Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting Held on Thursday 13th August 2020 via Microsoft Teams

PRESENT:

Mr Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospital Trust
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research and Clinical Effectiveness	East Lancashire CCG
David Jones (DJ)	Deputy Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	Blackpool and Fylde and Wyre CCG's
Lynne Hamilton (LM)	Lead Pharmacist	NHS UHMB Hospital Trust

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Linzi Moorcroft (LM)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	**SUMMARY OF DISCUSSION**	ACTION
2020/086	**Welcome & apologies for absence**	

	Attendance noted above, Andrea Scott sent apologies therefore Lynne Hamilton attended on behalf of UHMB.	
2020/087	**Declaration of any other urgent business** None.	
2020/088	**Declarations of interest** None.	
2020/089	**Minutes and action sheet from the last meeting 09th July 2020** The minutes and actions was updated during the meeting. A minor amendment is to be made for agenda item 2020/078 to state Subcutaneous infliximab and vedolizumab are approved for all licensed indications, following this amendment the minutes was agreed to be approved.	
2020/090	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2020/091	**Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions** DP discussed Pneumococcal conjugate vaccine for use in patients suffering respiratory conditions which was prioritised for review following a request from East Lancashire CCG. DP reported an equality screen has been carried out which highlighted potential financial issues and discussed the number of expected patients which has not been provided by the requesting CCG / Trust. However, this vaccination would be limited to those patients with recurrent exacerbations / hospitalisations. It was also noted that there could be a potential service impact issue because the Pneumococcal vaccination described in this review is not currently commissioned for the treatment of adults in Primary Care settings. A potential cross border issue was highlighted. While the Pan Mersey COPD guideline states that pneumococcal vaccinations PCV13 and PPSV23 are recommended for all patients ≥65 years of age, the GMMMG COPD guideline only recommends PPV23. DP noted one CCG has requested use for the assessment of antibody response and that overall feedback was mixed for the recommended Amber 0 RAG rating. DP discussed NICE and BTS support for PCV13 and suggested that additional vaccine costs may be offset by fewer hospital admissions. LSCMMG discussed the feedback mainly relates to commissioning issues and agreed the clinical evidence base is satisfactory. It was noted that in order to agree a RAG rating, commissioning arrangements would need further discussion. BH suggested that to resolve the commissioning issues it would be help to engage with RMOC, the Out of Hospital Cell, Julie Lonsdale who currently sits on the North West flu group and with Karen O'Brien Regional Pharmacist. LSCMMG agreed with this approach.	

	Action – AGR/DP to contact Julie Lonsdale who sits on the North West Flu Group. **Action –** DP to contact Karen O'Brien Regional Pharmacists. **Action –** AGR/DP to contact RMOC**.** **Action –** BH/DP to raise with Rebecca Higgs, Out of Hospital Cell.	**DP/ BH**
2020/092	**Pregabalin for the treatment of Generalised Anxiety Disorder** DP noted an equality screen has been carried out which found a potential financial pressure although patient numbers are expected to be small and pregabalin is now available as a generic medicine. A potential service impact showed General Practitioners will be expected to use a familiar drug in a new clinical setting. A cross border issue was noted as the Greater Manchester formulary does not list pregabalin for the treatment of GAD. The Pan Mersey GAD guideline lists pregabalin as a potential option as third line drug treatment of GAD**.** The majority of consultation responses were not in favour of the proposed Amber 0 RAG rating. The majority of responses suggested a Black RAG rating due to concerns about abuse, diversion and withdrawal. SR noted the LSCFT have a stringent process of approval for use of pregabalin in GAD and safeguards are in place at the Trust; the Medical director and chief pharmacist must sign off a prescription for this use. SR also noted that pregabalin is a NICE recommended treatment option for GAD and supported the proposed Amber 0 RAG rating. SR noted some improvement in pregabalin treated patients' conditions have been found within a month. LSCMMG felt assured with the level of safeguards in place by LSCFT and agreed if safeguards are in place it would be deemed as unfair not to offer as a treatment option which could be beneficial. FP acknowledged that NICE guidance is clear and agreed safeguards should be in place to mitigate issues. FP asked if it would be appropriate to have a proforma similar to that used in LSCFT. AC concluded this would not be shared care but advised prescribing guidance is required and advised the place in therapy needs to be made clear. SR also suggested that a treatment pathway would provide clarity. It was agreed that the following the actions be taken and reported to the September LSCMMG meeting: **Action** – Prescribing information sheet required. **Action** – Place in therapy to be clarified. **Action** – Treatment pathway to be produced LSCMMG agreed that pregabalin for the treatment of GAD should continue to have a Black RAG rating until the above actions are reviewed at LSCMMG.	**DP/AGR** **DP/SR** **DP/SR**
2020/093	**Dibotermin alfa (InductOs®) for the treatment of acute tibia fractures in adults, as an adjunct to standard care using open fracture reduction and intramedullary unreamed nail fixation (licensed indication) AND use outside of the licensed indication for the treatment of non-union long bone fractures** DP discussed a request to review Dibotermin alfa (InductOs®) for the treatment of acute tibia fractures in adults, as an adjunct to standard care	

using open fracture reduction and intramedullary unreamed nail fixation (licensed indication) AND use outside of the licensed indication for the treatment of non-union long bone fractures.
An equality screen has been carried out which highlighted the following potential financial issues:

Applying assumptions used in the SMC recommendations to the population of Lancashire and South Cumbria, there are an estimated 24 patients per annum with grade IIIB fractures requiring rhBMP-2 which would lead to a cost of **£48,500**.

A 2017 study investigating the rate of nonunion fracture in the adult population of Scotland identified 4,715 nonunion fractures over a five-year period (average of 943 fractures per annum).
Applying the same incidence rates to the population of Lancashire and South Cumbria, the estimated number of nonunion fractures would be 306 per annum. The associated costs to treat with dibotermin alfa are estimated below:

- Cost to treat 10% of all nonunion fractures (31 patients) = **£62,750**
- Cost to treat 20% of all nonunion fractures (61 patients) = **£123,500**
- Cost to treat 30% of all nonunion fractures (92 patients) = **£186,250**

A cross border issue was highlighted as Pan Mersey APC do not currently hold a commissioning position for the use of dibotermin alfa. GMMMG recommend the use of dibotermin alfa in both the licensed indication (as an adjunct to standard care using open fracture reduction and intramedullary unreamed nail fixation) AND outside of this licensed use as outlined below:

- Only for use by non-union specialists at GM trauma centres (i.e. MFT-ORC and SRFT)
- For the management of established fracture non-union of Tibia, Femur, Radius, Ulna, Clavicle, Humerus based on FDA definition after 6-9 months with amenable cavity under the direction of a consultant who specialises in non-union
- Management of delayed bone union failure to achieve any progress towards union radiographically over 3/12 period in the first 6 months since injury or surgery based on the FDA definition and under the direction of orthopaedic consultant who specialises in non- union.
- Docking site for bone transport.
- Membrane induced osteogenesis for managing bone defects.
- Management of avascular necrosis of the femoral head.

As some Lancashire and South Cumbria patients may be treated by nonunion specialists in Greater Manchester trauma centres, there may be a risk of inequity if the LSCMMG recommendations differ from the GMMMG commissioning positions.

DP reported the LSCMMG consultation was circulated with a Red RAG rating for the treatment of acute tibia fractures in adults, as an adjunct to standard care using open fracture reduction and intramedullary unreamed nail fixation in hospital settings. LSCMMG consultation responses

	unanimously agreed with the Red rag rating for grade 3b fractures. LSCMMG agreed the Red RAG rating in this indication and requested that a Blueteq form be created with set criteria. LSCMMG discussed the Black recommendation which was circulated for consultation for use outside of the licensed indication for the treatment of non-union long bone fractures. LSCMMG agreed to the Black RAG rating in this indication as the supporting evidence was not sufficient to support use. LR asked if correspondence could be established with Great Manchester to advise of the commissioning decision. AC and BH agreed that the Lancashire South Cumbria position is to be shared via the Orthopaedic Alliance Network, GMMMG and providers and to engage with Stephen Hodgson. **Action** – Engage with Stephen Hodgson, GMMMG and the Orthopaedic Alliance Network to inform of Lancashire and South Cumbria's commissioning position.	**DP**
2020/094	**LSCMMG New Medicines Workplan** DP discussed the following medicines that have been identified to the CSU as requiring the development of policy / formulary position statements Medicines to be considered for prioritisation; **Isavuconazole** Requested to treat fungal infection, LSCMMG agreed this would mainly be used in Secondary Care and therefore no review is required. To be removed from the work plan. DP discussed two additional requests that had been received for: **Semaglutide tablets** DP noted Semaglutide is approved for type 2 diabetes and is now available in oral form, therefore diabetes specialists would like a review. LSCMMG agreed to prioritise for review. **Rituximab** DP updated the request is for two renal diseases: minimal change disease and membranous nephropathy. NHS England have previously reviewed the membranous nephropathy indication and have declined to fund following review of the evidence base, although this was before generic rituximab was available. LSCMMG agreed further clarification is required regarding NHS England position and detail of request. **Silver diamine fluoride** Has been requested to treat patients who are unable to receive adequate dental treatment. LSCMMG agreed the best way forward would be to forward request to the dental cell as it falls outside of LSCMMG and non-drug tariff indication.	

	SR discussed the melatonin consultation scheduled for September LSCMMG for sleep disorder in Parkinson's disease. SR noted a similar request has also been made to review the drug's use in patients with Lewy Body dementia. LSCMMG agreed to combine Parkinson's disease and Lewy body within the same consultation. **Action** – Lewy Body dementia to be included in Melatonin sleep disorder consultation.	**DP**
GUIDELINES and INFORMATION LEAFLET		
2020/095	**Neuropathic pain pathway** AGR stated that at the February meeting of the LSCMMG, nortriptyline was assigned a Green (Restricted) RAG status to be ratified at the March meeting of the JCCG. AGR confirmed that following the ratification of nortriptyline it was decided that the neuropathic pain guidance would be updated, with the addition of the place in therapy of nortriptyline. The group did not agree on the exact placement of nortriptyline in the existing pathway. AGR confirmed that the group agreed the neuropathic pain guidance was in need of a full review. The guideline was rewritten to mirror the content of NICE CG 173 and the associated NICE clinical pathways. AGR reported a quality screen has taken place which has found a possible service impact issue, concern that early referral to specialist services may have an impact on capacity. AGR highlighted that seven of eight CCGs, three of five provider trusts responded by the closing date. One CCG and one trust supported the document in its current format. All other responses stated that they may support the document if additional information was considered. The group discussed the pathway and it was raised that the referral to a specialist may be too early within the pathway and queried if a therapeutic trial should be conducted by the GP prior to specialist input as there may be some delay between seeing the GP and being seen by the specialist. LSCMMG agreed that similar restrictions on the use of pregabalin and gabapentin should be implemented to ensure consistency. The group acknowledged recent update in relation to pregabalin and gabapentin and noted the changes need to be reflected in the neuropathic pain pathway particularly following discussion on the use of pregabalin for other indications. Particularly placing pregabalin and gabapentin as second- or third-line options instead of an equal choice with other agents. It was suggested that a pro forma would be beneficial for the use of gabapentinoids. SR suggested AGR link in with Mo Patel as part of the moving well service. **Action** – AGR to update pathway for treatment options ensuring gabapentin and pregabalin is lower place in therapy	**All actions AGR**

	Action – Pro forma to be created **Action** – draft guidance for use for abuse potential	
2020/096	**Cannabis based medicinal products – update** AGR stated that cannabis-based medicinal product (CBMP) prescribing arrangements were last discussed at the January 2020 meeting. In December, the group decided to consult on an Amber RAG status for Sativex. However, the publication of additional advice by NHSE later in December meant that this was delayed until further discussion could be held. It was noted by AGR that the letter was circulated by the Department of Health and NHSE/I on 20th December 2019 stating that specialist doctors must decide whether it is clinically appropriate to prescribe a CBMP. However, some confusion remained over prescribing arrangements and shared care following the publication of this guidance. It was agreed that it would be useful to send letters on behalf of LSCMMG to NHS England/Improvement and NICE for further clarification regarding the initiation and prescribing of CBMP before consulting on an Amber RAG status for Sativex. Letters were drafted and sent on 9th March 2020 from the Chair on behalf of the group. AGR confirmed that the group has received one response from NICE, received on 17th March 2020. The letter states the NICE have contacted NHSE to check their interpretation of the requirements published by them. However, NICE have made it clear that the group should expect a separate response from NHSE. **Clarification was received on the following points:** **1. Is it a requirement that unlicensed CBMP continue to be supplied under either the prescription or direction of a clinician on the GMC specialist register or can a GP assume prescribing responsibility for unlicensed CBMP following initiation by a clinician on the GMC specialist register?** Response from NICE: *'The initial prescription must be made by a clinician on the specialist register. If a shared care agreement is in place, subsequent prescriptions can be made by another prescriber under the direction of the initiating prescriber'.* **2. Is it a requirement that a clinician on the GMC specialist register must sign or countersign a prescription issued in primary care for CBMP? If it is a requirement, is there any additional, practical, guidance being issued by NICE that would support this?** Response from NICE:	

	'The guidance does not explicitly state that the initiating prescriber must sign or countersign a prescription made in primary care. It is anticipated that agreement about how prescriptions should be signed will form part of the shared care arrangement'. AGR stated that it is for the group to decide if they now agree to consult on a proposed Amber 1 RAG for Sativex for the improvement of moderate to severe spasticity due to multiple sclerosis. LSCMMG agreed to consult. BH suggested if the group reviewed a draft shared care document pre consultation this would be beneficial. **Action** – Draft pre consultation review for Sativex to be discussed at September LSCMMG meeting. **Action** – Engage with David Shakespeare following clarification from NICE. **IFR query** AGR stated that an IFR has been received for cannabis medicinal products for paediatric intractable epilepsy. It has been confirmed by NHSE that the intervention should be offered as part of an NHSE commissioned specialist neuroscience service for children. NHSE have also confirmed that the intervention is not PbR excluded and should be offered in tariff. As confirmed at previous meetings, interventions offered as part of NICE TAs 615 and 614 are commissioned by NHSE. BH noted a statement is required on the LSCMMG website to make clear this CCG's are not the responsible commissioner. **Action** – Statement of responsible commissioner to be added to LSCMMG website for medicinal products for paediatric intractable epilepsy.	**AGR** **AGR**

2020/097	**Dapagliflozin prescriber information sheet – update** AGR reported that NICE TA 597 (Dapagliflozin with insulin for treating type 1 diabetes) was discussed at the July meeting of the LSCMMG and assigned an Amber 0 classification. It was decided that a prescriber information sheet was required. AGR updated the group. It was said that evidence has been reviewed upon which NICE based the review period of six-months. This was the primary endpoint in the main clinical trials considered: DEPICT-1 and DEPICT-2 trials. AGR highlighted that the trials compared dapagliflozin plus insulin therapy at 2 doses with placebo plus insulin therapy over 52 weeks. The primary endpoint in both trials was change in HbA1c from baseline at 24 weeks. DEPICT-1 reports that an initial drop in adjusted mean HbA1c at four-weeks and 12-weeks post-initiation that is lower than the reductions reported at 24-weeks. However, NICE included additional evidence from an expert discussion of the REMOVAL trial which showed that initial drops in HbA1c within 4- to 12-weeks of initiation may not be representative of the fall in HbA1c when stabilised at 6-months post initiation. Therefore, AGR confirmed that it may be considered that, if detected, a reduction in the HbA1c at weeks four or 12 may not be a useful indicator of any ultimate, sustained, response to therapy. AGR noted the following cross border decisions: **GMMMG** have classified dapagliflozin use, in line with NICE TA 597, as 'Red' pending a shared-care protocol. **Pan-Mersey** have assigned the classification 'Amber retained' (not shared care) and patients are reviewed by a DSN at one-month and three-months post-initiation. A consultant review is conducted at six-months post-initiation. LSCMMG noted the cross-border RAG ratings and noted the following actions: **Action** – to develop a shared care for dapagliflozin and present at the September meeting. **Action** – engage with GMMMG and Pan Mersey with the aim to develop a consistent RAG rating.	**All actions AGR**
2020/098	**Somatropin activity data** AGR discussed at the July meeting that somatropin is listed on the LSCMMG website as Amber 0 and a Blueteq form is available. AGR confirmed that it would usually be expected that Amber 0 medicines do not have a Blueteq form. AGR noted 13 forms had been completed on Blueteq and 3505 supplies made in primary care during the financial year 19/20. AGR recommended	

	that the somatropin Blueteq form be retired. LSCMMG agreed to retire Blueteq form and default to pass-through for somatropin. **Action** – Retire Blueteq form for Somatropin and default to pass through.	**AGR**
2020/099	**NICE chronic pain – draft guidance** AGR advised NICE chronic Pain draft guidance has been circulated by Karen O'Brien from NHS England. AGR introduced the guidance and stated that in the draft guidance only recommends antidepressants, CBT and acupuncture for the management of chronic pain. NICE have stated that other interventions, including pain management programmes and social prescribing are not recommended due to insufficient evidence of effectiveness. Other pharmacological interventions are also not recommended, including opioids and most other standard treatments. AGR noted it is a big change from previous NICE guidance for chronic pain and may have a large impact on the guidance and resources currently issued by LSCMMG. BH asked LSCMMG members felt a consultation response is required. LSCMMG agreed a consultation response should be drafted and returned to NICE. **Action** – draft response for Chronic Pain guidance to be circulated with responses collated and brought back to September LSCMMG for sign off.	**BH/AGR**
2020/100	**LSCMMG – Guidelines Work Plan update** AGR noted a request from Salford Royal Hospital for nefopam to be used for an EL CCG patient, currently ELMMB have the position of Black for Nefopam but noted there is no position on the LSCMMG website. BH queried if Nefopam is used widely across Lancashire and South Cumbria. David Jones will check usage and report back to September's LSCMMG meeting. LSCMMG agreed to add Nefopam to the workplan. **Action** – David Jones to check Nefopam usage at LTH. **Action** – Nefopam to be added to the workplan.	**DJ** **AGR/DP**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2020/101	**New NICE Technology Appraisal Guidance for Medicines July 2020** No CCG commissioned TAs for consideration.	
2020/102	**New NHS England medicines commissioning policies July 2020**	

	No NHS England medicines commissioning policies to discuss.	
2020/103	**Regional Medicines Optimisation Committees - Outputs July 2020** No Regional Medicines Optimisation Committees outputs to discuss.	
2020/104	**Evidence reviews published by SMC or AWMSG July 2020** No evidence reviews published by SMC or AWMSG to discuss.	
ITEMS FOR INFORMATION		
2020/105	**Lancashire and South Cumbria NHS Foundation Trust Drug and Therapeutic Committee minutes** Drug and Therapeutic Committee minutes to be circulated once finalised.	

Date and time of next meeting
10th September 2020 09.30 – 11.30

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

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 13th August 2020
ACTION SHEET FROM THE MEETING 12th DECEMBER 2019				

2019/226	**Cannabis-based medicinal products – update** Cannabis-based medicinal products for MS spasticity – consultation on a proposed Amber 1 RAG status to be circulated. **February 2020 update:** This item was deferred awaiting feedback from the letters under action 2020/004. **March 2020 update:** Still awaiting responses to letters. Shared Care has been accepted in North Cumbria. This will be reviewed and brought back to May LSCMMG meeting. **July 2020 update:** Feedback received from NICE. A paper to be discussed at the August LSCMMG meeting. **August 2020 update:** To be discussed under agenda item 2020/096	**AGR**	**12.12.2019**	**Closed**
ACTION SHEET FROM THE MEETING 9TH JANUARY 2020				
2020/008	**Oxygen Therapy for the treatment of Cluster Headaches** Oxygen Therapy for the treatment of Cluster Headaches to be an agenda item at February's meeting. **February 2020 update:** Engaging in a joint piece of work with the MLCSU Mersey hub team. **July 2020 update:** ongoing engagement with the Anne Henshaw at Mersey hub. Deferred to August LSCMMG meeting. **August 2020 update:** Item deferred as Anne Henshaw has been on annual leave	**LM** **AGR**	**09.01.2020** **09.07.2020**	**Closed** **Open**
ACTION SHEET FROM THE MEETING 13TH FEBRUARY 2020				

2020/031	**Use of Melatonin in Children and Adolescents** 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. **March 2020 update:** Progress is ongoing AGR and SR will engage with clinicians. AGR to contact David Shakespeare. **July 2020 update**: Contact yet to be made, item remains open. **August 2020 update:** SR discussed the ICD 11 includes ADHD. LSCMMG agreed to; Note ICD 11, engage with David Shakespeare and take forward shared care guidelines.	**AG/DP** **AG/DP**	**13.02.2020** **09.07.2020**	**Open** **Open**

2020/035	**Antipsychotic Shared Care Guidance – addition of cariprazine** Antipsychotic shared-care guidance to be finalised and uploaded to the website. **March 2020 update**: Action complete.	**AGR**	**13.02.2020**	**Closed**
	LSCFT to share ECG monitoring guidance with MLCSU **March 2020 update**: action complete. To be picked up via the Anti-psychotic shared care task and finish group	**SR**	**13.02.2020**	**Closed**
	LSCFT to work with MLCSU to develop a depot prescribing guideline to support current practice. **March 2020 update**: Action deferred. **August 2020 update:** LSCFT have nominated a pharmacist to work with the CSU on drafting this document.	**SR/MLCSU**	**13.02.2020**	**Open**
	Expressions of interest to be sent out for attendance at an antipsychotic shared-care task and finish group. **March 2020 update:** Expressions of interest received. LM to set up initial meeting **July 2020 update:** Anti-Psychotic shared care working group to be established.	**LM**	**13.02.2020**	**Closed**
	August 2020 update: Anti-Psychotic shared care meeting has been organised and will take place 13th August 2020.	**LM**	**09.07.2020**	**Closed**
ACTION SHEET FROM THE MEETING 12th March 2020				

2020/053	**Horizon Scanning for 2020 to 2021** NOAC/DOAC reversal and wider NOAC/DOAC issues to be discussed at the next SLOG meeting. **July 2020 update:** Due to Covid 19 no SLOG meeting has taken place. BH will discuss at a subsequent SLOG meeting. **August 2020 update:** Discussions took place at the SLOG meeting. Actioned and closed.	**BH** **BH** **BH**	**Closed** **Closed** **Closed**	**12.03.2020** **09.07.2020** **13.08.2020**
2020/054	**Amiodarone and Dronedarone SCG** To engage with respondents to the consultation and develop the SCG document further and develop pathways for existing patients. **July 2020 update**: action deferred, update due at the next meeting. **August 2020 update:** Item deferred and will be discussed at September LSCMMG meeting.	**AGR** **AGR**	**Open** **Open**	**12.03.2020** **09.07.2020**
ACTION SHEET FROM THE MEETING 9th July 2020				
2020/067	**Gender GP** AGR to contact Gareth Wallis regarding gender GP clinics **August 2020 update:** Item deferred to September. Contact details have been sent to AGR.	**AGR**	**Open**	**09.07.2020**
2020/072	**Assessing suitability for strong opioid use pathway** AGR to include opioid reduction within scope to the assessing suitability for strong opioid use pathway. Links in document to be updated. **August 2020 update**: Actioned and closed.	**AGR**	**Closed**	**09.07.2020**

2020/073	**Dapagliflozin prescriber information sheet** Dapagliflozin prescriber information sheet timescales/review wording to be added and brought back to LSCMMG. **August 2020 update:** Discussed under agenda item 2020/097 Anti-Diabetes drugs to be an agenda item at the next SLOG meeting **August 2020 update:** BH updated there is ongoing discussions with the specialists and reported a desire from the specialists to further engage.	**AGR** **BH**	**09.07.2020** **09.07.2020**	**Closed** **Closed**
2020/075	**Guidelines for the prescribing of nutritional supplements post bariatric surgery – update** AGR to engage with Clare Thomason and the ICS independent sector group to disseminate the Guidelines for the prescribing of nutritional supplements post bariatric surgery **August 2020 update:** AGR noted Clare Thomason is no longer in post. Nicola Marland is now in post and will engage with Nicola Marland.	**AGR**	**09.07.2020**	**Open**
2020/077	**NHSE guidance on NOAC switching** BH to contact the Out of Hospital Cell. **August 2020 update**: Contact has been made however communication has not been noted and no action has been taken, therefore action closed.	**BH**	**09.07.2020**	**Closed**

2020/080	**New NICE Technology Appraisal Guidance for Medicines March to June 2020** NICE TA 631 - Fremanezumab for preventing migraine. A review of fremanezumab activity to take place in January 2021 **August 2020 update**: Fremanezumab has now been added on to the workplan.	**AGR**	**09.07.2020**	**Closed**
ACTION SHEET FROM THE MEETING 13th August 2020				
2020/091	**Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions** DP to contact Julie Lonsdale who sits on the North West Flu Group. DP to contact Karen O'Brien Regional Pharmacists. DP to contact RMOC**.** BH to raise with Rebecca Higgs, Out of Hospital Cell.	**DP** **DP** **DP** **BH/DP**	**13.08.2020** **13.08.2020** **13.08.2020** **13.08.2020**	**Open** **Open** **Open** **Open**
2020/092	**Pregabalin for the treatment of Generalised Anxiety Disorder** Prescribing information sheet required. Place in therapy to be clarified. Treatment pathway to be produced.	**AGR** **DP/SR** **DP/SR**	**13.08.2020** **13.08.2020** **13.08.2020**	**Open** **Open** **Open**
2020/093	**Dibotermin alfa (InductOs®) for the treatment of acute tibia fractures in adults, as an adjunct to standard care using open fracture reduction and intramedullary unreamed nail fixation (licensed indication) AND use outside of the licensed indication for the treatment of non-union long bone fractures** Engage with Stephen Hodgson, GMMMG and the Orthopaedic Alliance Network to inform of Lancashire and South Cumbria's commissioning position	**DP**	**13.08.2020**	**Open**

2020/094	**LSCMMG New Medicines Workplan** Lewy Body dementia to be included in Melatonin sleep disorder consultation. Oral semaglutide to be added to workplan Rituximab for the treatment of minimal change disease and membranous nephropathy to be added to workplan. Contact NHSE to clarify their commissioning positions for rituximab in the treatment of minimal change disease and membranous nephropathy	**DP** **DP** **DP** **DP**	**13.08.2020** **13.08.2020** **13.08.2020** **13.08.2020**	**Open** **Open** **Open** **Open**
2020/095	**Neuropathic pain pathway** To update pathway for treatment options ensuring gabapentin and pregabalin is lower place in therapy Pro forma to be created Draft guidance for use for abuse potential	**AGR** **AGR** **AGR**	**13.08.2020** **13.08.2020** **13.08.2020**	**Open** **Open** **Open**
2020/096	**Cannabis based medicinal products – update** Draft pre consultation review for Sativex to be discussed at September LSCMMG meeting. Engage with David Shakespeare following clarification from NICE. **IFR query** Statement of responsible commissioner to be added to LSCMMG website for medicinal products for paediatric intractable epilepsy.	**AGR** **AGR** **AGR**	**13.08.2020** **13.08.2020** **13.08.2020**	**Open** **Open** **Open**

2020/097	**Dapagliflozin prescriber information sheet – update** Develop a shared care for dapagliflozin and present at the September meeting. Engage with GMMMG and Pan Mersey with the aim to develop a consistent RAG rating.	**AGR** **AGR**	**Open** **Open**	**13.08.2020** **13.08.2020**
2020/098	**Somatropin activity data** Retire blueteq form for Somatropin and use pass through	**AGR**	**Open**	**13.08.2020**
2020/099	**NICE chronic pain – draft guidance** Draft response for Chronic Pain guidance to be circulated with responses collated and brought back to September LSCMMG for sign off to ensure formal reply as a committee.	**AGR/All**	**Open**	**13.08.2020**
2020/100	**LSCMMG – Guidelines Work Plan update** David Jones to check Nefopam usage at LTH. Nefopam to be added to the workplan.	**DJ** **AGR**	**Open** **Open**	**13.08.2020** **13.08.2020**