



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 12th May 2022 (via Microsoft Teams)**

PRESENT:

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
Lisa Rogan (LR)	Strategic Director of Medicines, Research and Clinical Effectiveness	NHS East Lancashire/Blackburn with Darwen CCG
Rukaiya Chand (RC)	Prescribing Projects Manager	NHS Fylde Coast CCG's
Ana Batista (AB)	Senior Pharmacist Medicines Information	NHS East Lancashire Hospitals
David Jones (DJ)	Assistant Director of Pharmacy	NHS Lancashire Teaching Hospitals
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacists	Morecambe Bay CCG
Melanie Preston (MP)	Assistant Director – Medicines Optimisation	Blackpool CCG
Sonia Ramdour	Chief Pharmacist	Lancashire and South Cumbria NHS Foundation Trust

IN ATTENDANCE:

David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2022/070	Welcome & apologies for absence CM chaired this meeting due to illness and others unable to attend.	
2022/071	Declaration of any other urgent business None.	
2022/072	Declarations of interest None.	
2022/073	Minutes and action sheet from the last meeting 14th April 2022 The minutes are approved and will be ratified and uploaded.	

	SUMMARY OF DISCUSSION	ACTION
2022/074	Matters arising (not on the agenda) None.	
NEW MEDICINES REVIEWS		
2022/075	<p>Tapentadol MR as a treatment option for the management of neuropathic pain in palliative care</p> <p>DP presented information to the group. This has previously been looked into and was given a black RAG rating for most things but there was a gap, as it was agreed it should not be used outside of Palliative care. DP confirmed that there have been several requests to re-visit this for palliative care use. It was mentioned that there would be a cost impact if it is used, not a large impact but this should still be taken into consideration.</p> <p>The group agreed with the points presented and that the use of tapentadol would be appropriate in palliative care. However, it was requested that its use should be supported by inclusion in the be NWC SCN Palliative care guidelines. Tapentadol was not previously included in the guidelines because LSCMMG had assigned it a 'Black' RAG status. DP confirmed that the request did come from Palliative care but from Pain specialists.</p> <p>It was agreed by the group to defer a decision until receiving more feedback from Palliative care.</p> <p>Action</p> <p>DP to liaise with AGR who will discuss with the NWC SCN palliative care group.</p>	DP/AGR
2022/076	<p>New Medicines Review Workplan</p> <p>DP confirmed that Ryaltris is out for consultation.</p> <p>The drugs to be prioritized are: Tralokinumab and Upadacitinib and these have come from East Lancashire Medicines Management board. Interest is from the hospital, only requested a partial review. There is no cost impact for either drug (they have been offered FOC by the manufacturer in advance to NICE guidelines).</p> <p>It was discussed and members agreed these are normally decided at local place, but that with trusts moving to work as one this should be a decision made for across the patch. Due to this it will be brought up at a SLOG meeting outside of LSCMMG and a check against RMOC as well. It was also mentioned a possible LSCMMG policy against using free of charge drug schemes. This will be looked into.</p> <p>Degarelix was raised for prioritisation, which is currently supported by NICE for prostate cancer in men with spinal metastasise. The request is for use without spinal involvement and has come from East Lancashire CCG. There has been push back from GP's as the requested use is not in line with NICE guidelines. Prioritised for review.</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p><u>Action</u></p> <p>DP to look review previous agreements made by LSCMMG for consideration for free of charge drug schemes.</p>	DP
GUIDELINES and INFORMATION LEAFLETS		
2022/077	<p>Testosterone Shared Care Guideline, female sexual dysfunction</p> <p>AGR presented the paper to the group. It was agreed at the January 2022 meeting that testosterone for female sexual dysfunction would be RAG rated Amber 1. Therefore, it was agreed that a shared care document would be developed. The RAG rating would be withheld until the SCG is finalised. It was also decided that a patient information leaflet should be developed to highlight the risks and benefits of treatment.</p> <p>The guidance was produced in February and March 2022 and was sent out for consultation with responses to be received by 5th May 2022.</p> <p>Four of eight CCGs, two of five provider trusts responded by the closing date. One trust agreed but the rest stated that they may support the guideline if further information was considered. The LSC LMC also responded by the closing date and stated that they may support to guideline if additional information was considered.</p> <p>The document has been amended slightly to incorporate some of the feedback received. There was a concern for capacity for 12-month reviews in secondary care. There were also concerns with the actual prescribing as where it was being initiated and monitoring schedules as well as the guideline being out of sync with the British Menopause Society. There was also a request for patient information leaflets. There is a lot of patient friendly information online so will be producing something to sign point though resources already available.</p> <p>Clarity of some of the dosing information for the products chosen to be included in the guideline was noted. It was also noted that there is no evidence for use past 2 years of therapy and it was requested that this should be added. The group asked that the guidance be amended and brought back to the group for approval.</p> <p>The group also discussed points including if this should be primary or secondary care that are prescribing it. It was noted that the RAG rating had already been agreed and the document was produced to support the safe prescribing.</p> <p><u>Action</u></p> <p>AGR to adjust the guideline as discussed. To be brought back and reviewed by the group once complete.</p>	AGR
2022/078	<p>Varenicline Position Statement- Update</p> <p>AGR gave an update, there had been a request for some clarification to be added making it clear that the position statement does not apply to new</p>	

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	<p>patients, only existing patients that are or were previously receiving varenicline.</p> <p>The group felt that the amended wording might be interpreted differently to how it was initially intended. The group asked for some further clarification and amendment. SR noted that she could liaise with the LSCFT smoking cessation service.</p> <p><u>Action</u></p> <p>SR would speak to service members and feed back to AGR for amendments to the document.</p>	SR/AGR
2022/079	<p>Amiodarone SCG CABG – Scope</p> <p>AGR outlined that MB CCG have received requests for patients GPs to continue short courses of amiodarone post discharge (up to six weeks), with the Blackpool Teaching Hospital supplying the first month. However, GPs have questioned the requests as they fall outside the scope of the current SCG.</p> <p>It has been confirmed by the trust that six weeks is an arbitrary date based around the expected outpatient follow up. The course length would not be known at the point of discharge and may extend beyond the initial six-week course.</p> <p>It is expected that patients would be discharged on amiodarone post-CABG from Blackpool Teaching Hospitals (awaiting patient numbers). There are approximately currently 1083 patients receiving amiodarone in Lancashire and South Cumbria (last 12-months).</p> <p>AGR confirmed that the intervention is recommended by NICE (NICE NG196: Atrial fibrillation: diagnosis and management) the use of amiodarone to prevent the occurrence of postoperative atrial fibrillation in people have cardiothoracic surgery. NICE recommend that the need for antiarrhythmic drug treatment should be reassessed at a suitable time point (usually at around 6 weeks).</p> <p>Furthermore, AGR stated that the NICE guideline development group observed that Postoperative AF following cardiothoracic surgery is a significant problem, occurring in approximately 33% of patients after coronary heart surgery.</p> <p>AGR highlighted to the group that realistically the following option were available to the group and should be considered:</p> <ol style="list-style-type: none"> 1. Add post-CABG indication to the shared care guideline on the basis of one of the following: <ol style="list-style-type: none"> a. Request sent to GP to take responsibility for prescribing at point of discharge, GP is responsible for prescribing amiodarone up to and following the six-week review if continued. 	

	SUMMARY OF DISCUSSION	ACTION
	<p>b. Request sent to GP to take responsibility for prescribing at week four following discharge, GP is responsible for prescribing amiodarone up to and following the six-week review if continued.</p> <p>c. Request sent to GP to take responsibility for prescribing at week six following discharge or following the review if it has been decided to continue amiodarone longer-term.</p> <p>2. Do not add post-CABG to the shared care guideline.</p> <p>The group discussed all the options. It was raised that there was no assurance that baseline bloods were being conducted before commencing on amiodarone post-operatively. It was noted that it had been raised previously by BTH that baseline bloods were not completed as the intention was for the course to be continued for six-weeks only. However, it was also noted that some patients would continue long term, therefore baseline would be required regardless of if there is the possibility of a patient transferring to primary care under a shared care agreement. The group's preference was for the trust to supply 6/52 in the first instance and for shared care to be requested if the patient will be continued long-term.</p> <p>The group agreed to consult on the proposal and a proposed RAG rating for the indication.</p> <p><u>Action</u></p> <p>Consult on the proposal for 6/52 supply from secondary care initially and a proposed RAG rating for the use of amiodarone post CABG.</p>	AGR
2022/080	<p>Feedback from Liothyronine Meeting</p> <p>The meeting went well, it was good having AC as the chair. There were some good outputs from the meeting but the summary of them are:</p> <p>A framework for the RAG status for liothyronine was developed. The draft RAG statuses have gone out for comments and should be back by 3rd of June and then should be able to ratify at the June meeting.</p> <p><u>Action</u></p> <p>Send comments to AGR by June 3rd. AGR to then bring back to LSCMMG for ratification at the next meeting.</p>	LSCMMG members/ AGR
2022/081	<p>Sodium Zirconium Cyclosilicate and Palforzia</p> <p><u>Sodium zirconium cyclosilicate</u></p> <p>AGR introduced the paper. At the February meeting of the LSCMMG NICE TA599 (update; sodium zirconium cyclosilicate for treating hyperkalaemia) was presented. NICE have stated that it is now available in both primary and secondary care. In addition, the criteria has changed in recommendation 1.1 to include those not on dialysis. It was agreed that a paper scoping potential implications of sodium zirconium cyclosilicate being available in both primary and secondary care to be brought to LSCMMG. Sodium zirconium cyclosilicate is currently RAG rated 'Red'.</p>	

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	<p>Further information has been received from secondary care. An audit was conducted of patients in 11 months of 2020. 29 patients were prescribed Patiromer and 3 patients Zirconium. However, they have noted that the change in availability may tip prescribing in favour of sodium zirconium cyclosilicate. The audit numbers did not include supply from periphery clinics.</p> <p>Additionally, the mean supply of Patiromer was 90 doses. It was noted that given this will include non-dialysis patients the ease of access to supply from secondary care will be more of a challenge.</p> <p>In conclusion, the secondary care view is that overall numbers likely not to be huge but do think that the 'Red' RAG position should be reviewed.</p> <p>Sodium zirconium cyclosilicate is £156 for 30 x 5gram sachets and £312 for 30 x 10gram sachets. Sodium zirconium cyclosilicate is not listed on the high-cost drugs list.so is not separately chargeable</p> <p>AGR highlighted the options available to the group, which include:</p> <ol style="list-style-type: none"> 1. Retain Red RAG status, costs continue to be absorbed by secondary care. 2. Consider Amber 0 RAG status – main monitoring requirement is monitoring serum potassium as clinically indicated – following initiation by secondary care. <p>The group discussed the issues presented and asked for the RAG rating for sodium zirconium cyclosilicate to be consulted on.</p> <p><u>Palforzia</u></p> <p>AGR introduced the second part of the paper. NICE TA768 (Palforzia for treating peanut allergy in children and young people) was discussed at the March meeting of the group. It was identified that there would be a significant cost impact, year 5 NICE estimate £900,000.</p> <p>Recommended RAG is 'Red' but Palforzia it is not on the high-cost drug list, yearly cost is £3694 excluding VAT. Currently no requirement for a Blueteq form as not on the high-cost list but may go on there in the future.</p> <p>The group decided to scope if there is any guidance for how long people are on Palforzia and what the process is for weaning them off. The group also requested to know where prescribing would take place. Whether this would come under a specialist or regional groups or possibly tertiary.</p> <p>Additional information has been provided by secondary care. LTH paediatric service believe that this will be supplied via tertiary centres</p> <p>LTH immunology indicated that as the TA covers an age range from 4 to 17 it also mentions that Palforzia may be continued in patients who turn 18 while on treatment. Because the transition age is anywhere from 16 years of age, and LTH see patients 16 years and over- there would be a small proportion of patients they see who would qualify for this.</p>	

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	<p>NICE have stated that clinical trial evidence shows that Palforzia improves tolerance to peanut protein compared with placebo when precise amounts are used in a food challenge test. And it is likely that Palforzia improves people's quality of life once they are having a stable dose. People are likely to need to take Palforzia or regularly include peanuts in their diet to maintain the tolerance they gained. It is uncertain how long people would continue treatment, but few are likely to need to continue Palforzia for the rest of their lives.</p> <p>LSCMMG was asked to review the above information and decide if further scope with a few to adopting a recharge mechanism to CCGs should be adopted.</p> <p>After further discussions it was agreed that the hub team would scope implementing a recharge scheme for Palforzia in more detail and report back to the group. It was noted that recharge mechanisms for other non-HCD, but high value drugs had been implemented and so the group had previously set a precedent.</p> <p><u>Action</u></p> <p>AGR to scope a recharge mechanism for Palforzia.</p> <p>RAG rating for sodium zirconium cyclosilicate to be consulted on.</p>	<p>AGR</p> <p>AGR</p>
2022/082	<p>Axial Spondylarthritis Pathway</p> <p>DP introduced the paper. DP confirmed that following a suggestion by the Rheumatology Alliance, the axial spondyloarthritis pathway has been updated.</p> <p>The pathway has been updated to include NICE TA718 Ixekizumab for treating axial spondyloarthritis, NICE TA719 Secukinumab for treating non-radiographic axial spondyloarthritis and has been updated to make criteria for primary nonresponse more visible.</p> <p>Five of eight CCGs, one provider trust plus the Lancashire and Cumbria LMCs responded by the closing date. All responding organisations supported the draft recommendation - the Lancashire and Cumbria LMCs indicated agreement but acknowledged the pathway was specialist in nature.</p> <p>DP shared with the group a short summary of changes highlighted in the document.</p> <p>All LSCMMG members were in agreement with the changes.</p> <p><u>Action</u></p> <p>Amended pathway to be updated on the LSCMMG website associated Blueteq forms to be reviewed in line with new pathway</p>	<p>DP / AG</p>
2022/083	<p>Asthma – Short Guide</p> <p>DP introduced the paper to the group. An updated asthma guideline was approved at the April 2022 meeting of LSCMMG. At this meeting, a shorter 'one pager' type guideline was requested. This paper presents a</p>	

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	<p>shortened version of the approved pathway, set out in two pages to reflect the two regimens in the full guideline.</p> <p>Following review of the short guideline, DP asked LSCMMG members to consider whether they support the draft in its current form or if this should be amended prior to recommendations to CCGs.</p> <p>Members agreed to share it with colleagues and bring further comments back. DP will then amend the guide and bring back to the group.</p> <p><u>Action</u></p> <p>Members to share with clinicians and bring comments back to DP.</p> <p>DP to then make any amendments to the guide and bring back to a future LSCMMG meeting.</p>	<p>LSCMMG members</p> <p>DP</p>
2022/084	<p>Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure (HF_rEF)</p> <p>DP presented to the group. In September 2021, LSCMMG members approved the Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure with additional comments added at the October 2021 meeting. The comments added at the October meeting were subsequently shared with and agreed by specialist consultants.</p> <p>At the March 2022 meeting, NICE TA773 - Empagliflozin for treating chronic heart failure with reduced ejection fraction was discussed and it was agreed to incorporate this into the guidance.</p> <p>Updates to the draft document consisted of the suggested changes agreed at the October 2021 LSCMMG meeting and the addition of empagliflozin in line with NICE TA773</p> <p>LSCMMG members were asked to review the changes made to the draft guidance document and consider whether they support the draft in its current form or if this should be amended prior to recommendations to CCGs. Highlighted changes were shown on screen and shared before today's meeting for members to see.</p> <p>This document was accepted by the group and all amendments agreed.</p> <p><u>Action</u></p> <p>Amended Guideline to be updated on the LSCMMG website</p>	<p>DP</p>
2022/085	<p>Guidelines Workplan</p> <p>AGR stated that unfortunately, some items have overrun in the work plan, and it will be updated in due course but that this was mostly due to the complex nature of the work being completed.</p> <p>AGR updated the group that the DMARD Shared Care meeting took place on 11th May. Unfortunately, no primary care colleagues were able to attend so an additional meeting has been arranged for primary care representatives and will discuss the points raised at the first meeting. For</p>	

	SUMMARY OF DISCUSSION	ACTION
	the future we are looking to arrange a meeting similar to the Liothyronine meeting with a chair and agenda to help the meeting flow.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2022/086	New NICE Technology Appraisal Guidance for Medicines April 2022 All updates this month are NHS England commissioned.	
2022/087	New NHS England Medicines Commissioning Policies April 2022 N/A	
2022/088	Regional Medicines Optimisation Committees – Outputs April 2022 N/A	
2022/089	Evidence Reviews Published by SMC or AWMSG April 2022 SMC has published two review for consideration SMC2459 risankizumab (Skyrizi) for psoriatic arthritis and SMC2417upadacitinib for atopic dermatitis (Rinvoq). Both are expecting NICE TAs, to await NICE unless further application for use received.	
ITEMS FOR INFORMATION		
2022/090	Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee N/A	

Date and time of next meeting

The next meeting will take place on
Thursday 9th June 2022
9.30am – 11.30am
Microsoft Teams

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
12.05.2022**

ACTION SHEET FROM THE MEETING 09th December 2021				
2021/205	<p>Dual RAG ratings on LSCMMG website</p> <p>CCGs to review the dual rag ratings for Methadone, Naltrexone, Paroxetine and Sertraline and feed back to AGR</p> <p>January 2022 update: Deferred</p> <p>February 2022 update: AGR to send last paper presented to the group with a request for responses. To present at the March meeting.</p> <p>March 2022 update: AGR apologised as has not sent papers, to send round and will be added to April's agenda.</p> <p>April 2022 update: Item on agenda around intention is to have discussions around where there are different RAG ratings in different health economies, with a view to bring dual RAG ratings to the next meeting.</p> <p>May 2022 update: Discussions had amongst the team, there is another piece of work ongoing relating to RAG statuses across the patch. It was verbally agreed to put the two items of work together.</p>	CCG leads	Open	09.12.2021
		CSU	Open	14/04/2022
2021/206	<p>Oxygen for cluster headache – update</p> <p>AGR is to engage with neurology service to discuss advice and guidance for Oxygen for cluster headaches.</p>	AGR	Open	09.12.2021

	<p>January 2022 update: Deferred</p> <p>February 2022 update: Deferred, to be considered at the March meeting.</p> <p>March update 2022: AGR has engaged with Mersey, one of the seniors has been off for a while due to a bereavement. AGR will get back in touch and will bring update to the next meeting.</p> <p>April 2022 update: Managed to get in touch with the person at Mersey, formulary information, is more of a practical guide to obtain it, needs some more work to look into it and look to bring full update to the next meeting.</p> <p>May 2022 update: Ongoing, AGR will look to bring update for this urgently.</p>	AGR	Open	14.04.2022
ACTION SHEET FROM THE MEETING 13th January 2022				
2022/006	<p>Testosterone (transdermal) for postmenopausal women Shared Care guidance and patient information leaflet to be developed for Testosterone (transdermal) for postmenopausal women.</p> <p>February 2022 update: Working ongoing for SCG. DP to engage with specialists to check feasibility of Amber 1 RAG rating.</p> <p>March 2022 update: Ongoing, have had good responses. Will update at the next meeting.</p> <p>April 2022 update: Feedback received from LTH and Morecombe Bay Hospitals. Replies are not definitive on what s required, need a meeting to look into</p>	DP	Closed	13.01.2022
		DP	Closed	13.02.2022
		DP	Closed	13.03.2022
		DP	Closed	14.04.2022

	<p>further, not quite ready to bring to the group, is taking longer as it is no longer a licenced product, should be ready to bring to next meeting.</p> <p>May 2022 update: On the agenda.</p>			
ACTION SHEET FROM THE MEETING 10th February 2022				
2022/020	<p>Oral glycopyrronium spend</p> <p>Liaise with secondary care to collect glycopyrronium usage data and combine with primary care data.</p> <p>March 2022 update: DP asked for data from trusts on use, DJ has got back but has not received from other trusts. If you have this data please send to DP.</p> <p>April 2022 update: Have received some information but not able to present at this meeting, still awaiting more responses. A reminder is to be sent out to those who have not responded and feed back to next meeting.</p> <p>May 2022 update: DP has spend data from 3 trusts, is awaiting data from Blackpool. Seems so far to be a majority prefer the same drug and is the least expensive of them. It was agreed that specific preparations should not be listed on web site.</p>	DP	Open	10.2.2022
		DP	Open	14.04.2022
2022/024	<p>PPI guideline review</p> <p>Re-consult, sending updated guideline to consultees.</p> <p>March 2022 update: Guidance sent out, should be back ready for next meeting.</p> <p>April 2022 update: Is on agenda</p> <p>May 2022 update: Decided at the April meeting to review PesQIPP and</p>	AGR	Closed	10.2.2022
		AGR	Closed	14.04.2022

	LSCMMG draft guidance and provide summary of differences – work ongoing to be presented at the June meeting.			
2022/028	<p>LSCMMG – Guidelines Work Plan update</p> <p>Shared care document for Amiodarone to be scoped to possibly incorporate post CABG patients.</p> <p>March update 2022:</p> <p>Continuing, work in progress.</p> <p>April 2022 update:</p> <p>Still ongoing, AGR has had some mixed messages so is continuing to work on to bring back to meeting.</p> <p>May 2022 update:</p> <p>Is on agenda.</p>	AGR	Closed	10.2.2022
		AGR	Closed	14.04.2022
2022/029	<p>New NICE Technology Appraisal Guidance for Medicines January 2022</p> <p>TA758 Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy – to be added to web site with a Red RAG rating with position in relation to drugs for same indication made clear.</p> <p>TA599 (update) - Paper scoping potential implications of Sodium zirconium cyclosilicate now being available in both primary and secondary care to be brought to next meeting of LSCMMG.</p> <p>March 2022 update:</p> <p>TA758- AGR is reviewing current Blueteq guidance and then AGR and DP to look at. Will bring to group at April's meeting.</p> <p>TA599- AGR has contacted trusts for patient numbers, once numbers have come back will bring to LSCMMG.</p>	AGR	Closed	10.2.2022
		AGR	Closed	10.2.2022
		AGR/DJ/DP	Closed	10.03.2022

	<p>April 2022 update: Solriamfetol is on agenda, Sodium zirconium have some data on numbers from DJ, DP feels need to look at our RAG rating as other surrounding trusts have different status, bring update of activity and proposed RAG rating to next meeting.</p> <p>May 2022 update: Sodium Zirconium and Palforzia are on the agenda.</p>	AGR/DJ/DP	Closed	14.04.2022
ACTION SHEET FROM THE MEETING 11th March 2022				
2022/040	<p>Progesterone (Utrogestan) for HRT</p> <p>Mark as Green on RAG rating and continue with commissioning committee meeting. Do a piece of work around what products are available and bring up on a future agenda.</p> <p>April 2022 update: Due to go to the next SCC.</p> <p>May 2022 update: Reports show low level usage, update relevant information.</p>	<p>CSU</p> <p>CSU</p>	<p>Open</p> <p>Open</p>	<p>11.03.2022</p> <p>14.04.2022</p>
2022/042	<p>Fidaxomicin</p> <p>DP to look at entry and see what needs to be updated by LCSMMG.</p> <p>April 2022</p> <p>Old position is on website following a full review in second relapse, now NICE updated guidance stating can use second line in first incidence with C DiFF, website is out of step with NICE. Bring a proposed RAG rating to the next meeting. Action to bring discussions with CCG leads around supply and how it would work and then also bring to SLOG to discuss RAG status and linking in with microbiology and then bring this back to future meeting at LSCMMG.</p>	DP	Open	14.04.22

	<p>RAG of Patisomer DP to do a review of Zirconium changes then to consider if the RAG for Patisomer needs to be changed and if its place in therapy should change also.</p> <p>April 2022 update: Same issue as zirconium, RAG status to be reviewed for both drugs at the same time, email to be sent out to providers to request activity and bring back to LSCMMG.</p> <p>May 2022 update: On agenda.</p>	DP	Closed	14.04.22
2022/043	<p>Menopause guideline – additional product information options</p> <p>Create a table with £'s to indicate cost's without indicating price and make it clear that progesterone at the bottom may be used as a secondary agent and bring to a subsequent meeting. Also, to add some links to the Menopause society guidelines. Once agreed this needs to be circulated to consultants.</p> <p>April 2022 update: Work ongoing, trying to keep up with the prices and product availability, looking for a semi-automatic guide. Will update at next meeting.</p> <p>May 2022 update: Technical piece of work, may take some time to complete but once done will be applicable to other areas of guidance. Ongoing, further update to be presented at the June meeting.</p>	AGR	Open	14.04.2022
2022/044	<p>Environmental impact policy – Scope</p> <p>To work on the policy further as described and link in with other areas of the ICS to collaborate.</p> <p>April 2022 update:</p>			

	<p>Work is ongoing.</p> <p>May 2022 update: Work ongoing, to bring provisional amendments to LSCMMG front sheets at the June meeting.</p>	AGR	Open	14.04.2022
2202/045	<p>LSCMMG – Guidelines Work Plan update</p> <p>To make a local pathway for Inclisiran and add some clarification on Zyban and new patients.</p> <p>April 2022 update: Both items to be considered at the May meeting.</p> <p>May 2022 update: On the agenda</p>	AGR	Closed	14.04.2022
2202/046	<p>New NICE Technology Appraisal Guidance for Medicines February 2022</p> <p>To look at and see if there is any guidance for how long people are on Palforzia and what the process is for weaning them off. Also look at if every trust has an allergy service or where they are based. Look at if this would come under a specialist or regional groups or possibly tertiary. And who is eligible to use this, look into the NICE TA background paperwork. DJ will link in with immunologist for point of view and report to group.</p> <p>April 2022 update: No update will continue to investigate and will bring update to the next meeting.</p> <p>May 2022 update: On the agenda</p>	AGR/DJ	Closed	14.04.2022
ACTION SHEET FROM THE MEETING 14th April 2022				

<p>2022/054</p>	<p>Minutes and action sheet from the last meeting 13th March 2022 Update action table with item 2022/044 action. May 2022 update: Actioned</p>	<p>CSU</p>	<p>Closed</p>	<p>14.04.2022</p>
<p>2022/056</p>	<p>Ozurdex Take to next SCC meeting and create Blueteq form May 2022: Blueteq for drafted, awaiting ratification at SCC to publish</p>	<p>DP</p>	<p>Closed</p>	<p>14.04.2022</p>
<p>2022/057</p>	<p>Trimbow NEXThaler for COPD Review accepted by the group – paper to be presented at SCC. May 2022 update: Still awaiting ratification at SCC, to provide further update at the June meeting.</p>	<p>DP</p>	<p>Open</p>	<p>14.04.2022</p>
<p>2022/058</p>	<p>New Medicines Work Plan Cationorm eye drops- LR will send docs to DP and will look alongside other dry eye products and pull together into one piece of work. Paliperidone palmitate 6 monthly injections- Complete an abbreviated summary on the drug as is a new preparation of an existing drug. May 2022 update: DP has paperwork from Lancashire and will put this into the work plan. Infliximab s.c.- DP to look into frequency of use and add to work plan. May 2022 update: Is on the work plan. Rifaximin- Trusts check with gastro and see if there is more</p>	<p>DP/LR DP DP CCG Leads</p>	<p>Open Open Open Open</p>	<p>14.04.2022 14.04.2022 14.04.2022 14.04.2022</p>

	<p>wanting to use or specialist patient use or wide issue. Bring to next meeting.</p> <p>May 2022 update: Added to the workplan.</p>			
2022/059	<p>LSCMMG ICB RAG position review</p> <p>Members to check first tab and report any discrepancies they see to CSU by the end of next week. CSU will then engage with clinical specialists in required areas for discussions around differing RAG positions.</p> <p>Members to review the 3rd tab with a view to adopting positions that were currently not showing a CCG RAG position and aligning RAG positions wherever possible</p> <p>May 2022 update: Some responses received from health economies, all responses to be received by 3rd June 2022.</p>	<p>Group Members/ CSU</p> <p>Group Members</p>	<p>Open</p> <p>Open</p>	<p>14.04.2022</p> <p>14.04.2022</p>
2022/060	<p>Primary care PPI review guideline</p> <p>Look into the link from PrescQIPP and NICE and bring a summary of evidence for PPI use with C. Difficile infection back to group for clarifications.</p> <p>May 2022 update: To be presented at the June meeting</p>	CSU/ PT/AG	Open	14.04.2022
2022/061	<p>Sodium Oxybate and Solriamfetol place in therapy</p> <p>DP to engage with Mersey and see if we can work towards an aligned pathway, mindful that Lancashire and South Cumbria</p>	DP	Open	14.04.2022

	<p>have assigned pitolisant a Black RAG rating.</p> <p>May 2022 update:</p> <p>Work ongoing, update to be presented at the June meeting</p>			
2022/062	<p>Botox activity per clinical area</p> <p>Meet with Trusts and their specialities to source more detailed information on usage of Botox.</p> <p>May 2022 update:</p> <p>Still awaiting data, DP and AGR to check emails for responses.</p>	CSU	Open	14.04.2022
2022/063	<p>Asthma Treatment Guideline for Adults (aged 17 and over)</p> <p>DP and colleagues to revise guideline in line with consultation comments and then publish on web site. A condensed form of the guideline to be produced on one or two pages and added to agenda for discussion at future LSCMMG meeting.</p> <p>May 2022 update:</p> <p>Ongoing piece of work, further update to be presented at the June meeting.</p>	DP	Open	14.04.2022
2022/064	<p>LSCMMG – Guidelines Work Plan update</p> <p>Update Lucentis guideline and national procurement when we get more information. Prioritise AF guidance and add Ketogenic diet to the work plan.</p> <p>May 2022 update:</p> <p>Added to the workplan.</p>	DP	Closed	14.04.2022
2022/065	<p>New NICE Technology Appraisal Guidance for Medicines February 2022</p> <p>Bring guidance back to group for Empagliflozin adapting</p>			

	guidance for Dapagliflozin. Also look at Diabetes growth and the costs and look at growth of Flash against test strip usage. Have conversations with nephrologists to see how Dapagliflozin will be initiated in patients without diabetes.	DP	Open	14.04.2022
ACTION SHEET FROM THE MEETING 12th May 2022				
2022/075	Tapentadol MR as a treatment option for the management of neuropathic pain in palliative care DP to liaise with AGR who will discuss with the NWC SCN palliative care group.	DP	Open	12.05.2022
2022/076	New Medicines Review Workplan DP to look review previous agreements made by LSCMMG for consideration for free of charge drug schemes.	DP	Open	12.05.2022
2022/077	Testosterone Shared Care Guideline, female sexual dysfunction AGR to adjust the guideline as discussed. To be brought back and reviewed by the group once complete.	AGR	Open	12.05.2022
2022/078	Varenicline Position Statement- Update SR would speak to service members and feed back to AGR for amendments to the document.	SR/AGR	Open	12.05.2022
2022/079	Amiodarone SCG CABG – Scope Consult on the proposal for 6/52 supply from secondary care initially and a proposed RAG rating for the use of amiodarone post CABG.	AGR	Open	12.05.2022

2022/080	<p>Feedback from Liothyronine Meeting</p> <p>Send comments to AGR by June 3rd. AGR to then bring back to LSCMMG for ratification at the next meeting.</p>	LSCMMG Members/ AGR	Open	12.05.2022
2022/081	<p>Sodium Zirconium Cyclosilicate and Palforzia</p> <p>AGR to scope a recharge mechanism for Palforzia.</p>	AGR	Open	12.05.2022
	<p>RAG rating for sodium zirconium cyclosilicate to be consulted on.</p>	AGR	Open	12.05.2022
2022/082	<p>Axial Spondylarthritis Pathway</p> <p>Amended pathway to be updated on the LSCMMG website associated Blueteq forms to be reviewed in line with new pathway.</p>	DP / AGR	Open	12.05.2022
2022/083	<p>Asthma – Short Guide</p> <p>Members to share with clinicians and bring comments back to DP.</p>	LSCMMG Members	Open	12.05.2022
	<p>DP to then make any amendments to the guide and bring back to a future LSCMMG meeting.</p>	DP	Open	12.05.2022
2022/084	<p>Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure (HFrEF)</p> <p>Amended Guideline to be updated on the LSCMMG website</p>	DP	Open	12.05.2022