



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 14th January 2021 (via Microsoft Teams)**

PRESENT:

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

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Ashley Marsden (AM)	Senior Pharmacist	North West Medicines Information Centre
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2021/001	<p>Welcome & apologies for absence</p> <p>Attendance noted above. Apologies was received from Melanie Preston and Faye Prescott.</p> <p>AC discussed the quoracy of the meeting and noted that, if this was not reached, any decisions made would need to be cascaded to members for ratification. AC discussed the first priority should be given to the Covid vaccination mass roll if necessary.</p>	
2021/002	<p>Declaration of any other urgent business</p> <p>None.</p>	
2021/003	<p>Declarations of interest</p> <p>None.</p>	
2021/004	<p>Minutes and action sheet from the last meeting 12th November 2020.</p> <p>The minutes was agreed as a true and accurate record of the meeting. AC asked if any specific actions need discussing that would not be discussed as part of the agenda. BH raised Dymista and noted this will be further progressed with CM, AC also updated a letter has been received from an ENT consultant at LTHTR and will be reviewed and discussed at February's LSCMMG meeting. AC highlighted as this is an abridged LSCMMG meeting, the actions will not be discussed and will be deferred. AC noted any actions which have been marked as closed can be removed.</p>	
2021/005	<p>Matters arising (not on the agenda)</p> <p>None.</p>	
NEW MEDICINES REVIEWS		
2021/006	<p>Domperidone as an aid to the initiation and maintenance of breast milk supply (galactagogue)</p> <p>DP discussed an impact equality screen was carried out highlighted the following cross border issue: GMMMG and Pan Mersey do not list opinions of domperidone in this indication.</p> <p>DP recapped that Domperidone as an aid to the initiation and maintenance of breast milk supply was prioritised for review by the Lancashire and South Cumbria Medicines Management Group (LSCMMG) following a request by the Lancashire and South Cumbria Infant Feeding Network to review as the drug could potentially be included in their guidelines.</p> <p>Following review of the evidence and consultation responses, the proposed guideline was discussed at the October LSCMMG meeting</p>	

	<p>where a Green (restricted) RAG rating was agreed although the position was to be amended and to indicate a 7 day course length and this was to be discussed at the November meeting before ratification.</p> <p>At the November meeting, there were additional issues highlighted that needed to be resolved before the RAG rating could be ratified: clarification of the route of supply and the recommendation narrative along with associated staff competencies needed to be established. The breast feeding network were to be engaged in this work. LSCMMG members discussed the evidence is sufficient but noted specialist nurses within primary care may not be aware of all the cardiac risks of Domperidone.</p> <p>The initially agreed wording was discussed and a number of proposed amendments were agreed, as follows:</p> <ul style="list-style-type: none"> ● Making it clear that the drug is appropriate for initiation and ongoing prescribing in both primary and secondary care for a maximum period of seven days at a total maximum daily dose not exceeding 30mg ● Adding the recommendation that any health professional or lactation consultant with the appropriate skills, knowledge and competency within midwifery, health visiting and neonatal services can signpost a woman to her GP for discussion about the use of galactagogues where there is evidence of: <ul style="list-style-type: none"> ○ an effective breastfeeding or expressing assessment and ○ implementation of a breastfeeding care-plan to increase maternal lactation and ○ an assessment of the need for the use of a galactagogue ● Clarifying that it is the prescriber’s clinical decision to prescribe the drug ● Noting that use as a galactagogue is off label and the GMC’s guidance on prescribing unlicensed medicines should be consulted ● Adding a section outlining the MHRA advice highlighting the cardiovascular risk of domperidone and providing details of the European review that informed this advice ● Adding contraindication text, taken from the drug’s SPC <p>LSCMMG members agreed that a prescribing information sheet should be produced to support prescribing of domperidone as a galactagogue. DP stated that the amended text will be applied to the breastfeeding guideline and added to the LSCMMG website.</p> <p>Actions</p> <p>Updated text to be added to LSCMMG web site</p> <p>Prescribing information sheet to be added to LSCMMG web site</p>	<p>DP</p> <p>DP</p>
<p>2021/007</p>	<p>LSCMMG – New Medicine Reviews Work Plan update</p> <p>DP asked LSCMMG members if new medicines are to be prioritised and consultations should take place given Covid-19 and the mass vaccination rollout programme and capacity. AC and members agreed it would be</p>	

	<p>useful if the new medicine review work plan is reviewed and prioritised. It was agreed consultations and new medicines should still be prioritised, however it was noted a limit of two new medicine reviews and one guideline would be sufficient going forward and highlighted consultation responses are to be monitored to ensure a full response is received.</p> <p>DP discussed the following medicines that have been identified by the CSU as requiring the development of policy / formulary position statements.</p> <p>Medicines to be considered for prioritisation:</p> <ul style="list-style-type: none"> • Aectura Breezhaler - indacaterol/mometasone – LSCMMG agreed to prioritise for review. Discussions took place to note a full review may not be required and discussed updating the asthma guideline could be sufficient. DP noted this is now a licensed medicine. • Enerzair Breezhaler - glycopyrronium/mometasine/indacaterol – LSCMMG agreed to prioritise for review. Discussions took place to note a full review may not be required and discussed updating the asthma guideline could be sufficient. DP noted this is now a licensed medicine. • Nyxoid (Naloxone) spray – as emergency therapy for known or suspected opioid overdose. Supplied on discharge from hospital. Not agreed – deferred • Duloxetine - depressive illness, generalised anxiety disorder. Consider updating RAG rating from Amber0 to Green. for depression, review of RAG rating. Not agreed - deferred <p>Medicines on hold agreed to be circulated for the next consultation:</p> <ul style="list-style-type: none"> • Lyumjev for treatment of diabetes mellitus in adults • Ketamine oral and infusion for chronic pain <p>AC updated he is reluctant to add more to the workplan for medicines to be prioritised. RC discussed Metolazone is causing issues and asked if this could be prioritised. LSCMMG agreed metolazone can be prioritised but noted timescales are to be defined.</p> <p>Action – DP to review prioritisation of new medicines/medicines for review</p>	DP
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GUIDELINES and INFORMATION LEAFLET

2021/008	<p>Amiodarone and dronedarone shared care guidance</p> <p>AGR discussed an impact equality screen was carried out which found potential service impact issues as Clinic capacity in secondary care has been highlighted as a concern. A potential cross border issue was found as Pan Mersey’s position for: Amiodarone is Amber Patient Retained. Requires specialist initiation of prescribing. Prescribing to be continued by specialist until stabilisation of the dose is achieved and the patient had been reviewed. Patient remains under the care of specialist (ie not discharged) as occasional specialist input may be required. Dronedarone: Red</p>	
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	<p>AGR reported the shared care guidance was initially produced in January 2020 in response to a request from GP/CSR CCG. Amiodarone was listed in the document: Items which should not routinely be prescribed in primary care: Guidance for CCGs Version 2, June 2019.</p> <p>NHSE advised that prescribers should not initiate amiodarone in primary care for any new patient. Only in exceptional circumstances, if there is a clinical need for amiodarone to be prescribed, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.</p> <p>AGR clarified that following the original consultation six CCGs and three provider trusts responded by the closing date. Two CCGs agreed with the document. Four CCGs and one provider trust stated that they may support the document if further information was considered. Two provider trusts did not support the document.</p> <p>AGR confirmed that it was then agreed at the September meeting to consult further with cardiology specialists to understand where the shared care guidelines would fit within current treatment pathways. body of text.</p> <p>AGR said that a meeting was held with cardiologists Dr Abozguia, LTH, and Dr Chalil, BTH, to discuss the shared care arrangements proposed in the shared care guideline. It was noted that because of the arrangements in place because of the pandemic the majority of OPD reviews are being conducted remotely. Therefore, the requirement for specialists to initiate and prescribe for a defined period of time before transferring to primary care, given the current arrangements and without the facility to prescribe remotely, is problematic.</p> <p>AGR stated that a revised shared care agreement was sent to LSCMMG members on the 7th December 2020 with comments to be received on the changes by the 16th December 2020. Two member organisations responded by the closing date: UHMB and LTH. UHMB agreed with the document. LTH queried the monitoring content of the SCG, stating that it is based on the SPC whereas SPS recommend different monitoring criteria.</p> <p>LSCMMG discussed the following points and agreed GP's would not have specialist knowledge and would not feel best placed to initiate treatment without a shared care agreement in place.</p> <p>Members reported that the monitoring requirements would be within the competency of primary care to do. AGR highlighted that the specialists, whilst seeing patients remotely, would find it difficult to initiate and provide an initial supply of amiodarone or dronedarone. The impact of the pandemic was cited as the reason for this. AGR suggested that a position exempting specialists from this requirement during the pandemic should be considered. CM stated that this would have wider implication and should be carefully considered.</p> <p>LSCMMG agreed to the shared care element of the guidance but agreed further work is required prior to approval and agreed to the following actions;</p> <p>Actions</p>	
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	<p>1. Wider discussions required regarding Amber 1 RAG ratings and supply arrangements during the pandemic</p> <p>2. Prescribing guidance for reviewing patients receiving amiodarone and dronedarone in primary care to be developed</p>	<p>BH/AGR</p> <p>AGR</p>
2021/009	<p>Liothyronine RAG status – update</p> <p>Agenda item deferred.</p>	
2021/010	<p>LSCMMG – Guidelines Work Plan update</p> <p>Discussed under agenda item 2021/007. LSCMMG Agreed two new medicine reviews and one guideline review/update will take place on a monthly basis given the current covid-19 work pressures.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2021/011	<p>New NICE Technology Appraisal Guidance for Medicines December 2020</p> <p>AGR discussed the following NICE technology appraisal guidance;</p> <p>NICE TA665 A Blueteq form has already been added to Blueteq.</p> <p>NICE estimate the cost impact of £94,434 for Lancashire and South Cumbria.</p> <p>DP discussed communication with the rheumatologists has been ongoing and reported this is a JAK inhibitor, and noted there are already 2 JAK inhibitors in the pathways. Looking at costs once access schemes become available it would be priced the same or less as competitor drugs. DP asked if there could be a streamlined way to approve guideline update. BH suggested this could slot into pathway, communicate with rheumatologists, and bring back to LSCMMG for approval but not got out for consultation if there would be no substantial change to the pathway. LSCMMG members agreed with this approach.</p> <p>NICE TA664 A red RAG rating has been recommended and noted no Blueteq form is required as it is not a high cost drug. Action to be picked up with tier 3 services, to discuss usage and</p> <p>NICE TA659 AGR reported there is a potential significant cost pressure for NICE estimate a total resource impact of £1,447,566 in Lancashire and South Cumbria. The following assumptions have been made: galcanezumab, fremanezumab and botulinum toxin A are charged at BNF price and a neurology single professional follow-up appointment is locally charged at £99 (average of tariff OPD appointments).</p>	

	<p>LSCMMG agreed to the red RAG status and a Blueteq form is to be developed.</p> <p>Action</p> <p>Engage with tier 3 weight loss services in Lancashire and discuss impact of the liraglutide NICE TA</p>	AGR
2021/012	<p>New NHS England medicines commissioning policies November and December 2020</p> <p>Nothing urgent to consider.</p>	
2021/013	<p>Regional Medicines Optimisation Committees - Outputs November and December 2020</p> <p>Nothing urgent to consider.</p>	
2021/014	<p>Evidence reviews published by SMC or AWMSG November and December 2020</p> <p>Nothing urgent to consider.</p>	
ITEMS FOR INFORMATION		
2021/015	<p>Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes</p> <p>The minutes was circulated for information.</p>	
2021/016	<p>AOB</p> <p>AGR raised an AOB on behalf of MP, requests are being made via the substance misuse service implementing shared care between that service and the GP's. The substance misuses service advise that agreements were made pre PCT days. RC advised it wasn't for a specific product and it was a general understanding for shared care. MP noted two relevant medicines acamprosate and naltrexone. LSCMMG members noted as this is a contractual issue further discussion will be progressed at the Strategic Leadership Oversight Group (SLOG) meeting.</p> <p>Action</p> <p>Substance misuse contract pre MLCSU to be discussed at SLOG</p>	BH

Date and time of next meeting

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

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
14.01.2021**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 14.01.2021
ACTION SHEET FROM THE MEETING 9TH JANUARY 2020				
2020/008	<p>Oxygen Therapy for the treatment of Cluster Headaches</p> <p>August 2020 update: Item deferred as Anne Henshaw has been on annual leave.</p> <p>September 2020 update: Feedback has been received, MLSCU to review and feedback at October LSCMMG.</p> <p>October 2020 update: Ongoing with December target.</p> <p>November 2020 update: On track for December target.</p>	AGR	10.09.2020	Open

ACTION SHEET FROM THE MEETING 9th July 2020				
2020/067	<p>Gender GP</p> <p>November 2020 update: Prescribing tip has been circulated. Actioned and closed.</p>	AGR/BH	12.11.2020	Closed

ACTION SHEET FROM THE MEETING 13th August 2020				
2020/091	<p>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</p> <p>BH to raise with Rebecca Higgs, Out of Hospital Cell.</p> <p>September 2020 update: BH has been in contact with Rebecca Higgs who advised Peter Tinson is the most appropriate contact. BH is in the process of arranging a meeting with Peter Tinson to see if this can be taken forward through the Primary Care Cell meeting.</p> <p>October 2020 update: Action deferred to November.</p> <p>November 2020 update: Primary Care Cell are currently focussed on Covid 19 vaccine campaign, BH will aim to take forward when normal working priorities resume</p>	BH/DP	13.08.2020	Paused
ACTION SHEET FROM THE MEETING 10th September 2020				
2020/111	<p>Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions</p> <p>November 202 update: Consultation form amended. Actioned and closed.</p> <p>Respiratory specialists to be contacted about diagnostic treatment pathway for vaccine.</p> <p>October 2020 update: Awaiting feedback, ongoing.</p> <p>November 2020 update: Engagement ongoing</p>	DP	Open	10.09.2020

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

ACTION SHEET FROM THE MEETING 08th October 2020				
<p>2020/135</p>	<p>Domperidone as an aid to the initiation and maintenance of breast milk supply</p> <p>Treatment course length to be highlighted in the indication.</p> <p>November 2020 update: Clarified 7-day course. The additional part of the review is to clarify route to supply. DP fed back on the information provided by the network, it was agreed that the recommendation narrative and competencies needed further clarification with the breast feeding network.</p>	<p>DP</p>	<p>Open</p>	<p>08.10.2020</p>
<p>2020/136</p>	<p>Ketamine for chronic noncancer pain</p> <p>BH to review the internal process of capturing information that is not submitted via the formal submission route.</p> <p>Review to be re-circulated, ensuring that pain specialists are involved, with a proposed Black RAG rating.</p> <p>November 2020 update: It was highlighted that there is usage in the trusts of Ketamine orally. It was discussed that it would be useful for the review to cover this, following consideration agreement was given to pull the current consultation, review the evidence and re circulate an updated evidence review.</p>	<p>BH</p>	<p>Open</p>	<p>08.10.2020</p>
		<p>DP</p>	<p>Open</p>	<p>08.10.2020</p>

2020/138	<p>LSCMMG – New Medicine Reviews Work Plan update</p> <p>November 2020 update: Actioned and closed</p> <p>David Shakespeare to be consulted on use of amantadine in MS.</p>	DP	Open	08.10.2020
	<p>November 2020 update: Liaised with David Shakespeare who reported there is no desire to review the place of amantadine in MS. Role of amantadine and modafinil in MS was discussed. Agreed hub team would scope the evidence and bring back recommendation.</p>	DP	Open	12.11.2020
2020/139	<p>Management of Psoriasis in Primary Care Guideline – update</p> <p>AGR to update Management of Psoriasis in Primary Care Guideline and bring to November LSCMMG meeting.</p> <p>November 2020 update: Agenda item for discussion.</p>	AGR	Closed	08.10.2020
2020/140	<p>Recurrent UTI Prophylactic Antibiotic Pathway</p> <p>Pathway to be amended and presented at the next meeting.</p> <p>November 2020 update: Agenda item for discussion.</p>	AGR	Closed	08.10.2020
2020/141	<p>Antipsychotic shared care guidance – update</p> <p>AGR to draft recommendation for inclusion/exclusion criteria.</p> <p>November 2020 update: Information received from LSCFT. Bring back to December LSCMMG meeting.</p>	AGR	Open	08.10.2020

<p>2020/142</p>	<p>Neuropathic pain guidance – update</p> <p>Change position of nortriptyline in the pathway.</p> <p>Remove cannabis from box 2.</p> <p>November 2020 update: Agenda item for discussion.</p>	<p>All actions AGR</p>	<p>Closed</p>	<p>08.10.2020</p>
<p>2020/144</p>	<p>Lipid work programme of the Innovation Agency</p> <p>CSU to review Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD.</p> <p>November 2020 update: Query raised at the Lipid meeting regarding guidance, deferred to December.</p>	<p>CSU</p>	<p>Open</p>	<p>08.10.2020</p>
<p>2020/145</p>	<p>LSCMMG – Guidelines Work Plan update</p> <p>Palliative Care review to be added to Guidelines workplan.</p> <p>November 2020 update: Palliative Care review added to the workplan.</p>	<p>AGR</p>	<p>Closed</p>	<p>08.10.2020</p>
<p>ACTION SHEET FROM THE MEETING 12th November 2020</p>				
<p>2020/156</p>	<p>Semaglutide Oral Tablets (Rybelsus) for the Treatment of Adults with Type 2 Diabetes</p> <p>BH to monitor GLP1 historic prescribing trends and bring back to September 2021 LSCMMG meeting.</p>	<p>BH</p>	<p>Open</p>	<p>12.11.2020</p>
<p>2020/157</p>	<p>Use of Melatonin in Children and Adolescents</p> <p>DP to carry out full review of RAG ratings and licensed indication (i.e. Slenyto) use of Melatonin in Children and Adolescents</p>	<p>DP</p>	<p>Open</p>	<p>12.11.2020</p>

2020/159	Neuropathic pain guidance – update Clarify treatment pathway for diabetic/non-diabetic patients and format the guidance.	AGR	Open	12.11.2020
2020/162	Sativex for the treatment of spasticity due to MS shared care guideline Sativex for the treatment of spasticity due to MS shared care guideline to be added to the new medicines workplan	DP	Open	12.11.2020
2020/165	LSCMMG – Guidelines Work Plan update Dymista BH and CM to review the letter regarding Dymista RAG ratings. Meeting to be arranged with AC with the requesting clinician. Metolazone to be added to the new medicines workplan	BH/CM	Open	12.11.2020
		DP	Open	12.11.2020
ACTION SHEET FROM THE MEETING 14th January 2021				
2021/006	Domperidone as an aid to the initiation and maintenance of breast milk supply (galactagogue) Agreed updated text to be added to the LSCMMG web site. Prescribing information sheet to be added to LSCMMG web site.	DP	Open	14.0.2021
		DP	Open	14.01.2021
2021/007	LSCMMG – New Medicine Reviews Work Plan update Aectura Breezhaler to be added to workplan Enerzair Breezhaler to be added to workplan DP to review prioritisation of new medicines/medicines for review	DP	Open	14.01.2021

2021/008	Amiodarone and dronedarone shared care guidance			
	Wider discussions required regarding Amber 1 RAG ratings and supply arrangements during the pandemic	BH/AGR	Open	14.01.2021
	Prescribing guidance for reviewing patients receiving amiodarone and dronedarone in primary care to be developed	BH/AGR	Open	14.01.2021
2021/011	New NICE Technology Appraisal Guidance for Medicines December 2020			
	Engage with tier 3 weight loss services in Lancashire and discuss impact of the liraglutide NICE TA	AGR	Open	14.01.2021
	Rheumatoid arthritis pathway to be updated and circulated to rheumatologists	DP	Open	14.01.2021
2021/016	AOB Substance misuse contract pre MLCSU to be discussed at SLOG	BH	Open	14.01.2021