

**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Held on Thursday 13th February 2020 Jubilee House**

PRESENT:

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| 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 |
| Andrea Scott (AS) | Medicines Management Pharmacist | University Hospitals of Morecambe Bay NHS Foundation Trust |
| Dr Sonia Ramdour (SR) | Chief Pharmacist | Lancashire and South Cumbria NHS Foundation Trust |
| 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 - Medicines Optimisation | Blackpool & Fylde and Wyre CCG |

IN ATTENDANCE:

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| Brent Horrell (BH) | Head of Medicines Commissioning | NHS Midlands and Lancashire CSU |
| Dr David Prayle (DP) | Senior Medicines Commissioning Pharmacist | NHS Midlands and Lancashire CSU |
| Adam Grainger (AGR) | Senior Medicines Performance Pharmacist | NHS Midlands and Lancashire CSU |
| Linzi Moorcroft (LM) (Minutes) | Medicines Management Administrator | NHS Midlands and Lancashire CSU |
| Kristen Clayton | Pharmacist | Lancashire and South Cumbria NHS Foundation Trust |

| ITEM | SUMMARY OF DISCUSSION | ACTION |
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| 2020/024 | <p>Welcome & apologies for absence</p> <p>Apologies were received from Jo McEntee, Alastair Gibson and Gavan Duncan</p> | |

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| 2020/025 | <p>Declaration of any other urgent business</p> <p>None.</p> | |
| 2020/026 | <p>Declarations of interest</p> <p>None</p> | |
| 2020/027 | <p>Minutes and action sheet from the last meeting 9th January 2020</p> <p>The minutes from the January meeting were accepted as a true and accurate record.</p> | |
| 2020/028 | <p>Matters arising (not on the agenda)</p> <p>AC stated that as the West Lancashire CCG head of medicines management is currently not attending meetings because of a period of absence. It is important that representation of views from West Lancashire is received. BH noted that there is only one medicines management pharmacist providing cover for West Lancashire CCG currently. SR stated that it would be problematic for consultations. BH will discuss further with Alison Lumley at West Lancashire CCG.</p> <p>Action BH to contact Alison Lumley at West Lancashire CCG.</p> | BH |
| NEW MEDICINES REVIEWS | | |
| 2020/029 | <p>Nortriptyline tablets for Chronic Neuropathic Pain</p> <p>BH introduced the paper. A cross border issue was identified as nortriptyline is approved for use in the Pan Mersey region and this would impact the specialist pain service as some clinicians cover both Preston and Southport.</p> <p>The evidence review was completed in December. BH stated that the published evidence was more limited than for other Tricyclic Antidepressants, the evidence of efficacy available showed a similar treatment effect to that of amitriptyline.</p> <p>An Amber 0 RAG rating was consulted on and most respondents were in agreement. BH highlighted that the response from the East Lancashire health economy was in disagreement due to nortriptyline not being included in NICE guidance and it was more expensive, Blackpool CCG suggested a Green Restricted RAG rating.</p> <p>BH confirmed that nortriptyline was currently more expensive than amitriptyline, amitriptyline is £2.55 – £5.00 per month versus £7 a month for nortriptyline, however this depends on dosage.</p> <p>BH stated that NICE did not include nortriptyline in their guidance as at the time of review nortriptyline was not off patent and cost between £70 and £100 per 100 tablets and there was inherent uncertainty in terms of estimates of effectiveness with the higher acquisition cost.</p> | |

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| | <p>LR stated that East Lancashire had done a lot of work to get people off nortriptyline. It was noted that the 50mg tablets were much more expensive, £30 for 30 tablets. It was noted that work had been done by a number of CCGs, however on balance it was felt that nortriptyline would be a good option for people who cannot tolerate amitriptyline.</p> <p>In summary the group agreed that the published evidence suggested that nortriptyline was better tolerated than amitriptyline, however there is less robust evidence of effectiveness. The group agreed a Green (Restricted) RAG status for use third line which will be formally ratified at JCCG in March. AGR will add a statement into the neuropathic pain guidance after ratification at JCCCG.</p> <p>Actions</p> <p>Green (Restricted) RAG status to be ratified at the March meeting of the JCCG.</p> <p>Neuropathic pain guidance to be updated, with the addition of the place in therapy of nortriptyline following ratification of the JCCG position.</p> | <p>MLCSU</p> <p>AGR</p> |
| <p>2020/030</p> | <p>Octreotide and Lanreotide for orthostatic intolerance disorders</p> <p>BH introduced the paper. The financial implications of the treatment were noted: if two patients were treated with the highest dose of long-acting octreotide (most expensive permutation) the annual acquisition cost would be £22,488 and if one patient was treated with the lowest dose octreotide (least expensive permutation) the annual acquisition cost would be £2,171.02.</p> <p>BH confirmed that the reviews for octreotide and lanreotide that have been presented to the group have been in response to the receipt of a number of IFR requests. Octreotide and lanreotide for POTS received the fewest requests and has the weaker evidence base.</p> <p>A Red RAG rating was consulted on. CSR, GP, Fylde Coast and MB CCGs agreed with the RAG rating. EL and BwD CCGs and ELHT disagreed with the recommended RAG rating. Blackpool Teaching Hospitals stated that they may support the recommended RAG rating if additional information was taken into consideration. However, it was noted the Cardiologists at Blackpool had no experience of using octreotide or lanreotide for this indication and had no plans to do so. BH noted that IFRs have come from endocrinology and gastroenterology, not cardiology.</p> <p>BH noted comments received from MB CCG, that it might be quite a large group of patients that would qualify for treatment. BH confirmed that those with POTS would not be large but if orthostatic hypertension alone was considered that this could be a large group of patients.</p> <p>LR stated that there was limited evidence and the agents were unlicensed for this indication. MP stated that if it was to be approved that the specific place in therapy must be defined, likely for a small number of last line requests.</p> <p>LR raised that it seems that recommendations are coming out with Red RAG rating with poor evidence when a Black might be more appropriate.</p> | |

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| | <p>BH discussed that based on the rarity of the condition there would never be a large body of evidence and that there was debate within the team whether the evidence was strong enough to recommend a Red RAG rating, however it was recognised that a cohort existed because of the numbers of IFRs received. The group agreed a Black RAG rating, recognising that the IFR route is available and additional evidence would be reviewed should it become available.</p> <p>Action LSCMMG website to updated with a Black RAG following ratification at JCCCG.</p> | <p>BH</p> |
| <p>2020/031</p> | <p>Use of Melatonin in Children and Adolescents</p> <p>BH introduced the paper and noted that it was discussed briefly at the January meeting. The financial impact of paper was noted: £29,997 was spent on liquid formulations of melatonin over a 12-month period in Lancashire and South Cumbria. If the equivalent quantity of the new licensed product was dispensed, the cost would be £108,229. £496,094 was spent on tablet/capsule formulations of melatonin over a 12-month period in Lancashire and South Cumbria. If the equivalent quantity of Slenyto was dispensed, the cost would be £1,225,475. Of the spend on tablets and capsules of melatonin £376,789 was for Circadin. If those prescribed Circadin were switched to Slenyto, the cost would rise to £1,219,556.</p> <p>BH led the discussions by going through each of the seven RAG positions listed in the paper for clarity:</p> <p>1) Melatonin tablets (Circadin) Amber 0 - Children and adults with learning disabilities (LD) and neurodevelopmental disorders</p> <p>The group agreed that the RAG status will remain Amber 0. However, it was noted that the ELCCG health economy currently have a Red RAG status.</p> <p>It was agreed that the definition of neurodevelopmental disorders, including ADHD, and the management of complex patients would be revisited, and an update will be reported back to the group.</p> <p>Position agreed – no change required to current LSCMMG position, however the website will be updated with brand information.</p> <p>2) Melatonin tablets (Slenyto) Amber 0 - Children and adolescents with ASD or Smith-Magenis syndrome</p> <p>SR stated that LSCFT would struggle with a recommendation that is not in line with the national position of using a licensed preparation where available. DJ stated that from a safety and clinical perspective it is safer to use the licensed preparation. It was stated that use of the off-label preparation purely for cost reasons could open the group to challenge. The</p> | <p>AG / DP</p> |

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| | <p>decision was made not to restrict access to the licensed preparation and recommend both Slenyto and Circadin for this indication. Clinical discretion can then be exercised when choosing the most suitable product. It was also decided that a discussion will be held at SLOG to discuss licensed vs. unlicensed preparations.</p> <p>Position agreed for Slenyto and Circadin for this indication, recommendation to be ratified at JCCCGs.</p> <p>3) Melatonin (all preparations) Black - Adults with ADHD (new initiation and patients already established on treatment).</p> <p>BH confirmed that this was an established recommendation. However, it was noted that this does not align with experience across the health economy as there is an issue when patients transition from children to adult services. It was agreed that the transition between children to adult services for ADHD would be clarified as a Red RAG rating and Black for adult initiation.</p> <p>Position agreed – no change required to current LSCMMG position, however the website will be updated to clarify the Red RAG rating for transitioning patients.</p> <p>4) Melatonin (Circadin) Black - Insomnia in those over 55 (short term use only) – position agreed – no change required to current LSCMMG position, however the website will be updated with brand information.</p> <p>5) Melatonin (Circadin) Red - New initiation of melatonin in children with ADHD – position agreed – no change required to current LSCMMG position, however the website will be updated with brand information.</p> <p>6) Melatonin (Colonis liquid 1mg/ml and 3mg tablets) Black – All indications including insomnia and jet lag – position agreed – recommendation to be ratified at JCCCGs.</p> <p>Action</p> <p>The following RAG positions to be ratified by JCCCGs: Melatonin tablets (Slenyto or Circadin) Amber 0 - Children and adolescents with ASD or Smith-Magenis syndrome.</p> <p>Melatonin (Colonis liquid 1mg/ml and 3mg tablets) Black – All indications including insomnia and jet lag.</p> <p>The definition of neurodevelopmental disorders, including ADHD, and the management of complex patients would be revisited, and an update will be reported back to the group.</p> | <p>BH</p> <p>BH</p> <p>AG/DP</p> |
| 2020/032 | LSCMMG – New Medicine Reviews Work Plan update | |

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| | BH requested that Ingenol Mebutate Gel (Picato) be removed from the website as this product has been withdrawn from the market. The group approved the removal from the website. | |
| GUIDELINES and INFORMATION LEAFLET | | |
| 2020/033 | <p>Asthma treatment guideline for children</p> <p>BH noted that the asthma guidance had been previously discussed at the January meeting. It was agreed that MLCSU could implement small changes but if significant changes had been made the document would need further discussion. The decision was made to change products in the flow chart, which was considered to be a significant change. The off-label use of Seretide, as a combined option, had been included in parts of the example pathways at the request of the specialists. DJ made the observation that as no alternative, licensed, combination existed the group should be minded approving the request. The group agreed the changes.</p> <p>Actions</p> <p>Guideline to be added to the LSCMMG website.</p> | BH |
| 2020/034 | <p>Azathioprine and Mercaptopurine Shared Care Guidance – addition of myasthenia gravis</p> <p>AGR confirmed that following the approval of azathioprine for myasthenia gravis it was agreed that the shared care document would be updated, with primary care monitoring frequency recommended at the same frequency as for all other indications. The group approved the changes.</p> <p>Action</p> <p>Updated azathioprine and mercaptopurine shared-care guideline to be added to the LSCMMG website.</p> | AGR |
| 2020/035 | <p>Antipsychotic Shared Care Guidance – addition of cariprazine</p> <p>AGR introduced the paper. Cariprazine was formerly ratified at the January meeting of the JCCCG and subsequently required adding the antipsychotic shared-care guideline. It was noted at the October meeting that additional contraceptive advice should be included in the shared-care guideline. The group approved the changes pending review of the side effects – SR highlighted that some uncommon side effects were listed which was not in keeping with the other antipsychotics listed in the guidance.</p> <p>SR requested that some additional antipsychotic shared-care matters should be discussed under this agenda item:</p> <p>LSCFT have developed some additional guidance on ECG monitoring for patients receiving antipsychotics. Consideration is to be given for inclusion in the next planned update of the antipsychotic prescribing guideline.</p> <p>SR raised that there is an issue with antipsychotic depot prescribing in the community, particularly for patients' resident in care homes. It has been</p> | |

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| | <p>suggested that a prescribing guideline is required to support this. The first-generation depots with a RAG rating on the LSCMMG website are Amber 0. These RAG ratings were carried over in 2013. SR to commence work on a prescribing guideline and work with MLCSU.</p> <p>SR highlighted that there is potential for duplication of physical monitoring for patients receiving antipsychotic medication under a shared-care arrangement. BH confirmed that an action from a previous meeting was to scope how much of an issue this might be but had been deferred, there was also an action for this to be discussed at the Mental Health Improvement Board – however feedback from the Chair and the Chief Executive of LSCFT was that this would not be an appropriate forum. It was agreed that a task and finish group, including specialists and primary care clinicians, to review current shared-care arrangements. LM to email out for expressions of interest.</p> <p>Actions</p> <p>Antipsychotic prescribing guideline to be finalised and uploaded to the website.</p> <p>LSCFT to share ECG monitoring guidance with MLCSU</p> <p>LSCFT to work with MLCSU to develop a depot prescribing guideline to support current practice.</p> <p>Expressions of interest to be sent out for attendance at an antipsychotic shared-care task and finish group.</p> | <p>AGR</p> <p>SR</p> <p>SR/MLCSU</p> <p>LM</p> |
| <p>2020/036</p> | <p>Homely remedies template policy – update</p> <p>AGR confirmed that the Simon Hill, CQC had reviewed the document and changes had been made based on his advice. Need for advanced authorisation of medication usage was removed in favour of discussing need with a healthcare professional at the time of need. The template was also renamed to be an OTC medicines policy rather than a homely remedies policy. AGR stated that the document was now in line with what CQC expects care homes to offer.</p> <p>CM confirmed that the Care Home Forum have not reviewed the document yet but would be doing so as MOCH pharmacists have taken an action to do this.</p> <p>MP commented that there is an issue with the document being signed off by local MMT, MP stated that it would be unlikely that CCG MMTs would be willing to sign anything off for another provider.</p> <p>MP stated that the list of medicines was too restrictive and was not an OTC policy, but still homely remedies focussed. CM stated that the policy should reflect access to medicines in the community. The presence of loperamide in the list of medicines considered inappropriate by the group.</p> | |

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| | <p>It was agreed that the requirement for medicines management sign off should be removed. Consideration should be given to removing the need for a stock list but defer to the recommendation of the professional that is being ask for advice in line with the policy.</p> <p>Action</p> <p>OTC medicines policy to be amended and circulated to CCG medicines leads for local dissemination and added to the website.</p> | AGR |
| 2020/037 | <p>Therapeutic clothing scope</p> <p>AGR introduced the paper. The request for a therapeutic clothing policy was from BwD CCG.</p> <p>AGR stated that the total spend on 'silk garments', 'hernia support garments' and 'elastic hosiery' has reduced over the last four years. The total spend in April 2016 was at £27,000 per month, whereas in November 2019 this had reduced to £17,000. Of the three garment types elastic hosiery was the costliest and if a guideline was required, this should be its focus.</p> <p>AGR stated that there was mixed to poor evidence for elastic hosiery but the spend was not significant in the context of the area prescribing budget as a whole. There was some evidence that if patients are better support these garments are used more effectively.</p> <p>The group did not feel there was sufficient spend to justify a guideline so will not be progressed.</p> | |
| 2020/038 | <p>LSCMMG – Guidelines Work Plan update</p> <p>A request was made by GP/CSR to add a supply length to the testosterone shared-care guideline as advised in CD legislation. The request was approved.</p> <p>AGR asked the group to note that he had been approached by UHMB about using a high licensed dose of certolizumab in the treatment of psoriasis – The dose requested is in line with the license however NICE TA 574 does not support the requested dose. It was agreed that an application to the group will be required to progress this.</p> <p>It has been noted that lamotrigine is showing as unlicensed as a mood stabiliser on the LSCMMG website despite now being licensed for bipolar disorder. Website to be amended.</p> | |
| NATIONAL DECISIONS FOR IMPLEMENTATION | | |
| 2020/039 | <p>New NICE Technology Appraisal Guidance for Medicines January 2020</p> <p>BH noted that whilst NICE TA 617 (Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned procedure) was listed as NHSE but was thought to be CCG commissioned. AGR will provide an update at the next meeting.</p> | AGR |

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| 2020/040 | <p>New NHS England medicines commissioning policies</p> <p>No relevant policies to discuss.</p> | |
| 2020/041 | <p>Regional Medicines Optimisation Committees - Outputs December 2019 and January 2020</p> <p>BH introduced the paper. The advisory statement on the sequential use of biologic medicines was discussed. BH highlighted that the statement made the following point:</p> <p><i>'A policy adopted by a commissioner that would serve to limit patients access to appropriate treatments based on a number of prior treatments being attempted would be counter to the provisions of the NHS constitution'</i></p> <p>It was agreed that all LSCMMG biologics pathways would be reviewed to ensure that they are in line with the NHS constitution and to understand the basis for any restrictions. It was noted that a Professor of Dermatology from Salford, had contacted the IFR team following the publication of the RMOC statement wanting confirmation that they can use all treatments irrespective of place in therapy. It was agreed that the Hub CSU team will engage with the specialist and work with them to review the guidance.</p> <p>Representation at RMOCs were also discussed. BH stated that this may change to include ICS pharmacy leads in the coming months.</p> <p>Actions LSCMMG biologics pathways to be reviewed.</p> <p>The Professor of Dermatology from Salford to be engaged with in relation to updating the current pathway.</p> | |
| 2020/042 | <p>Evidence reviews published by SMC or AWMSG December 2019 and January 2020</p> <p>BH noted that there were two months of recommendations to consider. The recommendations were noted, no further actions required.</p> | |
| ITEMS FOR INFORMATION | | |
| 2020/043 | <p>Lancashire and South Cumbria NHS FT Drug and Therapeutic Committee minutes.</p> <p>No meeting took place in December 2019.</p> | |

Date and time of the next meeting

12th March 2020 9.30 am to 11.30 am Preston Business Centre, Meeting Room 253

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
2020**

| MINUTE NUMBER | DESCRIPTION | ACTION | DATE | STATUS AT 13 th February 2020 |
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| ACTION SHEET FROM THE MEETING 10th October | | | | |
| 2019/182 | <p>Antipsychotic shared-care – update</p> <p>CCG representatives to check what monitoring is conducted at annual reviews for patients on antipsychotics and feed back to CSU MMT.</p> <p>All to consider what the definition of ‘stable’ means for a patient on antipsychotic medication and feed back to CSU MMT.</p> <p>All to report on any issues arising in practice when prescribing antipsychotic medication and feed back to CSU MMT.</p> <p>November 2019 update: what happens in practice proforma to be circulated</p> <p>December 2019 update: Proforma to be circulated to members, agreed to defer this action.</p> <p>January 2020 update: Pro forma has been drafted and is to be circulated.</p> <p>February 2020 update: Discussed under agenda item 2020/035</p> | AGR / CCGs / provider Trusts | 10.10.2019 | Closed |
| ACTION SHEET FROM THE MEETING 14th November 2019 | | | | |

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| 2019/212 | <p>Briefing Paper for Healthier Lancashire and South Cumbria Joint Committee of Clinical Commissioning Groups (JCCCG's) update</p> <p>NICE TA / OTC Policy and Rheumatoid Arthritis High Cost Drug Pathway to be taken through CCG ratification processes.</p> <p>December 2019 update: Communicated via CCG mechanism.</p> <p>Cariprazine to go to the January 2020 JCCCG for ratification.</p> <p>December 2019 update: To be discussed at January JCCCG meeting.</p> <p>January 2020 update: Cariprazine is being presented at Joint Committee 9th January 2020. Email with outcome to follow.</p> <p>February 2020 update: Ratified by JCCCGs</p> | CSU | 14.11.2019 | Closed |
| | | CSU | 14.11.2019 | Closed |
| ACTION SHEET FROM THE MEETING 12th DECEMBER 2019 | | | | |

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| 2019/218 | <p>Cariprazine for the treatment of schizophrenia in adults – proforma</p> <p>Proforma to be updated with the addition of wording to make it clear that the letter to the GP needed to specify that contraceptive advice had been provided to the patient</p> <p>January 2020 update: Awaiting confirmation from SR. Action deferred.</p> <p>February 2020 update: Actioned by SR.</p> | SR | 12.12.2019 | Closed |
| | <p>Shared Care document to include contraceptive advice for women of childbearing potential, unless highly effective contraception is being used and women prescribed a systemically acting hormonal contraceptive agree to use of a second barrier method of contraception.</p> <p>January 2020 update: Shared care document currently in process of being updated. Pro forma has been updated.</p> <p>February 2020 update: Discussed under agenda item 2020/035</p> | AGR | 12.12.19 | Closed |

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| <p>2019/225</p> | <p>LSCMMG RAG rating review – update</p> <p>BH to contact Paul Hopley to gain approval of attendance at the Mental Health Improvement Board meeting.</p> <p>January 2020 update: BH in the process of meeting with Paul.</p> <p>February 2020 update: Discussed under agenda item 2020/035</p> | <p>BH</p> | <p>12.12.2019</p> | <p>Closed</p> |
| <p>2019/226</p> | <p>Cannabis-based medicinal products – update</p> <p>Cannabis-based medicinal products for MS spasticity – consultation on a proposed Amber 1 RAG status to be circulated.</p> <p>February 2020 update: This item was deferred awaiting feedback from the letters under action 2020/004</p> | <p>AGR</p> | <p>12.12.2019</p> | <p>Open</p> |
| <p>2019/228</p> | <p>Guidelines Workplan</p> <p>MLCSU to meet with the LMC to discuss the gender Dysphoria guideline.</p> <p>January 2020 update: A meeting has been arranged and scheduled for 10th January 2020.</p> <p>February 2020 update: The meeting of the 10th January was cancelled, and no further meeting has been able to be arranged, it was agreed to close this as an action.</p> | <p>AGR</p> | <p>12.12.2019</p> | <p>Closed</p> |
| <p>ACTION SHEET FROM THE MEETING 9TH JANUARY 2020</p> | | | | |

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| <p>2020/004</p> | <p>Minutes and action sheet from the last meeting 12th December 2019</p> <p>Letters to be sent to NICE and NHS England/Improvement to clarify initiation of Sativex prescribing</p> <p>February 2020 update: Letters have been drafted and are in the process of being approved by the Chair.</p> | <p>AGR</p> | <p>09.01.2020</p> | <p>Open</p> |
| <p>2020/006</p> | <p>Octreotide and Lanreotide in secretory gastrointestinal disorders</p> <p>Blueteq form to be created for long-term (6 months) and short-term (8 weeks) use for Octreotide and Lanreotide.</p> <p>February 2020 update: Forms drafted, awaiting ratification by Joint Committee before being pushed live on the system.</p> | <p>AGR</p> | <p>09.01.2020</p> | <p>Closed</p> |
| <p>2020/008</p> | <p>Oxygen Therapy for the treatment of Cluster Headaches</p> <p>Oxygen Therapy for the treatment of Cluster Headaches to be an agenda item at February's meeting.</p> <p>February 2020 update: Engaging in a joint piece of work with the MLCSU Mersey hub team.</p> | <p>LM</p> | <p>09.01.2020</p> | <p>Open</p> |
| <p>2020/016</p> | <p>NICE TA607 (rivaroxaban and aspirin) request from Pan Mersey to contact NICE</p> <p>MLCSU hub team to liaise with cardiology regarding the uptake defined in NICE TA607.</p> <p>February 2020 update: A meeting has been held with Cardiology at BTH. They have recommended that they engage wider and will contact LSCMMG if there is a need for further guidance.</p> | <p>DP</p> | <p>09.01.2020</p> | <p>Closed</p> |

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| 2020/017 | <p>Use of Melatonin in Children and Adolescents</p> <p>Use of Melatonin in Children and Adolescents to be an agenda item at February's LSCMMG meeting.</p> <p>February 2020 update: Discussed under agenda item 2020/031</p> | LM | 09.01.2020 | Closed |
| 2020/018 | <p>Guidelines Workplan</p> <p>CSU to review the Vitamin D deficiency guideline.</p> <p>February 2020 update: Currently being reviewed. To be discussed at the March LSCMMG.</p> | CSU | 09.01.2020 | Open |
| ACTION SHEET FROM THE MEETING 13TH FEBRUARY 2020 | | | | |
| 2020/028 | <p>Matters Arising</p> <p>West Lancashire CCG representation.</p> | BH | 13.02.2020 | |
| 2020/029 | <p>Nortriptyline tablets for Chronic Neuropathic Pain</p> <p>Green (Restricted) RAG status to be ratified at the March meeting of the JCCG.</p> <p>Neuropathic pain guidance to be updated, with the addition of the place in therapy of nortriptyline following ratification of the JCCG position.</p> | BH | 13.02.2020 | Open |
| | | AGR | 13.02.2020 | Open |
| 2020/030 | <p>Octreotide and Lanreotide for orthostatic intolerance disorders</p> <p>LSCMMG website to updated with a Black RAG following ratification at JCCCG.</p> | BH | 13.02.2020 | Open |

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| 2020/031 | Use of Melatonin in Children and Adolescents | | | |
| | The following RAG positions to be ratified by JCCCGs: Melatonin tablets (Slenyto or Circadin) Amber 0 - Children and adolescents with ASD or Smith-Magenis syndrome. | BH | 13.02.2020 | Open |
| | Melatonin (Colonis liquid 1mg/ml and 3mg tablets) Black – All indications including insomnia and jet lag | BH | 13.02.2020 | Open |
| | The definition of neurodevelopmental disorders, including ADHD, and the management of complex patients would be revisited, and an update will be reported back to the group. | AG/DP | 13.02.2020 | Open |
| 2020/035 | Antipsychotic Shared Care Guidance – addition of cariprazine | | | |
| | Antipsychotic shared-care guidance to be finalised and uploaded to the website. | AGR | 13.02.2020 | Open |
| | LSCFT to share ECG monitoring guidance with MLCSU | SR | 13.02.2020 | Open |
| | LSCFT to work with MLCSU to develop a depot prescribing guideline to support current practice. | SR/MLCSU | 13.02.2020 | Open |
| | Expressions of interest to be sent out for attendance at an antipsychotic shared-care task and finish group. | LM | 13.02.2020 | Open |
| 2020/039 | New NICE Technology Appraisal Guidance for Medicines January 2020 | | | |
| | Provide an update on the responsible commissioner for TA 617 | AGR | 13.02.2020 | Open |