



Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting Thursday 8th December 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
Nima Herlekar	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Rebecca Bond (RB)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	Morecambe Bay Locality
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust
Judith Argall (JA)	Medicines Management Pharmacist	NHS Lancashire Teaching Hospitals
Vince Goodey (VG)	Assistant Director of Pharmacy Clinical Services	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
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	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
2022/193	<p>Welcome & apologies for absence</p> <p>Apologies were received from Ana Batista with Vince Goodey attending in her place and Nima Herlekar was in attendance on behalf of Andrea Scott.</p>	

2022/194	Declaration of any other urgent business None.	
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	SUMMARY OF DISCUSSION	ACTION
2022/195	Declarations of interest None.	
2022/196	Minutes and action sheet from the last meeting 10th November 2022 The minutes were approved and will be uploaded to the LSCMMG web site.	
2022/197	Matters arising (not on the agenda) None.	

NEW MEDICINES REVIEWS

	SUMMARY OF DISCUSSION	ACTION
2022/198	<p>Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD) (Sativex®) for Refractory Neuropathic Pain</p> <p>DP brought this item; it was a request from Lancashire Teaching Hospital with the indication of Refractory Neuropathic Pain. Sativex is currently used for spasticity but is not licensed for pain. The equality and financial impact summarized that 245 patients were given the drug in 20/21, but audit data shows only 1% were using it for just pain. From this there is a calculation of around approximately 10 patients being eligible, with a cost of £28,000-£194,000 per year based in patients using 7 sprays per day (this can increase to up to 48 but this is not recommended/ prescribed). Across the patch Pan-Mersey and Manchester have approved the drug but only for its licensed indication. The proposed RAG status was RED with the following restriction: <i>'for pain unresponsive to both non-pharmacological therapies and four or more conventional drug therapies.'</i> It went out for consultation and there was one response from East Lancashire (included in the documents attached to this item) which argued that the drug and indication should have a BLACK (Do not prescribe) RAG rating.</p> <p>The group discussed the review and consultations response, and all felt due to the minimal level of clinical evidence, cost and the potential for use outside the proposed indication it should have a BLACK (Do not prescribe) status. There is also a NICE document that doesn't support this indication. It was also raised for it to be stressed that that RAG rating means do not prescribe at all, and not that it can be reevaluated on individual bases as this leads clinicians to request medication with limited evidence after the decision has been made by LSCMMG.</p>	

	<p><u>Action</u> The recommended RAG position of BLACK (Do not prescribe) for this indication to be referred to the Pharmacy and Medicines Policies Task and Finish group for ratification. Following ratification, the website will be updated.</p>	DP
2022/199	<p>Ryaltris financial impact</p> <p>DP brought this item. To assess the financial impact DP looked at the prevalence of seasonal allergic rhinitis and matched this with the amount of oral antihistamine prescribing and nasal corticosteroid prescribing, and this showed that around 7.8% of the population were being prescribed a drug that could be used to treat seasonal allergic rhinitis. 10-20% of the population have this condition, which means the prescription is being made for a large part of the population with drugs that are largely under OTC. The paper shows a breakdown of the drugs prescribed and a lot could be covered under the OTC policy. DP reviewed data from previous clinical studies which showed how many patients are prescribed one drug then return to the GP for other options. A figure was taken from this data showed there is an unmet need between 6.1-6.4%. This could indicate that around 6% of the population could have an unmet need and therefore may request additional treatment options. On the basis of 21,060 patients being eligible, and 10% of the eligible patients were prescribed Dymista or Ryaltris for 3 months, the cost would be between £84,100 and £93,500 per year. If this is given a RED or Amber Initiated this would mean a sizable number of patients being sent to specialists each year and this in turn could imply costs of around £280,000 based on a first attendance for each patient with a specialist.</p> <p>Although there were some positive comments with this when Ryaltris was sent for consultation, the clinical evidence was not very strong, and it was felt that treatment should remain via OTC purchase of appropriate agents. The group decided to keep the RAG rating as BLACK (Do not prescribe).</p> <p>It was also highlighted that a number of letters from specialists recommending Dymista have previously been received into primary care. It was agreed that should this continue; it would need to be raised with Trust Medical Directors to address.</p> <p><u>Action</u> The recommended RAG position of BLACK (Do not prescribe) for this indication to be referred to the Pharmacy and Medicines Policies Task and Finish group for ratification. Following ratification, the website will be updated.</p>	DP
	<p>RAG rating updates Agomelatine and Duloxetine</p> <p>DP presented this item. Lancashire & South Cumbria Foundation Trust (LSCFT) brought a paper requesting a change of RAG for Agomelatine from RED to Amber 0 and for Duloxetine from Amber 0 to GREEN, both for treatment of Depression.</p> <p>Agomelatine was previously reviewed at LSCMMG for treatment of depression where it was given a RED RAG rating; there were limited patient numbers and the drug required liver function tests to be carried out</p>	

<p>2022/200</p>	<p>for the first few months of treatment. DP stated that Duloxetine was not fully reviewed by LSCMMG, the RAG rating was adopted an existing policy of LSCFT. DP had looked at the potential financial impact of both proposed changes and felt that neither would have significant financial implications. The proposed RAG changes should have the effect of releasing outpatient clinic capacity.</p> <p>Pan-Mersey have Agomelatine as BLACK (Do not prescribe), and Manchester have it as GREEN with specialists' initiation. Duloxetine is listed as GREEN in both Pan-Mersey and Manchester; however, Manchester has not listed an indication for the drug.</p> <p>SR provided some additional points. The financial cost projections for duloxetine were based on Venlafaxine 75mg, whereas in depression the dose is usually around 375mg so there could be some savings if duloxetine use was increased.</p> <p>CM also raised the possible issue of familiarity with GPs for both proposed changes. SR responded that GPs should be familiar with Duloxetine as it is used for other indications with a GREEN status. For Agomelatine the patient numbers are low, approximately 17 prescriptions over 2 years.</p> <p>It was agreed that with the low patient numbers, it would not be appropriate for Agomelatine to be prescribed in Primary Care. The group agreed that the Duloxetine proposal should be sent for consultation. SR will check over the review before the consultation is sent. DP to contact Greater Manchester and Cheshire and Mersey to discuss the reviews they may have conducted for Duloxetine.</p> <p><u>Actions</u> A GREEN RAG position for Duloxetine in the treatment of depression to be consulted on. SR to look over the documents before they go to consultation to ensure all relevant information is included.</p> <p>DP to contact Greater Manchester and Cheshire and Mersey to discuss any reviews they have already completed for Duloxetine.</p>	<p>SR</p> <p>DP</p>
<p>2022/201</p>	<p>New Medicines Review workplan</p> <p>DP gave an update for the workplan, explaining that the workplan was in priority order with additional context to inform the prioritization now added in the right-hand column of the workplan table. This is in line with what was requested at a previous meeting.</p>	
<p>GUIDELINES and INFORMATION LEAFLETS</p>		
<p>2022/202</p>	<p>Psoriatic arthritis guidance – update</p> <p>DP presented this item; it was an update of the Psoriatic Arthritis guideline, developed jointly with the Rheumatology Alliance. The formatting of the document has been updated, wider choices for third line agents are now included and page 2 of the document has been simplified. Three drugs that are subject to a NICE TA have also been added. DP explained that expanding third line drug choice should not have a significant financial impact as it allows only substitution of similarly priced agents. Pan Mersey allows a range of drugs to be used as third line, as does Greater Manchester, albeit to defined pathways. The document was sent out for consultation: the response from LSCFT was to support this guidelines,</p>	

	<p>East Lancashire Medicines Management Board support the document, the East Lancashire Hospital Trust will possibly support, but have asked for another line of treatment to be added so there are four instead of three.</p> <p>The group approved the updated document as presented.</p> <p><u>Action</u></p> <p>The updated guidance to be uploaded to the LSCMMG website.</p>	
2022/203	<p>Dementia Medicine Prescribing Information Sheet – update</p> <p>AGR brought this item. This is a simple straight forward update as it was due to be updated on the website. It is felt that there is no cost impact as this paper supports the current prescribing practice. The team recognized some style points, currently side effects are listed and there are also cautions, the group were asked if they were happy to proceed with this approach or to reference the SPC as there are no other changes. AC raised the point in the document states ‘local formularies’ and should this still be referenced still. AW said going forward there will be one joint formulary. AC suggested possible wording to check local formulary currently while moving forward for an ICB formulary.</p> <p>FP asked if the ‘Management of behavior and psychological effects of dementia summary document for primary care’ is used to support treatment, and would it be appropriate for not only domiciliary care but also for families that are medicating at home. SR will follow this up outside this group. This document was agreed by the group with the amendments made.</p> <p><u>Action</u></p> <p>AGR to amend the wording around local formularies. SR to follow up about the ‘Management of behavior and psychological effects of dementia summary document for primary care’ document outside of this group.</p>	<p>AGR SR</p>
2022/204	<p>Riluzole SCG and PIL – update</p> <p>AGR brought this item, again this was a simple update to the shared care document and information leaflet. Very few changes were required, there was an update from the SPC relating to liquid formulation being suitable for administration via enteral feeding tubes and this has been updated in the shared care documents. There were also a few minor changes to the information sheet.</p> <p>The group agreed both documents.</p> <p><u>Action</u></p> <p>Shared care document and Patient Information Leaflets to be updated on the LSCMMG website.</p>	<p>AGR</p>
2022/205	<p>Gout prescribing guidance – update</p> <p>AGR asked for this item to be deferred as there were a lot of comments following the closing date that are significant enough that could change the guidance. This was agreed to defer the item and will bring it back to January.</p>	

	<p>Zuclopenthixol decanoate RAG position</p>	
<p>2022/206</p>	<p>AGR brought this item, some evidence has been reviewed with the request for this to be RAG rated the same as other first-generation depots on the LSCMMG website, which are currently Amber 0. It was felt there wouldn't be a large impact on the financial side as it supports current practice. There is a slight difference in this and other first generation anti-psychotic depo injections, this is singled out as having a more burdensome side effect profile but also showed to be more effective in preventing relapse. AGR felt the main difference was higher in frequency unknown side effects compared to others. It was for the group to decide if they want further information or consultation before the RAG rating is decided.</p> <p>SR commented that the absence of a RAG position for this preparation is felt to be an oversight, as the other similar preparation, zuclopenthixol acetate, is RED as it would only be used in secondary care. Zuclopenthixol decanoate is slightly more sedative and there is some evidence that in people with a history of aggression it can be more effective.</p> <p>FP asked if prescribing sits within SR's team or is it already in primary care? SR answered that most patients currently are retained at LSCFT. FP also raised that if the prescribing would move to primary care, which SR confirmed it would for a limited number of practices, then this should go out for consultation. There have been 350 items ordered in the last 12 months according to ePACT data. FP asked if that could be broken down to each of the places, AGR confirmed this could be done.</p> <p>MP raised the issue of mixing up acetate and decanoate in primary care and this would be a risk for primary care. SR said there had been two incidents she was aware of, and it was due to acetate being first alphabetically they were selection errors. She added from LSCFT there wouldn't be a huge push to get all prescribing out to primary care, but this was more about there is no current RAG status for this drug, so she is not proposing a change of practice. This information about current prescribing needs to go into the consultation.</p> <p><u>Action</u> AGR to send the document out for consultation with an Amber 0 recommended RAG position. The content to be agreed with SR before going out for wider consultation.</p> <p>AG to run prescribing data at place level.</p>	<p>AGR/SR</p> <p>AGR</p>
	<p>Sodium zirconium cyclosilicate PIL – update</p> <p>AGR brought this item, the comments from the last meeting along with some actions from the last meeting. The actions were to engage with LTH, to review a national shared care protocol (there isn't currently one approved for Sodium Zirconium, it is possible one was in draft, but AGR was unaware of any).</p> <p>There were some comments from the Renal team at LTH which have all been actioned. Some comments were received from East Lancashire, they did not support prescribing within primary care. The changes have been implemented, but AGR felt there was a wider issue relating to the RAG status not the document. The financial impact check has shown there was</p>	

<p>2022/207</p>	<p>approx. £2,000 spent last month in primary care for 16 items. If this is available in primary care, there may be a cost implication to primary care of about £12,000 but AGR stressed that this would likely be cost neutral for the ICS.</p> <p>FP commented that Morecambe Bay shared the same concern as East Lancashire and that it would be better to have Renal teams out in community to have oversight of this. VG agreed with FPs comment. FP added the need for commissioning of a service and a pathway for this. AW added that Greater Manchester have both Patiromer and Sodium zirconium cyclosilicate as Amber and this was done in July of this year and there must just be a delay in the shared care document going onto their website.</p> <p>CM added a concern that if it is given and Amber RAG rating and GPs are not comfortable or do not feel clinically competent to prescribe then they will not and then it means that patients can be passed about. LR commented that the local medicines group had discussed it and mostly agreed a Red RAG to be reserved for specialists.</p> <p>VG was happy for it to have and Amber RAG rating, however, was unsure if it would be utilized. LR added the possibility if pressure to prescribe being applied to GPs if it goes out as an Amber. AGR added that it has already been awarded the Amber 0 but due to the comments felt that there may need to be more conversations about it before it goes onto the website.</p> <p>It was decided to put it back to discuss this further with clinicians to ensure they are comfortable with an Amber 0 RAG rating.</p> <p><u>Action</u> AGR and LR to link in and discuss clinician concerns.</p>	<p>AGR/LR</p>
<p>2022/208</p>	<p>Palliative care medicines formulary – adopting consistent RAG status</p> <p>AGR bought this item. The Palliative Care Medicines Formulary has been put onto the website; everything is currently GREEN restricted as previously agreed from LSCMMG but there are not currently any status applied for local decisions. The ask of the group today is whether all of the places are happy to also adopt the GREEN restricted status in line with what was agreed for LSCMMG’s status. LR raised a question as some of the positions showed as Amber on the website. AGR answered that there is a clear comment attached to the drug stating it is GREEN restricted as Palliative Care only. AGR added that the different colours in the appendix was for administrative purposes only, not a RAG status.</p> <p>AW asked if this would include information on pharmacies holding Palliative care stock. AGR said that eventually this will be included as well as contact information for them. BH brought up on screen to ensure all members were happy that all drugs for all localities will be listed as GREEN Restricted for Palliative care and shared his screen for members to see. LR added that as all places have accepted the Palliative Care Guidelines then this should be an automatic yes as was previously agreed when members accepted the guidelines. The members all agreed for the drugs to go as GREEN restricted for Palliative care for all localities.</p>	

	<p><u>Action</u></p> <p>GREEN restricted to be applied to all localities.</p>	
2022/209	<p>Dapagliflozin for treating chronic kidney disease – Change of RAG status</p> <p>DP presented this item. Dapagliflozin has an associated NICE guideline for treatment of chronic kidney disease and was initially assigned an Amber 0 RAG rating for this indication. Clinicians have contacted the CSU to request that the Amber 0 RAG rating may not be appropriate. The presented paper made the case for a proposed a GREEN RAG rating as most patients at this level of kidney disease are maintained in primary care. DP suggested that patients being treated in Primary Care would still have the option of referral to specialists if necessary. The group discussed this, and it was agreed that it wouldn't need to go out for consultation and can be changed to GREEN.</p> <p>In addition, it was agreed that once ratified, the entry on the website would be updated to include the renal function thresholds for both when it is appropriate to initiate dapagliflozin and when referral to a specialist is indicated.</p> <p><u>Action</u></p> <p>The recommended RAG amendment to be referred to the Pharmacy and Medicines Policies Task and Finish group for ratification prior to being updated on the website with the inclusion of renal function thresholds.</p>	DP
2022/210	<p>Guidelines workplan</p> <p>AGR added that going forward the team will look to scope out items early on to assess the financial impact and to determine if something is worth looking into. AW asked if there was some categorizing done for what is classed as high. AGR answered that they don't currently have defined thresholds, as all recommendations were considered by the Director of Finance as part of Strategic Commissioning Committee ratification, but as part of the review required following the development of the ICB that this will need to be agreed moving forward. AW added to possibly have not just cost saving but additional costs as it is important that the group don't fall into only approving cost neutral or cost saving drugs as there may be something with a cost implication but could have a significant health impact. He also asked if Keppra could be pushed forward as much as possible. BH added that this is being pushed for it to be approved by LTH neurologists as soon as possible.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2022/211	<p>New NICE Technology Appraisal Guidance for Medicines November 2022</p> <p>N/A – all terminated appraisals this month.</p>	

2022/212	<p>New NHS England medicines commissioning policies November 2022</p> <p>N/a</p>	
2022/213	<p>Regional Medicines Optimisation Committees - Outputs November 2022</p> <p>N/A</p>	
2022/214	<p>Evidence reviews published by SMC or AWMSG July/August 2022</p> <p>Levofloxacin plus Dexamethasone for prevention and treatment of inflammation, and prevention of infection associated with cataract surgery in adults was highlighted with no action required. DP added that going forward with a single formulary this may need further discussion. Buprenorphine and Naloxone was briefly discussed, but DP felt this could have an impact if responsibility for addiction services transfers from Local Authorities to ICBs.</p>	
ITEMS FOR INFORMATION		
2022/215	<p>Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee</p> <p>N/A</p>	
2022/216	<p>LSCMMG cost pressures log</p> <p>BH brought this. At previous meetings there have been discussions of the cost impacts of decisions made, for around 12 months those have been recorded. BH recommended that this is maintained as a running log throughout the financial year for AW in case it is needed for discussions with wider colleagues. There are currently two items added to the bottom in relation to Sativex and Ryaltris for decision today. As they have both been put as a Do Not Prescribe, what does the group want to happen with this. BH suggested that it remain on the spreadsheet with a 0-cost implication but with a comment that there would be significant cost implications if prescribed. SR added to include the cost avoidance as well and to also include other costs into the drugs for example relapse on a depo injection. BH agreed this was a valuable piece of information to have on there as well. AW agreed further columns to show cost avoidance etc. but also impact on other services.</p> <p>LR suggested to add in Branded Generics as well. CM added there were discussions ongoing in the QIPP group, where Rukaiya had suggested that a number of alternative branded generics are suggested to mitigate any stock shortage issues. It was agreed that Branded Generics sits with the QIPP workstream but there is a need for wider discussions possible at this group for further guidance on items going forward.</p> <p><u>Action</u></p> <p>Agreed that with the agreed amendments above the cost pressure log will be included as a standing agenda item for all subsequent meetings.</p>	

DATE AND TIME OF NEXT MEETING

The next meeting will take place on

Thursday 12th January 2023

9.30am – 11.30am

Microsoft Teams

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES
MANAGEMENT GROUP 08.12.2022**

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>	DJ	Closed	14.10.2021
	<p>CSU to work with LTHT to develop mechanisms 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>	DP/DJ	Open	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>	DP/DJ	Open	11.11.2021
	<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>	DP/DJ	Open	13.01.2022
	<p>February 2022 update: Audit delayed due to covid pressures. Focused meeting on ketamine to take place shortly.</p>	DP/DJ	Open	10.02.2022
<p>March 2022 update: 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</p>	DP/DJ	Open	10.03.2022	

	<p>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> <p>December 2022 update: DP has sent some proposed wording to DJ but has not heard back. DJ was not in attendance.</p>	<p>AGR/DJ/DP</p> <p>AGR/DJ/DP</p> <p>DP/DJ</p> <p>AGR/DP</p> <p>DP/DJ</p> <p>DP/DJ</p> <p>DP/DJ</p>	<p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p>	<p>14.04.2022</p> <p>09.06.2022</p> <p>14.07.2022</p> <p>08.09.2022</p> <p>13.10.2022</p> <p>10.11.2022</p> <p>08.12.2022</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 December's meeting.</p> <p>December 2022 update: On the Agenda.</p>	DP	Open	13.10.2022
		DP	Open	10.11.2022
		DP	Closed	08.12.2022
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> <p>October 2022 update: Defer</p> <p>November 2022 update: Defer</p> <p>December 2022 update: AGR was off with illness when the meeting was due, AGR is rescheduling and should bring an update to the next meeting. AGR to add to workplan, remove from actions, closed.</p>	AGR/FP/AS	Open	08.09.2022
		AGR/FP/AS	Open	13.10.2022
		AGR/FP/AS	Open	10.11.2022
		AGR/FP/AS	Closed	08.12.2022
ACTION SHEET FROM THE MEETING 13th October 2022				
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 to look into possible pre-approval processes for access to the drug and bring back to a future meeting.</p> <p>November 2022 update: Defer.</p> <p>December 2022 update: This was also discussed outside of this meeting, MP had some queries, DP to meet with MP to discuss these and wording then put onto websites.</p>	DP	Open	13.10.2022
		DP	Open	10.11.2022
		DP/MP	Open	08.12.2022

2022/164	Nutritional Supplements Post Bariatric Surgery – Post Private Surgery 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. November 2022 update: AGR will contact LMC regarding this item. December 2022 update: AGR has met with LMC, now awaiting their further feedback.	CSU	Open	13.10.2022
		AGR	Open	10.11.2022
		AGR	Open	08.12.2022
	NB will link 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. November 2022 update: NB was not in attendance at the time of this item. Defer. December 2022 update: This was also discussed at Place leads; this is a wider action. BH/EB to add to SLOG agenda. Closed.	NB	Open	13.10.2022
		NB	Open	10.11.2022
		BH/EB	Closed	08.12.2022
ACTION SHEET FROM THE MEETING 10th November 2022				
2022/180	Kepra Position Statement DJ to speak to neurologists regarding the paper and get input from them. BH and the hub team to support. December 2022 update: Still not received formal approval, DP/ JA to chase with neurology.	DJ/BH	Open	10.11.2022
		DP/JA	Open	08.12.2022
2022/181	New Medicines Review Workplan DJ to forward any concerns around Melatonin to DP. December 2022 update: DP is making progress; however, work is complex, on the work plan so closed on the action log.	DJ	Open	10.11.2022
		DP	Closed	08.12.2022
	BH will pass on comments from today for DP to reprioritize the Medicines Workplan and bring that to Decembers meeting. December 2022 update: On the agenda, Closed.	BH/DP	Open	10.11.2022

2022/182	ONS Guidance – Update AGR to further clarify MUST scores. December 2022 update: Ongoing, will bring back to January.	AGR	Open	10.11.2022
		AGR	Open	08.12.2022
	AGR to remove the table from page 4 with the first-choice items. December 2022 update: Ongoing, will bring back to January.	AGR	Open	10.11.2022
		AGR	Open	08.12.2022
	AGR to follow up with formal letter to procurement. December 2022 update: Ongoing, will bring back to January.	AGR	Open	10.11.2022
		AGR	Open	08.12.2022
2022/183	Sodium Zirconium Cyclosilicate PIL DJ to arrange a meeting with the renal team and AGR. December 2022 update: On the agenda, Closed	DJ/AGR	Open	10.11.2022
		DJ/AGR	Closed	08.12.2022
	AGR and BH to review the NHSE shared care documents to see where this fits within it. December 2022 update: On the agenda, Closed	AGR/BH	Open	10.11.2022
		AGR/BH	Closed	08.12.2022
	AGR to bring back something to next month's meeting. December 2022 update: On the agenda, Closed	AGR	Open	10.11.2022
	AGR	Closed	08.12.2022	
2022/185	Biosimilar Position Statement – Update BH to clarify who the multidisciplinary team are in the document. December 2022 update: Actioned and on website, closed.	BH	Open	10.11.2022
		BH	Closed	08.12.2022
	BH to add the wording from the Adalimumab commissioning statement on adoption timescales. December 2022 update: Actioned and on website, closed.	BH	Open	10.11.2022
		BH	Closed	08.12.2022
	BH to remove the sentence relating to charging to the commissioning organization. December 2022 update: Actioned and on website, closed.	BH	Open	10.11.2022
	BH	Closed	08.12.2022	
2022/186	Menopause pricing information table for website AGR to make changes outlined in the discussions today and bring	AGR	Open	10.11.2022

	back at a later meeting before it gets sent out. December 2022 update: AGR is finalising, will go straight on the website, will update at the next meeting.	AGR	Open	08.12.2022
2022/187	Guidelines Workplan AGR to bring something back to the next meeting for Zuclopenthixol Decanoate. December 2022 update: On the agenda, closed.	AGR	Open	10.11.2022
	BH/AGR to pick up LR's email and information about the cancer drug. December 2022 update: AGR to meet with LR to discuss.	BH/AGR	Open	10.11.2022
	LR to share information with DJ/BH/ AGR regarding Benzodiazepine reductions program in her patch. December 2022 update: Actioned, closed.	LR	Open	10.11.2022
		LR	Closed	08.12.2022
2022/188	New NICE Technology Appraisal Guidance for Medicines October 2022 AGR will create a Blueteq form for Ozanimod and add it to the system. December 2022 update: AGR has done the Blueteq form, awaiting a check then will be made live on the system, Closed.	AGR	Open	10.11.2022
		AGR	Closed	08.12.2022
2022/192	Freestyle Libre/ Blood Glucose Testing Strip Analysis Each locality to review the data to identify which practices need further guidance and support. December 2022 update: Has been discussed at Place leads, will continue to monitor through there, CSU to bring quarterly reports going forward, closed?	Place Meds Leads	Open	10.11.2022
		CSU	Open/ Closed	08.12.2022
ACTION SHEET FROM THE MEETING 8th December 2022				
2022/198	Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD) (Sativex®) for Refractory Neuropathic Pain The recommended RAG position of BLACK (Do not prescribe) for this indication to be referred to the	DP	Open	08.12.2022

	Pharmacy and Medicines Policies Task and Finish group for ratification. Following ratification, the website will be updated.			
2022/199	Ryaltis financial impact The recommended RAG position of BLACK (Do not prescribe) for this indication to be referred to the Pharmacy and Medicines Policies Task and Finish group for ratification. Following ratification, the website will be updated.	DP	Open	08.12.2022
2022/200	RAG rating updates Agomelatine and Duloxetine A GREEN RAG position for Duloxetine in the treatment of depression to be consulted on. SR to look over the documents before they go to consultation to ensure all relevant information is included.	SR	Open	08.12.2022
	DP to contact Greater Manchester and Cheshire and Mersey to discuss any reviews they have already completed for Duloxetine.	DP	Open	08.12.2022
2022/202	Psoriatic arthritis guidance – update The updated guidance to be uploaded to the LSCMMG website.	DP	Open	08.12.2022
2022/203	Dementia Medicine Prescribing Information Sheet – update AGR to amend the wording around local formularies.	AGR	Open	08.12.2022
	SR to follow up about the 'Management of behavior and psychological effects of dementia summary document for primary care' document outside of this group.	SR	Open	08.12.2022
2022/204	Riluzole SCG and PIL – update Shared care document and Patient Information Leaflets to be updated on the LSCMMG website.	AGR	Open	08.12.2022

2022/206	Zuclopenthixol decanoate RAG position			
	AGR to send the document out for consultation with an Amber 0 recommended RAG position. The content to be agreed with SR before going out for wider consultation.	AGR/SR	Open	08.12.2022
	AG to run prescribing data at place level.	AGR	Open	08.12.2022
2022/207	Sodium zirconium cyclosilicate – update			
	AGR and LR to link in and discuss clinician concerns.	AGR/LR	Open	08.12.2022
2022/208	Palliative care medicines formulary – adopting consistent RAG status			
	GREEN restricted to be applied to all localities.	AGR	Open	08.12.2022
2022/209	Dapagliflozin for treating chronic kidney disease – Change of RAG status			
	The recommended RAG amendment to be referred to the Pharmacy and Medicines Policies Task and Finish group for ratification prior to being updated on the website with the inclusion of renal function thresholds.	DP	Open	08.12.2022
2022/216	LSCMMG cost pressures log			
	Agreed that with the agreed amendments the cost pressure log will be included as a standing agenda item for all subsequent meetings.	BH	Open	08.12.2022