



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 11th February 2021 (via Microsoft Teams)**

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
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	NHS Blackpool and Fylde and Wyre CCG's
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust
Helen Sampson (HS)	Senior Medicines Information Pharmacist	NHS Blackpool Teaching Hospitals
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	NHS Morecambe Bay CCG

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Nicola Baxter (NB)	Head of Medicines Optimisation	
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2021/016	<p>Welcome & apologies for absence</p> <p>AC welcomed members to the meeting. Attendance is noted above. Apologies was received from Rebecca Bond, Helen Sampson attended on Rebecca's behalf.</p>	
2021/017	<p>Declaration of any other urgent business</p> <p>None.</p>	
2021/018	<p>Declarations of interest</p> <p>None.</p>	
2021/019	<p>Minutes and action sheet from the last meeting 14th January 2020.</p> <p>Members agreed the minutes from the previous meeting as accurate and was therefore signed off as the final version. The action log was updated during the meeting. FP asked if NICE Technology Appraisals could be named as well as numbered within the minutes going forward, LSCMMG agreed.</p>	
2021/020	<p>Matters arising (not on the agenda)</p> <p>SR noted that the antipsychotic shared guidance was not on the agenda, AC stated the LSCMMG are currently running a shortened agenda and suggested this is discussed at the March LSCMMG meeting.</p> <p>Action - Antipsychotic shared care guidance to be an agenda item for March LSCMMG</p>	
NEW MEDICINES REVIEWS		
2021/021	<p>Dymista</p> <p>DP updated Dymista has been added to the workplan for review following a previous request. DP noted the consultant who raised the request has provided further information to review. DP updated LSCMMG members the additional efficacy information and data pack has been reviewed which has found no substantial new evidence to suggest a reconsideration of Dymista is necessary. LSCMMG discussed the review of a RAG position would only be carried out if substantial new evidence is available. BH suggested a meeting is arranged with the requesting consultant outside of LSCMMG, on the basis that consultants would not normally attend LSCMMG meetings.</p> <p>Action DP to provide response to correspondence sent by the applicant, incorporating rationale for decision on behalf of LSCMMG.</p>	<p>DP</p>

	Action – AC to ask Sandra Lishman to organise a meeting to discuss Dymista with the requesting consultant, David Jones, David Prayle, Brent Horrell and Andy Curran.	AC
2021/022	<p>LSCMMG – New Medicine Reviews Work Plan update</p> <p>DP discussed the medicines which have been identified for review by either the CSU via Horizon Scanning or have been identified for review by member organisations. DP updated Lyumjev and ketamine have now been circulated for consultation. DP asked if Dymista is to be removed given previous discussions, LSCMMG agreed to remove Dymista from the workplan unless there is a case for place in therapy.</p> <p>Medicines prioritised for new medicine review</p> <ul style="list-style-type: none"> • Atecura Breezhaler and Enerzair Breezhaler remain prioritised for next review. <p>New medicine review requests</p> <p>Scar silicone dressings has been requested for review. LSCMMG discussed wound care formularies are different across the Lancashire and South Cumbria footprint. It was noted DP will engage with CCG's to explore if the review of high cost dressings across Lancashire and South Cumbria would be desirable. LSCFT was noted as having a process in place for wound care which works well, it was agreed such requests could be delegated to the Drug and Therapeutics committee with LSCMMG remaining the decision making body. Further engagement with key members of the Drug and Therapeutic committee will be required.</p> <ul style="list-style-type: none"> • Dapagliflozin has been requested for review for the treatment of heart failure, DP updated a positive NICE FAD has been published for this treatment therefore a NICE Technology Appraisal is imminent. LSCMMG agreed to allow 3/6 months for the NICE TA to be published and if the NICE TA is delayed, LSCMMG will prioritise a review. • Metolazone is ongoing. <p>Action – DP to liaise with CCG's regarding dressings reviews, to attain a shared understanding of the potential for a collaborative formulary approach for high cost dressings. Following engagement DP will draft a proposal and process for discussion at March LSCMMG.</p>	DP
GUIDELINES and INFORMATION LEAFLET		
2021/023	<p>Liothyronine RAG status – update</p> <p>AGR noted an equality impact screen has been carried out which has not identified any potential issues. A request was made at the September 2020 meeting of the LSCMMG to prioritise a review of liothyronine. CCGs have reported situations where specialists have felt that there is a clear clinical indication for liothyronine monotherapy. The group agreed that</p>	

	<p>clarity was required. The current position endorsed by LSCMMG is that liothyronine is not recommended as monotherapy for the chronic management of hypothyroidism (RAG rating 'Black'). There are no exceptions to this position endorsed by LSCMMG.</p> <p>The aim of the review was to identify a list of exceptions, when the use of liothyronine is clinically necessary, to the current RAG status. The intention was that the Black RAG status will be remain but liothyronine can be used if one of the qualifying exemptions apply.</p> <p>AGR updated the group that a working group was convened which included two endocrinology consultants and a GP.</p> <p>LR queried that if a patient is considered suitable for dual therapy with levothyroxine and liothyronine by a specialist, is the view that this could be something in which primary care could pick up. AGR confirmed this is the view of the working group.</p> <p>AGR noted the second point to mention was the view of the working group is that monotherapy should not be initiated unless there has been a clear intolerance for Levothyroxine. LR queried if this would be something which could follow the IFR process. BH noted due to the decision making IFR framework this would not be the best route to follow. AGR stated that it had been suggested that a prior approval mechanism should be developed. AGR confirmed that this could be managed by the hub team.</p> <p>AGR asked if LSCMMG are happy with the outlined criteria. AC noted consultation would capture the view of primary care colleagues and agreed consultation should take place but noted the prior approval process is to be included within the consultation.</p> <p>Action - Liothyronine to be sent out for consultation including the prior approval process.</p>	<p style="text-align: center;">AGR</p>
<p>2021/024</p>	<p>Primary Care Adult Headache Management Pathway</p> <p>AGR updated the Adult Headache management pathway has incorporated extensive changes following discussions at the previous LSCMMG meeting. Responses have been received to advise the pathway would be supported if changes were made. AGR asked members as the changes have been made, would LSCMMG members agree the pathway is ready to be circulated for consultation, LSCMMG members agreed to reconsult.</p> <p>Action – Primary Care Adult Headache Management Pathway to be sent out for consultation</p>	<p style="text-align: center;">AGR</p>
<p>2021/025</p>	<p>Rheumatoid Arthritis High Cost Drug Pathway – update</p> <p>DP stated that upadacitinib was approved by NICE in December 2020 (TA665) for the treatment of severe rheumatoid arthritis. The drug is the third 'JAK inhibitor' to be approved by NICE for the treatment of rheumatoid arthritis and the TA places the same conditions on all three JAK inhibitors. All three drugs are similarly priced and NICE does not expect a significant resource or financial impact for TA665. The pathway</p>	

	<p>has therefore been updated to include upadacitinib as a choice alongside the other JAK inhibitors in the pathway. LSCMMG members approved the updated pathway</p> <p>Action DP to update the Rheumatoid Arthritis high cost drugs pathway to include upadacitinib.</p>	DP
2021/026	<p>LSCMMG – Guidelines Work Plan update</p> <p>AGR updated Neuropathic Pain and antipsychotic shared Care are on schedule for March 2021 but noted the timescale may slip for erectile dysfunction, a disclaimer will be added to the LSCMMG website.</p> <p>AGR updated the group on a meeting took place with the LMC. AGR fed back that the LMC felt that most GP's may not have the competence to prescribe medication for patients that have either presented with or have been diagnosed with gender dysphoria following review by one of the NHS gender identity clinics (GICs). AGR highlighted the issues that LMC members have been having with requests from private GICs. The LMC felt that a blanket Amber 0 RAG rating in this circumstance is unhelpful. AGR asked members if it would be beneficial to add a statement to the gender dysphoria guidance to state GP's would not be obligated to prescribe unless they were competent to do so. The group agreed to the addition. LR noted there could be a potential challenge with adding in a statement to the guidance as NHS England currently expect GPs to prescribe medication following review by the NHS GIC. AGR is aware of NHS England's position and will consider this as part of the wider piece of work.</p> <p>BH has taken an action from the meeting with the LMC to discuss with Andrew Bennett if there is a potential gender clinic service in the pipeline which may be offered within the Lancashire and south Cumbria footprint.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2021/027	<p>New NICE Technology Appraisal Guidance for Medicines January 2021</p> <p>AGR discussed Brolocizumab for treating wet age-related macular degeneration (TA672) and noted that there is uncertainty in predictions made by NICE but advised that it would not be a cost impact to CCG's, rather a cost saving but it could not be confirmed by how much. BH asked when Lucentis and Eylea are due to come off patent, AGR took an action to draft a list of drugs to come off patent.</p> <p>Action – AGR to check horizon scanning for drugs coming off patent.</p>	AGR
2021/028	<p>New NHS England medicines commissioning policies January 2021</p> <p>Nothing urgent to consider.</p>	

2021/029	Regional Medicines Optimisation Committees - January 2021 Nothing urgent to consider.	
2021/030	Evidence reviews published by SMC or AWMSG January 2021 Nothing urgent to consider.	
ITEMS FOR INFORMATION		
2021/031	Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes No meeting took place January 2021.	

Date and time of next meeting

The next meeting will take place on
Thursday 11th March 2021
9.30am – 11.30am
Microsoft Teams

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
11.02.2021**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11.02.2021
ACTION SHEET FROM THE MEETING 9TH JANUARY 2020				
2020/008	<p>Oxygen Therapy for the treatment of Cluster Headaches</p> <p>August 2020 update: Item deferred as Anne Henshaw has been on annual leave.</p> <p>September 2020 update: Feedback has been received, MLSCU to review and feedback at October LSCMMG.</p> <p>October 2020 update: Ongoing with December target.</p> <p>November 2020 update: On track for December target.</p> <p>February 2021: aligns to headache discussions, potential for circulation in April.</p>	AGR	10.09.2020	Closed
ACTION SHEET FROM THE MEETING 13th August 2020				

<p>2020/091</p>	<p>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</p> <p>BH to raise with Rebecca Higgs, Out of Hospital Cell.</p> <p>September 2020 update: BH has been in contact with Rebecca Higgs who advised Peter Tinson is the most appropriate contact. BH is in the process of arranging a meeting with Peter Tinson to see if this can be taken forward through the Primary Care Cell meeting.</p> <p>October 2020 update: Action deferred to November.</p> <p>November 2020 update: Primary Care Cell are currently focussed on Covid 19 vaccine campaign, BH will aim to take forward when normal working priorities resume</p>	<p>BH/DP</p>	<p>13.08.2020</p>	<p>Paused</p>
<p>ACTION SHEET FROM THE MEETING 10th September 2020</p>				
<p>2020/111</p>	<p>Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions</p> <p>November 202 update: Consultation form amended. Actioned and closed.</p> <p>Respiratory specialists to be contacted about diagnostic treatment pathway for vaccine.</p> <p>October 2020 update: Awaiting feedback, ongoing.</p> <p>November 2020 update: Engagement ongoing</p>	<p>DP</p>	<p>Paused</p>	<p>10.09.2020</p>

2020/112	<p>Melatonin for treatment of Rapid Eye Movement Sleep Behaviour Disorder in Parkinson's Disease</p> <p>DP to engage with specialist to clarify when specialists would review effectiveness.</p> <p>October 2020 update: ongoing.</p> <p>November 2020 update: DJ to find out who the CD officer is for neurologists. DJ to inform DP of the most appropriate contact to engage with.</p>	DP	Open	10.09.2020
2020/113	<p>Linezolid RAG rating</p> <p>Prescribing guidance information sheet to be produced, including monitoring information.</p> <p>October 2020 update: deferred to November LSCMMG meeting.</p> <p>November 2020 update: Prescribing information sheet has been completed. To be circulated to LSCMMG members for consultation and discussion at December LSCMMG meeting.</p> <p>February 2021: Previously sent in advance of December 2020 meeting, to be recirculated in advance of March LSCMMG.</p>	AGR	Open	10.09.2020
2020/120	<p>Amiodarone and dronedarone shared-care guidance</p> <p>Engage with cardiologists and review patient pathway.</p> <p>October 2020 update: Ongoing, December 2020 target date for review.</p> <p>November 2020 update: Meeting booked with Dr Chalil next week, ongoing.</p> <p>February 2021 update: Actioned. Progressing most recent Amiodarone and Dronedarone actions.</p>	AGR	Closed	10.09.2020

ACTION SHEET FROM THE MEETING 08th October 2020

<p>2020/135</p>	<p>Domperidone as an aid to the initiation and maintenance of breast milk supply</p> <p>Treatment course length to be highlighted in the indication.</p> <p>November 2020 update: Clarified 7-day course. The additional part of the review is to clarify route to supply. DP fed back on the information provided by the network, it was agreed that the recommendation narrative and competencies needed further clarification with the breast feeding network.</p> <p>February 2021 update: Actioned at the January meeting - Closed</p>	<p>DP</p>	<p>Closed</p>	<p>08.10.2020</p>
<p>2020/136</p>	<p>Ketamine for chronic noncancer pain</p> <p>BH to review the internal process of capturing information that is not submitted via the formal submission route.</p> <p>Review to be re-circulated, ensuring that pain specialists are involved, with a proposed Black RAG rating.</p> <p>November 2020 update: It was highlighted that there is usage in the trusts of Ketamine orally. It was discussed that it would be useful for the review to cover this, following consideration agreement was given to pull the current consultation, review the evidence and re circulate an updated evidence review.</p> <p>February 2021 update: Added to the work plan and closed.</p>	<p>BH</p> <p>DP</p>	<p>Closed</p> <p>Closed</p>	<p>08.10.2020</p> <p>08.10.2020</p>

<p>2020/144</p>	<p>Lipid work programme of the Innovation Agency</p> <p>CSU to review Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD.</p> <p>November 2020 update: Query raised at the Lipid meeting regarding guidance, deferred to December.</p> <p>February 2021 update: Ongoing, a bid is currently being drafted by the IA for funding. BH is the link in.</p>	<p>CSU</p>	<p>Closed</p>	<p>08.10.2020</p>
<p>ACTION SHEET FROM THE MEETING 12th November 2020</p>				
<p>2020/156</p>	<p>Semaglutide Oral Tablets (Rybelsus) for the Treatment of Adults with Type 2 Diabetes</p> <p>BH to monitor GLP1 historic prescribing trends and bring back to September 2021 LSCMMG meeting.</p> <p>February 2021 update: added to the prioritisation list and closed.</p>	<p>BH</p>	<p>Closed</p>	<p>12.11.2020</p>
<p>2020/157</p>	<p>Use of Melatonin in Children and Adolescents</p> <p>DP to carry out full review of RAG ratings and licensed indication (i.e. Slenyto) use of Melatonin in Children and Adolescents</p> <p>February 2021 update: added to the prioritisation list and closed.</p>	<p>DP</p>	<p>Closed</p>	<p>12.11.2020</p>
<p>2020/159</p>	<p>Neuropathic pain guidance – update</p> <p>Clarify treatment pathway for diabetic/non-diabetic patients and format the guidance.</p> <p>February 2021 update: Circulated for consultation, to be considered at the March 2021 meeting.</p>	<p>AGR</p>	<p>Closed</p>	<p>12.11.2020</p>

2020/162	<p>Sativex for the treatment of spasticity due to MS shared care guideline</p> <p>Sativex for the treatment of spasticity due to MS shared care guideline to be added to the new medicines workplan</p>	DP	Closed	12.11.2020
2020/165	<p>LSCMMG – Guidelines Work Plan update</p> <p>Dymista BH and CM to review the letter regarding Dymista RAG ratings. Meeting to be arranged with AC with the requesting clinician.</p> <p>Metolazone to be added to the new medicines workplan</p> <p>February 2021 update: Considered under agenda item 2021/021 - Closed</p>	BH/CM	Open	12.11.2020
	DP	Closed	12.11.2020	
ACTION SHEET FROM THE MEETING 14th January 2021				
2021/006	<p>Domperidone as an aid to the initiation and maintenance of breast milk supply (galactagogue)</p> <p>Agreed updated text to be added to the LSCMMG web site.</p> <p>Prescribing information sheet to be added to LSCMMG web site.</p> <p>February 2021 update: Considered at the January 2021 meeting, due to be discussed at March Joint Committee, action closed.</p>	DP	Closed	14.01.2021
		DP	Closed	14.01.2021
2021/008	<p>Amiodarone and dronedarone shared care guidance</p> <p>Wider discussions required regarding Amber 1 RAG ratings and supply arrangements during the pandemic</p> <p>Prescribing guidance for reviewing patients currently receiving amiodarone and dronedarone in primary care to be developed</p> <p>February 2021 update: Ongoing</p>	BH/AGR	Open	14.01.2021
		BH/AGR	Open	14.01.2021

2021/011	New NICE Technology Appraisal Guidance for Medicines December 2020 Engage with tier 3 weight loss services in Lancashire and discuss impact of the liraglutide NICE TA	AGR	Open	14.01.2021
	February 2021 Update: Ongoing Rheumatoid arthritis pathway to be updated and circulated to rheumatologists February 2021 update: Actioned and closed.	DP	Closed	14.01.2021
2021/016	AOB Substance misuse contract pre MLCSU to be discussed at SLOG February 2021 update: to be discussed at March SLOG meeting.	BH	Open	14.01.2021
ACTION SHEET FROM THE MEETING 11th February 2021				
2021/020	Matters arising (not on the agenda) Anti-psychotic shared care guidance to be an agenda item for March LSCMMG meeting	LM	Open	11.02.2021
2021/021	Dymista DP to provide response to correspondence sent by the applicant, incorporating rationale for decision on behalf of LSCMMG.	DP	Open	11.02.2021
	AC to ask Sandra Lishman to organise a meeting to discuss Dymista with the requesting consultant, David Jones, David Prayle, Brent Horrell and Andy Curran.	AC	Open	11.02.2021

2021/022	<p>LSCMMG – New Medicine Reviews Work Plan update</p> <p>DP to liaise with CCG's regarding dressings reviews, to attain a shared understanding of the potential for a collaborative formulary approach for high cost dressings. Following engagement DP will draft a proposal and process for discussion at March LSCMMG.</p>	DP	Open	11.02.2021
2021/023	<p>Liothyronine RAG status – update</p> <p>Liothyronine to be sent out for consultation, including the prior approval process.</p>	AGR	Open	11.02.2021
2021/024	<p>Primary Care Adult Headache Management Pathway</p> <p>Primary Care Adult Headache Management Pathway to be sent out to consultation.</p>	AGR	Open	11.02.2021
2021/025	<p>Rheumatoid Arthritis High Cost Drug Pathway – update</p> <p>DP to update the Rheumatoid Arthritis high cost drugs pathway to include upadacitinib</p>	DP	Open	11.02.2021
2021/027	<p>New NICE Technology Appraisal Guidance for Medicines January 2021</p> <p>AGR to check horizon scanning for when Lucentis and Eylea come off patent.</p>	AGR	Open	11.02.2021