



Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 10th November 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
Paul Elwood (PE)		NHS North of England Commissioning Support Unit
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust
David Jones (DJ)	Assistant Director of Pharmacy	NHS Lancashire Teaching Hospitals
Ana Batista (AB)	Medicines Information Pharmacist	East Lancashire Hospitals NHS Trust
Nicola Baxter (NB)	Head of Medicines Management	West Lancashire locality
Melanie Preston (MP)	Head of Medicines Management	Fylde Coast locality
Lisa Rogan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	Lancashire and Blackburn with Darwin locality
IN ATTENDANCE:		
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB)	Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2022/175	Welcome & apologies for absence David Prayle is on annual leave and Faye is unable to attend, Paul Elwood is attending in her place.	
2022/176	Declaration of any other urgent business None.	

	SUMMARY OF DISCUSSION	ACTION
2022/177	Declarations of interest None.	
2022/178	Minutes and action sheet from the last meeting 13th October 2022 The minutes were approved and will be ratified and uploaded to the LSCMMG web site.	
2022/179	Matters arising (not on the agenda) None.	
NEW MEDICINES REVIEWS		
2022/180	<p>Kepra Position Statement</p> <p>AGR brought this agenda item. There was a request at the last meeting for the switching position to be clarified (from Kepra to the generic brand) as there is a cost saving of in excess of £500,000. The document includes condition advice and advice on when switching would be most appropriate.</p> <p>The hub team drafted the document based on the MHRA alert information and some local guidance as well as a draft position statement in the appendix. This was an urgent guideline, but AGR asked the group if they would like it to go back for consultation as it is a new guideline. BH added the possible need to engage with neurologists and primary care through this group and to make sure people are happy with the wording in the document.</p> <p>The group discussed this item, including the cost pressures within the ICB. AW agreed that wider clinicians need to be consulted and with the possible savings with the generics being bioequivalent there is a need to push this. AC agreed with this and also noted that if the evidence has shown that they can be switched, the wording should tell them to switch not just suggest it. LR added some comments about moving wording/ sentences around to make the switch more of a priority (if possible) in the document. LR also raised the importance of adding in the amount that could be saved by switching and the importance a joined-up approach across the ICB with cost saving issues. MP added the need to consider patient factors, allergies and providing information to support clinicians with switching conversations. It was raised by both AC and AW about the need for a single formulary as the whole ICB is within the one budget and should all be working together and using the same medications. BH added a want for a statement from the neurologists supporting this and AC added to include suggesting the switch.</p> <p>It was agreed that DP will engage with neurologists with support from DJ to finalize the document with an emphasis on the cost savings. It was also agreed this will not need to come back to this meeting as there is nothing further for this group to decide on.</p> <p><u>Action</u></p>	

	SUMMARY OF DISCUSSION	ACTION
	DJ to speak to neurologists regarding the paper and get input from them. BH and the hub team to support.	DJ/BH
2022/181	<p>New Medicines Review Workplan</p> <p>BH brought this agenda item as DP is on leave. There is nothing to add to the plan that what is already on there, but he asked the group if anyone had sent in anything do DP in the last week. AW mentioned the importance of prioritization especially at the moment. AC responded that DP normally goes into detail as to where the request has come from and why but agreed the need for an additional column in the table to show the rationale behind the request.</p> <p>DJ raised the issue on Melatonin and said he had had some discussions with DP about branded prescribing and also unclear indications. BH added that there had been some discussions at the last SLOG relating to melatonin for the reason of unclear indications that DJ had just raised. Also, that not only pediatricians are keen for this to be looked at, but also primary care would like some more clarity on where and when it should be used. It hasn't gone onto the work plan yet as the SLOG discussions were after he went on leave and BH asked DJ to feed any concerns into DP.</p> <p>LR raised the point of possibly putting something on the website for branded generics. BH responded that after the conversations at the leads meeting something has been put onto the work program to look at branded prescribing and branded generics. It was also put in the chat section to include CAMHS and both Blackpool and LSCFT. BH said they wouldn't be acting without the above-mentioned involved.</p> <p>AC brought the group discussion back to the medicine priority workplan and to the fact that it is growing, he asked if there is enough work to go onto the new year and does it need anything need to be done to it? BH answered that after the discussions today he will ask DP to add and then reevaluate the workplan and bring a re-prioritized list.</p> <p><u>Actions</u></p> <p>DJ to forward any concerns around Melatonin to DP.</p> <p>BH will pass on comments from today for DP to reprioritize the Medicines Workplan and bring that to Decembers meeting.</p>	DJ BH/DP
GUIDELINES and INFORMATION LEAFLETS		
2022/182	<p>ONS Guidance – Update</p> <p>AGR brought this item, this is the second consultation to be sent out in regard to this guidance as there was not much received back during the first consultation process over the summer. It is broadly supported, there were some comments that came through and they have been actioned and updated in the document. This has been updated with the Adult Dietetics team at LSCFT, but it hasn't gone out to any care homes or care home staff. AGR added that there could be an abridged version developed for this sector if needed so could schedule as a separate piece of work.</p>	

	SUMMARY OF DISCUSSION	ACTION
2022/183	<p>Sodium Zirconium Cyclosilicate PIL</p> <p>This was brought by AGR. This was originally discussed in July. The initial RAG status was Amber Zero. Amendments have been made based on the consultation responses and all have been completed apart from the change to RAG status.</p> <p>LR said her comments don't seem to be there so ran through them with the group, as it was quite detailed LR will forward on to AGR to have her comments looked at properly. AB said that the people in ELHT relating to this are still off sick so it may be a while before she can offer feedback. AW raised the costing needs to be included. MP asked as the format shown in the meeting is slightly different to what went out in circulation does it need to go back out for further consultations or is the group just agreeing the cohorts on the form are the appropriate ones. DJ reminded the group as to why this was done as there was a change in the NICE TA and the RAG status was already decided as he was under the understanding that this would be just supporting information. CM added that this was to help GPs feel more comfortable prescribing these, however acknowledged that from her GPs there was nothing individual things that would make the GPs feel comfortable to prescribe. AW added there is an NHSE shared care document so the RAG status would lean towards an Amber status, DJ agreed the step up would be shared care if GPs are uncomfortable.</p> <p>MP raised her point again and added that she felt the first document was unreasonable as there was a level of complexity and there needed to be more clarity around what was expected of GPs. With the changes made from the first document MP felt this does need to be shared out again for further consultation and back to GPs.</p> <p>AW added that based on responses, there seems to be more opinion against the Amber status but that also not all responses have been received. BH agreed there needs to be more work done, DJ asked if someone could meet with a member of the renal team outside this meeting. AGR said that could be done, he also asked if the RAG status on the website needs to be changed as well. AW and BH agreed to check with the shared care document published by NHS England. This was agreed and the hub team will look to bring something back to next months meeting. LR added the possibility of specialists and GPs having a conversation to discuss issues. SR raised that the RAG position was agreed via the decision-making tool so it shouldn't be changed again.</p> <p><u>Actions</u></p> <p>DJ to arrange a meeting with the renal team and AGR.</p> <p>AGR and BH to look at the published shared care documents to see where this fits within it.</p>	<p>DJ/AGR</p> <p>AGR/BH</p>
2022/184	<p>Nutritional supplement post-bariatric surgery position statement – update</p> <p>AGR brought this item. AGR is aware that further pathway work was agreed and is underway from the previous meeting. AGR highlighted that the LMC were keen to stress that this cohort of patients needs appropriate post-operative care following their return to the UK after receiving surgery</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>abroad and GP were not best placed to offer this. LMC feels aftercare should come from the acute trusts who are used to dealing with these patients.</p> <p>After discussions and the action log from the last meeting the reference set has been removed which essentially mandates GPs to pick up prescribing for private patients following bariatric surgery. The group were happy with the changes and the document was approved with the knowledge that further work is required with care pathways.</p>	
2022/185	<p>Biosimilar Position Statement – Update</p> <p>BH brought this item. It was discussed at the last meeting and there two areas raised from the discussions. The first was how the wider multidisciplinary team can support prescribers with uptake of biosimilars and then second was about simplifying the wording about characteristics for different products and how they may be chosen. These changes were highlighted in red in the document. BH asked if members had any comments on the document.</p> <p>SR raised the question of who is the multidisciplinary team? BH answered that the discussions were had at the last meeting that it is not just the clinician prescribing but also the pharmacy making sure the products are available, that they have had their appropriate safety so was not implying primary care but the specialist service multidisciplinary team. BH offered to amend the wording to make that clear. LR asked about if there were any Blueteq monitoring in place for this. BH said that the Blueteq forms do describe if it was the originator or the biosimilar and there are also regular reviews of this every 3-6 months to check uptake. LR also asked until there is more uptake is there a regular meeting set up with the provider to look into why the uptake isn't higher? BH said that regular meetings are not set up at the moment but there have not been many biosimilars released in the last couple of years, however as more biosimilars are released this is something that could be implemented, but there would need to be discussions with the chiefs around how this would be done.</p> <p>AW asked if there needs to be a time scale implemented in the documents with relating to uptake. Both AS and MA said it is being implemented as quick as possible and should be done within the next few months. AW conclude that the timescale of 3-6 months or as quickly as possible should be added to the document. BH agreed to add the wording from the Adalimumab commissioning statement on adoption timescales. AW also requested the following wording be removed as it is legacy language '<i>and charge the commissioning organisation that acquisition price</i>'.</p> <p>The group agreed once the changes have been made the document can be adopted.</p> <p><u>Actions</u></p> <p>BH to clarify who the multidisciplinary team are in the document. BH to add the wording from the Adalimumab commissioning statement on adoption timescales BH to remove the sentence relating to charging to the commissioning organisation highlighted above.</p>	<p>BH BH BH</p>

	SUMMARY OF DISCUSSION	ACTION
2022/186	<p>Menopause pricing information table for website</p> <p>AGR brought this item. This will be published on the website alongside the menopause guideline. The guideline was previously published, however it caused some confusion so that was taken down, once both documents are agreed they will be published together. It will auto update any price changes so the prescribers will be aware of the most cost-effective choice; items have been put into groups by type of HRT. The ask for the group at this meeting is do they want a first, second and third preference choice list adding to the document or do the group prefer it not to have this on.</p> <p>AW asked if the costing is cost per month treatment as some packs are different in size. BH clarified it is cost per month. AW also asked if there is supposed to be a recommendation for patches over oral medication. AW asked if all preps and topical preps should be grouped together instead of them all being in alphabetical order. AGR said that the guideline does not specify formulations and the grouping could be changed. LR asked if there was a possibility to put any more information on the form that is updated regularly such as supply issues as this has been a problem over the last 12-18 months. BH said this could be added into the document. AW added a few minor tweaks needed such as date and typos, AGR will make the changes and make things clear in the pathway. LR asked if it could also be reduced down to 2 sides for ease of use, this was agreed.</p> <p><u>Action</u></p> <p>AGR to make changes outlined in the discussions today and bring back at a later meeting before it is approved.</p>	AGR
2022/187	<p>Guidelines Workplan</p> <p>AGR brought this item, it is being worked through but will need re-prioritising and add in costing implications. There are enough things to keep working on until around March 2023. SR raised that there is no RAG status for Zuclopenthixol Decanoate, there is for other first generation Depo Antipsychotic such as Flupentixol Decanoate and Haloperidol Decanoate and they are Amber 0. There is a status for Zuclopenthixol Acetate as a Red, is the group happy to prioritize this and AGR will bring something back to a future meeting.</p> <p>SR asked if this would need to go out for consultation as there are other medications similar in this group that are approved and there is nothing new/ different about this one other than you maybe would use this for more aggressive patients as it is a bit more sedative. AW agreed and asked the group for more comments. BH agreed the team would bring the work back to the group for agreement unless there is anything identified as needing further consultation during their work.</p> <p>LR asked if AGR had had chance to pick up something she had sent across recently on hormone dependent cancer, prostate cancer. LR believed it was on the other workplan around Degarelix but there have been some broader conversations with the urologists. LR has cc'd BH into the email thread around having a guideline around switching over to Decapeptyl. There is a costing involved around switching and capturing the broader aspects for this. AW said this would be looking to adding in a</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>front sheet that would detail implications, population health inequalities, financial cost, pathway impact ext. BH said there is a new medicines front sheet that is used that could be included with all LSCMMG papers to detail the above. AW added that this front sheet could maybe added to use for all of these items to be equitable with all the decisions.</p> <p>DJ asked about potential guidelines for the ICB, one was for Benzodiazepine withdrawal as there is a local issue in LTHTR patients coming to the ED with complex withdrawal from Benzos. They have added a multi-agency meeting, but it was felt this cant only be a problem in Preston. DJ wanted to know if it had been picked up the email as it also links in with NICE guidance that came out earlier in the year. PE raised they are looking into reduction and creating gateways into reduction programs for their area. AW added it is important to have everything written up in the clinical record. He added the data PE had shown him was worrying in that Morecambe Bay, Blackpool and a few other areas in the patch had some of the highest drug related deaths in the country. So possibly areas adopting what Morecambe Bay are working on or a simple tag system for peoples records that states do not prescribe, or they are in a program please contact the named person on the alert before issuing a prescription. AW added this could be middle of the list and to have PE and DP's name on this, SR also offered to support creating the guidance for this. LR also said she was happy to share some work done in her area where they have managed to get a 44% reduction in this area.</p> <p><u>Actions</u></p> <p>AGR to bring something back to the next meeting for Zuclopenthixol Acetate. BH/AGR to pick up LR's email and information about the cancer drug. LR to share information with DJ/BH/ AGR regarding benzodiazepine reductions program in her patch.</p>	<p>AGR</p> <p>BH/AGR</p> <p>LR</p>
NATIONAL DECISIONS FOR IMPLEMENTATION		
<p>2022/188</p>	<p>New NICE Technology Appraisal Guidance for Medicines October 2022</p> <p>AGR brought this item. There are a few this month, however there was one that the funding information was unavailable when the paper was drafted and that was TA828 Ozanimod for treating moderately to severely active ulcerative colitis. NICE don't feel it will have significant cost impacts as it is one of a range of choices so it is now categorized as low impact and a Blueteq form will be created for it.</p> <p>TA829 – Upadacitinib for active ankylosing spondylitis – Is already on the system with a Blueteq form.</p> <p>TA832 – Relugolix-Estradiol-Norethisterone Acetate for treating moderate to severe symptoms of uterine fibroids - AGR said they had looked into the RAG status for this drug as there is nothing similar on the website so would like to get some advice from secondary care colleagues. NICE stated it is applicable to primary and secondary care so it will be an Amber status. AW added the need to look at the commissioning and implications on the form. It would also be helpful having information on the form if there</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>is a cost pressures or savings. BH said the team keep a running tab of any cost pressures expected, cost pressures of decisions, but this could be added as a standard agenda item.</p> <p>The rest of the TA's were NHS England commissioned and are low or no impact.</p> <p><u>Action</u></p> <p>AGR will create a Blueteq form for Ozanimod and add to the system.</p> <p>AGR to confirm the RAG status for Relugolix-Estradiol-Norethisterone Acetate and bring to the December meeting.</p>	AGR
2022/189	<p>New NHS England Medicines Commissioning Policies October 2022</p> <p>N/A</p>	
2022/190	<p>Regional Medicines Optimisation Committees – Outputs October 2022</p> <p>N/A</p>	
2022/191	<p>Evidence Reviews Published by SMC or AWMSG October 2022</p> <p>BH brought this item. There were two items to be discussed which are Lacosamide (Vimpat®) and Insulin Degludec (Tresiba®). Both are already on the website, and they are both licensed extensions for Paediatrics use. The website doesn't specify an age cut off so in theory they are already supported. BH asked if the group would like any further work to be done on this or were we happy with them as they are. The group agreed no further work was needed.</p> <p>AC commented on another item in the document, Hydrocortisone MR (Efmody®) and asked as this was discussed previously as it is now approved by AWMSG our current status is Grey if that was affecting any decisions. BH said that DP is engaging, and it is on the workplan for an update at the next meeting. BH also added there was discussions about a prior approval process for items that are for a particular cohort which this is included in which is why it was not ratified at the last meeting and is coming back.</p>	
2022/192	<p>Freestyle Libre/ Blood Glucose Testing Strip Analysis</p> <p>BH brought this item. There had been previous discussions about Freestyle Libre usage and there is a policy that has gone through the policy group for access to Freestyle Libre because of the link to the likes of insulin pumps and Continuous Glucose Monitoring Systems. The team have run some data on Freestyle Libre cost uptake and then the impact of that on blood glucose testing strips as with the changed guidance patients should be able to monitor significantly less in terms of their usage of Freestyle Libre. The team have put together a series of graphs that show where there has been significant uptake, but blood glucose testing strips have not reduced. This is to make it easier to target with education some</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>of the practices. BH shared the graphs on screen to further explain to members.</p> <p>AW commented about adding newer, more patient friendly and may take off quicker. BH agreed but the policy will need to be updated but at the moment that group is not meeting so this will need to be looked at in the future. LR highlighted that the charts show where the specialist services are and shows how it is managed differently in different patches.</p> <p><u>Action</u></p> <p>Each locality to review the data to identify which practices need further guidance and support.</p>	Place Meds Leads
ITEMS FOR INFORMATION		
2022/193	<p>Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee</p> <p>No meeting in October.</p>	

Date and time of next meeting

The next meeting will take place on
Thursday 8th December 2022
9.30am – 11.30am
Microsoft Teams

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
10.11.2022**

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> <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: DJ has been unable to meet, has had a draft list of criteria, which could be put into local</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: DJ has been unable to meet, has had a draft list of criteria, which could be put into local</p>	DP/DJ	Open	14.10.2021

	<p>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> <p>November 2022 update: DP has contacted DJ, DP is not attending today, but the discussions are what the wording will be on the Website. Once decided this action will be closed.</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
		DP/DJ	Open	10.11.2022
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.</p>	DP	Open	14.04.2022

	<p>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> <p>June 2022 update: Ongoing, LTH renal team would like it to have a Green RAG status. DP to link in with DJ.</p> <p>July 2022 update: 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> <p>September 2022 update: 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. Dapagliflozin in renal disease: DP to link in with DJ to look at work within the wider group.</p> <p>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.</p> <p>November 2022 update: Flash data is on the agenda, DJ said there are still concerns re-RAG status. BH advised DJ to email him and DP and will take discussions out of this agenda item. Close item here.</p>	<p>DP</p> <p>DP</p> <p>DP/BH</p> <p>DP/DJ</p> <p>DP/BH</p> <p>DP/DP/DJ</p>	<p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p> <p>Closed</p>	<p>09.06.2022</p> <p>14.07.2022</p> <p>08.09.2022</p> <p>08.09.2022</p> <p>13.10.2022</p> <p>10.11.22</p>
ACTION SHEET FROM THE MEETING 8th September 2022				
2022/138	<p>Ryaltris nasal spray for the treatment of symptoms of moderate to severe seasonal and perennial allergic rhinitis (re-consultation)</p> <p>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.</p>	DP	Open	08.09.2022

	<p>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.</p> <p>November 2022 update: With a significant cost implication, it was agreed the hub team will bring a paper with more information to Decembers meeting.</p>	DP	Open	13.10.2022
		DP/BH	Open	10.11.2022
2022/147	<p>Adoption of shared care guideline for Somatropin AGR to link in with FP and AS when FP is back from leave.</p>	AGR/FP/AS	Open	08.09.2022
	<p>October 2022 update: Defer</p>	AGR/FP/AS	Open	13.10.2022
	<p>November 2022 update: Defer</p>	AGR/FP/AS	Open	10.11.2022
2022/149	<p>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.</p>	AGR	Open	08.09.2022
	<p>October 2022 update: Still only had a few responses, will be sending out another ask for consultation and bring to Novembers meeting.</p>	AGR	Open	13.10.2022
	<p>November 2022 update: On the Agenda, closed.</p>	AGR	Closed	10.11.2022
2022/150	<p>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.</p>	AGR	Open	08.09.2022
	<p>October 2022 update: Defer.</p> <p>November 2022 update:</p>	AGR	Open	13.10.2022

	AGR has been in touch with the Health Science Network, they have assured AGR it will be included in the Lipid guidelines, they had no date but said it would be soon. Close here for now and will bring back once guidelines are out. Closed.	AGR	Closed	10.11.2022
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
	November 2022 update: Was put on, discussions both at SLOG and place leads, requested to put onto the workplan. Closed.	BH	Closed	10.11.2022
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 ratified at appropriate committee.	CSU	Open	13.10.2022
	November 2022 update: Actioned and closed.	CSU	Closed	10.11.2022
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
	November 2022 update: Defer.	DP	Open	10.11.2022
2022/162	Hydrocortisone Sodium Phosphate (Softacort) eye drops for treatment of mild non-infectious allergic or inflammatory conjunctival diseases.			

	<p>DP/ MA to report black RAG rating back to Blackpool Teaching Hospitals Trust.</p> <p>November 2022 update: DP has contacted the trust but had not received a response before he went on leave, bring back to next meeting. MA commented there were no concerns from BTH, this means this item can be closed.</p>	<p>DP/MA</p>	<p>Open</p>	<p>13.10.2022</p>
		<p>DA/MA</p>	<p>Closed</p>	<p>10.11.2022</p>
2022/163	<p>New Medicines Review Workplan</p> <p>DP to add drugs agreed to the work plan and plan to produce outputs for antiepileptic medicines and opioid patches.</p> <p>November 2022 update: Actioned, closed.</p>	<p>DP</p>	<p>Open</p>	<p>13.10.2022</p>
2022/164	<p>Nutritional Supplements Post Bariatric Surgery – Post Private Surgery</p> <p>CSU to review this document and removing wording, link in with the LMC and bring back to the group.</p> <p>November 2022 update: Updated guideline is on the agenda. AGR has spoken with the LMC, they agree this is a wider issue. They are discussing it at a meeting next week.</p>	<p>CSU</p>	<p>Open</p>	<p>13.10.2022</p>
		<p>AGR</p>	<p>Closed</p>	<p>10.11.2022</p>
	<p>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.</p> <p>November 2022 update: AGR will contact LMC regarding this item.</p>	<p>CSU</p>	<p>Open</p>	<p>13.10.2022</p>
	<p>AGR</p>	<p>Open</p>	<p>10.11.2022</p>	
	<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</p>	<p>NB/BH</p>	<p>Open</p>	<p>13.10.2022</p>

	statement needs to be wider than medicines. November 2022 update: NB was not in attendance at the time of this item. Defer.	NB/BH	Open	10.11.2022
	CM to send BH email trail in regard to her questions to RMOC about publishing the work they had done on this issue. November 2022 update: Actioned, closed.	CM	Open	13.10.2022
		CM	Closed	10.11.2022
	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. November 2022 update: Actioned, closed.	AW	Open	13.10.2022
		AW	Closed	10.11.2022
2022/165	Gout Prescribing Guideline – Update BH to send this out for consultation. November 2022 update: Sent out for consultation. Closed.	BH	Open	13.10.2022
		BH	Closed	10.11.2022
	BH will review the Colchicine dose before it is sent out for consultation. November 2022 update: Sent out for consultation. Closed.	BH	Open	13.10.2022
		BH	Closed	10.11.2022
2022/167	Generic Biosimilar Medicines Position Statement – Update BH will re-word the statement and circulated to the group to agree on it. November 2022 update: On the agenda. Closed.	BH	Open	13.10.2022
		BH	Closed	10.11.2022
2022/168	Atrial Fibrillation Pathway – Edoxaban Upper CrCl Limit Wording Discussion DP to update wording then upload AF guideline to the web site. November 2022 update:	DP	Open	13.10.2022
		DP	Closed	10.11.2022

	Actioned, closed.			
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. November 2022 update: Actioned, closed.	BH BH	Open Closed	13.10.2022 10.11.2022
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. November 2022 update: Added to the work plan, closed.	DP DP	Open Closed	13.10.2022 10.11.2022
ACTION SHEET FROM THE MEETING 10th November 2022				
2022/180	Keppra Position Statement DJ to speak to neurologists regarding the paper and get input from them. BH and the hub team to support.	DJ/BH	Open	10.11.2022
2022/181	New Medicines Review Workplan DJ to forward any concerns around Melatonin to DP.	DJ	Open	10.11.2022
	BH will pass on comments from today for DP to reprioritize the Medicines Workplan and bring that to Decembers meeting.	BH/DP	Open	10.11.2022
2022/182	ONS Guidance – Update AGR to further clarify MUST scores.	AGR	Open	10.11.2022
	AGR to remove the table from page 4 with the first-choice items.	AGR	Open	10.11.2022
	AGR to follow up with formal letter to procurement.	AGR	Open	10.11.2022
2022/183	Sodium Zirconium Cyclosilicate PIL DJ to arrange a meeting with the renal team and AGR.	DJ/AGR	Open	10.11.2022

2022/183	AGR and BH to review the NHSE shared care document to see where this fits within it.	AGR/BH	Open	10.11.2022
	AGR to bring back something to next month's meeting.	AGR	Open	10.11.2022
2022/185	Biosimilar Position Statement – Update BH to clarify who the multidisciplinary team are in the document.	BH	Open	10.11.2022
	BH to add the wording from the Adalimumab commissioning statement on adoption timescales	BH	Open	10.11.2022
	BH to remove the sentence relating to charging to the commissioning organisation.	BH	Open	10.11.2022
2022/186	Menopause pricing information table for website AGR to make changes outlined in the discussions today and bring back at a later meeting before it gets sent out.	AGR	Open	10.11.2022
2022/187	Guidelines Workplan AGR to bring something back to the next meeting for Zuclopenthixol Acetate.	AGR	Open	10.11.2022
	BH/AGR to pick up LR's email and information about the cancer drug.	BH/AGR	Open	10.11.2022
	LR to share information with DJ/BH/ AGR regarding Benzothiazine reductions program in her patch.	LR	Open	10.11.2022
2022/188	New NICE Technology Appraisal Guidance for Medicines October 2022 AGR will create a Blueteq form for Ozanimod and add to the system.	AGR	Open	10.11.2022
2022/192	Freestyle Libre/ Blood Glucose Testing Strip Analysis Each locality to review the data to identify which practices need further guidance and support.	Place Meds Leads	Open	10.11.2022