



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 13th October 2022 (via Microsoft Teams)**

PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Andy White (AW)	Chief Pharmacist	Lancashire and South Cumbria ICB
Clare Moss (CM)	Head of Medicines Optimisation	Greater Preston, NHS Chorley and South Ribble locality
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Mohammed Ahmad (MA)	Assistant Director of Pharmacy Clinical Services	Blackpool Teaching Hospitals NHS Foundation Trust
Judith Argall (JA)	Lead Pharmacist – Medicines Governance	Lancashire Teaching Hospitals Trust
Ana Batista (AB)	Medicines Information Pharmacist	East Lancashire Hospitals NHS Trust
Nicola Baxter (NB)	Head of Medicines	West Lancashire locality
Melanie Preston (MP)	Head of Medicines	Fylde Coast locality
Lisa Rogan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	Lancashire and Blackburn with Darwin locality
IN ATTENDANCE:		
Brent Horrell	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB)	Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2022/155	Welcome & apologies for absence There was an apology for Adam Grainger. Mohammed Ahmad attended on behalf of Rebecca Bond and Judith Argall attended on behalf of David Jones.	
2022/156	Declaration of any other urgent business None.	
2022/157	Declarations of interest None.	

	SUMMARY OF DISCUSSION	ACTION
2022/158	<p>Minutes and action sheet from the last meeting 8th September 2022</p> <p>The minutes were approved and will be ratified and uploaded to the LSCMMG web site.</p>	
2022/159	<p>Matters arising (not on the agenda)</p> <p>FP asked how decisions of the ratifying ICB Medicines Management Task and Finish group would be communicated to local Medicines Management leads. AW stated that the process for communicating decisions had yet to be determined and asked the group for their preferences. BH indicated that communications similar to those issued post LSCMMG could be useful. AW raised that Medicines Management Task and Finish group policies are ICB policies and that they would be adopted across all organisations within the ICB footprint.</p> <p>FP also raised the issue of Avian Flu.</p> <p>BH asked if members would like to continue to receive the LSCMMG papers in a zip file format. The group agreed they would like this to continue.</p> <p>LR asked if members currently have a policy on sedation for patients have had who have claustrophobia and who are attending an MRI scan. FP said she has had a request also, there is a wider issue on medication on post procedures and who monitors this, and she feels it needs to be looked into as there have been instances of GPs refusing to prescribe medication prior to procedures. This was agreed to be taken to SLOG.</p> <p><u>Action</u></p> <p>BH to add the above item from LR regarding patient sedation prior to procedure to SLOG agenda.</p>	BH
NEW MEDICINES REVIEWS		
2022/160	<p>Trimbow (beclomethasone/ formoterol/ glycopyrronium bromide) pressurised metered dose inhaler, for treatment of asthma.</p> <p>MP presented a paper summarising the work of Respiratory group been on Trimbow. It was noted that Trimbow had been previously agreed for COPD by LSCMMG. At an LSCMMG meeting last year, it was agreed consider Trimbow's use for asthma including its potential inclusion in the new Asthma treatment guidelines. The information was taken back to the Respiratory group to see if it was appropriate to be included. Evidence was mainly for dual therapies whereas Trimbow is a triple therapy. However, the evidence shows the product could support a significant reduction in exacerbations. There was engagement with specialists, and they are keen for it to be included as an option. The highest strength of Trimbow is now available and provides the next step for appropriate patients and there is no other specific single combination of the component drugs available. The cost is lower than that of a dual device and a single device in combination and the carbon footprint is lower.</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>It was agreed that Trimbow should be available as an option for appropriate patients, and the Respiratory group were supportive of it being in the new asthma guidelines with a Green Restricted RAG status.</p> <p>There were no comments from the group, so this items proposal was agreed.</p> <p>Action</p> <p>Trimbow products to be supported with a Green (restricted) RAG rating – to be ratified at appropriate committee.</p>	CSU
2022/161	<p>Hydrocortisone Modified-Release Capsules (Efmody) For Treatment of Congenital Adrenal Hyperplasia (CAH) in Adolescents aged 12 years and over, and adults</p> <p>DP presented the paper for the Hydrocortisone Modified-Release Capsules (Efmody) New Medicine Review. The product was requested by East Lancashire Hospitals Trust. The proposed use is for around 5 patients per year in the Pennine locality, so this has been rounded up to approximately 20 for the whole area. The cost implication is between £57,000 and £97,000 per year which is a significant cost impact when compared to currently available treatments.</p> <p>The proposed RAG status was Amber 0 as a second line treatment with a number of additional requirements for patients to be considered eligible. Two consultation responses were reported in the paper plus a third received after the closing date was reported verbally. East Lancashire Medicines Management Board agreed with the proposed Amber 0, Pennine and Fylde Coast ICB regions provided detailed comments without indicating RAG preference. CM commented that they would lean towards a Black status as they didn't feel there was significant impact with the cost. Majority of members echoed CM's statement about few apparent benefits against the high cost of the product.</p> <p>FP was unable to find an SPC so was unsure if the drug was licenced but checked with Scottish Medicines Consortium advice who do not recommend the product. It was agreed that if approved, the issue of the SPC being unavailable on the Electronic Medicines Compendium web site (despite being a licensed product) for this would need to be addressed to support prescribers. AW noted that the All-Wales Medicines Strategy Group has approved the product for restricted second line treatment.</p> <p>LR raised that there are apparently some conflicting messages in the paper, specifically where reference is made to a preference for shorter acting medications when Efmody is longer acting product.</p> <p>AB reported that consultants at ELHT would like to use Hydrocortisone Modified-Release Capsules (Efmody).</p> <p>SR raised a study showed a higher rate of biochemical control in the 91 test patients if switched, and that this maybe more beneficial for patients that have not achieved a higher rate of biochemical control.</p> <p>The group raised the possibility of this drug only becoming available via an IFR, however BH felt this may cause issues as patients would need to</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>demonstrate clinical exceptionality to access via IFR. A pre-approval process could be developed with restricted criteria.</p> <p>The conclusion from the group's discussion was that development of an approval process should be investigated. Once this work has been done to bring it back to this group for further discussion and decision.</p> <p><u>Action</u></p> <p>DP to look into possible pre-approval processes for access to the drug and bring back to a future meeting.</p>	DP
2022/162	<p>Hydrocortisone Sodium Phosphate (Softacort) eye drops for treatment of mild non-infectious allergic or inflammatory conjunctival diseases.</p> <p>DP presented the paper for Hydrocortisone Sodium Phosphate (Softacort) eye drops for treatment of mild non-infectious allergic or inflammatory conjunctival diseases. This product was requested by Blackpool Teaching Hospitals Trust. In 12 months, there were 270 prescriptions for the product in the ICB region. Pan Mersey have the product on their formulary as Amber Initiated, Greater Manchester does not have the product on their formulary and Moorfields Eye Hospital has the product on its formulary. The proposed RAG status was Red, consultation comments indicate that East Lancashire Hospitals Trust feel it should be Amber 0, Morecambe Bay ICB indicated a preference for Red. Pennine ICB region did not indicate a RAG preference. The cost is significant at £10.49 for a pack that would last around a month whereas others range from 36p-61p.</p> <p>Discussions in the group were all similar to those presented in the consultation responses with most agreeing that there are already a lot of eye drops available for the conditions under review and it was felt this drug did not show a significant difference in effectiveness. It was agreed by the group for the status to be Black, but the group would be happy to revisit it should consultants bring back more information. DP was happy to feed this back to Blackpool.</p> <p>Action</p> <p>DP/ MA to report black RAG rating back to Blackpool Teaching Hospitals Trust.</p>	DP/MA
2022/163	<p>New Medicines Review Workplan</p> <p>New medicines to be considered to be prioritised are: Nephrotrans (gastro-resistant sodium bicarbonate) for the treatment of Metabolic Acidosis in Chronic Kidney Disease, this request was from Lancashire Teaching Hospitals. Two device requests, one for Iqoro Device for the treatment of Acid Reflux and Dysphagia from Central Lancashire ICB and for Therabite to restore mobility after Trismus and Mandibular Hypomobility from Fylde Coast. Devices are not routinely reviewed by the group, but there is a process for review, hence the request. Fylde Coast also requested is Ogluo pre-filled Glucagon Pen for the treatment of Severe Hypoglycaemia</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>in adults, adolescents and children aged 2 years and over with Diabetes Mellitus.</p> <p>There were also some other items for consideration in relation to the new medicines review workplan. The first one, which was raised at SLOG was for anti-epileptic medication, specifically Keppra (levetiracetam) and whether there should be a statement outlining which anti-epileptic drugs can be switched to generic versions. Members all agreed this would be valuable and would support development of a list.</p> <p>Morecambe Bay raised the issue of some providers cutting Fentanyl patches as buprenorphine was not uniformly supported across the ICB. The two issues raised were the lack of a single Lancashire and South Cumbria RAG status for buprenorphine patches and whether the issue of patch cutting should be covered via a statement on the LSCMMG web site.</p> <p>AW agreed there should be one overall RAG status for buprenorphine patches and that there should be a statement advising that fentanyl patches should not be used long term for noncancer pain.</p> <p>SR raised an issue of concern of safe usage of fentanyl patches. She was aware of a fatality related to misuse of a fentanyl patch; the issue was raised to MHRA by the coroner.</p> <p>FP stated that she was aware of some pressures to issue fentanyl patches in the care home setting due to their convenience of administration when compared to oral opioids.</p> <p>The group agreed that both a single RAG rating for buprenorphine across Lancashire and South Cumbria should be formulated.</p> <p><u>Action</u></p> <p>DP to add drugs agreed to the work plan and plan to produce outputs for antiepileptic medicines and opioid patches.</p>	DP
GUIDELINES and INFORMATION LEAFLETS		
2022/164	<p>Nutritional Supplements Post Bariatric Surgery – Post Private Surgery</p> <p>BH raised this agenda item as an early opportunity for discussions on the issue. There is a request from LMC around concerns that patients are going overseas and having private Bariatric surgery then expecting their GPs to follow with their aftercare.</p> <p>Currently LSCMMG has a position statement that states that patients that have proceeded with Bariatric Surgery Privately and have subsequently chosen to switch their care back to the NHS should be prescribed supplements equivalent to that offered to the NHS patients in accordance with the policy. The purpose of putting that into the position to stop people coming and asking for all different types of products and to make it clear that they would only get what was available on the NHS. BH said that there are concerns that GPs are getting pressure and that people are using that wording to say that GPs need to take up their aftercare.</p>	

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	<p>NB will link in initially with Peter Gregory as she has something she has been working on him with her issue and then bring CSU into conversations later. Ideally the statement needs to be wider than medicines.</p> <p>CM to send BH email trail in regard to her questions to RMOC about publishing the work they had done on this issue.</p> <p>AW will link in with and ex-colleague now at NHSE about it as well and said if the group could collate a list of items to things needing to be done nationally it could help get them into the system.</p>	<p>NB/BH</p> <p>CM</p> <p>AW</p>
2022/165	<p>Gout Prescribing Guideline – Update</p> <p>BH brought this agenda. There were minor changes to the guideline, slight wording changes and positioning changes in the NICE guidance. BH asked if the group wanted it to be reviewed and brought back to the next meeting or can it be sent to members for email review.</p> <p>FP raised an issue that there is no maximum dose on the guideline for Colchicine and the dosing differs from the SPC and she feels this needs further consultation.</p> <p><u>Action</u></p> <p>BH to send this out for consultation.</p> <p>BH will review the Colchicine dose before it is sent out for consultation.</p>	<p>BH</p> <p>BH</p>
2022/166	<p>Use of Medicines Outside of their UK Marketing Authorisation in Pain Management Position Statement – Update</p> <p>BH brought this item. There is a patient information leaflet that was due for review. AGR has reviewed and made one minor change to the document (changing Amitriptyline to Nortriptyline). BH asked if the group would like it to go out for further review, send to the group to review or accept the change.</p> <p>The group agreed as it is one minor change, they are happy to approve without sending out to the group.</p>	
2022/167	<p>Generic Biosimilar Medicines Position Statement – Update</p> <p>BH raised this agenda item. Historically there was wording in a position statement on LSCMMG supporting the use of Biosimilars with supporting information. BH has noted that the term ‘CCG’ needs to be changed. The position hasn’t changed but AGR has changed the supporting information included in the document. BH feels it is useful to have something that supports the use of Biosimilars. BH asked the group if they were happy to accept it as changed or if they would like further work on it.</p> <p>AC raised about wording in the first sentence and the need for the inclusion of a statement on the timeliness of Biosimilar adoption. He agrees that it is prescriber that takes responsibility for prescribing, however if it is more cost effective everyone in the system has a responsibility to support adoption sooner rather than later.</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>FP agreed with AC's comments. AW asked for clarity in the last paragraph including more description around the value propositions, also that it is everyone is responsible for helping reach savings.</p> <p><u>Action</u></p> <p>BH will re-word the statement and circulate to the group to finalise prior to loading onto the website.</p>	BH
2022/168	<p>Atrial Fibrillation Pathway – Edoxaban Upper CrCl Limit Wording Discussion</p> <p>DP brought this item. The pathway was agreed at the last meeting subject to a two-week grace period for consultation comments to come back from East Lancashire. During that two-week period there was feedback at SLOG from the Northwest Coast Cardiac Network on a specific issue, which was why was it agreed to use a creatinine clearance of 95ml per min as the maximum of Edoxaban. DP explained the differences between how prescribing data from the US and the EU. The US have 95ml as a cut off, and this was chosen as a very definite number for prescribers to use for creatinine clearance. Their prescribing information states that above 95ml there is a higher risk of stroke than with Warfarin. There is a table in the FDA prescribing data that details how the information is broken down. The UK/EU prescribing data states that there is reduced efficacy with increasing Creatinine Clearance, so use in patients with high Creatinine Clearance should only be after careful evaluation of individual Thromboembolic bleeding risk. This does not give a definite cut-off number for prescribers to easily follow. DP agreed that it is unusual to use a US source in preference to an EU/UK source, in this instance the AF guideline group felt that prescribers would be better supported by indicating a 95ms cut-off in the Lancashire and South Cumbria AF guidelines.</p> <p>LR agreed that a definite cut-off is helpful, and the Pennine region followed the UK CPA guidance which has a 95mls cut-off; LR agreed to send to DP. LR said she did have some queries raised by GPs about why it had been listed at 95ml and they had sent the documents and explained why it had been decided.</p> <p>CM asked it would be good to get a consensus from local clinicians on the issues raised.</p> <p>DP stated that local clinicians were members of the group developing the AF guidelines.</p> <p>MP agreed that the 95mls cut-off should be supported but that the statement about cut-off should be supplemented with some of the EU/UK SPC for Edoxaban.</p> <p>AC said he felt it should read that Edoxaban should not be routinely used in patients with an upper CrCl above 95ml per minute however there could be exceptions.</p> <p>AC summarised that the cut-off statement should indicate that Edoxaban should not be routinely used in patients with a CrCl above 95ml per minute and might require onward referral for the evaluation of the risk vs benefit of treatment.</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>Once DP has updated the information it is approved and will be added to the website.</p> <p><u>Action</u></p> <p>DP to update wording then upload AF guideline to the web site.</p>	DP
2022/169	<p>Guidelines Workplan</p> <p>BH brought this item. There are no specific areas to update, everything upcoming is listed on the workplan through to January. BH asked the group if there were any comments or questions. There were no comments.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2022/170	<p>New NICE Technology Appraisal Guidance for Medicines July to August 2022</p> <p>TA824 Dexamethasone intravitreal implant for treating diabetic macular oedema. This is because there is different guidance regarding if you had a phakic or pseudophakic lens. There was already an evidence review and position statement covering this indication on the website. BH will change the wording so that it is in line with the NICE TA. The group agreed for the wording to be changed to match the NICE TA.</p> <p><u>Action</u></p> <p>BH to action the change in the web site wording in response to TA824.</p>	BH
2022/171	<p>New NHS England Medicines Commissioning Policies August 2022</p> <p>N/A</p>	
2022/172	<p>Regional Medicines Optimisation Committees – Outputs August 2022</p> <p>N/A</p>	
2022/173	<p>Evidence Reviews Published by SMC or AWMSG July to August 2022</p> <p>DP presented this item. The first item for discussion is:</p> <p>Trifarotene for Acne was approved by SMC (SMC2441). This has not been listed by NICE and there have been no requests, DP asked what the group would like to do to either wait for a request or to begin the review now. BH asked if there was an indication where in the pathway it would sit. DP replied that it is listed as an additional treatment with Retinoids and there could be pressure to review if it is felt this is a better alternative than ones already available. LR agreed with this and felt should be reviewed now before it is requested before possible demand relating to the indication.</p> <p>AC raised the commissioning responsibility on the document needs to be changed from CCG to ICB. This item will be added to the work plan.</p> <p>Tofacitinib for treatment in patients with active Ankylosing Spondylitis</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>(AS) was approved by SMC (SMC2463). NICE are in the process of completing a NICE TA for this but there is no publication date listed. The group agreed this item can wait for the NICE TA.</p> <p>Estradiol/ Micronised Progesterone (Bijuve) combined hormone replacement therapy was approved by SMC (SMC2502). No requests for this and it is not planned for NICE. This is a branded produce and DP felt this may be readily available via supply chain (compared to other HRT products) and that people may want it to be prescribed. AW said it is celebrity endorsed and it has just been added to the HRT guideline for Greater Manchester that is awaiting approval. As the pathway is not on the workplan AW suggested to look into this one. BH raised that there is something planned for the Website for HRT. Other members agreed that it will possibly be further endorsed and that they all felt it needs looking at now. This will be added to the work plan.</p> <p><u>Action</u></p> <p>DP will add both Trifarotene and Estradiol/ Micronised Progesterone (Bijuve) to the work plan.</p>	DP
ITEMS FOR INFORMATION		
2022/174	<p>Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee</p> <p>Committee notes are added to the papers for members to view and ask any questions.</p>	

Date and time of next meeting

The next meeting will take place on

Thursday 10th November 2022

9.30am – 11.30am

Microsoft Teams

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT
GROUP 13.10.2022**

ACTION SHEET FROM THE MEETING 09th December 2021				
2021/154	<p>Ketamine survey results Ketamine for chronic pain current position to be discussed at November LSCMMG meeting.</p> <p>CSU to work with LTHT to develop mechanism to provide assurance that a new initiation has carefully been considered and all other options exhausted. An MDT approach and proforma capturing rationale and previous treatments plus higher level sign off to be explored.</p>	DJ	Closed	14.10.2021
	<p>November 2021 update: DJ will have internal conversations with pain team, LTH to review and await information back to LSCMMG.</p> <p>December 2021 update: Ongoing awaiting feedback</p> <p>January 2022 update: Discussed at LSCFT medicines committee, requests received from diabetes wider pain treatments specialist to use Sativex and broaden beyond ketamine and non-pharmacological interventions. MM group to provide evidence for new initiation. DJ suggested there is a criteria and local Blueteq form developed. CSU agreed that a local Blueteq form could be developed once the clinical and review criteria are agreed.</p> <p>February 2022 update: Audit delayed due to covid pressures. Focused meeting on ketamine to take place shortly.</p> <p>March 2022 update:</p>	DP/DJ	Open	14.10.2021

	<p>DJ has been unable to meet, has had a draft list of criteria, which could be put into local Blueteq. This includes confirming patient has persistent pain, referred to pain management service, has tried long term opiates, has tried other relevant pain management.</p> <p>April 2022 update: Not drafted yet, to defer until next meeting. DJ drafted internal Blueteq form, received positively, some suggestions for follow ups so will be completing this and will hopefully be on agenda for next month, will send to DP/AGR.</p> <p>June 2022 update: DP to circulate form from DJ and will bring back to next meeting.</p> <p>July 2022 update: DP had feedback from one from East Lancashire Trust and this was they have no comment. After discussions AGR to draft a Blueteq form and DP/BH to draft RAG position wording and bring back to the next meeting.</p> <p>September 2022 update: Has been drafted, DP to check over and then will propose website wording.</p> <p>October 2022 update: Blueteq form has been drafted. DP to link in with LTH to discuss wording and RAG position for the website as to not flood LTH with referrals.</p>	DJ	Open	10.03.2022
		AGR/DJ	Open	14.04.2022
		DP	Open	09.06.2022
		AGR/BH/DP/DJ	Open	14.07.2022
		AGR/DP	Open	08.09.2022
		DP/DJ	Open	13.10.2022
ACTION SHEET FROM THE MEETING 11th March 2022				
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</p>			

	<p>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> <p>June 2022 update: Guidance for website to track cost, AG meeting website team next week to get it added onto update.</p> <p>July 2022 update: Meeting with design team this week for application to the website.</p> <p>September 2022 update: Tied in with the website update. When the website is live the update will go on.</p> <p>October 2022 update: Will update with website at the next meeting. Close here as work is completed.</p>	<p>AGR</p> <p>AGR</p> <p>AGR</p> <p>AGR</p> <p>AGR</p> <p>AGR</p>	<p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p> <p>Closed</p>	<p>14.04.2022</p> <p>12.05.2022</p> <p>09.06.2022</p> <p>14.07.2022</p> <p>08.09.2022</p> <p>13.10.2022</p>
2022/044	<p>Environmental impact policy – Scope To work on the policy further as described and link in with other areas of the ICS to collaborate.</p> <p>April 2022 update: Work is ongoing.</p> <p>May 2022 update: Work ongoing, to bring provisional amendments to LSCMMG front sheets at the June meeting.</p>	<p>AGR</p> <p>AGR</p>	<p>Open</p> <p>Open</p>	<p>14.04.2022</p> <p>12.05.2022</p>

	<p>June 2022 update: Work still ongoing, update at July's meeting.</p> <p>July 2022 update: Re-scheduled for September as this will tie in with Website.</p> <p>September 2022 update: Linked in with website update. When the website is live the update will go on.</p> <p>October 2022 update: Will update with website at the next meeting. Close here as work is completed.</p>	AGR	Open	09.06.2022
		AGR	Open	14.07.2022
		AGR	Open	08.09.2022
		AGR	Closed	13.10.2022

ACTION SHEET FROM THE MEETING 14th April 2022

2022/065	<p>New NICE Technology Appraisal Guidance for Medicines February 2022</p> <p>Bring guidance back to group for Empagliflozin adapting 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.</p>	DP	Open	14.04.2022
	<p>June 2022 update:</p> <p>Ongoing, LTH renal team would like it to have a Green RAG status. DP to link in with DJ.</p>	DP	Open	09.06.2022
	<p>July 2022 update:</p> <p>Empagliflozin and Dapagliflozin have been added to the guideline. Flash guidance will be brought to another meeting due to pricing and needing further work.</p>	DP	Open	14.07.2022
	<p>September 2022 update:</p> <p>Flash glucose meters: To have a discussion with BH as he is chair of policies group as to where it is going to be discussed.</p>	DP/BH	Open	08.09.2022

	Dapagliflozin in renal disease: DP to link in with DJ to look at work within the wider group. October 2022 update: DP is meeting with Cardiologists and BH has a meeting on Friday in regard to Flash. Will update from both at the next meeting.	DP/DJ	Open	08.09.2022
		DP/BH	Open	13.10.2022
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. June 2022 update: Ongoing. July 2022 update: With the palliative care team, they are taking it to a clinical network group and feedback to AGR. Taking item to SLOG to appoint a lead. September 2022 update: Went to SLOG, it was agreed for AGR to stay the lead contact. October 2022 update: Actioned, closed.	DP DP/AGR DP/AGR AGR AGR	Open Open Open Open Closed	12.05.2022 09.06.2022 14.07.2022 08.09.2022 13.10.2022
2022/082	Axial Spondylarthritis Pathway Amended pathway to be updated on the LSCMMG website associated Blueteq forms to be reviewed in line with new pathway. June 2022 update: Blueteq forms in the process of being finalised. July 2022 update: Still with AGR, will be completed soon. September 2022 update: AGR has completed them, will send to DP to check over then it will go on Blueteq.	DP / AGR DP/AGR AGR	Open Open Open	12.05.2022 09.06.2022 14.07.2022

	October 2022 update: Actioned, Closed.	AGR	Closed	13.10.2022
ACTION SHEET FROM THE MEETING 09TH June 2022				
2022/098	Testosterone Shared Care Guidance - Update AGR will continue with clinical appropriateness and look to define who would fit as specialist. Leads are to take back and look at implementing from a commissioning point of view and how to commission the service to make it available to patients. July 2022 update: Have had feedback, there are a lot of differences between where patients are getting in. Still waiting on further information, may need more time to address further. Sing off shared care with a health warning. Work with ICB leads for health warning. Then further work to look outside of this group within the ICS looking for commissioning pathways. Circulate health warning wording to be agreed then have chair approval before issue. September 2022 update: This has been completed, was down for chairs action but AC is unsure if he has seen it due to the time in-between meetings, AGR to check where it was approved. October 2022 update: This was taken and agreed and actioned at SLOG.	AGR	Open	09.06.2022
		Group Members/ Leads	Open	09.06.2022
		AGR	Open	14.07.2022
		AGR	Open	08.09.2022
ACTION SHEET FROM THE MEETING 14TH JULY 2022				
2022/115	Paliperidone 6 monthly SR to approach costing issue via finance-to-finance.	SR	Open	14.07.2022
	SR/FP to send BH costing information from other areas and BH will support resolving issue.	SR/FP	Open	14.07.2022
		SR/FP	Open	08.09.2022

	<p>September 2022 update: Members not in attendance, differed until next meeting.</p> <p>October 2022 update: SR gave some information to BH, it looks like finance will be picking it up, but it is unlikely will get resolved this financial year. Hopefully will be resolved next financial year.</p>	SR	Closed	13.10.2022
2022/116	<p>Free of Charge Medicines Schemes</p> <p>Look at the RMOC and PrescQIPP documents and look to create a form for providers to complete and send to LSCMMG for discussion and decision.</p> <p>September 2022 update: Is ready but due to heavy agender, differed until next meeting.</p> <p>October 2022 update: Not on agenda but have adopted RMOC guidance and the website is yet to be updated. Closed here but needs to go onto the website when ready.</p>	CSU	Open	14.07.2022
		DP	Open	08.09.2022
		DP	Closed	13.10.2022
2022/117	<p>PPI Guideline Review – Update</p> <p>AGR to send out document to localities.</p> <p>October 2022 update: Actioned and closed.</p>	AGR	Open	14.07.2022
		AGR	Closed	13.10.2022
2022/126	<p>Update Heart Failure Guidelines</p> <p>DP to link with RC to get her view on.</p> <p>DP to send out what it would mean to the overall guidance.</p> <p>DP will look to bring both groups together and bring back to this group at a later stage.</p> <p>September 2022 update:</p>	DP	Open	14.07.2022
		DP	Open	14.07.2022
		DP	Open	14.07.2022

	Links in with 2022/065, same comments apply. October 2022 update: Close under this action and keep under action 2022/065.	DP	Open	08.09.2022
		DP	Closed	13.10.2022
ACTION SHEET FROM THE MEETING 8th September 2022				
2022/138	Ryaltris nasal spray for the treatment of symptoms of moderate to severe seasonal and perennial allergic rhinitis (re-consultation) DP to look into how many Rhinitis sprays are currently on the market, how many are prescribed across the ICB and how much this costs. October 2022 update: DP has done some estimates over financial impact. After discussions within the group it was decided that it will be brought back to the group to detail the costs and conversations had today and what the RAG position could be and to include both Ryaltris and Dymista	DP	Open	08.09.2022
		DP	Open	13.10.2022
2022/139	Mexiletine for ventricular arrhythmias DP to investigate costings further. October 2022 update: After further investigations it shows that the new product Namuscla and the one used currently the price is about the same once taking into consideration the patient access scheme. Closed.	DP	Open	08.09.2022
		DP	Closed	13.10.2022
2022/140	Vedolizumab s/c and Infliximab s/c gastroenterology Documents to be prepared for ratifying committee with proposed Red RAG rating for both drugs. October 2022 update:	DP	Open	08.09.2022

	This was approved at a task and finish group on 12.10.2022.	DP	Closed	13.10.2022
2022/142	Atrial Fibrillation Pathway LR to take guideline back to colleagues for comment and then return to CSU for consideration before considers for chair's action to approve.	LR/DP/AC	Open	08.09.2022
	October 2022 update: On agenda.	DP	Closed	13.10.2022
2022/143	Asthma desktop guide, minor update MP to further discuss the RAG rating of Trimbaw with SA and report back to the next LSCMMG meeting.	MP	Open	08.09.2022
	October 2022 update: On agenda.	MP	Closed	13.10.2022
2022/144	DMARD shared care – RMOG template adoption – done EB to add to SLOG agenda for the next meeting	EB	Open	08.09.2022
	October 2022 update: Deferred from last SLOG as agenda was full but is on today's SLOG agenda.	EB	Closed	13.10.2022
2022/145	Morphine 120mg equivalent position statement AGR to make agreed additions/ amendments to the document.	AGR	Open	08.09.2022
	October 2022 update: Actioned and closed	AGR	Closed	13.10.2022
2022/147	Adoption of shared care guideline for Somatropin AGR to link in with FP and AS when FP is back from leave.	AGR/FP/AS	Open	08.09.2022
	October 2022 update: Defer	AGR/FP/AS	Open	13.10.2022
2022/148	Review of medicines requiring approval prior to prescribing LSCFT			

	Agomelatine and duloxetine to be added to new medicines workplan. CSU to work with Lancashire South Cumbria Foundation Trust understand requirements for Lurasidone's inclusion in shared care guideline. October 2022 update: Actioned, Closed.	CSU	Open	08.09.2022
		CSU	Closed	13.10.2022
2022/149	Guidelines Workplan - oral nutritional supplements AGR to send email asking members to submit their consultation response and extend the deadline for oral nutritional supplements guidelines. October 2020 update: Still only had a few responses, will be sending out another ask for consultation and bring to November's meeting.	AGR	Open	08.09.2022
		AGR	Open	13.10.2022
2022/150	New NICE Technology Appraisal Guidance for Medicines August 2022 AGR to provide updates at the next meeting on: Icosapent ethyl with statin therapy, Roxadustat and Abrocitinib, Tralokinumab or Upadacitinib. October 2022 update: Defer.	AGR	Open	08.09.2022
		AGR	Open	13.10.2022
ACTION SHEET FROM THE MEETING 13th October 2022				
2022/159	Matters arising (not on the agenda) BH to add item from LR regarding patient sedation prior to procedure to SLOG agenda.	BH	Open	13.10.2022
2022/160	Trimbow (beclomethasone/ formoterol/ glycopyrronium bromide) pressurised metered dose inhaler, for treatment of asthma Trimbow products to be supported with a Green (restricted) RAG rating – to be	CSU	Open	13.10.2022

	ratified at appropriate committee.			
2022/161	Hydrocortisone Modified-Release Capsules (Efmody) For Treatment of Congenital Adrenal Hyperplasia (CAH) in Adolescents aged 12 years and over, and adults DP to look into possible pre-approval processes for access to the drug and bring back to a future meeting.	DP	Open	13.10.2022
2022/162	Hydrocortisone Sodium Phosphate (Softacort) eye drops for treatment of mild non-infectious allergic or inflammatory conjunctival diseases. DP/ MA to report black RAG rating back to Blackpool Teaching Hospitals Trust.	DP/MA	Open	13.10.2022
2022/163	New Medicines Review Workplan DP to add drugs agreed to the work plan and plan to produce outputs for antiepileptic medicines and opioid patches.	DP	Open	13.10.2022
2022/164	Nutritional Supplements Post Bariatric Surgery – Post Private Surgery CSU to review this document and removing wording, link in with the LMC and bring back to the group.	CSU	Open	13.10.2022
	CSU to put wider work onto the work plan about reviewing the information we currently have in documents and look whether they need to be refreshed or have a stand-alone policy position relating to private treatment.	CSU	Open	13.10.2022
	NB will link in initially with Peter Gregory as she has something she has been working on him with her issue and then bring CSU into conversations later. Ideally the	NB/BH	Open	13.10.2022

	statement needs to be wider than medicines.			
	CM to send BH email trail in regard to her questions to RMOC about publishing the work they had done on this issue.	CM	Open	13.10.2022
	AW will link in with and ex-colleague now at NHSE about it as well and said if the group could collate a list of items to things needing to be done nationally it could help get them into the system.	AW	Open	13.10.2022
2022/165	Gout Prescribing Guideline – Update BH to send this out for consultation.	BH	Open	13.10.2022
	BH will review the Colchicine dose before it is sent out for consultation.	BH	Open	13.10.2022
2022/167	Generic Biosimilar Medicines Position Statement – Update BH will re-word the statement and circulated to the group to agree on it.	BH	Open	13.10.2022
2022/168	Atrial Fibrillation Pathway – Edoxaban Upper CrCl Limit Wording Discussion DP to update wording then upload AF guideline to the web site.	DP	Open	13.10.2022
2022/170	New NICE Technology Appraisal Guidance for Medicines July to August 2022 BH to action the change in the web site wording in response to TA824.	BH	Open	13.10.2022
2022/173	Evidence Reviews Published by SMC or AWMSG July to August 2022 DP will add both Trifarotene and Estradiol/ Micronised Progesterone (Bijuve) to the work plan.	DP	Open	13.10.2022