



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting  
Thursday 10.06.2021 (via Microsoft Teams)**

**PRESENT:**

|                      |  |  |
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| Andy Curran (AC)     | Chair of LSCMMG  | Lancashire and South Cumbria ICS                           |
| Ana Batista (AB)     | Senior Pharmacist Medicines Information                              | NHS 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 |
| Helen Sampson (HS)   | Senior Medicines Information Pharmacist                              | NHS Blackpool Teaching Hospitals                           |
| Faye Prescott (FP)   | Senior Medicines Optimisation Pharmacist                             | NHS Morecambe Bay CCG                                      |
| Julie Kenyon (JK)    | Senior Operating Officer Primary Care, Community and Medicines       | NHS Blackburn with Darwen CCG                              |

**IN ATTENDANCE:**

|                                   |   |   |
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| Brent Horrell (BH)                | Head of Medicines Commissioning         | NHS Midlands and Lancashire CSU         |
| Paul Tyldesley (PT)               | Medicines Commissioning Pharmacist      | NHS Midlands and Lancashire CSU         |
| Sharon Andrew (SA)                | Medicines Commissioning Pharmacist      | NHS Midlands and Lancashire CSU         |
| Adam Grainger (AGR)               | Senior Medicines performance Pharmacist | NHS Midlands and Lancashire CSU         |
| Ashley Marsden (AM)               | Senior Medicines Information Pharmacist | North West Medicines Information Centre |
| Linzi Moorcroft (LM)<br>(Minutes) | Medicines Management Administrator      | NHS Midlands and Lancashire CSU         |

| ITEM     | SUMMARY OF DISCUSSION  | ACTION                             |
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| 2021/087 | <p><b>Welcome &amp; apologies for absence</b></p> <p>AC welcomed members to the group. AC noted apologies for Vince Goodey but noted Ana Batista will now be the lead for ELHT going forward. Sonia Ramdour apologies received; Catherine Harding is attending on behalf of for Sonia. David Prayle also sent apologies.</p>   |                                    |
| 2021/088 | <p><b>Declaration of any other urgent business</b></p> <p>None.</p>  |                                    |
| 2021/089 | <p><b>Declarations of interest</b></p> <p>None.</p>  |                                    |
| 2021/090 | <p><b>Minutes and action sheet from the last meeting 13<sup>th</sup> May 2021</b></p> <p>The minutes were discussed, and it was suggested amendments are made to the Ketamine for chronic noncancer pain agenda item, note agenda items 2021/091 for further discussion. The minutes were agreed as a true and accurate record of the meeting once the proposed changes have been made. The action log was updated during the meeting.</p>   |                                    |
| 2021/091 | <p><b>Matters arising (not on the agenda)</b></p> <p><b>Ketamine for chronic noncancer pain</b><br/>           DJ raised comments in relation to the minutes following May' LSCMMG meeting. DJ discussed the minutes read a Black RAG status was agreed for new patients and noted this would put some organisations in a difficult position. BH commented prior discussions and agreement by LSCMMG was that the Black RAG rating would only be agreed following an audit taking place. LSCMMG members discussed and agreed that for all new patients the RAG rating is Grey, not Black. The RAG status will then be reviewed following completion of the audit.</p> <p>Concerns have also been highlighted that LSCMMG do not have a patient representative within the membership. LSCMMG acknowledged the concern and will consider how to take this concern forward. LR noted previously patient representatives have attended medicines management meetings locally, but feedback from previous experience the meetings are of a technical nature, and therefore patients stopped attending. LSCMMG will look at ways to engage with expert patients.</p> <p><b>Action – May LSCMMG minutes to be amended to advise of Grey RAG rating for Ketamine for chronic noncancer pain, for new patients.</b></p> <p><b>Action – LSCMMG to find a route to engage with expert patients.</b></p> | <p><b>LM</b></p> <p><b>All</b></p> |

**NEW MEDICINES REVIEWS**

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| <p>2021/092</p> | <p><b>Alkindi as Replacement Therapy of Adrenal Insufficiency in Infants, Children and Adolescents</b></p> <p>Hydrocortisone granules in capsules for opening (Alkindi®) as replacement therapy of adrenal insufficiency in infants, children, and adolescents (&lt; 18 Years Old) was prioritised for review by the Lancashire and South Cumbria Medicines Management Group following a request by East Lancashire CCG. PT added some late responses have been received after the papers was submitted, which agreed with the proposed Amber 0 RAG rating.</p> <p>Three Acute Trusts and four CCGs responded by the closing date. All Acute Trusts and Two CCGs agreed with the proposed Amber 0 RAG rating and two CCGs raised questions to be considered before indicating a preference. An equality impact screen has been carried out which has highlighted a potential cross border issue Hydrocortisone granules are “Green following specialist initiation” according to the GMMMG formulary and should only be used in patients requiring doses less than 5 mg, Alkindi® should not be used in combination with hydrocortisone tablets to make up dose of increments more than 5 mg. GMMMG have also given the drug a Grey categorisation meaning ‘not suitable for routine prescribing but may be suitable for a defined patient population. Whilst prescribers should think very carefully before prescribing or recommending any of the products on the grey list, there may be exceptional instances when the use of one of these products is necessary for a particular patient.</p> <p>In Pan Mersey hydrocortisone granules are “Amber Initiated” for paediatric patients meaning that prescribing is the responsibility of the specialist until the dose is stabilised and reviewed. The potential financial cost burden to the Lancashire and South Cumbria health economy £21,385 to £39,984</p> <p>PT discussed that Hydrocortisone tablets are not licensed for children and only available in 20 mg and 10 mg dose sizes, yet young children will only require between 4-10 mg per day, split into at least three doses, making accurate dosing difficult. Alkindi® is designed specifically for treating children with adrenal insufficiency and comes in the right doses for children of all ages. The Medicines and Healthcare products Regulatory Agency (MHRA) published a drug safety update warning of the risk of acute adrenal insufficiency in children when switching from hydrocortisone tablet formulations to granules. PT reported the number of patients who would be eligible for treatment may be on the low side when looking at prevalence but worked on the basis of 20% of population on Alkindi which found and additional cost of up to 20k. LSCMMG discussed and agreed further understanding is required relating to how this would be managed within Primary care, the point at which a child would be classed as stable, and clarity on how dose changes would be managed as patients increase in weight and require larger doses. LSCMMG agreed to engage with the specialist Paediatric endocrinologists to understand the patient pathway.</p> <p><b>Action – LSCMMG to engage with Paediatric endocrinologists to understand the patient pathway relating to stabilisation and dose changes.</b></p> | <p><b>LSCMMG/<br/>GMMMG</b></p> |
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| <p>2021/093</p> | <p><b>Zonisamide (Zonegran®) for migraine prophylaxis</b></p> <p>Zonisamide (Zonegran®) for migraine prophylaxis was prioritised for review by the Lancashire and South Cumbria Medicines Management Group following a request by the Fylde Coast CCGs. An equality impact screen has been carried out which highlights a potential financial implication. It is estimated that approximately 6,200 patients have tried at least 3 preventative medicines for migraine in the Lancashire and South Cumbria health economy. If 5% (uptake aligned with uptake rate for erenumab in the costing template) of these patients (310) used zonisamide for migraine prophylaxis the total annual cost is estimated to be: £15,810 to £115,320. PT noted although this would be an initial additional cost, cost savings could potentially be found by delaying the use of biologics. Cross border issues identify Zonisamide is an “Amber Recommended” medicine in Pan Mersey for the prophylaxis of migraine. This means zonisamide requires specialist assessment to enable patient selection. Following specialist assessment, the medicine is suitable for prescribing in Primary Care. GMMM do not have a commissioning position for zonisamide for the prophylaxis of migraine.</p> <p>Two Acute Trusts and four CCGs responded by the closing date. Both responding acute Trusts supported the proposed Amber 0 RAG rating proposal and two CCGs may support the proposed Amber 0 RAG rating proposal if further information is considered. Two CCGs requested further information.</p> <p>PT discussed that this is an unlicensed use and therefore the evidence base is not extensive. All available evidence is against active comparators and there are no placebo-controlled trials. LSCMMG members queried if Zonisamide could be included within the headache pathway, given the complexity of referring into specialist services. CM suggested clear guidance of use would be beneficial. FP reported the effectiveness of prescribing needs to be captured. AC concluded LSCMMG agreed an Amber 0 RAG rating given organisation responses and noted additional information will be required to note periodic reviews are to be carried out by the consultant.</p> <p><b>Action – Additional information to be added to note periodic reviews are carried out by the consultant.</b></p> | <p><b>DP</b></p> |
| <p>2021/094</p> | <p><b>New medicines workplan</b></p> <p>The new medicines workplan highlights the medicines which require the development of policy / formulary position statements currently on the Work Plan to support LSCMMG. These have been identified by the LSCMMG via Horizon Scanning or have been identified for review by member organisations. SR noted Sativex and Sodium Oxybate have been circulated for consultation.</p> <p>New medicine to be prioritised Two new medicines have been requested for prioritisation</p>  |                  |

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|  | <ul style="list-style-type: none"> <li>• Testosterone for menopausal women with low sexual desire if HRT alone is effective. LSCMMG agreed to prioritise and review any potential new evidence for testosterone.</li> <li>• Aducanumab for Alzheimer’s disease. CH discussed this will have a big impact due to the size of the service. LSCMMG agreed to prioritise for review.</li> </ul> |  |
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**GUIDELINES and INFORMATION LEAFLET**

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| <p>2021/095</p> | <p><b>Antipsychotic Shared Care guidance</b></p> <p>It has been requested that additional, off-label and new licensed, indications for second generation antipsychotics be added to the LSCMMG antipsychotic shared care guideline.</p> <p>LSCMMG have requested that NICE approved off label and new licensed indications should initially be circulated for consultation, with those indications not approved by NICE to follow.</p> <p>LSCMMG have then agreed to consult on RAG ratings for each indication following these initial consultations. AGR mentioned that some responses have been received after the closing date and are therefore not within the paper. However, AGR verbally updated the group that the responses, from Greater Preston and Chorley and South Ribble CCG did not support inclusion of any of the proposed indications for inclusion in the shared care document.</p> <p>AGR highlighted the responses. There was a mixed response. Two organisations agreed, two stated that they may support inclusion and one did not agree with each recommendation. The exception being for adjunct therapy in the treatment of posttraumatic stress disorder: Two organisations agreed, two said no and one stated they may support inclusion.</p> <p>Additional comments received included that clinicians reported NICE guidance available for these categories meant that the review was probably overdue, further pathway for access was also suggested as requiring improvement.</p> <p>LSCMMG members felt that it would be helpful to split the recommendations for children and adults. CH highlighted the capacity issues within LSCFT for indications which are restricted to specialist prescribing and reported that, as highlighted within the consultation, that the prophylaxis for bipolar disorder are licensed indications for some of the antipsychotics and should be considered separately. CH also agreed splitting adults and children prescribing would be beneficial and provide clarity for CAMHS clinicians. CH stated that severe patients should remain within secondary care.</p> <p>CM discussed local variants can cause wide variation across the footprint and noted it is imperative the key principles remain unchanged.</p> |  |
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|                 | <p>LSCMMG agreed to progress discussions at the July LSCMMG, to support discussions, children and adults will be split into age appropriate categories, and a further update with agreed indications to be brought back to July's LSCMMG meeting.</p> <p><b>Action – AGR to split adult and children, note the agreed indications and bring back an update at July LSCMMG meeting.</b></p>  | <p><b>AGR</b></p> |
| <p>2021/096</p> | <p><b>RMOC shared care</b></p> <p>AGR reminded the group that RMOC have sent the first four draft shared care guidelines out for a national six-week consultation and closes on the 11<sup>th</sup> June 2021. The first group of draft shared care protocols are available: amiodarone, dronedarone, lithium and sodium valproate in women of child-bearing potential.</p> <p>Following the May meeting, a request was sent to LSCMMG members for comments to be forwarded to the hub team for submission to RMOC. No comments have been received there the CSU have drafted a response to RMOC. AGR asked if members are happy with the content of the response or if they wish to add additional comments. LSCMMG agreed to the draft response, therefore it was agreed the response would be circulated within the deadline. FP queried if Lancashire and South Cumbria would be looking to adopt the guidance, LSCMMG members discussed and agreed LSCMMG would not be looking at a wholesale switch, however would consider the RMOC shared care documents alongside the existing LSC Shared Care documents as they came up for review.</p> <p><b>Action – AGR to share consultation response with RMOC by the 11<sup>th</sup> June 2021.</b></p> | <p><b>AGR</b></p> |
| <p>2021/097</p> | <p><b>Rheumatology guidelines update</b></p> <p>The addition of 'primary nonresponse' criteria to the LSCMMG Axial Spondyloarthritis guideline proposes a minor change to the criteria in the LSCMMG Psoriatic Arthritis guideline</p> <p>SA discussed the LSCMMG Axial Spondyloarthritis guideline currently does not allow switching to an alternative drug at the same line of therapy in the case of primary nonresponse. The Psoriatic Arthritis guideline has wording that implies primary nonresponse only applies to the first line of treatment. The three guidelines are therefore inconsistent</p> <p>In the LSCMMG Rheumatoid Arthritis guideline, a 'line' of treatment is completed when a drug is administered and a patient shows secondary nonresponse after an initial response period, using NICE criteria for RA. This does not include primary nonresponse (lack of improvement of clinical signs and symptoms during induction therapy) or instances where a drug is withdrawn because of intolerance</p>   |                   |

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|          | <p>The proposals to update the Axial Spondyloarthritis and Psoriatic Arthritis guidelines will apply consistent and established treatment principles to the LSCMMG's rheumatology guidelines. SA asked LSCMMG members to consider the proposals for updating the Axial Spondyloarthritis and Psoriatic Arthritis guidelines. It was reported that the Rheumatoid Arthritis guideline was updated in 2019, BH discussed that the team had reviewed activity levels from both invoices and Blueteq initiation and continuation forms and there was no significant increase in activity levels from the update to the RA guidelines. There was a blip in activity, however it was summer 2020 and is thought this could have been as a result of patients not being seen due to the Covid-19 pandemic. BH noted the changes should not add an additional cost but would add further flexibility for clinicians. LSCMMG agreed to the proposed amendments and suggested the cost effectiveness is referenced.</p>             |     |
| 2021/098 | <p><b>Oxygen for cluster headaches pathway</b></p> <p>At the April meeting of LSCMMG, it was agreed that further clarity of the oxygen pathways would be beneficial to understand first presentation and subsequent presentations. LSCMMG members agreed to commission ambulatory oxygen but are yet to agree a RAG position.</p> <p>AGR discussed the draft oxygen pathway for cluster headache, it was noted the guidance has been based on the existing adult headache pathway. The Walton Centre and Pan Mersey's headache pathways have also been reviewed to form part of the oxygen pathway.</p> <p>LSCMMG members reviewed the pathway and agreed there is sufficient information to be circulated for consultation.</p> <p><b>Action - Oxygen for cluster headaches pathway to be circulated for consultation.</b></p>   | AGR |
| 2021/099 | <p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>AGR discussed the guideline work plan timescales. It was discussed some timescales will be extended due to the volume of requests. Anti-Psychotic's and the vitamin D pathway review will be discussed at July's LSCMMG meeting.</p> <ul style="list-style-type: none"> <li>• Testosterone for post-menopausal woman has been escalated due to the level of requests. FP requested Oestrogel, Lucetta spray and Utrogestan is also included within the review.</li> <li>• All nutritional supplements target date has been deferred to September 2021.</li> <li>• The Overactive bladder guideline is prioritised and is on target.</li> </ul> <p>AGR told the group that the CSU hub team has suggested an administrative process change for the LSCMMG website, this would mean a form is required for any requested administrative changes on the website, this would also create an audit trail of any received requests. LSCMMG agreed to the new process.</p> |     |

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|  | <p>LR queried if AF guidelines based on the recently published NICE guidelines for first line drugs and DOACS are being reviewed, AGR noted AF guidelines is on the current work plan. LR reported an endocrinologist has raised potential cost savings of 30% for biosimilar's with Trurapid across the health economy and asked if this would form part of the diabetes review or a new medicine request, LSCMMG agreed a formal request would not be required, but asked LR share the contact details to start engagement.</p> <p>MP asked for clarity of the asthma guidelines, AGR will add Asthma guidelines add to the work plan.</p> <p><b>Action – Asthma guidelines to be added to the guidelines work plan</b></p>  | <b>AGR</b>                            |
| <b>NATIONAL DECISIONS FOR IMPLEMENTATION</b> |  |                                       |
| 2021/100                                     | <p><b>New NICE Technology Appraisal Guidance for Medicines May 2021</b></p> <p>AGR discussed NICE Technology Appraisals published to consider commissioning implications for Lancashire and recommendations.</p> <p><b>TA697</b></p> <p>Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban. Using the BNF price there is a potential cost impact at year 5 of £786,000. DJ queried trusts adhering to the 90 days of implementation for Andexanet. AGR discussed the Blueteq form should not be a barrier for use.</p> <p>It was agreed that due to the urgent nature of the Andexanet usage that Blueteq forms would not be ideal, instead it was agreed that the CSU would monitor quarterly activity of usage, should there be a blip in activity individual trusts will be contacted directly. AC noted guidance is required to ensure there is no misuse of andexanet, DJ noted LTH is currently developing local guidance, acute trust members agreed to support LTH to ensure that consistent guidance is developed and implemented in each of the trusts.</p> <p><b>Action - CSU to monitor andexanet activity on a quarterly basis.</b></p> <p><b>Action – Acute trusts and LTH to develop Andexanet guidance.</b></p> | <b>CSU</b><br><b>Acute trusts/LTH</b> |
| 2021/101                                     | <p><b>New NHS England medicines commissioning policies May 2021</b></p> <p>Nothing urgent to consider.</p>   |                                       |
| 2021/102                                     | <p><b>Regional Medicines Optimisation Committees - Outputs May 2021</b></p> <p>SA updated round two shared care consultations have now been published by RMOC, for Dexamfetamine, Lisdexamfetamine and Methylphenidate, 15<sup>th</sup> July 2021 is the closing date for comments. AGR will review the Lancashire and South Cumbria's shared care guidance for Dexamfetamine, Lisdexamfetamine and Methylphenidate, and will provide a comparison to July's LSCMMG meeting.</p>   |                                       |

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|                              | <b>Action – AGR to provide comparison for shared care guidance for Dexamfetamine, Lisdexamfetamine and Methylphenidate for RMOG and Lancashire and South Cumbria at the July LSCMMG.</b>  | <b>AGR</b> |
| 2021/103                     | <p><b>Evidence reviews published by SMC or AWMSG May 2021</b></p> <p>SA discussed SMC236 upadacitinib (Rinvoq) NICE TA is currently in development, the expected publication date is to be confirmed. SA asked the group if this is to be considered within the Rheumatoid arthritis guideline update. LSCMMG agreed to engage with the RA collaborative group and await NICE guidance.</p> |            |
| <b>ITEMS FOR INFORMATION</b> |   |            |
| 2021/104                     | <p><b>Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes</b></p> <p>The minutes have been circulated for information.</p>   |            |

**Date and time of next meeting**

The next meeting will take place on  
Thursday 08<sup>th</sup> July 2021  
9.30am – 11.30am  
Microsoft Teams

**ACTION SHEET FROM THE  
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP  
10.06.2021**

| MINUTE NUMBER  | DESCRIPTION   | ACTION | DATE       | STATUS AT 10.06.2021 |
|--|---|--------|------------|----------------------|
| <b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> August 2020</b> |   |        |            |                      |
| 2020/091   | <p><b>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</b></p> <p>BH to raise with Rebecca Higgs, Out of Hospital Cell.</p> <p><b>September 2020 update:</b> 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><b>October 2020 update:</b> Action deferred to November.</p> <p><b>November 2020 update:</b> Primary Care Cell are currently focussed on Covid 19 vaccine campaign, BH will aim to take forward when normal working priorities resume.</p> <p><b>April 2021 update:</b> Remains paused</p> <p><b>May 2021 update:</b> AC noted discussions took place at the regional clinical cell. AC updated it has been noted RSV will be more prevalent next year. Peter Tinson is currently scoping the quality contract and is looking at a tiered system.</p> <p><b>June 2021 update:</b> DP to raise Via RMOC as it is felt that a commissioned service is required, to facilitate this nationally would require addition to the Green Book.</p> | BH/DP  | 13.08.2020 | Paused               |

**ACTION SHEET FROM THE MEETING 10<sup>th</sup> September 2020**

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| <p><b>2020/111</b></p> | <p><b>Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions</b></p> <p><b>November 202 update:</b><br/>Consultation form amended.<br/>Actioned and closed.</p> <p>Respiratory specialists to be contacted about diagnostic treatment pathway for vaccine.</p> <p><b>October 2020 update:</b> Awaiting feedback, ongoing.</p> <p><b>November 2020 update:</b><br/>Engagement ongoing.</p> <p><b>April 2021 update:</b> Remains paused.</p> <p><b>May 2021 update:</b> AC RSV virus is to be more prevalent next year and links in with the ongoing work with Peter Tinson</p> <p><b>June 2021 update:</b> Discussions ongoing with clinicians.</p> | <p><b>DP</b></p> | <p><b>Paused</b></p> | <p><b>10.09.2020</b></p> |
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**ACTION SHEET FROM THE MEETING 11<sup>th</sup> March 2021**

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| <b>2021/038</b> | <p><b>Lyumjev for diabetes</b></p> <p>DP to engage with the diabetes group and consultation regarding the benefit and place in therapy for Lyumjev. DP to feedback to LSCMMG members.</p> <p><b>April 2021 update:</b> A full response is yet to be received. To be discussed at May LSCMMG meeting following full response.</p> <p><b>May 2021 update:</b> LSCMMG agreed addition on formulary. RAG status and diabetes guideline to be consistent with new RAG rating.</p> <p><b>June 2021 update:</b> LSCMMG agreed to add Lyumjev into the hyperglycaemia guideline. Action to be closed at August LSCMMG meeting when incorporated within guideline.</p> | <b>DP</b> | <b>Open</b> | <b>11.03.2021</b> |
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| 2021/040  | <p><b>Antipsychotic Shared Care – update</b></p> <p>BH to draft consultation questions with LSCFT prior to consultation.</p>   | BH/AGR/SR | Closed | 11.03.2021 |
|   | <p>Consult on each indication of second-generation antipsychotic medicines with a view to then consult on RAG ratings.</p> <p><b>April 2021 update:</b> Added to the workplan for June 2021 to be circulated for consultation this month after engagement with LSCFT</p> <p><b>May 2021 update:</b> TG comments noted consultation didn't include GP's taking on monitoring after 12 months and asked if this could be included within the consultation. AGR discussed the first consultation has been circulated but can be added within the 2<sup>nd</sup> off label consultation. Ongoing.</p> <p><b>June 2021 update:</b> The Second off label consultation has been circulated, GP's taking on monitoring post 12 months has been included.</p> | BH/AGR    | Closed | 11.03.2021 |
| <b>ACTION SHEET FROM THE MEETING 08<sup>th</sup> April 2021</b> |  |           |        |            |
| 2021/057  | <p><b>Metolazone RAG status</b></p> <p>SA to develop clarifying information with specialists with a view to share with CCG's for comments</p> <p><b>May 2021 update:</b> Feedback has been received; discussions ongoing.</p> <p><b>June 2021 update:</b> SR advised response from Noel Topping has been received and suggested a statement is added the LSCMMG website. RAG position agreed Amber 0, patients will have been on a stable dose for 2 weeks with stable weight and U&amp;Es.</p>  | SA        | Closed | 08.04.2021 |

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| 2021/059 | <p><b>Adult headache guideline consultation and oxygen for cluster headache</b></p> <p>AGR will engage with Primary Care clinicians individually to understand which elements of the guidance are of importance.</p> <p><b>June 2021 update:</b> ongoing</p> <p><b>Oxygen for Cluster Headache</b><br/>BH agreed for pathways to be drafted and brought back to May LSCMMG for further discussion to include first presentation and subsequent presentations.</p> <p><b>May 2021 update:</b> Work ongoing, to be discussed at June LSCMMG meeting.</p> <p><b>June 2021 update:</b> agenda item. Headache consultation will be circulated in June.</p> | AGR    | Open | 08.04.2021 |
|          |   | AGR/BH | Open | 08.04.2021 |

| <b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> May 2021</b> |   |           |               |                   |
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| <b>2021/071 and 072</b>                                       | <p><b>Aectura Breezhaler for asthma</b><br/>CSU to engage with Morecambe Bay Respiratory Network and the group of specialists involved in the development of the asthma pathway to discuss the desirability of making the Breezhaler device available within the asthma pathway.</p>  | <b>DP</b> | <b>Closed</b> | <b>13.05.2021</b> |
|   | <p><b>Enerzair Breezhaler for asthma</b><br/>CSU to engage with Morecambe Bay Respiratory Network and the group of specialists involved in the development of the asthma pathway to discuss the desirability of making the Enerzair Breezhaler available within the asthma pathway.</p>   | <b>DP</b> | <b>Closed</b> | <b>13.05.2021</b> |
|   | <p><b>June 2021 update:</b> Meeting organised with severe asthma DT clinicians. LSCMMG agreed Breezhaler's are to be added to the guidelines workplan and close the action.</p>   |           |               |                   |
| <b>2021/073</b>   | <p><b>Ketamine for chronic noncancer pain</b><br/><br/>IV Ketamine to be given a Black RAG rating for chronic pain</p>  | <b>DP</b> | <b>Open</b>   | <b>13.05.2021</b> |
|   | <p>CSU to engage with the pain specialists across the ICS to understand the differences in practice across the footprint and how to facilitate a managed review of patients currently prescribed oral ketamine for chronic noncancer pain. Update to be brought back to June LSCMMG meeting.</p> <p><b>June 2021 update:</b> See agenda item 2021/091 for wider discussion. Change May LSMMG minutes to state Grey RAG rating for new patients.</p> | <b>DP</b> | <b>Open</b>   | <b>13.05.2021</b> |

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| 2021/074 | <p><b>Wound Care formulary update</b></p> <p>BH to discuss Wound Care dressings and wider Primary Care, Secondary Care collaborative ICS procurement at May's SLOG meeting.</p> <p><b>June 2021 update:</b> Deferred due to urgent matters being discussed at SLOG, to be discussed at a future meeting.</p>   | BH      | Open   | 13.05.2021 |
| 2021/076 | <p><b>Ciclosporin: urticaria and angioedema – scope for SCG</b></p> <p>Consultation for inclusion of chronic spontaneous urticaria and angioedema in the ciclosporin shared care guideline.</p> <p><b>June 2021 update:</b> Circulated for consultation</p>  | AGR     | Closed | 13.05.2021 |
| 2021/077 | <p><b>Erectile dysfunction guideline</b></p> <p>Commissioning provision for consumables and appliances to be discussed at May's SLOG meeting, with a view to provide feedback at June LSCMMG meeting.</p> <p><b>June 2021 update:</b> Deferred due to urgent matters being discussed at SLOG, to be discussed at a future meeting. Guideline to be amended as above and added to the website.</p> <p><b>June 2021 update:</b> Actioned and closed.</p> | BH      | Open   | 13.05.2021 |
|          |  | AGR     | Closed | 13.05.2021 |
| 2021/078 | <p><b>RMOC shared care consultation</b></p> <p>LSCMMG members to send comments to the CSU regarding RMOC Shared Care guidance, CSU to respond by consultation deadline.</p> <p><b>June 2021 update:</b> Agenda item for discussion.</p>  | AII/CSU | Closed | 13.05.2021 |

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|-----------------|---|-----------------|---------------|-------------------|
| <b>2021/079</b> | <p><b>Liothyronine RAG status review – update</b></p> <p>Meeting to be organised to discuss impact of RAG positions within Morecambe Bay.</p>   | <b>BH/AS/LM</b> | <b>Closed</b> | <b>13.05.2021</b> |
|                 | <p>Liothyronine positions to be finalised based on comments from the working group.</p> <p><b>June Update</b><br/> Queries and concerns have been raised by LTH to BH relating to Liothyronine.</p> <p>Concerned that the RAG positions when consulted implied prescribing in primary care. LSCMMG agreed patient cohort prescribing would be black for new and red for existing (based on small patient numbers identified in prescribing data). BH has responded to Judith with the rationale of position and that patient numbers have been reviewed and that the RAG position has been consulted with the liothyronine working group. BH asked LSMMG if they are happy with the process which was followed. Discussions took place regarding the RAG positions and how they were agreed.</p> <p>AC agreed a full consultation will be required to take place for the new RAG positions.</p> <p>MP suggested adding a comment to consultations stating that RAG positions may be subject to change following discussion at LSCMMG. Clarity for recommendation wording.</p> | <b>AGR</b>      | <b>Open</b>   | <b>13.05.2021</b> |

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| 2021/080   | <p><b>NICE atrial fibrillation guidance</b></p> <p>NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline.</p> <p><b>June 2021 update:</b> DP looking to identify leads in the various trusts.</p> | DP/BH | Open   | 13.05.2021 |
| <b>ACTION SHEET FROM THE MEETING 10<sup>th</sup> June 2021</b> |   |       |        |            |
| 2021/091   | <p><b>Matters arising</b></p> <p>May LSCMMG minutes to be amended to advise of Grey RAG rating for Ketamine for chronic noncancer pain, for new patients.</p> <p>LSCMMG to find a route to engage with expert patients.</p>   | Open  | LM     | 10.06.2021 |
|  |   | Open  | BH     | 10.06.2021 |
| 2021/092   | <p><b>Alkindi as Replacement Therapy of Adrenal Insufficiency in Infants, Children and Adolescents</b></p> <p>LSCMMG to engage with specialist paediatric endocrinologists to understand the patient pathway relating to stabilisation and dose changes.</p>  | Open  | LSCMMG | 10.06.2021 |
| 2021/093   | <p><b>Zonisamide (Zonegran®) for migraine prophylaxis</b></p> <p>Additional information to be added to note periodic reviews are carried out by the consultant.</p>   | DP    | Open   | 10.06.2021 |
| 2021/095   | <p><b>Antipsychotic Shared Care guidance</b></p> <p>AGR to split adult and children into age appropriate categories, note the agreed indications and bring back an update at July LSCMMG meeting.</p>   | AGR   | Open   | 10.06.2021 |
| 2021/096   | <p><b>RMOC Shared Care</b></p> <p>AGR to share consultation response with RMOC by the 11<sup>th</sup> June 2021.</p>  | AGR   | Open   | 10.06.2021 |

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| <b>2021/098</b> | <b>Oxygen for cluster headaches pathway</b><br>Oxygen for cluster headaches pathway to be circulated for consultation.  | <b>AGR</b>              | <b>Open</b> | <b>10.06.2021</b> |
| <b>2021/099</b> | <b>LSCMMG – Guidelines Work Plan update</b><br>Asthma guidelines to be added to the guidelines work plan.   | <b>AGR</b>              | <b>Open</b> | <b>10.06.2021</b> |
| <b>2021/100</b> | <b>New NICE Technology Appraisal Guidance for Medicines May 2021</b><br><br><b>TA697</b><br>CSU to monitor andexanet activity on a quarterly basis.   | <b>CSU</b>              | <b>Open</b> | <b>10.06.2021</b> |
|                 | Acute trusts and LTH to develop Andexanet guidance.   | <b>Acute Trusts/LTH</b> | <b>Open</b> | <b>10.06.2021</b> |
| <b>2021/102</b> | <b>Regional Medicines Optimisation Committees - Outputs May 2021</b><br>AGR to provide comparison for shared care guidance for Dexamfetamine, Lisdexamfetamine and Methylphenidate for RMOC and Lancashire and South Cumbria. | <b>AGR</b>              | <b>Open</b> | <b>10.06.2021</b> |