



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 08.04.2021 (via Microsoft Teams)**

PRESENT:

Vince Goodey (VG)	Assistant Director of Pharmacy	NHS 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
Rukaiya Chand (RC)	Prescribing Projects Manager	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
Judith Argall (JA)	Lead Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust

IN ATTENDANCE:

Brent Horrell (Chair) (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
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2021/051	<p>Welcome & apologies for absence</p> <p>Andy Curran sent apologies therefore BH chaired the meeting. BH welcomed members to the group, attendance is noted above. Apologies received from and Melanie Preston.</p> <p>Vince Goodey informed members that Christine Woffindin has now retired from NHS ELHT and will be representing NHS ELHT on an interim basis until the vacancy has been filled.</p> <p>Helen Sampson is attending on behalf of Rebecca Bond and Judith Argall is attending on behalf of David Jones.</p>	
2021/052	<p>Declaration of any other urgent business</p> <p>None.</p>	
2021/053	<p>Declarations of interest</p> <p>None.</p>	
2021/054	<p>Minutes and action sheet from the last meeting 11th March 2021</p> <p>The minutes from the meeting 11th March was agreed as a true and accurate record of the meeting. The minutes have been agreed as the final version.</p>	
2021/055	<p>Matters arising (not on the agenda)</p> <p>None.</p>	
NEW MEDICINES REVIEWS		
2021/056	<p>Horizon scanning 2021/22</p> <p>BH discussed two documents have been circulated to members which highlight horizon scanning information for new drugs that are in development and expected to be marketed in the financial year 2021-22. Details of the potential cost impact estimated are outlined for each drug including when they are estimated to become available and additional background information. BH discussed the summary sheet shared with members which highlights a potential cost pressure of 13 million across Lancashire and South Cumbria. Significant cost pressures are noted for renal failure and gliflozin drugs, diabetes, and diabetes uptake. BH noted Freestyle libre and DOACS financial impact has been forecast separately. BH highlighted some PBR excluded Drugs could cause cost pressure such as Andexanet alfa for reversing anticoagulation, Filgotinib for treating moderate to severe rheumatoid arthritis and Fremanezumab, Galcanezumab and Erenumab for preventing migraine. The group noted the predicted forecast cost pressures.</p>	

	<p>AM noted for information filing for ticagrelor has been withdrawn in EU. BH will review the indications to check if this will affect the predicted financial figures. Bempedoic acid was also highlighted, which is a new first in class product in the therapy area of dyslipidaemia. A NICE TA is due for publication April 2021.</p> <p>Action - Filing for ticagrelor has been withdrawn in EU, check indications and cross reference horizon scanning document</p>	<p>DP/BH</p>
<p>2021/057</p>	<p>Metolazone RAG status</p> <p>SA discussed Metolazone has been used in the region for many years however LSCMMG has not assigned a RAG status and patients usually receive the drug via acute Trusts.</p> <p>SA noted Sanofi-Aventis discontinued the UK licensed Metolazone preparation in 2012 for commercial reasons and there were no safety or efficacy concerns noted for the withdrawal from the market. Presently, Metolazone is only available as an unlicensed special order, imported, product from Canada, where it does hold a licence (Zaroxolyn 2.5mg and 5mg tablets).</p> <p>SA noted the supply of Metolazone should not be problematic. SA discussed the numbers for this cohort are relatively small and asked the group if it would be reasonable for GP's to prescribe once patients are stable following specialist initiation.</p> <p>SA advised the cost impact would be in the region of £14,500. It was reported that Pan Mersey have criteria within their the RAG position to advise when a GP would refer back to the specialist. The majority of responses agreed to the amber zero RAG rating. RC noted their CCG's position was that due to the monitoring requirements it was felt that the RAG rating should be Red. SR discussed monitoring requirements should not influence a RAG rating. CM discussed the response given was based on historic prescribing and agreed with the Amber RAG rating.</p> <p>VG discussed tolerating the drug would be key and discussed a detailed management plan would be useful for those patients discharged and prescribed Metolazone. LSCMMG agreed patients will require specialist input and agreed a clarifying statement is required around stability for primary care prescribing. LSCMMG agreed to provide criteria and produce an information leaflet, SA will work with Noel Topping and other specialists who have responded to the consultation to develop the information leaflet to set out under which clinical scenarios patients would be considered stable. LSCMMG noted it is of importance to understand explicitly the point in which a patient becomes stable.</p> <p>Action – SA to develop clarifying information with specialists, to be brought to a subsequent LSCMMG meeting.</p>	<p>SA</p>

2021/058	<p>LSCMMG – New Medicine Reviews Work Plan update</p> <p>BH discussed 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. The new medicines work plan has been updated following March LSCMMG and is on target with timescales.</p> <p>LSCMMG noted as previously discussed Bempedoic acid NICE technology appraisal is due for publication April 2021. No further requests have been identified to be added to the new medicines work plan.</p>	
GUIDELINES and INFORMATION LEAFLET		
2021/059	<p>Adult headache guideline consultation and oxygen for cluster headache</p> <p>Headache guidelines:</p> <p>AGR introduced the paper and stated that the guideline was originally produced in September 2015 by the North West Coast SCN. The revised, LSCMMG version of the document, was approved in 2018. AGR confirmed that the reason for the review was that the guideline was due to expire on the LSCMMG website in October 2020.</p> <p>AGR reminded the group that the guideline had been consulted on before, the previous version of the guideline was sent out for consultation with responses to be received by 14th December 2020.</p> <p>Following the December meeting the pathway was amended to incorporate extensive changes. LSCMMG members agreed at the February meeting to reconsult because of these changes. AGR noted comments have been received. The document was sent for consultation with responses to be received by the 29th March 2021. Seven of eight CCGs, one of five provider trusts responded by the closing date. All those that replied by the closing date stated that they may support the guideline if further information was considered. One further response was received from an ELHT pain consultant.</p> <p>CM stated that it was felt that the target audience is unclear. AGR highlighted that a consultation has taken place three times and an agreement is yet to be made. LSCMMG discussed the issues may have arisen in inheriting the guidance originally. Comments was raised to explore which elements of the guidance would be useful for primary care clinicians to move forward. AGR will engage with the primary care clinicians to gain feedback of the guidance and understand which elements are of importance.</p> <p>Action – AGR will engage with Primary Care clinicians individually to understand which elements of the guidance are of importance.</p>	

	<p>Oxygen for Cluster Headache:</p> <p>FP asked if a RAG position could be reached for Oxygen for Cluster Headaches. The majority of organisations supported the commissioning of ambulatory oxygen however some queries have been received from one organisation. First presentation and subsequent presentations was discussed as being unclear. RC noted feedback regarding HOOOF forms that they are over complicated and could be a cause for error. It was also highlighted that GPs had submitted comments that the diagnosis of cluster headaches was too problematic and that it was a secondary care issue being passed to primary care due to capacity.</p> <p>BH asked LSCMMG members if the pathway was clearer could this enable a resolution to clarify issues raised, as queries in the main relate to the pathways. LSCMMG agreed clarity of the pathways would be beneficial to understand first presentation and subsequent presentations. LSCMMG members agreed to commission ambulatory oxygen but are yet to agree a RAG position.</p> <p>Action - BH agreed for pathways to be drafted and brought back to May LSCMMG for further discussion to include first presentation and subsequent presentation.</p>	<p>BH/AGR</p>
<p>2021/060</p>	<p>Liothyronine RAG status review</p> <p>AGR highlighted that the current position endorsed by LSCMMG is that liothyronine is not recommended as monotherapy for the chronic management of hypothyroidism (RAG rating 'Black'). There are no exceptions to this position endorsed by LSCMMG. The aim of the review was to identify a list of exceptions, when the use of liothyronine is clinically necessary, to the current RAG status.</p> <p>AGR confirmed that the intention was that the Black RAG status will be remain in the majority or clinical scenarios but liothyronine can be used if one of the qualifying exemptions apply. The group requested that a prior approval process also be considered to support the identification of appropriate requests for an exemption. All those that responded supported adopting recommendation 6. The majority of those that responded supported adopting recommendations 1, 4 and 5. A significant proportion of those that responded did not support or may support adopting recommendations 3, 7 and 8. The vast majority of those that responded either did not support or may support adopting recommendation 2.</p> <p>LSCMMG discussed all recommendations below.</p> <p>1. Recommended position:</p> <p><i>New patients with primary hypothyroidism should not be started on T3/T4 combination therapy because of the current lack of evidence supporting efficacy.</i></p> <p><i>If new evidence of efficacy of T3/T4 combination therapy from well-conducted randomised placebo-controlled trials becomes available then it would be appropriate to reconsider this.</i></p>	

Current LSCMMG position:

RAG status – ‘Black’ – Liothyronine is NOT recommended for use by the NHS in Lancashire as an add-on treatment for refractory hypothyroidism despite adequate monotherapy with levothyroxine.

LSCMMG discussed the position. The group agreed that it would be appropriate to retain a Black RAG rating for routine patients and Red should be adopted where disease stabilisation is unachievable with levothyroxine alone.

Agreed – LSCMMG agreed to a Black RAG rating with a Red RAG rating for a restricted cohort of patients where disease stabilisation is unachievable with levothyroxine alone.

2. Recommended position:

All patients who are established on T3/T4 combination therapy by the NHS and have benefitted should have the option to continue. A referral to a specialist can be made to review suitability for conversion to T4 monotherapy but the specialist can continue on combination therapy if:

- a. The patient is considered by the specialist to unsuitable for conversion to monotherapy, or*
- b. the patient was converted to monotherapy and it was not tolerated.*

Once the specialist has made the decision to continue on combination therapy, the patient can be discharged to primary care.

If continued in primary care, the target for long term monitoring of patients on T3/T4 combination therapy should be to keep the TSH in the normal range.

Where this proves difficult then a review in secondary care may be appropriate to determine the appropriate dose of T3/T4. In some patients there may be an acceptance that TSH levels outside the normal range are acceptable.

Current LSCMMG position:

No defined provision to continue.

LSCMMG agreed that based on other agreed recommendations that this would now be redundant.

Not agreed – position redundant due to approval of other recommendations.

3. Recommended position:

T3 monotherapy for primary hypothyroidism should not be initiated unless there is very clearly demonstrated evidence of absolute specific intolerance to T4.

Current LSCMMG position:

RAG status – ‘Black’ – Liothyronine is NOT recommended for use by the NHS in Lancashire as monotherapy for the chronic management of hypothyroidism

LSCMMG were minded to allow the position if patients’ could not tolerate levothyroxine. However, the group were uncertain about what a specific intolerance would be and who would diagnose this. It was agreed that the position should apply to licenced preparations only.

LSCMMG consider the following positions:

1. A Black RAG rating but give the specialist the option as using Red for patients who cannot tolerate.
2. A Black RAG rating however for a small cohort if the specialist feels a patient cannot tolerate there is a prior approval mechanism in place.
3. Black RAG rating only.

CM asked if a Black RAG rating could be approved but have a defined Red RAG rating for patients with specific intolerances rather than having exceptions to the Black RAG rating. LSCMMG will make it explicit that only licensed preparations should be used.

LSCMMG agreed to a Black RAG rating with a Red RAG rating for patients with specific intolerances.

4. Recommended position

Patients who are commenced on T3 in the private sector should have ongoing prescriptions in the private sector and prescription should not be continued by NHS services.

Current LSCMMG position:

Not defined. –

RC asked LSCMMG members if monitoring requirements can be included within the recommendation, LSCMMG agreed. LSCMMG agreed to add a statement that there would no benefit but also no detriment to if patients receive private treatment. LSCMMG noted UHMB’s position.

Agreed – add monitoring and a clarifying statement to note there would no benefit but also no detriment to receiving private treatment for patients.

5. Recommended position:

	<p><i>Unlicensed thyroid extracts should not be used. However, existing patients receiving them from secondary care under the supervision of a specialist can continue.</i></p> <p><i>Current LSCMMG position:</i></p> <p><i>The prescribing of unlicensed liothyronine and thyroid extract products is not supported.</i></p> <p>LSCMMG considered if this recommendation should be Black with Red rating for those who are stabilised. One comment raised was there should be no prescribing of an unlicensed preparation if a licensed preparation is available. The group noted that some patients will be unable to be switched and approval should be sought through trust Drugs and Therapeutic committees.</p> <p>LSCMMG agreed to maintain the current Black RAG.</p> <p>6. Recommended position:</p> <p><i>T3 therapy can be used in the context of thyroid cancer patients awaiting radioiodine scan or therapy.</i></p> <p><i>Current LSCMMG position:</i></p> <p><i>Prescribing by secondary or tertiary care specialists for the treatment of acute conditions where thyroid replacement is needed rapidly, for a limited period and/or where a drug with shorter half-life is required.</i></p> <p>Agreed</p> <p>Recommendation 7 and 8 are now redundant following previous recommendation discussions. No decision was required.</p> <p>It was agreed that AGR would bring back the recommended RAG positions and provide a summary of patient numbers in primary care receiving combined therapy. Eclipse data from Pennine and Fylde Coast will be provided to support this.</p> <p>Action – agreed positions and prescribing data to be brought back to the May LSCMMG.</p>	<p>AGR</p>
<p>2021/061</p>	<p>LSCMMG – Guidelines Work Plan update</p> <p>AGR discussed the guideline work plan is up to date and is on target with timescales. Erectile Dysfunction has been circulated for consultation and will be discussed at the May LSCMMG meeting.</p> <p>AGR noted the Anti-psychotic shared care is on target for June, AGR will be engaging with LSCFT.</p>	

	<p>AGR updated members that a request has been received for AGR to review a pathway for the management of overactive bladder. AGR is at initial scoping stage. LSCMMG agreed to add to the guideline work plan.</p> <p>PT discussed the antihyperglycaemics guideline which will be reviewed and noted the NICE TA template has been used to forecast the predicted cost impact.</p> <p>Action – overactive bladder pathway review to be added to the guideline work plan.</p>	AGR
NATIONAL DECISIONS FOR IMPLEMENTATION		
2021/062	<p>New NICE Technology Appraisal Guidance for Medicines March 2021</p> <p>AGR discussed NICE Technology Appraisals published to consider commissioning implications for Lancashire and recommendations</p> <p>TA681 Baricitinib for treating moderate to severe atopic dermatitis NICE have estimated a cost saving in year 5 and no cost impact. AGR noted a Blueteq form will be required.</p> <p>TA682 Erenumab for preventing migraine no impact expected. A red traffic light status and is PBR excluded which will require a Blueteq form.</p>	
2021/063	<p>New NHS England medicines commissioning policies March 2021</p> <p>Nothing urgent to consider.</p>	
2021/064	<p>Regional Medicines Optimisation Committees - March 2021</p> <p>SA discussed guidance published by Regional Medicines Optimisation Committees it is for LSCMMG to note new upcoming items of potential interest.</p> <p>SA discussed RMOC (North) has led development of “Shared Care for Medicines Guidance – A Standard Approach” The guidance defines the principles for a national system of shared care for medicines, and aims to provide a framework for the seamless sharing of care between the patient, specialist service and primary care prescriber in circumstances where this is appropriate, benefits the patient, and is supported by them. It builds on the NHS England guidance “Responsibility for prescribing between primary and secondary/tertiary care” (2018). LSCMMG agreed further discussions are needed, it was agreed to be an agenda for the next SLOG meeting.</p> <p>Action – RMOC Shared Care for Medicines Guidance to be an agenda item at the next SLOG meeting.</p>	

2021/065	<p>Evidence reviews published by SMC or AWMSG March 2021</p> <p>SA discussed guidance published by SMC and AWMSG it is for LSCMMG to note and decide if action is required.</p> <p>SMC2335 SA noted (Trimbow®) now has a licence for asthma, the current position is LSCMMG GREEN (restricted) RAG rating for COPD. LSCMMG agreed to incorporate (Trimbow®) and add to the workplan and review alongside other combination inhalers.</p> <p>AWMSG 911 Opicapone, no further action required as LSCMMG have a RAG position</p> <p>AWMSG 3858 dupilumab (Dupixent®) is licensed for the treatment of severe atopic dermatitis in children 6 to 11 years old. LSCMMG currently only have a Red RAG position for adults. LSCMMG queried the responsible commissioner. LSCMMG noted the license and agreed to await a request.</p> <p>AWMSG 4694 Melatonin (Slenyto®) no further action required as LSCMMG have a RAG position</p> <p>AWMSG 4394 Lurasidone (Latuda®) is recommended as an option for use within NHS Wales for the treatment of schizophrenia in adults and adolescents aged 13 years and over, SR to check whether this has already been discussed and if agreement had been reached on the lower 13-year age limit.</p> <p>AWMSG 807 Idebenone (Raxone®) currently funded by NHSE for Duchenne Muscular Dystrophy by NHS England. LSCMMG noted for information.</p>	
ITEMS FOR INFORMATION		
2021/066	<p>Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes</p> <p>The minutes have been circulated for information.</p>	

Date and time of next meeting

The next meeting will take place on
Thursday 13th May 2021
9.30am – 11.30am
Microsoft Teams

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
08.04.2021**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 08.04.2021
ACTION SHEET FROM THE MEETING 13th August 2020				
2020/091	<p>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</p> <p>BH to raise with Rebecca Higgs, Out of Hospital Cell.</p> <p>September 2020 update: BH has been in contact with Rebecca Higgs who advised Peter Tinson is the most appropriate contact. BH is in the process of arranging a meeting with Peter Tinson to see if this can be taken forward through the Primary Care Cell meeting.</p> <p>October 2020 update: Action deferred to November.</p> <p>November 2020 update: Primary Care Cell are currently focussed on Covid 19 vaccine campaign, BH will aim to take forward when normal working priorities resume.</p> <p>April 2021 update: Remains paused</p>	BH/DP	13.08.2020	Paused

ACTION SHEET FROM THE MEETING 10th September 2020				
2020/111	<p>Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions</p> <p>November 202 update: Consultation form amended. Actioned and closed.</p> <p>Respiratory specialists to be contacted about diagnostic treatment pathway for vaccine.</p> <p>October 2020 update: Awaiting feedback, ongoing.</p> <p>November 2020 update: Engagement ongoing.</p> <p>April 2021 update: Remains paused.</p>	DP	Paused	10.09.2020

ACTION SHEET FROM THE MEETING 14th January 2021				
2021/011	<p>New NICE Technology Appraisal Guidance for Medicines December 2020</p> <p>Engage with tier 3 weight loss services in Lancashire and discuss impact of the liraglutide NICE TA.</p> <p>February 2021 Update: Ongoing</p> <p>Rheumatoid arthritis pathway to be updated and circulated to rheumatologists.</p> <p>February 2021 update: Actioned and closed.</p> <p>March 2021 update: Ongoing</p> <p>April 2021 update: Ongoing engagement.</p>	AGR	Open	14.01.2021
		DP	Closed	14.01.2021

ACTION SHEET FROM THE MEETING 11th February 2021				
2021/021	<p>Dymista DP to provide response to correspondence sent by the applicant, incorporating rationale for decision on behalf of LSCMMG.</p>	DP	Closed	11.02.2021
	<p>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.</p> <p>March 2021 update: Meeting to be arranged.</p> <p>April 2021 update: LM to enquire if a meeting has been arranged by Sandra Lishman.</p>	AC	Open	11.02.2021
2021/022	<p>LSCMMG – New Medicine Reviews Work Plan update</p> <p>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.</p> <p>March 2021 update: Draft proposal to be brought back to April LSCMMG meeting for discussion.</p> <p>April 2021 update: Proposal to be brought to May LSCMMG meeting.</p>	DP	Open	11.02.2021
ACTION SHEET FROM THE MEETING 11th March 2021				
2021/037	<p>Ketamine for chronic pain</p> <p>Ketamine for chronic pain consultation to be re circulated and discussed at future LSCMMG meeting.</p> <p>April 2021 update: Ongoing</p>	DP	Open	11.03.2021

2021/038	<p>Lyumjev for diabetes</p> <p>DP to engage with the diabetes group and consultation regarding the benefit and place in therapy for Lyumjev. DP to feedback to LSCMMG members.</p> <p>April 2021 update: A full response is yet to be received. To be discussed at May LSCMMG meeting following full response.</p>	DP	Open	11.03.2021
2021/039	<p>LSCMMG – New Medicine Reviews Workplan update</p> <p>Trixeo Aerosphere, Bevespi Aerosphere, Sodium Oxybate and Gylcopyrroinum to be added to the work plan.</p> <p>April 2021 update: Actioned and closed.</p>	DP	Closed	11.03.2021
2021/040	<p>Antipsychotic Shared Care – update</p> <p>BH to draft consultation questions with LSCFT prior to consultation</p> <p>Consult on each indication of second generation antipsychotic medicines with a view to then consult on RAG ratings.</p> <p>April 2021 update: Added to the workplan for June 2021 to be circulated for consultation this month after engagement with LSCFT</p>	BH/AGR/SR	Open	11.03.2021
		BH/AGR	Open	11.03.2021
2021/041	<p>Linezolid prescriber information sheet</p> <p>Explicit information to be added to LSCMMG website for GP's to consider.</p> <p>April 2021 update: Actioned and closed</p>	PT/AGR	Closed	11.03.2021

<p>2021/042</p>	<p>Neuropathic pain guideline</p> <p>Update the Neuropathic pain guideline and include target doses.</p> <p>April 2021 update: Actioned and closed. Neuropathic pain guideline added to the LSCMMG website.</p>	<p>PT/AGR</p>	<p>Closed</p>	<p>11.03.2021</p>
<p>2021/043</p>	<p>Gender dysphoria – private request and Amber 0 guidance</p> <p>Remove reference of CCG lead on gender identity clinic position statement.</p> <p>April 2021 update: Actioned and closed with a copy sent to the LMC. Added to LSCMMG website.</p>	<p>SA/AGR</p>	<p>Closed</p>	<p>11.03.2021</p>
<p>2021/044</p>	<p>Antihyperglycaemics guideline update</p> <p>Separate heart failure guidance to be produced Cost pressures to be discussed with Directors of Finance</p> <p>April 2021 update: Added to work plan, work ongoing.</p> <p>April 2021 update: Draft guideline being developed. Costs to be forecast using the updated NICE TA template.</p>	<p>PT/DP</p> <p>BH</p>	<p>Closed</p> <p>Closed</p>	<p>11.03.2021</p> <p>11.03.2021</p>
<p>2021/045</p>	<p>LSCMMG – Guidelines Work Plan update</p> <p>Scope adding an indication to the ciclosporin shared care guidance for chronic urticaria in Angioedema.</p> <p>Add PPI with antibiotic guidance on C.Diff risk to the work plan.</p> <p>April 2021 update: Added to the work plan, engagement will take place with members. Ciclosporin will be discussed at May LSCMMG meeting.</p>	<p>AGR</p> <p>AGR</p>	<p>Closed</p> <p>Closed</p>	<p>11.03.2021</p> <p>11.03.2021</p>

2021/046	<p>New NICE Technology Appraisal Guidance for Medicines February 2021</p> <p>Rheumatoid Arthritis high cost drug pathway to be updated to include filgotinib.</p> <p>April 2021 update: – work ongoing not simple. Deferred to May</p>	DP	Open	11.03.2021
ACTION SHEET FROM THE MEETING 08th April 2021				
2021/056	<p>Horizon scanning 2021/22</p> <p>Filing for ticagrelor has been withdrawn in EU, check indications and cross reference horizon scanning document</p>	DP/BH	Open	08.04.2021
2021/057	<p>Metolazone RAG status</p> <p>SA to develop clarifying information with specialists with a view to share with CCG's for comments</p>	SA	Open	08.04.2021
2021/059	<p>Adult headache guideline consultation and oxygen for cluster headache</p> <p>AGR will engage with Primary Care clinicians individually to understand which elements of the guidance are of importance</p>	AGR	Open	08.04.2021
	<p>Oxygen for Cluster Headache</p> <p>BH agreed for pathways to be drafted and brought back to May LSCMMG for further discussion to include first presentation and subsequent presentations.</p>	AGR/BH	Open	08.04.2021
2021/060	<p>Liothyronine RAG status review</p> <p>Agreed positions and prescribing data to be brought back to the May LSCMMG.</p>	AGR	Open	08.04.2021
2021/061	<p>LSCMMG – Guidelines Work Plan update</p> <p>Overactive bladder pathway review to be added to the guideline work plan</p>	AGR	Open	08.04.2021

2021/064	Regional Medicines Optimisation Committees - March 2021 RMOC Shared Care for Medicines Guidance to be an agenda item at the next SLOG meeting.	LM	Open	08.04.2021
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