Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 11.03.2021 (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
Melanie Preston (MP)	Assistant Director	NHS Blackpool and Fylde and Wyre CCG's
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
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	NHS Morecambe Bay CCG

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Paul Tyldesley (PT)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Sharon Andrew (SA)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Nicola Baxter (NB)	Head of Medicines Optimisation	
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	**SUMMARY OF DISCUSSION**	ACTION
2021/032	**Welcome & apologies for absence** AC welcomed members to the group, attendance is noted above. Apologies received from Adam Grainger**.**	
2021/033	**Declaration of any other urgent business** None.	
2021/034	**Declarations of interest** None.	
2021/035	**Minutes and action sheet from the last meeting 11th February 2021.** Faye Prescott to be added to present within membership and a typo to be amended. Agreed as final version following minor amendments.	
2021/036	**Matters arising (not on the agenda)**	
NEW MEDICINES REVIEWS		
2021/037	**Ketamine for chronic pain** Off label use of ketamine for chronic noncancer pain was prioritised for review by the Lancashire and South Cumbria Medicines Management Group following a request by the Greater Preston/Chorley South Ribble CCGs. A review of parenteral ketamine was presented at the October 2020 meeting where a Black RAG rating was agreed. It was noted however that the review did not include oral use of the injection and that specialist pain clinicians were not included in the original consultation. The review was therefore revised to include oral use and pain specialists were included in the consultation of the revised version. DP noted the equality impact screen remains effectively the same as previously carried out. LSCMMG members noted that some consultation responses had been missed and therefore were not captured in the paper presented at the meeting. The CSU team will address the issues raised. The consultation was circulated with a recommended Black RAG rating, however LSCMMG members noted that only one pain specialist had responded. LSCMMG members discussed the responses that had been received and noted prescribing figures are relatively low as ketamine is only used for chronic pain when normal neuropathic pain drugs have been exhausted. LSCMMG discussed the evidence and agreed that further engagement with pain specialists is required to understand the place ketamine has for the treatment of chronic pain. Further engagement with specialists would also provide the opportunity for additional evidence to be considered. DP agreed to engage with pain specialists to ascertain the pain pathway and evidence being used using to inform clinical decision making. LSCMMG members discussed the implications of assigning ketamine a Black RAG rating for patients already established on the drug. LR	

	suggested that primary care clinicians could provide useful comment when engagement takes place with pain specialists. LSCMMG agreed to re-circulate the Ketamine for chronic pain consultation and to discuss at May LSCMMG meeting. **Action – Ketamine for chronic pain consultation to be re circulated and discussed at future LSCMMG meeting.**	**DP**
2021/038	**Lyumjev for diabetes** DP stated that Lyumjev was prioritised for review following requests from a clinician at Morecambe Bay CCG. Lyumjev accelerates the absorption of insulin lispro to help better control post-prandial blood glucose levels especially in patients with uncontrolled post-meal hyperglycaemia with their current treatment or patients requiring tighter control of post-prandial glucose levels. An equality impact screen has been carried out which found a cross border issue, Pan Mersey and GMMMG do not currently have a RAG position for Lyumjev as this is a new medicine. The consultation was circulated with a Green (restricted) RAG status. Summary of supporting evidence: • Lyumjev treatment demonstrated consistently better PPG control compared to Humalog. Studies in both T1D and T2D met 2 prespecified multiplicity objectives; when administered prior to the start of the meal, Lyumjev was superior to Humalog in controlling 1-hour and 2-hour PPG excursions during mixed meal tolerance test. • Superior post prandial control offered by Lyumjev use may benefit pregnant patients trying to achieve tighter post prandial glycaemic control in line with the NICE guideline for pregnancy. • There was no overall difference in the risk of hypoglycaemic events between Humalog and Lyumjev. • If pre-prandial dosing is not possible, Lyumjev can be injected up to 20 minutes after the meal. However, the EMA advises that dosing of Lyumjev should occur prior to meals if feasible, as postprandial glucose control and rate of hypoglycaemia are more beneficial in pre-prandial vs. postprandial administration • As Lyumjev is available at the same acquisition cost as Humalog, no financial impact is expected. Responses to the consultation was in the main Amber Zero with only One other organisation agreeing to a Green restricted RAG rating. Comments have been included within the consultation. MP and CM proposed a Green (restricted) RAG rating for primary care. LR discussed the two dose strengths could cause issues and commented the benefit is unclear. AS highlighted Lyumjev could be of benefit to a cohort of patients. DP agreed to engage with endocrinologists and the diabetes group to ascertain their current position and to gain their thoughts on the addition of Lyumjev as an insulin choice and what the place in therapy would be. LSCMMG agreed a Green (restricted) RAG rating, recognising this is similar to an Amber 0 RAG rating.	

	Action - DP to engage with the diabetes group and consult regarding the benefit and place in therapy for Lyumjev. DP to feedback to LSCMMG members.	**DP**
2021/039	**LSCMMG – New Medicine Reviews Workplan update** The list of medications includes medicines which have been identified for review by either the CSU via Horizon Scanning or have been identified for review by member organisations. **New medicine review for April LSCMMG meeting** • Metolazone for treatment of oedema and/or hypertension **Medicines to be prioritised for new medicine reviews** • Trixeo Aerosphere – formoterol/glycopyrronium/budesonide for COPD. Identified by horizon scanning. • Bevespi Aerosphere – formoterol/glycopyrronium for COPD. Identified by horizon scanning. LR highlighted as several new inhalers are becoming available, there is some confusion within Primary Care and asked LSCMMG if there would be benefit in grouping the inhalers and discussing the desirability of a full review with clinicians before proceeding with full reviews. AC noted this approach could run the risk of missing evidence of benefit and proposed that, once the currently prioritised inhaler reviews are completed, the guideline should then be updated and a period of time introduced before any new inhalers are prioritised. LSCMMG agreed with this approach. FP discussed rationalising inhalers would be beneficial to help develop an ICS formulary. BH and SA will take forward. Patent expiry dates for current inhalers are also to be reviewed. Trixeo Aeropshere and Bevespi Aerosphere to be added to the workplan. • Sodium oxybate has been requested for review by Greater Preston/ Chorley/South Ribble CCGs NHS England commission sodium for children, this commissioning decision was introduced after the previous LSCMMG review of sodium oxybate. Currently sodium oxybate has a Black RAG rating for adults. LSCMMG agreed clarity is required for those who transition from child to adult services and to understand the implications of transition. Sodium Oxybate was agreed to be added to the workplan. BH discussed LSCMMG would need to re consider the current position, patient transitioning and to consider new information should a rag review be required. • Glycopyrronium for hypersalivation in patients with Parkinson's disease. Requested by specialist clinician, Blackpool Hospital Gylcopyrroinum for the treatment of hypersalivation in Parkinson's disease patients to be added to workplan. **Actions** **Trixeo Aerosphere, Bevespi Aerosphere, Sodium Oxybate and Gylcopyrroinum to be added to the work plan**	**DP**

GUIDELINES and INFORMATION LEAFLET		
2021/040	**Antipsychotic Shared Care – update** SA updated that a document detailing inclusion and exclusion criteria, including additional information relating to the physical monitoring of those receiving antipsychotics, was forward to the hub team by LSCFT in December 2020. LSCFT have proposed the following: 1. that recognised, evidence-based off-label indications for antipsychotics are added to the shared care document, and 2. that physical health checks at 12 months are conducted in primary care, freeing up capacity for specialist mental health services to respond promptly to new referrals and focus their attention on acutely unwell patients. SR noted the five year framework advises reduced monitoring. SR commented LSCFT would have responsibility for baseline checks with the annual review being carried out by a GP. SR noted it is difficult to quantify the figures for patients. It has been requested that some off-label indications for second generation antipsychotics be added to the antipsychotic shared care guideline. SR noted some of the indications are NICE recommendations. BH queried if it would be difficult to quantify a cohort already stable under shared care that would fall into some of the indications, SR confirmed it is difficult to quantify patient numbers with current arrangements. LSCMMG discussed there is differing positions across Lancashire and South Cumbria when shared care is not in place. LSCMMG members discussed it would be difficult to agree with requests without being circulated for consultation. LSCMMG noted an agreement has not been made on positions and agreed there is a need to consult on each indication, this will be grouped and carried out in two stages. NICE approved second generation anti psychotics will be circulated for consultation, with those indications not approved by NICE to follow. LSCMMG agreed to consult on RAG ratings once all consultation responses for all indications have been received. BH agreed to draft consultation questions with LSCFT prior to consultation. AC noted impact of capacity needs to be recognised within organisations. **Action – BH to draft consultation questions with LSCFT prior to consultation** **Action – Consult on each indication of second generation antipsychotic medicines with a view to then consult on RAG ratings.**	**BH/AGR/ SR** **BH/AGR**
2021/041	**Linezolid prescriber information sheet** A change to the RAG status of linezolid 600mg tablets for the treatment of pneumonia and complicated skin and soft tissue infections was considered at the July 2020 meeting of the LSCMMG. The original recommendation	

	was to amend the RAG status of linezolid tablets from Red to Amber 0 for up to14-day treatment courses. At the September meeting, LSCMMG agreed an Amber 0 RAG rating with explicit prescribing guidance. It was agreed that a prescribing guidance information sheet be produced, including monitoring information. It was later agreed at the November meeting that the prescribing information sheet would be circulated to LSCMMG members in advance of the meeting for consultation and discussion at December LSCMMG meeting. As the December meeting was cancelled, this discussion was postponed. A full consultation was not considered necessary by the group. The document was circulated again in February 2021 for discussion. PT noted one comment has been received which asks for the RAG rating to be reconsidered and suggested < 14 days = Green Restricted and > 14 days Red, to be clear on the RAG list. LSCMMG discussed the received comments, MP highlighted the prescriber information sheet refers to visual impairment as a side effect and discussed it would usually be the specialist who provides counselling for patients. MP suggested all information needs to be provided to the GP so the patient has an overall understanding of the drug. LR queried who would be responsible for the diagnosis and treatment recommendation. AC clarified the samples and specimens would be sent to the lab and sensitivities would be carried out with a recommendation made to commence Linezolid. If the patient is an inpatient the Microbiologist would recommend to the inpatient team, subsequently if patients have been discharged the recommendation would still be recommended to the inpatient team. BH noted explicit information for GP's to consider will be added to the LSCMMG. LSCMMG approved the following; • Amber Zero RAG rating • Explicit information to be added to LSCMMG website for GP's to consider **Action - Explicit information to be added to LSCMMG website for GP's to consider.**	**PT/AGR**
2021/042	**Neuropathic pain guideline** PT stated that changes to the neuropathic pain guideline were agreed at a previous meeting of LSCMMG. LSCMMG members agreed that once these changes had been actioned the document could be uploaded to the website. However, because of the extensive nature of the changes, it was decided that the group should review the document again at the November meeting before being uploaded. At the November 2020 meeting, the group was asked to consider that with the adjustments proposed in October there would only be two first line agents for neuropathic pain: amitriptyline and duloxetine. As duloxetine is only licensed for diabetic peripheral neuropathy the guideline would require clinicians to use an off-label agent before progressing through the pathway.	

	In addition to the changes within the circulated document update, the LSCMMG were also asked to consider the following points: 1. Should dose ranges be added for each agent listed in the guideline, including titration schedule? 2. Should the use of topical treatment for localised neuropathic pain be made more prominent? 3. Should management options for severe neuropathic pain be included? Currently directs to referral only. SR suggested capsaicin strengths should be specified as both have different licensed indications and noted there are occasions where topical treatments would be used above other agents. BH reported a target dose is included within the guideline for each preparation. LSCMMG agreed to include target doses within the guideline and accept changes. PT asked LSCMMG if recommending referral to specialist for severe pain is acceptable. LSCMMG agreed to not indicate a delay in treatment before referral is made. **Action – PT to update the Neuropathic pain guideline and include target doses.**	**PT**
2021/043	**Gender dysphoria** – **private request and Amber 0 guidance** SA stated there are two items for LSCMMG discussion. **Primary care prescribing for patients discharged from an NHS gender identity clinic (GIC)** At the February meeting the group were informed that a meeting had taken place with the LMC. It was fed back that the LMC felt that most GP's may not have sufficient competence to prescribe medication for patients that have either presented with or have been diagnosed with gender dysphoria following review by one of the NHS gender identity clinics (GICs). The LMC felt that a blanket Amber 0 RAG rating in these circumstances is unhelpful. LSCMMG members were asked if it would be beneficial to add a statement to the gender dysphoria guidance to state GPs would not be obliged to prescribe unless they were competent to do so; the group agreed to the addition of text indicating this. PT noted the NHSE service specification for Gender Identity Services for Adults (Non-Surgical Interventions) (service specification 1719) makes it clear there is an expectation that primary care will assume responsibility for prescribing for patients following discharge from GICs. However, the same guidance also contains a contradiction stating transfer of care would not commence until the GP has agreed to a transfer of responsibilities through a documented shared care agreement for the individual. LSCMMG approved the revised statement 'NHSE has stated that GICs should retain responsibility for providing prescriptions and for monitoring until the GP has agreed to a transfer of responsibilities. Individual prescribers MUST only prescribe within their own level of competence'. To be added to LSCMMG website.	

	Primary care prescribing for patients reviewed by a private gender identity clinic (GIC) SA reported a prescribing tip has been developed which highlights revised wording and asked if LSCMMG agree to the proposed changes. LSCMMG agreed to the amendments and noted this should be changed to a position statement rather than a prescribing tip. LR commented prescribing issues are arising with patients who are visiting clinics out of area and noted electronic prescribing would alleviate out of area issues for GPs. FP did not agree there is a need for a CCG lead to discuss requests from a private GIC or provider as a position statement would provide assurance and prescribers should make a clinical decision. **Action – Remove reference of CCG lead on gender identity clinic position statement**	**SA/AGR**
2021/044	**Antihyperglycaemics guideline update** PT noted a planned update was previously agreed for the Antihyperglycaemics guideline to incorporate oral semaglutide and canagliflozin. However initial feedback has covered wider areas relating to the use of all SGLT-2 inhibitors in patients with heart failure, chronic kidney disease (CKD) and atherosclerotic cardiovascular disease (ASCVD). All clinicians agreed it would be useful to have guidance to prioritise SGLT-2 agents in type 2 patients with co-morbid heart failure. PT stated NICE are in the process of developing a clinical guideline for the use of SGLT-2 inhibitors in CKD and has published technology appraisal guidance (TA679) recommending dapagliflozin as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults. PT asked if LSCMMG wants to look at separate heart failure guidance whilst being mindful of NICE guidance. MP asked if cost implications could be looked at across the pathway if this would be a longer term impact. BH noted the horizon scanning document includes finance figures for the NICE TA and renal and CKD, BH noted an estimate for heart failure for Lancashire and South Cumbria would be £2,000,000. If CKD is included from horizon scanning a combined cost implication could be in the region of £4,000,000. LSCMMG agreed to progress guidance on the use of SGLT-2 inhibitors in patients with heart failure in primary care and cost implications to be understood. BH agreed to discuss cost pressures with directors of finance. AC noted an investment committee has now been established. **Actions** **Separate heart failure guidance to be produced** **Cost pressures to be discussed with Directors of Finance**	**PT/DP** **BH**
2021/045	**LSCMMG – Guidelines Work Plan update** PT presented the guideline scheduled work plan and noted two additional requests have been received. A request has been received for PPI with antibiotic guidance and C.Diff risk. FP asked LSCMMG members if increase risk of pneumonia and long term chronic kidney disease could also be added into guidance, LSCMMG agreed to include within guidance.	

	LSCMMG agreed to add to the workplan. The second request was to add an indication to the cyclosporin shared care guidance for chronic urticaria in Angioedema. PT asked if a shared care statement is still required for virtual appointments regarding shared care drugs, LSCMMG agreed to remove the statement as local arrangements have been made. **Actions** **Scope adding an indication to the cyclosporin shared care guidance for chronic urticaria in Angioedema.** **Add PPI with antibiotic guidance on C.Diff risk to the work plan including risk of pneumonia and long term chronic kidney disease.**	**SA/AGR** **SA/AGR**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2021/046	**New NICE Technology Appraisal Guidance for Medicines February 2021** PT discussed NICE Technology Appraisals published to consider commissioning implications for Lancashire and recommendations. **TA679** Dapagliflozin for treating chronic heart failure with reduced ejection fraction. No costing template but previously discussed, recommended as an Amber RAG rating as NICE state initiation from heart failure specialist. **TA651** Naldemedine for treating opioid-induced constipation. Naldemedine is recommended, within its marketing authorisation, as an option for treating opioid-induced constipation in adults who have had laxative treatment. AGR suggested Green position and add to opioid induced constipation pathway. LSCMMG agreed with the Green position. **TA676** Filgotinib for treating moderate to severe rheumatoid arthritis, PT noted this will be a new cohort of patients with moderate disease. Forecasting figures show a large cost implication but with a significant PAS scheme in place. Horizon Scanning documents include the predicted cost implications. Rheumatoid Arthritis high cost drug pathway to be updated to include filgotinib. **Action - Rheumatoid Arthritis high cost drug pathway to be updated to include filgotinib .**	**DP**
2021/047	**New NHS England medicines commissioning policies February 2021** Nothing urgent to consider.	
2021/048	**Regional Medicines Optimisation Committees - February 2021**	

	Nothing urgent to consider.	
2021/049	**Evidence reviews published by SMC or AWMSG February 2021** SA discussed guidance published by SMC and AWMSG it is for LSCMMG to note and decide is action is required. **SMC2320** Leuprorelin acetate (Prostap) is accepted for use within NHSScotland. Indication under review: as treatment in pre- and perimenopausal women with advanced breast cancer suitable for hormonal manipulation. Leuprorelin offers an additional treatment choice in the therapeutic class of gonadotropin-releasing hormone (GnRH) analogues for this indication. LSCMMG currently has no RAG rating, it is for LSCMMG to decide if leuprorelin acetate should be reviewed. LSCMMG agreed not to prioritise for review but noted the position could change if requests are received from clinicians. **SMC2319** Leuprorelin acetate (Prostap) is accepted for use within NHSScotland. Indication under review: as adjuvant treatment in combination with tamoxifen or an aromatase inhibitor, of endocrine responsive early stage breast cancer in pre- and perimenopausal women at higher risk of disease recurrence (young age, high grade tumour, lymph node involvement). In women who have received chemotherapy, premenopausal status must be confirmed after completion of chemotherapy. Leuprorelin offers an additional treatment choice in the therapeutic class of gonadotropin-releasing hormone (GnRH) analogues for this indication. LSCMMG agreed not to prioritise for review but noted the position could change if requests are received from clinicians. **SMC2321** Formoterol fumarate dihydrate / glycopyrronium / budesonide (Trixeo® Aerosphere) is accepted for restricted use within NHSScotland. Indication under review: maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta2-agonist or combination of a long-acting beta2-agonist and a long-acting muscarinic antagonist. LSCMMG discussed this under previous agenda item 2021/039 and will be picked up as part of the suggested review of inhalers. **SMC2315** Upadacitinib (Rinvoq) for treatment of moderate to severe active rheumatoid arthritis (RA). NICE TA in development for moderate RA, expected publication date TBC. SA discussed if approved it could be a significant cost pressure.	
ITEMS FOR INFORMATION		

2021/050	**Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes** The minutes have been received for information.	

Date and time of next meeting

The next meeting will take place on
Thursday 8th April 2021
9.30am – 11.30am
Microsoft Teams

ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
11.03.2021

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11.03.2021
ACTION SHEET FROM THE MEETING 13th August 2020				
2020/091	**Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions** BH to raise with Rebecca Higgs, Out of Hospital Cell. **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. **October 2020 update:** Action deferred to November. **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	**BH/DP**	**13.08.2020**	**Paused**
ACTION SHEET FROM THE MEETING 10th September 2020				

2020/111	**Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions** **November 202 update:** Consultation form amended. Actioned and closed. Respiratory specialists to be contacted about diagnostic treatment pathway for vaccine. **October 2020 update**: Awaiting feedback, ongoing. **November 2020 update:** Engagement ongoing.	**DP**	**Paused**	**10.09.2020**
2020/112	**Melatonin for treatment of Rapid Eye Movement Sleep Behaviour Disorder in Parkinson's Disease** DP to engage with specialist to clarify when specialists would review effectiveness. **October 2020 update:** ongoing. **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. **March 2021 update:** Actioned and closed.	**DP**	**Closed**	**10.09.2020**

2020/113	**Linezolid RAG rating** Prescribing guidance information sheet to be produced, including monitoring information. **October 2020 update:** deferred to November LSCMMG meeting. **November 2020 update:** Prescribing information sheet has been completed. To be circulated to LSCMMG members for consultation and discussion at December LSCMMG meeting. **February 2021:** Previously sent in advance of December 2020 meeting, to be recirculated in advance of March LSCMMG. **March 2021 update:** agenda item for discussion.	**AGR**	**Closed**	**10.09.2020**

ACTION SHEET FROM THE MEETING 08th October 2020				
2020/141	**Antipsychotic shared care guidance – update** AGR to draft recommendation for inclusion/exclusion criteria**.** **November 2020 update:** Information received from LSCFT. Bring back to December LSCMMG meeting. **February 2021update:** SR has provided additional information to extend clinical indication, clinical discussion to be discussed as an agenda item for March meeting. **March 2021 update** – Agenda item for discussion.	**AGR**	**Closed**	**08.10.2020**
ACTION SHEET FROM THE MEETING 12th November 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 **February 2021 update:** Considered under agenda item 2021/021 – Closed **March 2021– update.** Letter received from specialist; meeting is yet to take place. Response to clinician to be drafted. Being picked up as part of action 2021/021.	**BH/CM** **DP** **AC/All**	**Closed** **Closed** **Closed**	**12.11.2020** **12.11.2020** **12.11.2020**
ACTION SHEET FROM THE MEETING 14th January 2021				
2021/008	**Amiodarone and dronedarone shared care guidance** Wider discussions required regarding Amber 1 RAG ratings and supply arrangements during the pandemic **March 2021 update:** LSCMMG discussed no statements are required as this is now being picked up via local arrangements. Prescribing guidance for reviewing patients currently receiving amiodarone and dronedarone in primary care to be developed. **February 2021 update:** Ongoing **March 2021:** LSCMMG considered whether further guidance was required, LSCMMG discussed no further action was needed due to ongoing shared care review discussions.	**BH/AGR** **BH/AGR**	**Closed** **Closed**	**14.01.2021** **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. **February 2021 Update:** Ongoing Rheumatoid arthritis pathway to be updated and circulated to rheumatologists. **February 2021 update:** Actioned and closed. **March 2021 update:** Ongoing	**AGR** **DP**	**Open** **Closed**	**14.01.2021** **14.01.2021**
2021/016	**AOB** Substance misuse contract pre MLCSU to be discussed at SLOG **February 2021 update**: to be discussed at March SLOG meeting. **March 2021 update:** Historical arrangements agreement discussed. Service now commissioned by local authority and is not within CCG remit.	**BH**	**Closed**	**14.01.2021**
ACTION SHEET FROM THE MEETING 11th February 2021				
2021/020	**Matters arising (not on the agenda)** Anti-psychotic shared care guidance to be an agenda item for March LSCMMG meeting **March 2021 update:** Agenda item for discussion.	**LM**	**Closed**	**11.02.2021**

2021/021	**Dymista** DP to provide response to correspondence sent by the applicant, incorporating rationale for decision on behalf of LSCMMG. AC to ask Sandra Lishman to organise a meeting to discuss Dymista with the requesting consultant, David Jones, David Prayle, Brent Horrell and Andy Curran. **March 2021 update:** Meeting to be arranged.	**DP** **AC**	**Open** **Open**	**11.02.2021** **11.02.2021**
2021/022	**LSCMMG – New Medicine Reviews Work Plan update** DP to liaise with CCG's regarding dressings reviews, to attain a shared understanding of the potential for a collaborative formulary approach for high cost dressings. Following engagement DP will draft a proposal and process for discussion at March LSCMMG. **March 2021 update: Draft** proposal to be brought back to April LSCMMG meeting for discussion.	**DP**	**Open**	**11.02.2021**
2021/023	**Liothyronine RAG status – update** Liothyronine to be sent out for consultation, including the prior approval process. **March update 2021:** Circulated for consultation.	**AGR**	**Closed**	**11.02.2021**
2021/024	**Primary Care Adult Headache Management Pathway** Primary Care Adult Headache Management Pathway to be sent out to consultation. **March 2021 update:** Circulated for consultation.	**AGR**	**Closed**	**11.02.2021**

2021/025	**Rheumatoid Arthritis High Cost Drug Pathway – update** DP to update the Rheumatoid Arthritis high cost drugs pathway to include upadacitinib **March 2021 update:** Actioned and closed.	**DP**	**Closed**	**11.02.2021**
2021/027	**New NICE Technology Appraisal Guidance for Medicines January 2021** AGR to check horizon scanning for when Lucentis and Eylea come off patent. **March 2021 update:** LSCMMG agreed to review Lucentis 6 months prior to patent expiry, engagement with optometrists will be required. AC noted an ophthalmology collaborative work stream has been established and will share the meeting link. LSCMMG will revisit Lucentis at September's LSCMMG meeting and added to the workplan.	**AGR**	**Closed**	**11.02.2021**
ACTION SHEET FROM THE MEETING 11th March 2021				
2021/037	**Ketamine for chronic pain** Ketamine for chronic pain consultation to be re circulated and discussed at future LSCMMG meeting.	**DP**	**Open**	**11.03.2021**
2021/038	**Lyumjev for diabetes** DP to engage with the diabetes group and consultation regarding the benefit and place in therapy for Lyumjev. DP to feedback to LSCMMG members.	**DP**	**Open**	**11.03.2021**
2021/039	**LSCMMG – New Medicine Reviews Workplan update** Trixeo Aerosphere, Bevespi Aerosphere, Sodium Oxybate and Gylcopyrroinum to be added to the work plan.	**DP**	**Open**	**11.03.2021**

2021/040	**Antipsychotic Shared Care – update** BH to draft consultation questions with LSCFT prior to consultation Consult on each indication of second generation antipsychotic medicines with a view to then consult on rag ratings.	**BH/AGR/SR** **BH/AGR**	**Open** **Open**	**11.03.2021** **11.03.2021**
2021/041	**Linezolid prescriber information sheet** Explicit information to be added to LSCMMG website for GP's to consider.	**PT/AGR**	**Open**	**11.03.2021**
2021/042	**Neuropathic pain guideline** Update the Neuropathic pain guideline and include target doses.	**PT/AGR**	**Open**	**11.03.2021**
2021/043	**Gender dysphoria – private request and Amber 0 guidance** Remove reference of CCG lead on gender identity clinic position statement.	**SA/AGR**	**Open**	**11.03.2021**
2021/044	**Antihyperglycaemics guideline update** Separate heart failure guidance to be produced Cost pressures to be discussed with Directors of Finance	**PT/DP** **BH**	**Open** **Open**	**11.03.2021** **11.03.2021**
2021/045	**LSCMMG – Guidelines Work Plan update** Scope adding an indication to the cyclosporin shared care guidance for chronic urticaria in Angioedema. Add PPI with antibiotic guidance on C.Diff risk to the work plan including risk of pneumonia and long term chronic kidney disease.	**SA/AGR** **SA/AGR**	**Open** **Open**	**11.03.2021** **11.03.2021**

2021/046	**New NICE Technology Appraisal Guidance for Medicines February 2021** Rheumatoid Arthritis high cost drug pathway to be updated to include filgotinib.	**DP**	**Open**	**11.03.2021**