

**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Held on Thursday 12th December 2019 at Preston Business Centre**

PRESENT:

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

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Dr David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/213	Welcome & apologies for absence Attendance noted above. Apologies received from Alastair Gibson and Nicola Baxter.	
2019/214	Declaration of any other urgent business None.	

2019/215	<p>Declarations of interest</p> <p>None.</p>	
2019/216	<p>Minutes and action sheet from the last meeting 14th November 2019</p> <p>November LSCMMG minutes was discussed. BH requested an amendment to action from agenda item 2019/201 to remove “appear to” from the text as below. LSCMMG agreed the amendment.</p> <p>Action Remove words in bold from the following sentence: ‘LCSMMG agreed that the RMOC document does not appear to offer sufficient additional evidence to provide a basis for amending the current decision made by the LSCMMG’.</p> <p>No further points raised, and the minutes were agreed as a true and accurate record of the meeting.</p>	
2019/217	<p>Matters arising (not on the agenda)</p> <p>None.</p>	
NEW MEDICINES REVIEWS		
2019/218	<p>Cariprazine for the treatment of schizophrenia in adults – proforma</p> <p>DP introduced the paper by reminding the group that at the October meeting of the LSCMMG a New Medicine Review was considered for Cariprazine for the treatment of schizophrenia in adults. An Amber 1 RAG rating was agreed but this was not actioned as the LSCMMG requested an approval proforma to be developed and presented to the committee before implementation. The approval proforma was to specify actions to be taken before approving treatment for individual patients. DP presented a paper containing the approval proforma, developed by Lancashire and South Cumbria NHS Foundation Trust. SR advised that the completed proforma will be reviewed by the Chief Pharmacist and Deputy Medical Director for all patients initiated on cariprazine. Advice around contraception was discussed, SR agreed to update the approval section, to make it clear that the letter to the GP needed to specify that contraceptive advice had been provided to the patient. LSCMMG approved the Cariprazine for the treatment of schizophrenia in adults – proforma.</p> <p>Discussion SR highlighted the Shared Care document will require amendment to include contraceptive advice and any monitoring requirements if necessary. LSCMMG members agreed that the amendments to the shared care document are to be brought back to LSCMMG for approval.</p> <p>Action Proforma agreed with the addition of wording to make it clear that the letter to the GP needed to specify that contraceptive advice had been provided to the patient</p>	SR

	<p>Shared Care document to include contraceptive advice for women of child bearing potential. Highly effective contraception must be used and women prescribed a systemically acting hormonal contraceptive should agree to use of a second barrier method of contraception.</p>	<p>AGR</p>
2019/219	<p>Octreotide Lanreotide New Medicines Assessment</p> <p>DP presented a new medicine review for Octreotide (Sandostatin, Sandostatin LAR®) and Lanreotide (Somatuline Autogel, Somatuline LA®): Unlicensed use in non-acute treatment of recurrent gastrointestinal bleeding disorders.</p> <p>An EIRA screening form has been completed. The EIRA highlights potential financial risk and service impact issues.</p> <p>DP advised that the draft recommendation was to approve treatment as a Red RAG rating. The majority of organisations agreed with the Red RAG status proposal. Greater Preston and Chorley/South Ribble CCGs requested that a statement regarding prioritising use of the most cost-effective product be added. East Lancashire Health Economy suggested adding a statement advising the cessation, where appropriate, of medicines likely to exacerbate bleeding before considering octreotide or lanreotide. DP suggested that the following wording be added to the recommendation: Treatment should only be continued if an adequate response is achieved (e.g. a 50% reduction in the need for transfusion or parenteral iron). LSCMMG approved the Red RAG status.</p> <p>Discussion</p> <p>It was suggested that a Blueteq form be created for Octreotide and Lanreotide for this indication. It was confirmed Octreotide/Lanreotide is PbR excluded. It was noted that more evidence of effectiveness is available for Octreotide than Lanreotide, however the group felt that both treatments should be made available. LSCMMG agreed to review activity information in six months. BH suggested that the IFR team be approached to communicate the LSCMMG decision for octreotide and lanreotide to clinicians who have submitted IFRs for octreotide or lanreotide for bleeding disorders within the last twelve months.</p> <p>Action - the new medicines review to be added to the LSCMMG website with a Red RAG rating. Specialists who have submitted IFRs in the last 12 months to be informed of the groups decision. Activity data to be reviewed by the group in 6 months' time.</p>	<p>DP / AG / IFR</p>
2019/220	<p>Cyanocobalamin tablets New Medicines Assessment</p> <p>DP reported that a request from Morecambe Bay APC has been received to review Cyanocobalamin tablets hence a new medicine review for the product was presented to the group. An EIRA screening form has been completed which has highlighted an unquantifiable potential financial risk. DP stated that Cyanocobalamin tablets are several times more expensive than hydroxocobalamin injections, which are the preparation routinely given in the Lancashire and South Cumbria region. It is not possible to</p>	

	<p>estimate the actual impact of approving cyanocobalamin tablets as levels of potential uptake has not been established.</p> <p>Discussion Discussions took place around the Draft Black RAG recommendation. The majority of consultations agreed with the Black response, one organisation disagreed and suggested a Green RAG rating. DP discussed the NICE clinical knowledge summary which suggests that if diet related vitamin B₁₂ deficiency is diagnosed, advise people either to take oral cyanocobalamin tablets 50–150 micrograms daily between meals or have a twice-yearly hydroxocobalamin 1 mg injection. DP acknowledged there is conflicting advice.</p> <p>It was highlighted that the basis for the green consultation recommendation was that oral replacement therapy was recommended in regional and national haematological guidelines. It was highlighted that the existing “OTC Items that should not be routinely prescribed in Primary Care Policy” states that patients may be an exception to the policy where treatment is for “the treatment of more complex forms of minor illnesses” and that this would also apply to the current Black RAG recommendation in the case of patients with haematological conditions.</p> <p>Action - LSCMMG approved the Black RAG Status with the addition of a statement making it clear that patients who require treatment of more complex conditions may be considered an exception to the policy.</p>	
2019/221	<p>Azathioprine for treatment of Myasthenia Gravis New Medicines Assessment</p> <p>DP advised Azathioprine for treatment of Myasthenia Gravis was prioritised for review following a series of emails suggesting that the drug may be part of routine care within the Lancashire and South Cumbria Health Economy. DP updated an EIRA screening form has been completed which highlights potential service impact and cross border issues. DP introduced the review and reported that studies of the drug’s use in myasthenia gravis are small but show the steroid sparing effect of the drug.</p> <p>Discussion LSCMMG discussed the draft recommendation of Amber 1 (with shared care). Discussions took place around the monitoring and interpretation section of the current Azathioprine Shared Care document. The document states that 3 monthly monitoring is required for stable patients.</p> <p>LSCMMG agreed that the monitoring requirements of the new indication are expected to be in line with the monitoring requirements of the indications in the current shared care document. On this basis it was agreed that an Amber 1 with shared care RAG status would be appropriate. However, should a significant reason for monitoring more frequently be highlighted the RAG rating will be reviewed.</p>	

	<p>Action – LSCMMG approved an Amber 1 RAG rating. The current shared care document will be amended to include the new indication and will be brought back to a future LSCMMG meeting for approval.</p>	
2019/222	<p>New Medicines Workplan</p> <p>DP discussed the current new medicine workplan.</p> <p>January 2020 new medicine reviews will take place for:</p> <ul style="list-style-type: none"> • Octreotide / Lanreotide - Gastrointestinal disorders - secretory • Sputum clearing devices • Oxygen – Cluster headaches <p>DP advised Nortriptyline is now an active medicine for review due to a full application now being received and will no longer remain on hold.</p> <p>Medicines for Prioritisation discussed</p> <ul style="list-style-type: none"> • Dibotermin alfa (InductOs®) has been identified by East Lancashire CCG. LSCMMG agreed to prioritise Dibotermin alfa for review and will be added to the medicines prioritised for future LSCMMG meeting. <p>Medicines prioritised for new medicines reviews - for future LSCMMG meeting remain as;</p> <ul style="list-style-type: none"> • Ketamine • Voke nicotine inhaler • Octreotide / Lanreotide • VACO cast diabetic • Shingles vaccination • Pneumococcal and Haemophilus type b / Meningococcal group C vaccines <p>LCSMMG members agreed the new medicines workplan.</p>	
<p>GUIDELINES and INFORMATION LEAFLET</p>		
2019/223	<p>Homely remedies template policy</p> <p>AGR discussed that the Regional Medicines Optimisation Committee (RMOC) (Midlands and East) issued guidance on the use of homely remedies in care homes. This included a template policy for local use which was consulted upon by the LSCMMG. At the March 2019 meeting of the LSCMMG it was agreed that the MLCSU would produce local guidance for the use of medicines in care homes. AGR explained that the aim of the homely remedies policy was to streamline the RMOC guidance, to incorporate the advice issued by NICE and the principles from the CQC policy on self-care and homely remedies. AGR stated that the main issue within the policy highlighted during the consultation process was the requirement for GPs' to sign off the list of medicines for the care home to stock and identify patients to be excluded from the provision of homely remedies.</p>	

	<p>Discussion MP suggested the self-care elements of the policy could be used rather than the homely remedy section. It was queried if it was appropriate to include loperamide in the list of recommended medications. CM queried how many care homes use a homely remedies policy and suggested that contact is made with the care home forums. CM also advised that work in GP/CSR CCGs around vulnerable patients with safeguarding for self-care is almost complete and could form part of discussions with the care home forum. The Homely remedies policy was not approved, LSCMMG discussed the way forward and agreed that a meeting is to be arranged with Simon Hill CQC and CM to attend a care home forum meeting.</p> <p>Action A meeting to be organised with Simon Hill, CQC, to discuss the homely remedies template policy.</p> <p>CM to liaise with the Care Home Forum and feedback to AG</p>	<p>AG CM/AG</p>
<p>2019/224</p>	<p>Dementia medicines care setting consultation</p> <p>AGR stated that it was agreed at the July meeting of the LSCMMG that a consultation would take place to understand how patients with dementia should be managed in Lancashire and South Cumbria, particularly whether primary or secondary care is better placed to commence treatment with memantine for patients already receiving an acetylcholinesterase inhibitor. It was agreed that this consultation would take place before any further guidance is produced.</p> <p>Consultation responses were received from One of eight CCGs, one of five provider trusts and Lancashire and South Cumbria Foundation Trust. AGR referred to appendix 1 which lists the questions circulated for consultation and appendix 2 which listed the consultation responses received. In summary, most of the respondents were in favour of memantine being initiated in primary care for patients already receiving an acetylcholinesterase inhibitor without further advice from a specialist.</p> <p>Discussion SR noted a review of current guidance will be required if approved. BH confirmed with LSCMMG members that amendments will be made and uploaded to the website. However, BH also stated that the document may be brought back to LSCMMG if any aspect of the document requires further input from the group. SR will be informed when then changes have been made live on the website.</p> <p>Action Dementia medicines information sheet to be updated and uploaded to the LSCMMG website or taken back to LSCMMG if clarification is required.</p>	<p>AGR</p>

<p>2019/225</p>	<p>LSCMMG RAG rating review – update</p> <p>AGR presented a RAG rating review document, a revision of the pathway that was presented at the November meeting. AGR highlighted that the first page of the flowchart was designed to determine if a medicine should have a Red, Black or Grey RAG rating, the second page, a matrix, is designed to ascertain, if suitable for prescribing in primary care, which RAG rating from a choice of: Green, Green (restricted), Amber 0, Amber 0 (PrescIL), 1 or 2. AGR stated that the primary care RAG status would be decided by considering the current medicine, on a range of criteria, against the existing medicines RAG status. AGR provided examples of which criteria had been used to determine an Amber 1 RAG status for medicines previously considered by the LSCMMG.</p> <p>Discussion</p> <p>SR queried which information source would be used as a baseline to determine whether additional specialist resource was needed and queried if specialist’s advice would be required to increase or decrease a dose for antipsychotics. It was agreed that access to resources in primary care would be amended.</p> <p>AC and BH agree that the new criteria should be implemented with a review of progress scheduled for 6-months-time.</p> <p>The group agreed that antipsychotic prescribing requires further discussion, particularly with a representative of the LMC. CM queried whether wider work within the ICS would cover this. AC reported there is a Mental Health Improvement Board and suggested the RAG Criteria could be discussed at the Mental Health Improvement Board meeting. BH suggested SR, AC or BH, and a CCG lead attend. BH agreed to contact Paul Hopley to discuss attending the Mental Health Improvement Board meeting.</p> <p>Action</p> <p>BH to contact Paul Hopley to gain approval of attendance at the Mental Health Improvement Board meeting.</p>	<p>BH</p>
<p>2019/226</p>	<p>Cannabis-based medicinal products – update</p> <p>AGR commented the Cannabis based medicinal products paper is the same as considered at the November meeting, the only additional information is the addition of comments raised from a consultant at LTHT. The paper summarises the recommendations of NICE NG 144 – Cannabis-based medicinal products.</p> <p>Intractable nausea and vomiting</p> <p>AGR stated that no comments had been received for intractable nausea and vomiting. AS stated UHMB oncologists would not be interested in this product as they feel there are superior products available. LSCMMG agreed a Red RAG status for intractable nausea and vomiting in line with NICE NG 144.</p>	

	<p>Chronic pain NG 144 does not recommend the use of cannabis preparations for this indication.</p> <p>A consultant at LTHT raised the following comment: <i>“Following the ancient historical East Lancashire approval for use of Sativex in refractory neuropathic pain, we both have legacy patients with chronic pain who failed on other treatments under pain clinics previously”</i>.</p> <p>It was queried how often patients within this cohort would be expected to be reviewed to consider if treatment was still recommended. It was agreed that DJ will contact the consultant at LTHT for further details.</p> <p>Spasticity AGR highlighted that the consultant at LTH recommended an Amber 0 RAG status for MS and non-MS spasticity, whereas currently LSCMMG have a Red RAG rating for MS spasticity alone.</p> <p>LSCMMG discussed the comments from LTH on using Sativex in patients with spasticity who are not diagnosed with MS, AGR stated that NICE only recommends for MS patients. It was agreed that should the consultant wish to use the drug in non-MS patients a full application would be required. Further consultation was agreed to determine if an Amber 1 RAG status with shared care would be acceptable to the group.</p> <p>It was also agreed that the specialist would be contacted to understand how they have gained experience in patients without MS as this had not been a patient cohort who had been agreed by the group.</p> <p>Severe treatment-resistant epilepsy was discussed. NICE technology appraisals (TA) for ‘cannabidiol with clobazam for treating seizures associated with Dravet syndrome’ and ‘cannabidiol with clobazam for treating seizures associated with Lennox-Gastaut syndrome’ are expected to be published on 18th December 2019.</p> <p>Actions</p> <p>Chronic pain indication to be updated on the LSCMMG website with a Black RAG Rating.</p> <p>The specialist from LTH to be contacted to understand how often patients with pain are reviewed to assess the clinical appropriateness.</p> <p>The specialist from LTH to be contacted to understand how they have developed experience in patients with spasticity in conditions other than MS.</p> <p>Cannabis-based medicinal products for MS spasticity – consultation on a proposed Amber 1 RAG status to be circulated.</p>	<p>AGR</p> <p>DJ</p> <p>AGR</p> <p>AGR</p>
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<p>2019/227</p>	<p>Guidelines for the prescribing of nutritional supplements post bariatric surgery – update</p> <p>AGR discussed that MLCSU received a query from EL CCG stating that the policy endorses 'Black' for supplementation if referred privately for treatment. However, the question raised was whether this complies with the NHS Constitution that refers to patients being treated under the NHS if referred back in. It was queried if the guideline should be amended so that patients that have proceeded with bariatric surgery privately and have subsequently opted to switch their care back to the NHS, these patients would qualify for NHS continuing care equivalent to that offered to NHS patients.</p> <p>AGR recommended that the guideline should be amended so that patients that have proceeded with bariatric surgery privately and have subsequently opted to switch their care back to the NHS can have access to supplements equivalent to that offered to NHS patients. LSCMMG approved the amendment.</p> <p>Action</p> <p>Guidelines for the prescribing of nutritional supplements post bariatric surgery to be updated and uploaded to the website.</p>	<p>AGR</p>
<p>2019/228</p>	<p>Guidelines Workplan</p> <p>AGR discussed the guideline workplan. A request has been made for a therapeutic clothing guideline, to expand current guidance based on silk garments, compression garments etc. Lymphoedema garments inclusion was queried. BH discussed that this is yet to be scoped. To be added to the workplan.</p> <p>A query has been raised on the guideline for erectile dysfunction in relation to vacuum pumps, it is thought some devices have been supplied to primary care and the belief is the device is costly and potentially outside tariff. AGR questioned if this is a common occurrence across Lancashire and South Cumbria. CM reported requests for funding to cover additional cost above tariff. CM will investigate this through contracts and will bring back to LSCMMG if it seems to be problematic.</p> <p>AGR discussed MLCSU have received a letter from the LMC relating to the gender dysphoria information sheet. A meeting is to be organised with the LMC to discuss further and will feedback to LSCMMG following the meeting.</p> <p>AGR updated a request has been made for an amiodarone and dronedarone SCG. LSCMMG approved this request. To be added to the workplan.</p> <p>DP updated Paediatric asthma guideline is to be added to the guideline workplan for January 2020 and is currently out for consultation.</p> <p>Action</p> <p>MLCSU to meet with the LMC to discuss the gender Dysphoria guideline.</p>	<p>AGR</p>

NATIONAL DECISIONS FOR IMPLEMENTATION		
2019/229	<p>New NICE Technology Appraisal Guidance for Medicines November 2019</p> <p>AGR discussed a positive NICE TA Pentosan polysulfate sodium for treating bladder pain syndrome (NICE TA610) and recommended a Red RAG status. AGR confirmed that it is CCG commissioned and NICE do not expect this guidance to have a significant impact on resources.</p> <p>Action – To be added to the LSCMMG website with a Red RAG rating.</p>	AGR
2019/230	<p>New NHS England medicines commissioning policies</p> <p>No relevant policies to discuss.</p>	
2019/231	<p>Regional Medicines Optimisation Committees - Outputs November 2019</p> <p>DP presented an update on new RMOC guidance and items of potential interest. The RMOC has announced its updated operating model which sets out refined aims and objectives for the RMOCs and their expected ways of working. A link to the framework was presented in the RMOC paper.</p>	
2019/232	<p>Evidence reviews published by SMC or AWMSG November 2019</p> <p>DP presented the evidence reviews published by SMC or AWMSG November 2019. Of relevance to the group was the SMC's acceptance of imiquimod (Zyclara) for treatment of nonhyperkeratotic, nonhypertrophic, visible or palpable actinic keratosis. LSCMMG had previously assigned the drug a Black RAG rating. LSCMMG agreed to review the RAG rating if a request is received.</p>	
ITEMS FOR INFORMATION		
2019/233	<p>Lancashire and South Cumbria NHS FT Drug and Therapeutic Committee minutes.</p> <p>Noted for information.</p>	

Date and time of the next meeting

9th January 2019 9.30 am to 11.30 am, Cooper Clarke, Jubilee House, Leyland, Lancashire

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

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 12 th December
ACTION SHEET FROM THE MEETING 11TH July				
2019/127	<p>Slenyto (melatonin)</p> <p>Joint CSU and LCFT working in terms of producing generic information on melatonin</p> <p>Joint CSU and LCFT working to provide advice on switching of patients and the place of the licensed liquid and Slenyto</p> <p>CSU and LCFT to produce draft guidance for recommend formulary position for each presentation and indication - comprehensive recommendation to be discussed at September's LSCMMG meeting including the jet lag indication.</p> <p>Potential cost implications of each recommendation to be brought to next meeting</p> <p>September 2019 Update: Meeting to take place in 1 week, update to the October meeting.</p> <p>October 2019 update: Work on guidance in the process of being finalised. It was highlighted that often with the release of a licensed preparation that the MHRA may increase their oversight on the use of unlicensed preparations.</p> <p>November 2019 update Figures required from LCFT. Slenyto proposal to be brought to December's LSCMMG meeting.</p> <p>December 2019 update: Figures required from LCFT. Slenyto proposal to be brought to January's LSCMMG meeting.</p>	DP/LCFT	11.07.2019	Open

	<p>Consideration with given to adding high-cost pressures identified at the LSCMMG to the ICS corporate risk register. BH agreed to look at this.</p> <p>November 2019 update: Action to Remain open, a paper on cost pressures being take to FIG and paper on prioritisation being taken to JCCCG, highlighting financial risks will be included on these papers.</p> <p>December 2019 update: meetings have taken place with Andy Curran, Andrew Bennett and Emily Kruger from the PMO. Agreed a draft horizon scanning paper will be taken to CCB to highlight any significant risks. Any significant financial risks will be also be taken to FIG.</p>	BH	10.10.19	Closed
		SR	12.12.19	Open
2019/129	Agomelatine			
	<p>Shared care principles to be reviewed then suitability of agomelatine's inclusion in a shared care protocol will be assessed.</p> <p>It is thought 12 patients are currently prescribed Agomelatine, LCFT to review the length of time this cohort have been prescribed agomelatine. In addition, the suitability of this patient cohort for continued prescriptions from a non-specialist setting to be considered alongside the frequency and requirement for medication reviews by LCFT to be reported back to the CSU.</p> <p>If following LCFT findings a Red Rating seems suitable and the LCFT guidance document can be used to support its implementation this will be brought back to the next LSCMMG. Should any other RAG classification be recommended this would result in a further consultation.</p>	AGR/DP	11.07.2019	Closed
		LCFT	11.07.2019	Closed
		DP	11.07.2019	Closed

2019/142	<p>NHS England Low Priority Prescribing Commissioning Guidance</p> <p>CSU to email LSCMMG members to scope which trust's use i.e. Ketone blood glucose testing strips and needles.</p> <p>September 2019 update: Work on Blood Glucose Testing strips is starting in the EL Health Economy. MLCSU to work with ELMMB to look to produce LSCMMG guidance.</p> <p>October 2019 update: Deferred to a following LSCMMG meeting.</p> <p>November 2019 update: MLCSU to chase up responses. Summary to be brought back to December LSCMMG meeting.</p> <p>December 2019 update: Responses in the process of being collated. Deferred to January's meeting.</p>	CSU	11.07.2019	Closed
ACTION SHEET FROM THE MEETING 10th October				
2019/177	<p>Cariprazine for the treatment of schizophrenia in adults</p> <p>LSCFT to share internal policy or process for approving cariprazine with DP</p> <p>Cariprazine to be added to antipsychotic shared-care guideline and presented for approval at the next meeting</p> <p>November 2019 update: A proforma has been developed to support its implementation in LSCFT, cariprazine to be an agenda item at December LSCMMG meeting.</p> <p>December 2019 update: agenda item</p>	SR	10.10.19	Closed
		DP	10.10.19	Closed

<p>2019/182</p>	<p>Antipsychotic shared-care – update</p> <p>CCG representatives to check what monitoring is conducted at annual reviews for patients on antipsychotics and feed back to CSU MMT.</p> <p>All to consider what the definition of ‘stable’ means for a patient on antipsychotic medication and feed back to CSU MMT.</p> <p>All to report on any issues arising in practice when prescribing antipsychotic medication and feed back to CSU MMT.</p> <p>November 2019 update: what happens in practice proforma to be circulated</p> <p>December 2019 update: Proforma to be circulated to members, agreed to defer this action.</p>	<p>AGR / CCGs / provider Trusts</p>	<p>10.10.2019</p>	<p>Open</p>
<p>ACTION SHEET FROM THE MEETING 14th November 2019</p>				
<p>2019/194</p>	<p>Pathway for prevention of stroke and systemic embolism</p> <p>NOACS task and finish group to engage with Blackpool Teaching Hospital’ Cardiologists and Haematologists regarding the pathway for prevention of stroke and systemic embolism</p> <p>December 2019 update: Meeting is yet to be arranged. NOACs element will be brought back to LSCMMG but will be discussed further via CCG leads meeting.</p>	<p>DP</p>	<p>14.11.2019</p>	<p>Closed</p>

<p>2019/197</p>	<p>LSCMMG – New Medicine Reviews Work Plan update</p> <p>Local position for Prevnar 13/ Hib MenC boosters to be added to the workplan and scoped.</p> <p>Herpes Zoster to be determined via engagement with Rheumatologists</p> <p>December 2019 update: Local position for Prevnar 13/ Hib MenC boosters have been added to the workplan</p>	<p>MLCSU</p>	<p>14.11.2019</p>	<p>Closed</p>
<p>2019/199</p>	<p>RAG criteria review – update</p> <p>RAG criteria review to be an agenda item December LSCMMG</p> <p>December 2019 update: Agenda item.</p>	<p>LM</p>	<p>14.11.2019</p>	<p>Closed</p>
<p>2019/200</p>	<p>NICE cannabis guidance update</p> <p>NICE cannabis guidance update paper to be circulated to members and comments presented at the December meeting.</p> <p>December 2019 update: Agenda item</p>	<p>AGR</p>	<p>14.11.2019</p>	<p>Closed</p>
<p>2019/202</p>	<p>Testosterone shared-care guidance – update</p> <p>LR to share Testosterone Shared Care guidance feedback.</p> <p>To upload to the LSCMMG website once additional information had been considered.</p> <p>December 2019 update: Testosterone Shared Care guidance added to the website</p>	<p>LR</p>	<p>14.11.2019</p>	<p>Closed</p>

2019/203	<p>Teriparatide biosimilars – Blueteq</p> <p>Blueteq form for teriparatide biosimilars to be developed</p> <p>December 2019 update: Blueteq form for Teriparatide biosimilars developed.</p>	AGR	14.11.2019	Closed
2019/206	<p>Guideline workplan</p> <p>Action – acute trusts to feedback iloprost use to AGR</p> <p>December 2019 update: Feedback received.</p>	Acute trusts	14.11.2019	Closed
2019/210	<p>Evidence reviews published by SMC or AWMSG</p> <p>Triptorelin/Spec Comm drugs to be an agenda item at the next SLOG meeting.</p> <p>December 2019 update: Discussed at SLOG.</p>	BH	14.11.2019	Closed
2019/212	<p>Briefing Paper for Healthier Lancashire and South Cumbria Joint Committee of Clinical Commissioning Groups (JCCCG's) update</p> <p>NICE TA / OTC Policy and Rheumatoid Arthritis High Cost Drug Pathway to be taken through CCG ratification processes</p> <p>December 2019 update: Communicated via CCG mechanism.</p> <p>Cariprazine to go to the January 2020 JCCCG for ratification</p> <p>December 2019 update: To be discussed at January JCCCG meeting</p>	CSU	14.11.2019	Closed
		CSU	14.11.2019	Open
ACTION SHEET FROM THE MEETING 12th DECEMBER 2019				

<p>2019/216</p>	<p>Minutes from 15th November 2019</p> <p>RMOC item - amendment to remove “appear to” from the following statement</p> <p>LCSMMG agreed that the RMOC document does not appear to offer sufficient additional evidence to provide a basis for amending the current decision made by the LSCMMG. Sodium oxybate will retain a ‘Black’ RAG status in Lancashire and South Cumbria. The LSCMMG agreed that ROC document does not appear to offer sufficient additional evidence.</p>	<p>LM</p>	<p>12.12.2019</p>	<p>Open</p>
<p>2019/218</p>	<p>Cariprazine for the treatment of schizophrenia in adults – proforma</p> <p>Proforma to be updated with the addition of wording to make it clear that the letter to the GP needed to specify that contraceptive advice had been provided to the patient</p> <p>Shared Care document to include contraceptive advice for women of childbearing potential, unless highly effective contraception is being used and women prescribed a systemically acting hormonal contraceptive agree to use of a second barrier method of contraception.</p>	<p>SR</p>	<p>12.12.2019</p>	<p>Open</p>
	<p>Shared Care document to include contraceptive advice for women of childbearing potential, unless highly effective contraception is being used and women prescribed a systemically acting hormonal contraceptive agree to use of a second barrier method of contraception.</p>	<p>AGR</p>	<p>12.12.19</p>	<p>Open</p>

2019/219	Octreotide Lanreotide New Medicines Assessment			
	The new medicines review to be added to the LSCMMG website with a Red RAG rating.	DP	12.12.19	Open
	Specialists who have submitted IFRs in the last 12 months to be informed of the groups decision.	DP / IFR	12.12.19	Open
	Activity data to be reviewed by the group in 6 months' time.	AGR	12.12.19	Open
2019/220	Cyanocobalamin tablets New Medicines Assessment			
	LSCMMG approved the Black RAG Status with the addition of a statement making it clear that patients who require treatment of more complex conditions may be considered an exception to the policy.	DP	12.12.19	Open
2019/221	Azathioprine for treatment of Myasthenia Gravis New Medicines Assessment			
	LSCMMG approved an Amber 1 RAG rating. The current shared care document will be amended to include the new indication and will be brought back to a future LSCMMG meeting for approval.	AGR	12.12.19	Open
2019/223	Homely remedies template policy			
	A meeting to be organised with Simon Hill, CQC, to discuss the homely remedies template policy.	CM/AGR	12.12.2019	Open
	CM to liaise with the Care Home Forum and feedback to AG			
2019/225	LSCMMG RAG rating review – update			
	BH to contact Paul Hopley to gain approval of attendance at the Mental Health Improvement Board meeting.	BH	12.12.2019	Open

2019/226	Cannabis-based medicinal products – update			
	Chronic pain indication to be updated on the LSCMMG website with a Black RAG Rating.	AGR	12.12.2019	Open
	The specialist from LTH to be contacted to understand how often patients with pain are reviewed to assess the clinical appropriateness.	DJ	12.12.2019	Open
	The specialist from LTH to be contacted to understand how they have developed experience in patients with spasticity in conditions other than MS.	AGR	12.12.2019	Open
	Cannabis-based medicinal products for MS spasticity – consultation on a proposed Amber 1 RAG status to be circulated.	AGR	12.12.2019	Open
2019/228	Guidelines Workplan			
	MLCSU to meet with the LMC to discuss the gender Dysphoria guideline.	AGR	12.12.2019	Open