will go back through and clarify. Apart from the few items the minutes were accepted and can go onto the website once the agreed changes have been made. Action EB to go through the last recording and make recommended changes for clarity.	**EB**
2023/415	**Matters arising (not on the agenda)** 1) AW stated that he has had to step down as chair as he is now leading the clinical effectiveness group. AW is seeking a medical chair for this group and has asked for members to come forward. He also added in the interim he will be chairing however this meeting clashes with a formal subgroup of the board meeting which he has to attend. 2) Following on with this there is a need to look for alternative times and dates for this meeting. EB will write out to members for prospective dates and times for the meeting which will be implemented in the new year. 3) AW highlighted at the system is under substantial financial stress, with a current total of around £200 million. Medicines and prescribing take up around £30 million of the total. Due to this the department is under intense scrutiny for any increase in expenditure. This means that it is being looked at to see if there are any ways to reduce spending such as looking at if funding has not yet been allocated to something then it may not be allocated at all. AW added there is a need to look to slow down or defer decisions where clinically appropriate, and also to look at if the benefits out way the cost of things.	

	4) There was an update about ADHD drugs. There is a substantial shortage of ADHD medication, and there was an expectation of some national guidance after the medicines supply notification. AW has been told this guidance has been delayed, so there is a meeting on Friday 13th in the morning to look at what the regional options are. He added that Greater Manchester have produced a system wide guide which is going to the GMMMG meeting today which will be shared after that meeting. He added that he was aware that LSCFT and Blackpool trust have pulled something together and that there may be a need for discussions outside of this meeting to prepare guidance. 5) DP raised the issue of the position of tamoxifen for treatment of familial breast cancer – there is a NICE guideline supporting use, but LSCMMG does not have a position. East Lancashire and Morecambe Bay have positions with the drug classified as Amber for this use. He asked the group if there could be an early action on the formulary section containing tamoxifen to bring LSCMMG in line with other regions. It was agreed for this to go ahead. 6) DP has also been informed that Dapsone is not RAG rated on the LSCMMG website either and Morecambe Bay has a shared care agreement for this drug. DP asked what should be done regarding this drug and added that he was still unsure on the indication for the drug. He proposed a fairly quick review and proposal for RAG rating. AW asked if Morecambe Bay's shared care need updating to which DP said that it did need to be updated, but that it would also mean that if adopted a local area would be keeping their own shared care as this needs to be addressed before that section is reached during the formulary harmonisation process. AW asked if Morecambe Bay could put the document into the standardized format and could it then be brought here for adoption across the whole system. AS commented that she had updated locally it as it was shared to AGR previously and was told it would be reviewed once the formulary harmonisation process got to that area and until that time to carry on as they were. AW commented that if it is to the correct standards then it can be adopted across the patch. AS will send the shared care document to DP who will add both this and the previous item to the work plan and then send this document around for consultation. <u>Actions</u> Any members interested in chairing the meeting to come forward and let AW know. EB to write out to members regarding change of day/time of LSCMMG meetings from the new year. DP to add Tamoxifen and Dapsone to the workplan.	**All Members** **EB** **DP**
	SUMMARY OF DISCUSSION	**ACTION**
	Tacrolimus Position Statement East Lancashire teaching hospitals requested that Dailiport (modified release tacrolimus) be considered for a New Medicine Review. The request to review a specific brand of a drug was considered as the MHRA	

2023/416	issued a Drug Safety Update recommending that all oral tacrolimus products should be prescribed and dispensed by brand name only. After reviewing the evidence, the review proposes that the product should be given a Red RAG rating however a switch of brand would not be appropriate. The proposed RAG rating should not be seen as an instruction to prioritise over other brands The review noted that most patients are treated with the immediate release product which is relatively inexpensive. DP added wording to highlight this will be added to the website. The two consultation responses received were agreement with Red. AW asked the trusts who would be initiating this treatment and if there is a greater risk having more items on the shelf or less. DJ responded that feedback he had received from one of the renal transplant pharmacists is that they are usually led by what the transplant centre starts patients on which is usually Dailiport. However, he did say that there are some instances when the Advagraf (modified release) brand is preferable. AW asked if there are any local Centres or if patients are just being received into which DJ said that they were just receiving patients. AW then said it should be included for continuity of patient care and asked the group if they were happy with Red RAG status. This was agreed. <u>Action</u> Dailiport to be added to the formulary with a Red RAG status.	**DP**
2023/417	**Bempedoic Acid Monotherapy update** The majority of the evidence was presented for this at the last meeting, and the combination (bempedoic acid/ezetimibe) product was given a Green RAG rating. The question DP had for clinicians was whether they would use monotherapy and how many patients they would treat. All clinicians have previously said they want to use monotherapy as they may have people who are intolerant to Ezetimibe, and if there was a situation where a patient was intolerant to Ezetimibe and monotherapy couldn't be used an alternative more expensive treatment would be used. DP has had feedback from Blackpool who said they would be using it on around 10 patients. It is also the same price as the combination therapy so there isn't much of a cost impact, and DP added that there is a potential cost release if patients are not needing to move up the treatment pathway as treatment gets more expensive. DR commented that she agreed with what DP had said that this is what she sees in secondary care, and added she felt it is only the tip of the iceberg so didn't think it would be possible to accurately get a measure on the number of patients in the community. She added that if it is Green, it would be difficult to find out how many people are on the drug. AW added he felt this would be initiated by the lipid clinics and asked DP if this was correct. DP said that monotherapy had been agreed as Green from Amber and added he didn't see why a GP couldn't initiate it. DR added she did agree with the Green RAG status as to not overload the lipid clinics which are already overwhelmed just to ask the question if they can have monotherapy. AW asked if there was a need for a restriction of statin intolerance and DR responded that this is patient reported and there is no	

	real test to check for the intolerance. AW asked if the recommendation was to approve as a Green to which DP agreed that it was. A few members voiced their agreement including MA who added support from Dr Galasco was for the Green RAG to help keep secondary care referrals to a minimum. CM also voiced her agreement to be making sure patients are getting effective treatment. AW suggested that the lipid pathway is updated to make the reasoning for monotherapy clear, DP said this should be straightforward. AW asked the group if they wanted the lipid guideline document to come back to the group or for chairs action for approval. DR added she felt it would be good to take it to the lipid group, so they are also aware. AW agreed a paper could be sent to the lipid group with the additional information on the lipid pathway and then brought back to this group for approval. This was agreed by the group. Actions DP to add Bempedoic acid monotherapy to the lipid pathway and send to the lipid group. Once it has been to the lipid group the lipid guideline is to be brought back to this group for approval. Bempedoic acid monotherapy to be added to formulary with Green RAG rating, following CRG approval	**DP** **DP** **DP**
2023/418	**New Medicines Review Workplan** Before DP brought this item AW reminded the group of the earlier discussion around the careful consideration needed when incurring expenditure and asked if there was anything within this item to help reduce the drug spend and improve value of the service. He then asked the group if there was anything they felt was less important and could be possibly pushed back down the list. AB asked about Acarizax which had been raised previously and had that it was due to be discussed in January and it is now pushed back to March. She added the clinician would be disappointed in the delay which seemed like a long wait as it was brought to this group in early summer. AW responded that due to the work that the formulary group is doing and the need to accelerate that process to hopefully be completed by March next year that some items have had to be pushed back slightly to allow for the formulary work. He added that he was hopeful that things could be done quicker but that the foundations of the formulary need to be put in place quickly. AB said she would feedback to the clinician. AW then added that if the request could be worked up on the standard format it may be able to be seen quicker but it is just the issue of capacity at the moment trying to get everything done as soon as possible. AW then moved to the document with medicines for prioritisation which were Liothyronine for resistant depression and Colesevalam for CVD prevention in hyperlipidaemia and asked if these were urgent. DR commented that if the lipid pathway is going to be updated then Colesevalam would be discussed around six months later then another update to the lipid document would be needed which didn't make sense. She asked if all the lipid items could be put together and moved up to get	

	them completed in the next few months. AW asked DP that as the cardiovascular chapter is being done at formulary now are the lipids part of the discussions. DP said it is now part of the work normally done as they are only aligning items now that have already been discussed here so when there are new items they need to come here for a review. AW responded that he presumed it would be quite small numbers of patients for hyperlipidaemia which are intolerant of other treatments. DP continued with a few late items to the paper. He raised again Nefopam which was agreed to be looked at during the actions, there was also a request for Ivabradine for Postural orthostatic tachycardia syndrome for prioritisation as it is currently RAG rated as Black, request from Blackpool cardiology. AW asked if it was a large cohort for this to which DP responded that it isn't large, and they would usually have IFR for Octreotide for this but there are a regional centres using this fairly frequently. DP added he felt this could be prioritised in date order as it is a small number of patients. AW asked if the drug is prescribed in other centres and perhaps there is guidance that can just be adopted, DP responded that he was unsure but would investigate it further as it had only been sent to him the morning of the meeting. AW agreed for it to go onto the list. There was nothing else to be added or removed from the workplan. <u>Action</u> Ivabradine for treatment of POTS, Colesevelam for CVD prevention, Nefopam for pain and Liothyronine for treatment of resistant depression to be added to the workplan.	**DP**
GUIDELINES and INFORMATION LEAFLETS		
2023/419	**Ketogenic Diet Guidance – Scope** AGR brought this item, it had been on the workplan for a while. He has had a look at it as it was previously agreed to go out for scope. It is included in the NICE clinical guideline 217 Epilepsy in children, young people, and adults. It was recommended for certain types of epilepsy and the committee were unable to ascertain the benefits in the primary cohort of adults or children with drug resistant epilepsy. There was not a great amount of evidence but NICE had published a full evidence review. The recommendation was kept in on the basis of the specialists on that committee and it was felt that it did have some benefit and it would be wrong to exclude it. AGR has looked at the spend which as well in the last 12 months in Lancashire & South Cumbria was £74,000 spend on the items which would be prescribed under the Ketogenic diet. So, the recommendation was to look at the balance of the evidence and guidance from NICE alongside the spend, and AGR felt there wasn't enough information to develop a full guideline. However, it could be considered too as part of the formulary work to produce a preferred list of items rather than a full guideline. AW asked DJ if he had received any comments from neurologists to which he said he wasn't aware of any and added if some of the usage is from Paediatrics then his centre is not a tertiary centre for Paediatrics. DJ did add he felt it would be a good idea in terms of having non-	

	pharmacological options to lessen the burden of agents that can be potentially quite toxic. And that if this is being driven by the tertiary centres it would make sense to link in with their guidance. He also said he was happy to go away and get some feedback from an adult neurologist. AW commented that £74,000 is a small amount of money in the scheme of things and asked if this was worth the effort with the small spend and the niche aspect. DR commented that she felt it wasn't worth doing a full guideline as it is such a small number but to continue having the items on the formulary to be prescribed by the tertiary centres under a Red or Amber RAG rating. AGR agreed with DR's comments that a position is needed but not a guideline. AW then asked if it needed to be said about prescribing the items via a tertiary centre or to say nothing about it. DR suggested saying nothing as drawing attention to it could cause more prescribing and if it was felt it needed looking into in the future this could happen then. AW agreed with not drawing attention. AW asked the group if they were happy with saying that this had been reviewed but it was chosen not to have a position on it. AGR agreed he didn't feel a guideline was needed. He added that other local formularies do list items and felt the issue had come from other localities recommending the products. He also agreed that if it became an issue in the future, it could be revisited. It was agreed that LSCMMG supports the usage of the items when recommended by tertiary consultant, however LSCMMG does not have a position on it.	
2023/420	**Restless Legs Guidance – Update** AGR brought this item and acknowledged that the formatting still needs to be updated to the LSCMMG house format. This was a standard update as it was due to be reviewed. It was sent out for consultation earlier on in the year however has been pushed back due to other priorities. Two areas responded and they were in support of the guideline if additional information was added which has been done. A review of the references was also done so AGR has brought to the group to approve the clinical content for it then once the formatting has been changed to be uploaded onto the website. AW had one comment that he had not heard of Alpha-2 delta ligands before and requested that Gabapentin and Pregabalin or Gabapentinoids and brackets to ensure everyone reading the document knows what it is. MP commented that the majority of the comments they had sent had been picked up however there was one other comment around the cost for the different options for MR and immediate release which she felt would be good to include. AGR said it would be added. With the formatting and the cost to be added the group were happy and approved the document. <u>Action</u> AGR to make the recommended changes and put the guidance onto the website.	**AGR**

2023/421	**Sodium Zirconium Cyclosilicate - Update** There was an action from the last meeting to review some other areas shared care guidance to see what monitoring would be involved if this is progressed to shared care. AGR looked at GMMMG, South Tyneside Sunderland and Vale of York (including north Yorkshire). A sample was taken from the three which showed mainly potassium, GMMMG recommend monitoring of potassium serum bicarbonate monthly and monthly sodium levels as well and the potassium is on initiation types and changes. South Tyneside Sunderland only recommended monitoring potassium and clinically indicated such as dose changes etc. Vale of York only recommend only monitoring potassium but as one-two weekly during initiation or dose change and it was not clear if they had any long term routine monitoring. AGR concluded that there isn't a lot of recommended monitoring and has proposed it go forward for a North-West shared care. AGR added that this has been discussed before, but he didn't feel it met the threshold for a shared care based on what other areas have done. Pan Mersey do have it rated as Amber 0 which is Amber initiated. AGR concluded that the group could either adopt the shared care for another area possibly GMMMG and put it forward to the Northwest group for shared care or assign an Amber 0 RAG rating. AW asked AGR if his preference was to move towards Amber 0 RAG rather than a full shared care, to which AGR confirmed this. He highlighted concerns form other members and that GPs had expressed concerns previously, and he had met with the GPs, and they would be quite reluctant for it to be prescribed as a shared care. AGR felt the reason for this was that the evidence wasn't very strong to support long term use. He again said he would look towards Amber 0 but acknowledged there would be some resistance from areas that had expressed concerns previously. MP commented that their concerns were that it looked quite complicated initially, but the newer version of the document was clearer. She added that looking at the recommended monitoring from GMMMG which states monthly monitoring which can be quite onerous, and to remember there is the DMARDS which have multiple monitoring elements and are also shared care. Then South Tyneside and York don't seem to think monthly monitoring is needed so this is confusing as to what the required level of monitoring is. DR suggested that as the documents being adopted are from other areas and the evidence isn't clear to adopt a simple Amber 0 and let the secondary care consultants advise the GPs of the monitoring advice in the transfer letter. AW asked to clarify that she was not recommending shared care. DR responded that she felt there will be resistance to the monitoring, and in her experience when asking GPs to prescribe something and review in a few months with advice on the monitoring it generally happens. DJ commented that they were originally looking for an Amber 0 RAG and felt that the shared care option was a stepping stone and were happy with that option. He relayed feedback from his renal lead pharmacist which was if the group were to go down the shared care route to adopt the GMMMG shared care as there are neighbouring centres, and the potassium monitoring is more aligned to what the SPC states and that the bicarbonate wasn't really required. Then maybe review the decision in 12 months' time. MP came back and again added the need for clarity, she	

	acknowledges that the most GPs will take this on board but where there is pushback it will get complicated. She added that it would be good to get some feedback from GPs on this. CM commented that she agreed with MP's comments and the need for a GP view. She added it is possible to adopt the GMMMG guidance like DJ suggested but added that if it is pitched wrong and there is pushback it then makes it difficult for patients and the consultants who are trying to get it out there and that isn't what people want for the patients. DR asked if there was a rough idea on number of patients. DJ said that they had sent some data over to the team initially and while he didn't have it in front of him, he knew it had risen over the last 12 months, which is why there was a drive to revisit. AGR said that in July 2021 to July 2022 there was 32 patients, and from June 2022 to May 2023 there was 57 so this shows the increase. DR said that she felt it isn't very many in terms of the overall population but said she would be equally happy if the group wanted to adopt the GMMMG guidance and see how it goes rather than put a large amount of additional effort. AW commented that yes, it is a small number of patients, but it could have a profound impact on their care not having to go into hospital regularly, so if it can be it should be facilitated. DR commented that recent communications she had received from local GPs was that while there is expertise at this meeting there is gap in terms of GP representation, and they asked if this was close to being resolved. AW responded that this was another reason for looking for a new time/date to the meeting as Lindsey Dickenson is happy to attend but the current time and data clash with another meeting that she has to attend as well as he should be but is missing to be here so he is hopeful this will be resolved soon. In conclusion to the discussions, it was agreed to send out the GMMMG shared care for consultation once it has been put into LSCMMG formatting for comments and for it to be brought back to the next meeting. <u>Action</u> AGR to put the GMMMG shared care guidance for this item into LSCMMG formatting and send out for consultation.	**AGR**
2023/422	**Melatonin Pathway (Children) – LSCMMG Website Amendments** DP brought this item to close off any existing loose ends to the document. The pathway went through the group and was updated and brough to the July meeting. The team asked for consultation comments, and they had all been incorporated, however East Lancashire comments were missed. They have since been added and the document was approved and is now on the LSCMMG website. The paper today outlines changes that need to be done but have not yet been amended. The last page of the document presented to the group showed proposed changes to the LSCMMG website including removing a number of position statements as the information is now in the guideline. SR agreed with the changes and asked if there was a timeframe for the adult guidelines as she couldn't see it on the workplan. DP said that it will most likely be next year February and ask if there was an urgency to get it on. SR said there are ongoing conversations to draw a line under them	

	and get things finalised. The changes were approved by the group. <u>Action</u> DP to make necessary changes to the LSCMMG website as listed in the paper.	**DP**
2023/423	**NHSE Free of Charge (FOC) Medicines Schemes – National Policy Recommendations for Local Systems** DP brought this item, SPS had previously had a very good document for guidance on Free of charge medicines. This has been removed from the SPS website and NHSE have produced a new version. DP asked the group if they would adopt the new version. He added that the link provided in the paper shows the content which DP felt was sensible. AW commented that he has previously voiced that things should only be done locally if they are not being done nationally so agreed with adopting the national guidance, and added if there are any local organisations that are not in line with this that action is taken to make sure they are in line. It was agreed by the group to adopt the new guidance. <u>Actions</u> SPS guidance on Free of charge medicines schemes to be removed from LSCMMG web site Link to NHSE guidance "NHSE Free of Charge (FOC) Medicines Schemes – National Policy Recommendations for Local Systems" to be added to LSCMMG web site	**DP** **DP**
2023/424	**Omega 3-Acid-Ethyl Esters (Omacor) Proposal** DP brought this item; the request was could the group adopt the from the Northwest Regional guideline "Diagnosis and Management of Preterm Labour (From 22^{+0} weeks gestation) including Cervical Cerclage, Tocolysis, Antenatal Corticosteroids and Magnesium Sulphate" which includes the use of Omacor (Omega 3-acids) to prevent preterm birth. DP stated that in the paper he had put that this document hadn't been ratified, he has since spoke to the consultant and it has now been ratified and published on an intranet site. Appendix one of the paper presented included a brief new drug review for Omacor providing the evidence for use and DP added he will include the link to the current Northwest regional guideline which doesn't include this item. He attached a separate paper which is the proposed guideline which has now been approved. DP added the evidence looked good, there is a Cochrane review which shoes there is around a 42% risk reduction of preterm birth if Omega 3 is used during pregnancy. There is a second analysis which also showed positive results. One issue the group was made aware of is that the drug is not licensed for use in pregnant women. The predicted cost will be around £151.20 per pregnancy and at Liverpool Women's hospital there were 160-170 patients treated within a 12-month period. DP added his preference would be to simply host the new regional	

	guideline on the LSCMMG website, but also said there is a need for a RAG rating. The application in Appendix 1 states that it wouldn't be fair to ask GPs to prescribe this, so a Red RAG rating has been suggested which DP felt was reasonable. SR commented on the red text in the document making it look like a draft version, and the Red RAG rating for Omega 3 and if it should be Red. AW and DP responded and said it is due to the off-licence usage so it would only be prescribed to women during pregnancy at risk of preterm birth. DP also added the arrangements for the application states "*as Omacor is not currently licensed for preterm birth prevention, it is felt it's not acceptable to request GPs to continue this prescription at present"*. DR added that these patients would be seen in antenatal clinics regularly there wouldn't be an issue with them doing the prescriptions. AW also added about the red text in the Northwest guideline and asked DP if this was the final version. DP answered that he felt the regional group had sent him the version that went to the committee for ratification, so he would expect that the finalised document won't have the red text and will ask the applicants for the final version. Action DP to get the updated, ratified version of for the Northwest regional guideline "Diagnosis and Management of Preterm Labour (From 22^{+0} weeks gestation) including Cervical Cerclage, Tocolysis, Antenatal Corticosteroids and Magnesium Sulphate" and/or a link to the ratified version of the document to allow LSCMMG access. Omacor (Omega 3-acids) to be added to LSCMMG web site with a Red RAG rating for the indication - for preterm birth risk reduction	**DP** **DP**
2023/425	**Guidelines workplan** AGR brought this item, all items for November have gone out for consultation. He added there has been a request to review vaginal dilators from the sexual health services and they are prescribable within the tariff. AGR asked if members were happy, he would add it to the workplan. The next addition was for Edoxaban which he believed came from the SLOG meeting, there is a position statement and Brent had asked AGR to confirm with the group that they wanted it to be reviewed. AGR commented that the pathways for Edoxaban were looking to be stood down and marked as under review, this is Apixaban, which is the most used drug, has gone off patent and the price has dropped from £56 to £16 per dose which is a massive drop, and it is not wanted to encourage switching currently when there is a potential saving of around £3.7 million while this goes through the supreme court processes. The last item was from LTH that there is going to be a regional headache pathway and AGR agreed to bring it to the group to be prioritized. His intention is to be involved in the original work rather than to just update here. It was agreed for all above items to be added to the workplan. SR added a comment for the Antipsychotic shared care consultation from December. She wanted to highlight that they are consulting on the principle of adding NICE recommended off label use. AGR agreed this is	

	what is being looked at. AW also asked about the capacity impacts as there was a lot of £0 or unsure items on the workplan and asked AGR if this is because there is genuinely no impact or that we just don't know the impact yet. AGR confirmed that is more of a just don't know as a lot of them are historic and he has not had time to go back over some of the longer standing items but does so going forward. AW also asked for AGR to liaise with Julie Lonsdale on the self-care access and OTC medicines as CPCS is being promoted a lot so there is an expectation to see people caring for themselves. <u>Action</u> AGR to add the above points to the workplan.	**AGR**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2023/426	**New NICE Technology Appraisal Guidance for Medicines September 2023** Non for this month.	
2023/427	**New NHS England medicines commissioning policies September 2023** Nothing urgent to consider	
2023/428	**Regional Medicines Optimisation Committees - Outputs September 2023** SR and AW attended this meeting, it was agreed to add this as a standing item on the agenda.	
2023/429	**Evidence reviews published by SMC or AWMSG September 2023** Item attached for information only.	
ITEMS FOR INFORMATION		
2023/430	**Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee September 2023** Once SR has approved the minutes, she will share them out to the group.	
2023/431	**LSCMMG cost pressures log** BH was not present at the meeting, but DP added there was nothing he was aware of to update. SR asked if there was an easy way to identify that yes there is a cost pressure but there are system savings overall. AW responded he and DP had spoken about this and they are looking to update the front sheet to show this.	
2023/432	**AOB** The group discussed the issue of getting decisions from CRG out to the wider system as due to BH not being able to attend the meeting decisions had not been passed over or items updated on the LSCMMG website. MP	

	mentioned that they locally communicate out to clinicians' decisions and updated guidelines and asked if a single point of basic outputs could be sent around with links to the information. AW agreed this and asked for DP and AGR to meet with himself to discuss a communication to go out. Action DP, AGR and AW to meet to discuss getting information from CRG out to the system.	**DP/ AGR/AW**

DATE AND TIME OF NEXT MEETING **The next meeting will take place on** **Thursday 9th November 2023** **9.30am – 11.30am** **Microsoft Teams**

ACTION SHEET FROM THE

LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP 14.09.2023

ACTION SHEET FROM THE MEETING 9th March 2023				
	New NICE Technology Appraisal Guidance for Medicines March 2023 AGR to review the cost template and RAG status for Finerenone. **April 2023 update:** There is not costing template, so AGR is unable to be more specific with costing. The proposed RAG status is Green as the renal cut off is around the same as Dapagliflozin. There was some reservation in primary care as clinicians are not familiar with it. MLCSU to draft information sheet with a recommendation of Green to the next meeting. MLCSU to liaise with AW and MP to draft a risk register entry and liaise with colleagues to produce an EIRA in relation to Saxenda® and Wegovy®. **May 2023 update:**	**AGR** **AGR** **BH**	**Closed** **Open** **Closed**	**09.03.2023** **20.04.2023** **20.04.2023**

	Paul is working on the new Equality and Health Inequality impact and risk assessment which is the new EIRA. Would be helpful to take to a commissioner and wider than medicines, Jane Miller or Steve Flynn would be good to link into.	**BH**	**Closed**	**11.05.2023**
	MLCSU to contact Jenny Oakley to ascertain which drugs are being requested by clinicians in intensive care to manage COVID. AGR has some other people to contact which he will do after this meeting.	**AGR**	**Closed**	**11.05.2023**
	July 2023 update: AGR has met with Jenny Oakley about drugs used in intensive care for COVID and Jenny is at the meeting to discuss.	**AGR**	**Closed**	**11.05.2023**
	Wegovy EIRA and paper produced and presented to the Commissioning Resource Group to escalate to the ICB to consider further action.	**AGR/JO**	**Closed**	**13.07.2023**
	BH to share the CRG paper with the group.	**BH/PT**	**Closed**	**13.07.2023**
	NB to contact the chair of the Commissioning Resource Group to discuss the communications around weight loss service provision and liaise with complaints team to ensure that the necessary information is being collated.	**BH/NB**	**Open**	**13.07.2023**
	September 2023 update: There have been some emails earlier this week discussing this discussing Wegovy being made available through their three weight loss clinics but not through Diabetes clinics. A paper summarizing this item will be taken to the Commissioning Resource Group.	**BH**	**Open**	**14.09.2023**
ACTION SHEET FROM THE MEETING 13th July 2023				
	Antipsychotic shared care – NICE recommended off-label indications – review AGR to send out a consultation on the principle of NICE recommended off-label	**AGR**	**Open**	**13.07.2023**

2023/367	uses being included in shared care guidelines. **September 2023 update:** Will be sent out as soon as it is ready. **October 2023 update:** Will be ready for December's meeting.	**AGR** **AGR**	**Open** **Open**	**14.09.2023** **12.10.2023**
2023/372	**Guidelines workplan** **September 2023 update:** AGR was due to speak to the consultants who are prescribing the menopause service in Pan Mersey and GMMMG however the meeting was cancelled so is back on the workplan. **October 2023 update:** Still ongoing but on workplan for September so closed here.	**AGR** **AGR**	**Open** **Closed**	**14.09.2023** **12.10.2023**
2023/373	**LSC critical care network vancomycin guideline** AGR to add to the guideline to the LSCMMG website when SM provides the final version which has been adopted by each of the acute trusts in Lancashire. **September 2023 update:** Still going through governance process, once complete will go onto the website. **October 2023 update:** AGR is still awaiting the final document, but close here and AGR will share the document with the group once it is complete.	**AGR** **AGR** **AGR**	**Open** **Open** **Closed**	**13.07.2023** **14.09.2023** **12.10.2023**
ACTION SHEET FROM THE MEETING 14th September 2023				
2023/385	**Brimonidine gel for rosacea** DP/BH to take to Commissioning Resource Group for approval. **October 2023 update:** Approved by CRG, closed.	**DP/BH** **DP/BH**	**Open** **Closed**	**14.09.2023** **12.10.2023**
	Ibandronic acid for breast cancer	**DP/BH**	**Open**	**14.09.2023**

2023/386	DP/BH to take to Commissioning Resource Group for approval. **October 2023 update:** Approved by CRG, closed.	**DP/BH**	**Closed**	**12.10.2023**
2023/387	**Flupentixol RAG rating** DP/BH to take to Commissioning Resource Group for approval. **October 2023 update:** Approved by CRG, closed.	**DP/BH** **DP/BH**	**Open** **Closed**	**14.09.2023** **12.10.2023**
2023/388	**Sodium fluoride 1.1% toothpaste** DP/BH take to Commissioning Resource Group for approval. **October 2023 update:** Approved by CRG, closed.	**DP/BH** **DP/BH**	**Open** **Closed**	**14.09.2023** **12.10.2023**
2023/389	**Bempedoic acid review update** MA to take questions and discussions had here around patient intolerance numbers and if the specialists are looking to have it in place for patients that are 100% intolerant to ezetimibe, and they are considering this as the next step in treatment. BH to bring this item back next month for further discussion after MA's feedback. **October 2023 update** DP fed back on behalf of BH	**MA** **BH** **DP**	**Open** **Open** **Closed**	**14.09.2023** **14.09.2023** **12.10.2023**
2023/390	**New Medicines Review Workplan** AW and BH to go through adopting other Northwest or Regional guidance in the future. Eluxadoline to be removed from the LSCMMG website. **October 2023 update:** Discussions ongoing about adopting NW or regional guidance Eluxadoline removed from web site	**AW/BH** **AGR** **AW/BH** **AGR**	**Open** **Open** **Open** **Closed**	**14.09.2023** **14.09.2023** **12.10.2023** **12.10.2023**

2023/391	**Gout guideline- Update** AGR to amend title error and it to be uploaded to the website. **October 2023 update:** Completed, closed.	**AGR** **AGR**	**Open** **Closed**	**14.09.2023**
2023/392	**COPD desktop guideline update** DP/MP to look at slight changes to the formatting to make it more aligned with other guidelines. MP to circulate the guideline to members once changes have been made for approval. **October 2023 update:** EB shared document to group on behalf of MP. Members are asked to respond by 18.10.2023.	**DP/MP** **MP** **MP**	**Open** **Open** **Open**	**14.09.2023** **14.09.2023** **12.10.2023**
2023/393	**Requests from private prescribers to transfer or share prescribing with an NHS GP position statement** AGR to send out for consultation. **October 2023 update:** Has gone out for consultation.	**AGR** **AGR**	**Open** **Closed**	**14.09.2023** **12.10.2023**
2023/394	**Cenobamate for focal seizure – RAG consultation** Cenobamate for focal seizure, to be presented to the next Commissioning Resource Group with a recommended RAG rating of Amber 0 for approval. **October 2023 update:** Approved by CRG, closed.	**AGR** **AGR**	**Open** **Closed**	**14.09.2023** **12.10.2023**
2023/395	**ELMMB nefopam position statement – consultation** MA to go back to his consultant community geriatrician to get more information on the specific patient group. **October 2023 update:** Information provided to DP, for prioritisation, see workplan section	**MA** **DP**	**Open** **Closed**	**14.09.2023** **12.10.2023**

2023/396	**Erectile dysfunction guideline – update** AGR to amend the wording from Black to Do not prescribe and add it to the website. **October 2023 update:** Has been changed, closed.	**AGR** **AGR**	**Open** **Closed**	**14.09.2023** **12.10.2023**
2023/397	**Sodium Zirconium Cyclosilicate – update** LR to forward concerns from GP around monitoring and reducing potassium levels. BH/AGR to look at bringing an adopted shared care agreement from another ICB to the next meeting for the group to discuss. **October 2023 update:** On the agenda, closed.	**LR** **BH/AGR** **BH/AGR**	**Open** **Open** **Closed**	**14.09.2023** **14.09.2023** **12.10.2023**
2023/398	**Melatonin** JG to review comments put forward by AB and make any material changes if required. BH to take the document to the CRG. **October 2023 update:** On the agenda, closed.	**JG** **BH** **BH**	**Open** **Open** **Closed**	**14.09.2023** **14.09.2023** **12.10.2023**
2023/399	**Lithium shared care guideline – proposed update by LSCFT** AGR to put the amended document onto the LSCMMG website. **October 2023 update:** Has been done, closed.	**AGR** **AGR**	**Open** **Closed**	**14.09.2023** **12.10.2023**
2023/400	**DMARD shared care guidelines – extension of expiry date** AGR to extend the expiry date on the LSCMMG website by 6 months. **October 2023 update:** Has been done, closed.	**AGR** **AGR**	**Open** **Closed**	**14.09.2023** **12.10.2023**

2023/401	**Scabies treatment pathway** The document to have LSCMMG branding added and can then be circulated out to members to further circulate to relevant prescribers. **October 2023 update:** LR not in attendance however AW said it had been approved, closed.	**LR** **LR**	**Open** **Closed**	**14.09.2023** **12.10.2023**
2023/402	**Blood glucose and ketone device monitoring recommendations** LR to take the document to the health improvement board and feedback comments to BH. **October 2023 update:** AW commented that there should be feedback for this next month. The document to be sent out for consultation to all trusts and localities once comments from Health Improvement Board received.	**LR** **LR** **DP/BH**	**Open** **Open** **Open**	**14.09.2023** **12.10.2023** **12.10.2023**
2023/403	**Guidelines workplan** BH to check he has the correct document via Sharon to send around in relation to clarity on molecular drug preferences. LR to forward email from Donna Parker in relation to commissioning and the biosimilar pathway. BH to send all three macular pathways to the Northwest Medicines Optimization group for discussion and the ask of adopting the local pathway as a Northwest approach. BH to also send pathways around this group for members. **October 2023 update:** Neither BH/ LR are in attendance, defer.	**BH** **LR** **BH** **BH** **LR/BH**	**Open** **Open** **Open** **Open** **Open**	**14.09.2023** **14.09.2023** **14.09.2023** **14.09.2023** **12.10.2023**
	New NICE Technology Appraisal Guidance for Medicines July/August 2023 Rimegepant for preventing migraine, to be presented to the next Commissioning			

2023/404	Resource Group with a recommended RAG rating of Amber 0 for approval. To confirm the approach taken by Cheshire and Mersey and GMMMG at the next meeting. **October 2023 update:** AGR still needs to speak to counterpart from Cheshire and Mersey.	**AGR** **AGR** **AGR**	**Open** **Open** **Open**	**14.09.2023** **14.09.2023** **12.10.2023**
2023/408	**Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee 20th July 2023** SR to circulate the document to members. BH to bring discussions around DNT group feedback. **October 2023 update:** SR will send minutes around to the group and check the distribution list.	**SR** **BH** **SR**	**Open** **Open** **Closed**	**14.09.2023** **14.09.2023** **12.10.2023**
ACTION SHEET FROM THE MEETING 12th October 2023				
2023/413	**Declarations of interest** DP to send DR the declaration of interest form.	**DP**	**Open**	**12.10.2023**
2023/414	**Minutes and action sheet from the last meeting 14th September 2023** EB to go through the last recording and make recommended changes for clarity.	**EB**	**Open**	**12.10.2023**
2023/415	**Matters arising (not on the agenda)** Any members interested in chairing the meeting to come forward and let AW know. EB to write out to members regarding change of day/time of LSCMMG meetings from the new year. DP to add Tamoxifen and Dapsone to the workplan.	**All Members** **EB** **DP**	**Open** **Open** **Open**	**12.10.2023** **12.10.2023** **12.10.2023**
2023/416	**Dailiport Position Statement** Dailiport to be added to the formulary with a Red RAG status.	**DP**	**Open**	**12.10.2023**

2023/417	**Bempedoic Acid Monotherapy update** DP to add Bempedoic acid monotherapy to the lipid pathway and send to the lipid group. Once it has been to the lipid group the lipid guideline is to be brought back to this group for approval. Bempedoic acid monotherapy to be added to formulary with Green RAG rating, following CRG approval	**DP** **DP** **DP**	**Open** **Open** **Open**	**12.10.2023** **12.10.2023** **12.10.2023**
2023/418	**New Medicines Workplan** **Ivabradine** for treatment of POTS, **Colesevelam** for CVD prevention, **Nefopam** for treatment of pain and **Liothyronine** for treatment of resistant depression to be added to the workplan.	**DP**	**Open**	**12.10.2023**
2023/420	**Restless Legs Guidance – Update** AGR to make the recommended changes and put the guidance onto the website.	**AGR**	**Open**	**12.10.2023**
2023/421	**Sodium Zirconium Cyclosilicate - Update** AGR to put the GMMMG shared care guidance for this item into LSCMMG formatting and send out for consultation.	**AGR**	**Open**	**12.10.2023**
2023/422	**Melatonin Pathway (Children) – LSCMMG Website Amendments** DP to make necessary changes to the LSCMMG website as listed in the paper.	**DP**	**Open**	**12.10.2023**
2023/423	**NHSE Free of Charge (FOC) Medicines Schemes – National Policy Recommendations for Local Systems** SPS guidance on Free of charge medicines schemes to be removed from LSCMMG web site Link to NHSE guidance "NHSE Free of Charge (FOC) Medicines Schemes – National Policy Recommendations for Local Systems" to be added to LSCMMG web site	**DP** **DP**	**Open** **Open**	**12.10.2023** **12.10.2023**
2023/424	**Omega 3-Acid-Ethyl Esters (Omacor) Proposal** DP to get the updated, ratified version of for the Northwest regional guideline "Diagnosis and Management of Preterm Labour (From 22^{+0} weeks gestation) including Cervical Cerclage, Tocolysis, Antenatal Corticosteroids and Magnesium Sulphate" and/or a link to the ratified version of the	**DP**	**Open**	**12.10.2023**

	document to allow LSCMMG access. Omacor (Omega 3-acids) to be added to LSCMMG web site with a Red RAG rating for the indication - for preterm birth risk reduction	**DP**	**Open**	**12.10.2023**
2023/425	**Guidelines workplan** Vaginal dilators, Edoxaban and the regional headache pathway to be added to the workplan.	**AGR**	**Open**	**12.10.2023**
2023/430	**Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee September 2023** SR to share them out to the group.	**SR**	**Open**	**12.10.2023**
2023/432	**AOB** DP, AGR and AW to meet to discuss getting information from CRG out to the system.	**DP/AGR/AW**	**Open**	**12.10.2023**