



## Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting Thursday 13.05.2021 (via Microsoft Teams)

### PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
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	NHS 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
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	NHS Blackburn with Darwen CCG
<b>IN ATTENDANCE:</b>		
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 performance Pharmacist	NHS Midlands and Lancashire CSU
Rebecca Greenwood (RG)	Senior Pharmacy Technician	NHS Midlands and Lancashire CSU
Linzi Moorcroft (LM) (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2021/066	<p><b>Welcome &amp; apologies for absence</b></p> <p>AC welcomed members to the meeting. Helen Sampson is attending on behalf of Rebecca Bond; Tara Gallagher is attending on behalf of Sonia Ramdour. Rebecca Greenwood is also in attendance to observe, Rebecca has been appointed as the new senior commissioning pharmacy technician based at the CSU.</p>	
2021/067	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	
2021/068	<p><b>Declarations of interest</b></p> <p>None.</p>	
2021/069	<p><b>Minutes and action sheet from the last meeting 08<sup>th</sup> April 2021</b></p> <p>The minutes were agreed as a true and accurate record of the meeting and signed off as a the final version. The action log was updated during the meeting.</p>	
2021/070	<p><b>Matters arising (not on the agenda)</b></p> <p>None.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2021/071	<p><b>Aectura Breezhaler for asthma</b></p> <p>DP discussed Aectura Breezhaler (indacaterol (as acetate) and mometasone furoate) as a maintenance treatment of asthma in adults and adolescents 12 years of age and older, not adequately controlled with inhaled corticosteroids and inhaled short acting beta<sub>2</sub> – agonists. DP highlighted Aectura would be the second step in the pathway and discussed adding a breezhaler' would require changes to the current pathway. DP noted the equality impact screen highlighted Aectura is not listed in either the Greater Manchester or Pan Mersey formularies. All but one organisation agreed with the Green recommendation for the use of Aectura for asthma. DP stated that the clinical evidence supports the safety and efficacy of the inhaler. Comments from one organisation raised concerns about dexterity and use of the device. LSCMMG members acknowledged and concurred with the concerns about dexterity but agreed that the recommended Green RAG rating could be accepted dependant on the inhaler's place within the asthma pathway. LR stated that the potential impact of accepting the Breezhaler device would need to be assessed in terms of the current asthma pathway. LSCMMG members acknowledged that there could be a risk to patients if a pathway change led to device switching. LSCMMG members discussed and agreed that the pathway is the key factor and agreed further engagement with specialists would be beneficial. The CSU agreed to work with Morecambe Bay Respiratory Network and the group of specialists involved in the development of the</p>	

	<p>asthma pathway to discuss the desirability of making the Breezhaler device available within the asthma pathway.</p> <p><b>Action – CSU to engage with Morecambe Bay Respiratory Network and the group of specialists involved in the development of the asthma pathway to discuss the desirability of making the Breezhaler device available within the asthma pathway.</b></p>	DP
2021/072	<p><b>Energair Breezhaler for asthma</b></p> <p>Energair Breezhaler (indacaterol (as acetate), glycopyrronium bromide and mometasone furoate) as a maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long acting beta<sub>2</sub> agonist and a high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous year was prioritised for review by the Lancashire and South Cumbria Medicines Management Group following identification via the horizon scanning process. DP noted Energair for Asthma would be placed later in the pathway when a patient will have already been established on a combination inhaler device. A mixed response was received following consultation which recommended an Amber 0 RAG rating. DP discussed the summary of supporting evidence, which demonstrated the safety and efficacy of the inhaler. FP noted locally the rationale for the Amber 0 recommendation was not fully understood and asked the group if this could be discussed with the Morecambe Bay Respiratory Network. LSCMMG agreed to engage with the MB Respiratory Network prior to a RAG position being agreed, to understand firstly the place in therapy within the Asthma pathway. The group agreed that a Green (restricted) RAG rating could be appropriate for Energair Breezhaler but agreed that the pathway is the key factor and agreed further engagement with specialists would be beneficial in deciding the final RAG rating for the inhaler.</p> <p><b>Action – CSU to engage with Morecambe Bay Respiratory Network and the group of specialists involved in the development of the asthma pathway to discuss the desirability of making the Energair Breezhaler available within the asthma pathway.</b></p>	DP
2021/073	<p><b>Ketamine for chronic noncancer pain</b></p> <p>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. At the March 2021 meeting of LSCMMG it was agreed that further consultation was required to understand the implications of a Black RAG rating. On receiving consultation responses, provider Trusts supported Red RAG rating. One hospital trust has approximately 50 patients currently being treated with oral ketamine and have developed a protocol for prescribing. It is unclear if private providers currently use oral ketamine. Discussion took place around the review of patients currently being prescribed oral ketamine and</p>	

	<p>agreed that it would be helpful to know the conditions being treated with ketamine and whether ketamine's use was an end of line treatment. It was also agreed that the review should aim to understand the number of patients on oral treatment in each region. DJ commented that evidence is lacking and asked members if patient feedback would be of use before a RAG rating decision is made. CM commented that addressing opioid prescribing, in line with NICE guidance will be a challenge and ketamine prescribing raise similar issues. BH asked if engagement with the pain specialists across the ICS would be useful to understand the differences in practice across the footprint and how to facilitate a managed review. LSCMMG agreed a full review would be of benefit. DJ suggested that LTH work with the CSU to look at medication history, GP records and opiate use pre and post Ketamine. LSCMMG agreed that oral ketamine would have a Grey RAG rating for new patients, noting that for patients currently prescribed oral ketamine, engagement will take place with LTH, taking into consideration the evidence. An update on progress will be scheduled for discussion at the June LSCMMG meeting. LSCMMG discussed and agreed for clarity Oral Ketamine is listed as Grey for new patients as currently under review, and agreed a written statement is added to note patients currently prescribed Oral Ketamine will be subject to ongoing review. If further evidence is submitted it was agreed the RAG status would be re-reviewed.</p> <p><b>Actions</b></p> <p><b>IV Ketamine to be given a Grey RAG rating for chronic pain</b></p> <p><b>CSU to engage with DJ and the pain specialists across the ICS to understand the differences in practice across the footprint and how to facilitate a managed review of patients currently prescribed oral ketamine for chronic noncancer pain. Update to be brought back to June LSCMMG meeting.</b></p>	<p><b>DP</b></p> <p><b>DP</b></p>
<p>2021/074</p>	<p><b>Wound care formulary update</b></p> <p>DP updated a request has been received to review new wound care dressings and noted there are currently three formularies across the Lancashire and South Cumbria footprint, all of which use different systems but are well established. DP stated that wound care products do not have the type of evidence that would be expected for drugs therefore the review methods used for drugs would not provide useful information on which to make decisions. Commissioning arrangements also vary across the Lancashire and South Cumbria footprint. LSCMMG noted wound care products would not fall within LSCMMG remit due to lack of clinical evidence, LSCMMG members agreed wound care products could form a wider collaborative procurement process across Primary and Secondary Care with an ICS approach. BH agreed to take forward via the SLOG forum.</p> <p><b>Action – BH to discuss Wound Care dressings and wider Primary Care, Secondary Care collaborative ICS procurement at May's SLOG meeting.</b></p>	<p><b>BH</b></p>
<p>2021/075</p>	<p><b>LSCMMG – New Medicine Reviews Work Plan update</b></p>	

	<p>DP discussed the new medicines workplan. The new medicines work plan had been updated following April LSCMMG and is on target with timescales</p> <p>Alkindi hydrocortisone capsules for replacement therapy of adrenal insufficiency in children and adolescents (from birth to &lt;18 years old) is on target for June LSCMMG.</p> <p>Zonisamide for migraine prophylaxis and benign essential tremor is on target for June LSCMMG.</p> <p><b>New medicine to be prioritised</b></p> <ul style="list-style-type: none"> <li>• Rupatadine for symptomatic relief of allergic rhinitis and urticaria. DP discussed there is a potential high-cost implication. LSCMMG agreed the CSU will review activity and if it is found usage is low a further review of activity will take place in six months. If figures are seen to be rising rupatadine will be brought back to LSCMMG for discussion.</li> <li>• Botulinum toxin type A Hyperhidrosis. Currently the drug is accepted for use in hyperhidrosis caused by pathological conditions. LSCMMG agreed that an understanding of the definition of hyperhidrosis caused by pathological conditions should be understood before making a prioritisation decision.</li> </ul>	
--	---	--

**GUIDELINES and INFORMATION LEAFLET**

<p>2021/076</p>	<p><b>Ciclosporin: urticaria and angioedema – scope for SCG</b></p> <p>AGR stated has been requested that chronic spontaneous urticaria and angioedema are added to the ciclosporin shared care guideline. The request has been received from Lancashire Teaching Hospitals. LSCMMG agreed that the evidence should be reviewed before making a decision on inclusion in the guideline. Ciclosporin is not licensed for this indication.</p> <p>AGR discussed the British Society for Allergy and Clinical Immunology (BSACI) published guidelines for the management of chronic urticaria and angioedema in 2015. The guideline states that low-dose ciclosporin may be considered in patients with severe unremitting disease uncontrolled by antihistamines. The grade of evidence was rated as ‘B’ (one double blind RCT and one non-randomised trial). Two additional studies have been published since 2015.</p> <p>A 2018 systematic review and meta-analysis by the American Academy of Allergy, Asthma and Immunology was broadly positive. However, the authors stated that only 3 studies were found to be suitable for meta-analysing and only 1 of these 3 studies was an RCT. The number of patients across all three studies was 57.</p> <p>The authors concluded that, given the limited number and quality of studies, the meta-analysis results should be interpreted with caution. They</p>	
-----------------	--	--

	<p>stated that their findings suggest that ciclosporin is effective at low (from 2 to &lt;4 mg/kg/d) to moderate doses (4-5 mg/kg/d). This supports the 2015 BSACI guidance recommends low dose ciclosporin.</p> <p>The authors also stated that adverse events appear to be dose dependent and occur in more than half the patients treated with moderate doses of ciclosporin.</p> <p>A 2020 interventional study concluded that the combination of omalizumab and ciclosporin could be an effective step-up therapy in patients with uncontrolled urticaria.</p> <p>AC queried why the request has been received given the guidance has been published in 2015. DJ commented capacity could cause issues and noted systems have changed and noted this service would apply to the whole ICS and would not just be a local issue. LSCMMG agreed there is sufficient evidence to be summarised and will be circulated for consultation.</p> <p><b>Action - consultation for inclusion of chronic spontaneous urticaria and angioedema in the ciclosporin shared care guideline</b></p>	<p><b>AGR</b></p>
<p>2021/077</p>	<p><b>Erectile dysfunction guideline</b></p> <p>AGR commented the guidance was updated in March 2021; the guideline was updated as it was due to expire on the website. Five of eight CCGs, one of five provider trusts responded by the closing date. Two CCGs and one provider trust supported the document. Three CCGs stated that they may support the document if additional information was considered</p> <p>The main points for discussion:</p> <ul style="list-style-type: none"> <li>• Make it clearer that daily tadalafil is RAG rated Black.</li> <li>• Further clarification on the commissioning responsibility for erectile dysfunction management across Lancashire.</li> <li>• A number of key issues have been omitted including supply of vacuum pumps by initiating clinicians and prescribing of safe quantities of PDE5 inhibitors. Should these be added to the simplified guideline?</li> </ul> <p>LR discussed a response has not been submitted but provided a verbal update, comments suggested a cardiologist would not see a man in whom the use of a PDE-5 inhibitor is contra-indicated by CVD (Box 1, referral criteria). It was advised these patients should be referred to urology for alternative treatment.</p> <p>AC discussed the commissioning arrangements regarding equipment and asked the group how this would be resolved. CM noted equipment has previously been listed within the guidance. LR asked LSCMMG members if equipment and consumables should be provided within the service as part of commissioning provision. CM discussed a wider discussion would be useful to understand further what is in provision for consumables, appliances, and exclusions. BH will discuss commissioning provision at</p>	

	<p>May's SLOG meeting and will link in with the policy group regarding long term conditions.</p> <p>LSCMMG agreed the following.</p> <ul style="list-style-type: none"> <li>• Make it explicit that daily tadalafil is RAG rated Black.</li> <li>• Further clarification on the commissioning responsibility for devices across Lancashire – take forward via SLOG and report back to LSCMMG.</li> <li>• Cardiologist comments to be added in relation to PDE5 inhibitors.</li> <li>• Additional information included in the previous version of the guideline to be added to the revised pathway as requested during consultation.</li> </ul> <p><b>Action – Commissioning provision for consumables and appliances to be discussed at May's SLOG meeting, with a view to provide feedback at June LSCMMG meeting.</b></p> <p><b>Action – guideline to be amended as above and added to the website.</b></p>	<p style="text-align: center;"><b>BH</b></p> <p style="text-align: center;"><b>AGR</b></p>
<p>2021/078</p>	<p><b>RMOC shared care consultation</b></p> <p>AGR informed the group that RMOC shared care documents had been circulated for consultation. The initial documents that RMOC are consulting on are: sodium valproate for women of child bearing potential, lithium, amiodarone and dronedarone. AGR confirmed that additional shared care consultations will be circulated monthly.</p> <p>AGR confirmed that sodium valproate in women of child-bearing potential has no current shared care for Lancashire and South Cumbria, a RAG position would be required if Lancashire and South was to adopt RMOC shared care guidance.</p> <p>AGR stated that the lithium shared care guideline was broadly similar to the LSCMMG document but that some differences existed, particularly the procedural aspects of shared care were missing from the RMOC document.</p> <p>AGR also highlighted there are some significant differences in monitoring requirements for amiodarone and dronedarone, RMOC suggest secondary care maintain some monitoring, namely ECGs, whilst Primary Care prescribe.</p> <p>LSCMMG queried if RMOC shared Care guidance will be mandated, it was confirmed RMOC shared care documents would not be mandated. LR queried if Lancashire and South would be duplicating effort if the RMOC guidance is adopted. FP raised concern regarding the pathway position but discussed engaging with RMOC would be beneficial as local decisions would need to be made regarding local services and provision, should RMOC guidance be the direction of travel. LSCMMG agreed as a committee to collate comments and respond to RMOC.</p>	

	<p>LR noted for reference that challenges arise when RMOG guidance and position statements are published which differ from the local position and queried how this could be addressed. AC and BH noted they would be the contact for RMOG North.</p> <p><b>Action – LSCMMG members to send comments to the CSU regarding RMOG Shared Care guidance, CSU to respond by the closing date.</b></p>	<b>All</b>
2021/079	<p><b>Liothyronine RAG status review – update</b></p> <p>AGR told the group that the RAG ratings decided upon last meeting have been finalised. These had been sent to the liothyronine working group for additional comments.</p> <p>The revised positions were shared with the liothyronine working group. The following comments were received:</p> <ul style="list-style-type: none"> <li>• Less clear than the original positions, particularly point 2.</li> <li>• Point 2 does not distinguish between patients with established benefits and new patients. It had been agreed that new patients would not be started on liothyronine unless evidence supporting efficacy became available.</li> <li>• May prompt inappropriate referrals into secondary care for liothyronine if already receiving levothyroxine.</li> <li>• Point 2 should be RAG rated Red for patients already taking liothyronine, and Black for any new patients (to be reviewed if new evidence indicates otherwise).</li> <li>• Additional information around target for TSH being within, or at least close to, normal range should be included.</li> </ul> <p>AGR discussed UHMB response was not received within the consultation period, and it was noted UHMB would be impacted the most by the proposed changes. Due to UHMB impact It was agreed a separate meeting would be useful for further discussion and support, the meeting will take place with MB CCG, UHMB trust, CSU, and specialists.</p> <p>LSCMMG agreed the RAG positions would be finalised, splitting point 2 into a RAG position for patients already established on treatment and a second position for new patient to take account the views highlighted by the working group.</p> <p><b>Action – Meeting to be organised to discuss impact of RAG positions within Morecambe Bay.</b></p> <p><b>Action – liothyronine positions to be finalised based on comments from the working group.</b></p>	<p><b>BH/AS/LM</b></p> <p><b>AGR</b></p>
2021/080	<b>NICE atrial fibrillation guidance (NG196) update</b>	

	<p>The recently updated NICE guidance on the treatment of atrial fibrillation (NG196) was discussed. Changes in the guidance potentially impact the LSCMMG Atrial Fibrillation Pathway. The Current LSCMMG Atrial Fibrillation Pathway mainly bases its recommendations on NICE CG180, which was replaced by NICE CG196. CG180 gave equal prioritisation to both warfarin and DOACs. NG196 now prioritises DOACs as first line treatments for most patients and warfarin is only recommended if DOACs 'are contraindicated, not tolerated or not suitable in people with atrial fibrillation'. NG196 also potentially impacts patients currently taking warfarin, stating: For adults with atrial fibrillation who are already taking a vitamin K antagonist and are stable, continue with their current medication and discuss the option of switching treatment at their next routine appointment, taking into account the person's time in therapeutic range.</p> <p>LSCMMG agreed that the NICE guidance will have an impact on LSCMMG's current position and commissioned services across Lancashire and South Cumbria. Comments were raised to note there is good anticoagulation service provision across Lancashire and South Cumbria. One Trust reported TTR being currently at 71% and felt NICE guidance does not reflect the local position. DJ highlighted there would be no reversal agent for edoxaban which could influence choice. MP reported if switches are happening from warfarin this would have a financial impact and commissioning impact across the footprint and asked if a discussion would be of benefit at ICS level. FP queried if there is any guidance which would support a switch from Warfarin to NOACs.</p> <p>CM commented that opposing NICE guidance would be problematic and suggested wider engagement with specialists across the footprint. LSCMMG agreed to link in within other strategic committees to capture their view of the NICE guideline, and to understand implications within neighboring health economies.</p> <p><b>Action – NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline.</b></p>	<p>DP/BH</p>
<p>2021/081</p>	<p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>AGR discussed the guideline work plan is up to date and is on target with timescales. Oxygen Therapy will be amended to June 2021.</p> <p>AGR highlighted to LSCMMG members that industry representatives have been involved in the costings calculated for the overactive bladder guideline. AGR has engaged with the specialist who also confirmed cost savings are the only involvement from the representative. LSCMMG are satisfied that industries input is limited and have agreed AGR can continue to work on the overactive bladder guideline.</p>	

**NATIONAL DECISIONS FOR IMPLEMENTATION**

2021/082	<p><b>New NICE Technology Appraisal Guidance for Medicines April 2021</b></p> <p>AGR discussed NICE Technology Appraisals published to consider commissioning implications for Lancashire and recommendations.</p> <p><b>TA694</b></p> <p>Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia. AGR has been made aware of a potential Primary Care rebate, further information is to be shared with LSCMMG.</p>	
2021/083	<p><b>New NHS England medicines commissioning policies April 2021</b></p> <p>Nothing urgent to consider.</p>	
2021/084	<p><b>Regional Medicines Optimisation Committees - April 2021</b></p> <p>DP noted for information Buprenorphine Long-acting Injection guidance has been published, it is usually commissioned via Local Authority, however as the ICS progresses this could now be relevant for LSCMMG going forward.</p>	
2021/085	<p><b>Evidence reviews published by SMC or AWMSG April 2021</b></p> <p>Nothing urgent to consider.</p>	
<b>ITEMS FOR INFORMATION</b>		
2021/086	<p><b>Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes</b></p> <p>No meeting took place in.</p>	

**Date and time of next meeting**

The next meeting will take place on  
Thursday 10<sup>th</sup> June 2021  
9.30am – 11.30am  
Microsoft Teams

**ACTION SHEET FROM THE  
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP  
13.05.2021**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 13.05.2021
<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> August 2020</b>				
2020/091	<p><b>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</b></p> <p>BH to raise with Rebecca Higgs, Out of Hospital Cell.</p> <p><b>September 2020 update:</b> 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><b>October 2020 update:</b> Action deferred to November.</p> <p><b>November 2020 update:</b> Primary Care Cell are currently focussed on Covid 19 vaccine campaign, BH will aim to take forward when normal working priorities resume.</p> <p><b>April 2021 update:</b> Remains paused</p> <p><b>May 2021 update:</b> AC noted discussions took place at the regional clinical cell. AC updated it has been noted RSV will be more prevalent next year. Peter Tinson is currently scoping the quality contract and is looking at a tiered system.</p>	BH/DP	13.08.2020	Paused

**ACTION SHEET FROM THE MEETING 10<sup>th</sup> September 2020**

<p><b>2020/111</b></p>	<p><b>Menitorix vaccine (Hib and Men C) Community Supply for Adults with Respiratory Conditions</b></p> <p><b>November 202 update:</b> Consultation form amended. Actioned and closed.</p> <p>Respiratory specialists to be contacted about diagnostic treatment pathway for vaccine.</p> <p><b>October 2020 update:</b> Awaiting feedback, ongoing.</p> <p><b>November 2020 update:</b> Engagement ongoing.</p> <p><b>April 2021 update:</b> Remains paused.</p> <p><b>May 2021 update:</b> AC RSV virus is to be more prevalent next year and links in with the ongoing work with Peter Tinson</p>	<p><b>DP</b></p>	<p><b>Paused</b></p>	<p><b>10.09.2020</b></p>
------------------------	--	------------------	----------------------	--------------------------

**ACTION SHEET FROM THE MEETING 14<sup>th</sup> January 2021**

<b>2021/011</b>	<p><b>New NICE Technology Appraisal Guidance for Medicines December 2020</b></p> <p>Engage with tier 3 weight loss services in Lancashire and discuss impact of the liraglutide NICE TA.</p> <p><b>May 2021 update:</b> AGR noted 15 patients would be eligible, engagement is ongoing with service lead on how this could be a commissioned service going forward.</p> <p><b>February 2021 Update:</b> Ongoing</p>	<b>AGR</b>	<b>Open</b>	<b>14.01.2021</b>
	<p>Rheumatoid arthritis pathway to be updated and circulated to rheumatologists.</p> <p><b>February 2021 update:</b> Actioned and closed.</p> <p><b>March 2021 update:</b> Ongoing</p> <p><b>April 2021 update:</b> Ongoing engagement.</p>	<b>DP</b>	<b>Closed</b>	<b>14.01.2021</b>

<b>ACTION SHEET FROM THE MEETING 11<sup>th</sup> February 2021</b>				
<b>2021/021</b>	<p><b>Dymista</b> DP to provide response to correspondence sent by the applicant, incorporating rationale for decision on behalf of LSCMMG.</p>	<b>DP</b>	<b>Closed</b>	<b>11.02.2021</b>
	<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><b>March 2021 update:</b> Meeting to be arranged.</p> <p><b>April 2021 update:</b> LM to enquire if a meeting has been arranged by Sandra Lishman.</p> <p><b>May 2021 update:</b> Ongoing, meeting to be organised. No new information received.</p>	<b>AC</b>	<b>Open</b>	<b>11.02.2021</b>
<b>2021/022</b>	<p><b>LSCMMG – New Medicine Reviews Work Plan update</b></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><b>March 2021 update: Draft</b> proposal to be brought back to April LSCMMG meeting for discussion.</p> <p><b>April 2021 update:</b> Proposal to be brought to May LSCMMG meeting.</p> <p><b>May 2021 update:</b> Actioned and closed.</p>	<b>DP</b>	<b>Closed</b>	<b>11.02.2021</b>

<b>ACTION SHEET FROM THE MEETING 11<sup>th</sup> March 2021</b>				
<b>2021/037</b>	<p><b>Ketamine for chronic pain</b></p> <p>Ketamine for chronic pain consultation to be re circulated and discussed at future LSCMMG meeting.</p> <p><b>April 2021 update:</b> Ongoing.</p> <p><b>May 2021 update:</b> Actioned and closed.</p>	<b>DP</b>	<b>Closed</b>	<b>11.03.2021</b>
<b>2021/038</b>	<p><b>Lyumjev for diabetes</b></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><b>April 2021 update:</b> A full response is yet to be received. To be discussed at May LSCMMG meeting following full response.</p> <p><b>May 2021 update:</b> LSCMMG agreed addition on formulary. RAG status and diabetes guideline to be consistent with new RAG rating.</p>	<b>DP</b>	<b>Open</b>	<b>11.03.2021</b>

2021/040	<b>Antipsychotic Shared Care – update</b>			
	BH to draft consultation questions with LSCFT prior to consultation.	<b>BH/AGR/SR</b>	<b>Open</b>	<b>11.03.2021</b>
	Consult on each indication of second generation antipsychotic medicines with a view to then consult on RAG ratings.	<b>BH/AGR</b>	<b>Open</b>	<b>11.03.2021</b>
	<b>April 2021 update:</b> Added to the workplan for June 2021 to be circulated for consultation this month after engagement with LSCFT			
	<b>May 2021 update:</b> TG comments noted consultation didn't include GP's taking on monitoring after 12 months and asked if this could be included within the consultation. AGR discussed the first consultation has been circulated but can be added within the 2 <sup>nd</sup> off label consultation. Ongoing.			
2021/046	<b>New NICE Technology Appraisal Guidance for Medicines February 2021</b>			
	Rheumatoid Arthritis high cost drug pathway to be updated to include filgotinib.	<b>DP</b>	<b>Closed</b>	<b>11.03.2021</b>
	April 2021 update: – Work ongoing not simple. Deferred to May.			
	<b>May 2021 update:</b> Actioned and Closed.			
<b>ACTION SHEET FROM THE MEETING 08<sup>th</sup> April 2021</b>				
2021/056	<b>Horizon scanning 2021/22</b>			
	Filing for ticagrelor has been withdrawn in EU, check indications and cross reference horizon scanning document	<b>DP/BH</b>	<b>Closed</b>	<b>08.04.2021</b>
	<b>May 2021 update:</b> ticagrelor indication has been removed from LSCMMG website. No further action required.			

2021/057	<p><b>Metolazone RAG status</b></p> <p>SA to develop clarifying information with specialists with a view to share with CCG's for comments</p> <p><b>May 2021 update:</b> Feedback has been received; discussions ongoing.</p>	SA	Open	08.04.2021
2021/059	<p><b>Adult headache guideline consultation and oxygen for cluster headache</b></p> <p>AGR will engage with Primary Care clinicians individually to understand which elements of the guidance are of importance.</p> <p><b>Oxygen for Cluster Headache</b> BH agreed for pathways to be drafted and brought back to May LSCMMG for further discussion to include first presentation and subsequent presentations.</p> <p><b>May 2021 update:</b> Work ongoing, to be discussed at June LSCMMG meeting.</p>	AGR	Open	08.04.2021
		AGR/BH	Open	08.04.2021
2021/060	<p><b>Liothyronine RAG status review</b></p> <p>Agreed positions and prescribing data to be brought back to the May LSCMMG.</p> <p><b>May 2021 update:</b> Agenda item for discussion.</p>	AGR	Closed	08.04.2021
2021/061	<p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>Overactive bladder pathway review to be added to the guideline work plan</p> <p><b>May 2021 update:</b> Discussed under agenda item 2021/081 LSCMMG – Guidelines Work Plan update.</p>	AGR	Closed	08.04.2021

2021/064	<p><b>Regional Medicines Optimisation Committees - March 2021</b></p> <p>RMOC Shared Care for Medicines Guidance to be an agenda item at the next SLOG meeting.</p> <p><b>May 2021 update:</b> Actioned and closed.</p>	LM	Closed	08.04.2021
<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> May 2021</b>				
2021/071 and 072	<p><b>Aectura Breezhaler for asthma</b></p> <p>CSU to engage with Morecambe Bay Respiratory Network and the group of specialist involved in the development of the asthma pathway to discuss the desirability of making the Breezhaler device available within the asthma pathway.</p> <p><b>Enerzair Breezhaler for asthma</b></p> <p>CSU to engage with Morecambe Bay Respiratory Network and the group of specialist involved in the development of the asthma pathway to discuss the desirability of making the Enerzair Breezhaler available within the asthma pathway.</p>	DP	Open	13.05.2021
		DP	Open	13.05.2021
2021/073	<p><b>Ketamine for chronic noncancer pain</b></p> <p>IV Ketamine to be given a Black RAG rating for chronic pain</p> <p>CSU to engage with the pain specialists across the ICS to understand the differences in practice across the footprint and how to facilitate a managed review of patients currently prescribed oral ketamine for chronic noncancer pain. Update to be brought back to June LSCMMG meeting.</p>	DP	Open	13.05.2021
		DP	Open	13.05.2021

<b>2021/074</b>	<b>Wound Care formulary update</b> BH to discuss Wound Care dressings and wider Primary Care, Secondary Care collaborative ICS procurement at May's SLOG meeting.	<b>BH</b>	<b>Open</b>	<b>13.05.2021</b>
<b>2021/076</b>	<b>Ciclosporin: urticaria and angioedema – scope for SCG</b> Consultation for inclusion of chronic spontaneous urticaria and angioedema in the ciclosporin shared care guideline	<b>AGR</b>	<b>Open</b>	<b>13.05.2021</b>
<b>2021/077</b>	<b>Erectile dysfunction guideline</b> Commissioning provision for consumables and appliances to be discussed at May's SLOG meeting, with a view to provide feedback at June LSCMMG meeting.	<b>BH</b>	<b>Open</b>	<b>13.05.2021</b>
	Guideline to be amended as above and added to the website.	<b>AGR</b>	<b>Open</b>	<b>13.05.2021</b>
<b>2021/078</b>	<b>RMOC shared care consultation</b> LSCMMG members to send comments to the CSU regarding RMOC Shared Care guidance, CSU to respond by consultation deadline.	<b>All/CSU</b>	<b>Open</b>	<b>13.05.2021</b>
<b>2021/079</b>	<b>Liothyronine RAG status review – update</b> Meeting to be organised to discuss impact of RAG positions within Morecambe Bay.	<b>BH/AS/LM</b>	<b>Open</b>	<b>13.05.2021</b>
	Liothyronine positions to be finalised based on comments from the working group.	<b>AGR</b>	<b>Open</b>	<b>13.05.2021</b>

<b>2021/080</b>	<b>NICE atrial fibrillation guidance</b> NICE atrial fibrillation guidance implications to be understood for local neighbouring health economies. Local anticoagulant services to be contacted to discuss new NICE guideline.	<b>DP/BH</b>	<b>Open</b>	<b>13.05.2021</b>
-----------------	--	--------------	-------------	-------------------