



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting  
Held on Thursday 12<sup>th</sup> November 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
Rebecca Bond (RB)	Director of Pharmacy	Blackpool Teaching Hospitals
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	Morecambe Bay CCG
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	NHS Blackburn with Darwen CCG
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

**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
Ashley Marsden (AM)	Senior Pharmacist	North West Medicines Information Centre

ITEM	SUMMARY OF DISCUSSION	ACTION
2020/151	<p><b>Welcome &amp; apologies for absence</b></p> <p>Attendance noted above.</p>	
2020/152	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	
2020/153	<p><b>Declarations of interest</b></p> <p>None.</p>	
2020/154	<p><b>Minutes and action sheet from the last meeting 08<sup>th</sup> October 2020.</b></p> <p>The minutes were agreed as a true and accurate representation of the meeting. The action log was updated during the meeting.</p>	
2020/155	<p><b>Matters arising (not on the agenda)</b></p> <p>None.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2020/156	<p><b>Semaglutide Oral Tablets (Rybelsus) for the Treatment of Adults with Type 2 Diabetes</b></p> <p>DP updated, Rybelsus® (semaglutide) is the first GLP-1 receptor agonist available as an oral formulation. DP noted an equality impact screen has been carried out. The acquisition cost of oral semaglutide is identical to the acquisitional cost of subcutaneous semaglutide and dulaglutide and similar to the remaining GLP-1 receptor agonists. Consequently, there is not expected to be any significant cost burden or saving associated with the use of oral semaglutide. DP noted if Semaglutide was used earlier in the treatment pathway due to the availability of an oral formulation this would result in a significant cost burden to the Lancashire and South Cumbria health economy, as GLP-1 receptor agonists have the highest acquisition cost of all the antihyperglycaemic agents. Most of the consultation responses agreed with GREEN (restricted) as an alternative GLP-1 receptor agonist for patients who are unable to use subcutaneous formulations or patients who prefer oral administration. DP discussed the evidence which shows a difference in gastrointestinal discontinuation being 12.6% versus 9.2% percent for oral semaglutide compared to subcutaneous liraglutide. The oral and subcutaneous formulations of semaglutide have not been compared in a head to head trial. DP noted the treatment response with semaglutide may be lower than expected as the absorption of semaglutide is highly variable and may be minimal in 2-4% of patients. LSCMMG members discussed consultation responses. MP and LR stated that there is already some use of oral semaglutide being used within their CCGs.</p>	

	<p>AC supported the proposed Green (restricted) RAG rating, restricting use for those who are unable to use subcutaneous GLP-1 formulations. SR noted a patient review at 6 months is imperative to ensure targets within the LSCMMG antihyperglycaemic guidelines are met. LSCMMG agreed with the RAG rating and monitoring narrative recommended by AC. Historical GLP-1 prescribing trends data will be brought back to LSCMMG in nine months to ensure action has been taken at the six-month review.</p> <p><b>Action – BH to monitor GLP1 historic prescribing trends and bring back to September 2021 LSCMMG meeting.</b></p>	<p><b>BH</b></p>
<p>2020/157</p>	<p><b>Use of Melatonin in Children and Adolescents</b></p> <p>DP stated that discussions and email communications have been ongoing and queried the remit of the proposed review. SR understood that it would be a full review of all melatonin RAG ratings. SR stated that the unlicensed melatonin formulations are rarely used but noted Slenyto is used for Autism Spectrum Disorder. SR advised that Circadin would be the preferred agent in where both preparations are being used off label, as it is more cost effective than Slenyto. DJ reported that Circadin and Slenyto differ as Slenyto has a paediatric license and Circadin only has an adult licence, DJ also indicated the neurodevelopmental classification issues need resolving. DJ asked for a timescale of the review, DP estimated spring 2021. LSCMMG agreed to widen the review for Melatonin, to review all RAG ratings and to add specificity to the definition of neurodevelopmental disorders.</p> <p><b>Action – DP to carry out full review of RAG ratings and licensed indication (i.e. Slenyto) use of Melatonin in Children and Adolescents</b></p>	<p><b>DP</b></p>
<p>2020/158</p>	<p><b>LSCMMG – New Medicine Reviews Work Plan update</b></p> <p><b>DP discussed the following medicines that have been identified to the CSU as requiring the development of policy / formulary position statements.</b></p> <p><b>Medicines to be considered for prioritisation</b></p> <ul style="list-style-type: none"> <li>• Idarucizumab requested for reversal of the anticoagulant effect of dabigatran. LSCMMG agreed to prioritise for review.</li> <li>• Zonisamide requested for migraine prophylaxis and benign essential tremor. LSCMMG agreed to prioritise for review.</li> </ul> <p>SR noted a NICE TA is expected early 2021 for esketamine nasal spray and suggested the new medicine review is paused to await a potential NICE TA publication. BH suggested as esketamine has already been circulated for consultation. The group agreed that the esketamine review should undergo consultation but will not be discussed at LSCMMG in December 2020.</p> <p>DJ asked for an update regarding rivaroxaban reversal agent andexanet alfa, DP noted a NICE TA is in progress and is expected early 2021.</p>	

	<p><b>Action</b></p> <p><b>Idarucizumab for reversal of the anticoagulant effect of dabigatran to be added to workplan.</b></p> <p><b>Zonisamide for migraine prophylaxis and benign essential tremor to be added to workplan</b></p> <p><b>Esketamine to be removed from scheduled LSCMMG review in December 2020.</b></p>	<p><b>DP</b></p> <p><b>DP</b></p> <p><b>DP</b></p>
<b>GUIDELINES and INFORMATION LEAFLET</b>		
2020/159	<p><b>Neuropathic pain guidance – update</b></p> <p>AGR discussed that it was decided at the October meeting that nortriptyline is to be above pregabalin and gabapentin but used following amitriptyline and duloxetine in the treatment pathway.</p> <p>AGR noted because of the extensive nature of the changes, it was decided that the group should re review the neuropathic pain guidance again before it is uploaded.</p> <p>AGR added that the group needs to consider that with the adjustments there will be only two first line agents for neuropathic pain: amitriptyline and duloxetine. As duloxetine is only licensed for diabetic peripheral neuropathy the guideline would require clinicians to use an off-label agent before progressing through the pathway.</p> <p>SR noted there could potentially be patients in which an anti-depressant wouldn't be appropriate and may be required to use Gabapentin or Pregabalin if an anti-depressant was contraindicated.</p> <p>LSCMMG did not agree to approve the pathway and required further clarity and additional formatting changes are needed. AGR agreed to amend the pathway and bring back to December LSCMMG meeting.</p> <p><b>Action – Clarify treatment pathway for diabetic/non-diabetic patients and reformat the guidance.</b></p>	<p><b>AGR</b></p>
2020/160	<p><b>Recurrent UTI Prophylactic Antibiotic Pathway – update</b></p> <p>AGR noted it was agreed that changes would be made to the recurrent UTI pathways at the October meeting of the LSCMMG. These changes are:</p> <ul style="list-style-type: none"> <li>• There should be at least 2-3 positive cultures before diagnosing recurrent UTI.</li> <li>• Need to make clear that catheterised patients are excluded.</li> <li>• Review at 6 months – wording could be better.</li> <li>• Green box below – take out STOP and leave as 'consider....'</li> </ul>	

	<p>LSCMMG members approved the changes and noted the Recurrent UTI Prophylactic Antibiotic Pathway will be added to the LSCMMG website.</p> <p><b>Action</b>  <b>The recurrent UTI Prophylactic Antibiotic Pathway to be added to the LSCMMG website.</b></p>	
2020/161	<p><b>Management of Psoriasis in Primary Care Guideline – update</b></p> <p>It was decided at the October meeting of LSCMMG that the pathway should be redrafted to allow GPs to escalate from step 1 – 4 and consider additional steps 2 and 3. Steps 2 and 3 would no longer be mandatory</p> <p>LSCMMG members approved the changes and noted the Management of Psoriasis in Primary Care guideline will be added to the LSCMMG website.</p> <p><b>Action</b>  <b>The Management of Psoriasis in Primary Care guideline to be added to the LSCMMG website.</b></p>	
2020/162	<p><b>Sativex for the treatment of spasticity due to MS shared care guideline</b></p> <p>AGR highlighted an equality impact screen has been carried out and found a potential cross border issue. GMMM: RAG rated Black – possibly due for review, Pan Mersey: RAG rated Amber (retained) – no shared care.</p> <p>AGR noted that in December 2019 the group agreed that a Sativex shared care document would be developed. At the January 2020 meeting new NICE and NHSE guidance was discussed. Following this, the consultation was delayed as the group agreed to clarify some aspects of the guidance with NICE.</p> <p>AGR confirmed that at the August meeting it was agreed that the group would review a draft shared care before consulting on the document. At the September LSCMMG it was further agreed that an advanced copy of the shared care document would be sent to Dr Shakespeare for comments. Following receipt of the comments from Dr Shakespeare the document was sent for consultation.</p> <p>AGR reported the main themes from the consultation responses were:</p> <ol style="list-style-type: none"> <li>1. Further consultation on the RAG position required</li> <li>2. Sativex should remain RAG rated 'Red'</li> </ol> <p>Seven of eight CCGs, one of five provider trusts and the LSC LMC responded by the closing date.</p> <p>Five CCGs and one provider trust disagreed with the document and two CCGs and the LMC supported the guidance. LR queried if LMC is a decision-making group.</p>	

	<p>BH highlighted the recommended RAG position may have impacted on organisation responses, FP agreed the RAG status did have an impact on the organisation's response. AC suggested that the RAG status be reviewed.</p> <p>FP stated that a shared care agreement can be put in place but noted a GP could refuse and refer to a specialist, which would still allow Sativex to be prescribe. CM queried that if a RAG rating position consultation had initially been circulated, it would contain more information than the Shared Care Document that was circulated. BH advised that more information would have been contained, such as clinical efficacy, if a RAG review had been carried out.</p> <p>LSCMMG agreed based on discussions and comments that Sativex for the treatment of spasticity due to MS will be added to the new medicines workplan and that the Draft Shared Care document would be circulated with the clinical evidence and RAG recommendation, DJ will engage with DS.</p> <p><b>Action</b>  <b>Sativex for the treatment of spasticity due to MS shared care guideline to be added to the new medicines workplan.</b></p>	<p><b>DP</b></p>
<p>2020/163</p>	<p><b>Dapagliflozin for the treatment of type 1 diabetes shared care guideline</b></p> <p>AGR highlighted an equality impact screen has been carried out and found a potential cross border issue. GMMM have classified dapagliflozin use, in line with NICE TA 597, as 'Red' pending a shared-care protocol.</p> <p>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.</p> <p>AGR confirmed that NICE TA 597 (Dapagliflozin with insulin for treating type 1 diabetes) was discussed at the July meeting of the LSCMMG. Dapagliflozin, when used for the management of type 1 diabetes was assigned an Amber 0 classification. It was decided that a prescriber information sheet was required.</p> <p>The prescriber information sheet was developed in April and May 2020 and sent for consultation on 28th May with responses to be received by 1st July 2020.</p> <p>At the August meeting it was stated 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. It was 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. It was also agreed at the August meeting that a shared care guideline for dapagliflozin would be developed.</p>	

	<p>AGR noted the main points for consideration;</p> <ol style="list-style-type: none"> <li>1. Transfer to primary care at six months rather than three.</li> <li>2. Availability of access to specialist advice.</li> <li>3. Monitoring frequency could be burdensome for primary care.</li> </ol> <p>LSCMMG reviewed the document presented and approved the document without further changes.</p> <p><b>Action</b>  <b>The dapagliflozin for the treatment of type 1 diabetes shared care guideline to be added to the LSCMMG website.</b></p>	
2020/164	<p><b>Apomorphine shared care – update</b></p> <p>AGR reported the apomorphine shared care guideline was due for routine review. Minor changes have been made to the guideline, including updating links and the addition of further information relating to the 2016 MHRA alert relating to apomorphine and domperidone use.</p> <p>The Parkinson Disease Nurse Specialist at LTH has also reviewed and made comments on the document. Only minor amendments were required as above.</p> <p>LSCMMG reviewed the changes and approved the update.</p> <p><b>Action</b>  <b>The apomorphine shared care guideline to be added to the LSCMMG website.</b></p>	
2020/165	<p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>AGR discussed the guideline work plan is mainly on target. A meeting has been organised with the endocrinologists to discuss the Liothyronine RAG ratings. LR asked if an additional clinician could partake in the meeting, AGR agreed and will inform LR of the meeting date.</p> <p>The Erectile dysfunction guideline is due to expire, AGR noted the review would be a larger piece of work and may mean the target date changes to January 2021.</p> <p>A request for prioritisation to review metolazone was agreed, as currently there is no RAG rating.</p> <p>Lubiprostone has now been withdrawn and needs to be removed from the constipation guideline. LSCMMG approved the removal of Lubiprostone on the basis alternatives are referenced within the guideline.</p> <p>AGR noted Freestyle Libre 2 will be progressed via the policy group, the CSU are aware of the new product, and after discussions with a representative have confirmed the device price will be the same. The only difference will be the inclusion of an alert sensor therefore if a user's blood glucose is out of range this will trigger an alert. LR has raised Freestyle</p>	

	<p>Libre and use for extended groups AGR confirmed that this is also included in the scope of the review by the policy group.</p> <p>BH noted a letter has been received by a GP from a clinician in relation to the RAG rating for Dymista. LSCMMG members discussed the letter and agreed CM and BH are to review the letter and evidence, with a view to organising a meeting with the requesting clinician.</p> <p><b>Actions</b>  <b>BH and CM to review the letter regarding Dymista RAG ratings and work with AC to arrange a meeting with the clinician.</b></p> <p><b>Metolazone to be added to the new medicines workplan</b></p>	<p><b>BH/CM/AC/ DJ</b></p> <p><b>DP</b></p>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2020/166	<p><b>New NICE Technology Appraisal Guidance for Medicines October 2020</b></p> <p>AGR highlighted NICE TA 615 Naldemedine for treating opioid-induced constipation, NICE do not expect this guidance to have a significant impact on resources. Discussions took place on the RAG rating as to decide if this would be amber or green, LSCMMG agreed the CSU will review and bring back to December LSCMMG meeting.</p>	
2020/167	<p><b>New NHS England medicines commissioning policies October 2020</b></p> <p>No NHS England medicines commissioning policies to discuss.</p>	
2020/168	<p><b>Regional Medicines Optimisation Committee - Outputs October 2020</b></p> <p>DP informed the group that the RMOC Hydroxychloroquine retinopathy monitoring guidance consultation is running until 20/11/2020 which allows time for comment. DP noted a monitoring review is advised within 6 months of hydroxychloroquine initiation (within 12 months at the very latest) and after 5 years treatment, annual ophthalmology reviews are advised.</p> <p>DP updated RMOC Buprenorphine Long-acting Injection Guidance could be used as an easy to use guide if a service felt appropriate to commission. Supporting information is available.</p>	
2020/169	<p><b>Evidence reviews published by SMC or AWMSG</b></p> <p>DP reported to note the SMC or AWMSG for information. No further action is required.</p>	

**ITEMS FOR INFORMATION**

2020/170

**Lancashire And South Cumbria FT Drug and Therapeutic Committee minutes**

No meeting took place October 2020.

**Date and time of next meeting**10<sup>th</sup> December 2020 09.30 – 11.30





**ACTION SHEET FROM THE MEETING 9<sup>th</sup> July 2020**

<b>2020/067</b>	<b>Gender GP</b> AGR to contact Gareth Wallis regarding gender GP clinics.  <b>August 2020 update:</b> Item deferred to September. Contact details have been sent to AGR.	<b>AGR</b>	<b>Closed</b>	<b>09.07.2020</b>
	<b>September 2020 update:</b> draft prescribing tip to be circulated to CCG medicines leads for local circulation.  <b>October 2020 update:</b> ongoing  <b>November 2020 update:</b> Prescribing tip has been circulated. Actioned and closed.	<b>AGR/BH</b>	<b>Closed</b>	<b>10.09.2020</b>

2020/075	<p><b>Guidelines for the prescribing of nutritional supplements post bariatric surgery – update</b></p> <p>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.</p> <p><b>August 2020 update:</b> AGR noted Clare Thomason is no longer in post. Nicola Marland is now in post and will engage with Nicola Marland.</p>	AGR	09.07.2020	Closed
	<p><b>September 2020 update:</b> AGR has been in communication with Nicola Marland. AGR to write summary and Nicola Marland to disseminate the Guidelines for the prescribing of nutritional supplements post bariatric surgery.</p> <p><b>October 2020 update:</b> Ongoing</p> <p><b>November 2020 update:</b> prescribing of nutritional supplements post bariatric surgery guideline has been disseminated. Actioned and Closed.</p>	AGR	10.09.2020	Closed

**ACTION SHEET FROM THE MEETING 13<sup>th</sup> August 2020**

2020/091	<p><b>Pneumococcal conjugate vaccine – Community Supply to Adults with Respiratory Conditions</b></p> <p>DP to contact Julie Lonsdale who sits on the North West Flu Group.</p> <p><b>September 2020 update:</b> JL to progress through NW Flu group, actioned and closed.</p>	DP	13.08.2020	Closed
	<p>DP to contact Karen O’Brien Regional Pharmacists.</p> <p><b>October 2020 update:</b> Actioned and closed</p>	DP	13.08.2020	Closed
	<p><b>September 2020 update:</b> Karen O’Brien contacted; discussions ongoing. Actioned and closed.</p> <p>DP to contact RMOC.</p> <p><b>September 2020 update:</b> Reviewed and agreed a local resolution is more appropriate.</p>	DP	13.08.2020	Closed
	<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>	BH/DP	13.08.2020	Paused
	<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>			



2020/120	<p><b>Amiodarone and dronedarone shared-care guidance</b></p> <p>Engage with cardiologists and review patient pathway.</p> <p><b>October 2020 update:</b> Ongoing, December 2020 target date for review.</p> <p><b>November 2020 update:</b> Meeting booked with Dr Chalil next week, ongoing.</p>	AGR	Open	10.09.2020
<b>ACTION SHEET FROM THE MEETING 08<sup>th</sup> October 2020</b>				
2020/135	<p><b>Domperidone as an aid to the initiation and maintenance of breast milk supply</b></p> <p>Treatment course length to be highlighted in the indication.</p> <p><b>November 2020 update:</b> Clarified 7-day course. The additional part of the review is to clarify route to supply. DP fed back on the information provided by the network, it was agreed that the recommendation narrative and competencies needed further clarification with the breast feeding network.</p>	DP	Open	08.10.2020

<p><b>2020/136</b></p>	<p><b>Ketamine for chronic noncancer pain</b></p> <p>BH to review the internal process of capturing information that is not submitted via the formal submission route.</p> <p>Review to be re-circulated, ensuring that pain specialists are involved, with a proposed Black RAG rating.</p> <p><b>November 2020 update:</b> It was highlighted that there is usage in the trusts of Ketamine orally. It was discussed that it would be useful for the review to cover this, following consideration agreement was given to pull the current consultation, review the evidence and re circulate an updated evidence review.</p>	<p><b>BH</b></p> <p><b>DP</b></p>	<p><b>Open</b></p> <p><b>Open</b></p>	<p><b>08.10.2020</b></p> <p><b>08.10.2020</b></p>
<p><b>2020/137</b></p>	<p><b>Oscillating Positive Expiratory Pressure devices</b></p> <p>Review to be updated with Red RAG rating and clarification that supply of devices should be from specialist services.</p> <p><b>November 2020 update:</b> Actioned and closed.</p>	<p><b>DP</b></p>	<p><b>Closed</b></p>	<p><b>08.10.2020</b></p>

2020/138	<b>LSCMMG – New Medicine Reviews Work Plan update</b>			
	Alkindi to be added to the workplan.	DP	Closed	08.10.2020
	<b>November 2020 update:</b> Actioned and closed	DP	Open	08.10.2020
	David Shakespeare to be consulted on use of amantadine in MS.			
	<b>November 2020 update:</b> Liaised with David Shakespeare who reported there is no desire to review the place of amantadine in MS. Role of amantadine and modafinil in MS was discussed. Agreed hub team would scope the evidence and bring back recommendation.	DP	Open	12.11.20
2020/139	<b>Management of Psoriasis in Primary Care Guideline – update</b>			
	AGR to update Management of Psoriasis in Primary Care Guideline and bring to November LSCMMG meeting.	AGR	Closed	08.10.2020
	<b>November 2020 update:</b> Agenda item for discussion.			
2020/140	<b>Recurrent UTI Prophylactic Antibiotic Pathway</b>			
	Pathway to be amended and presented at the next meeting.	AGR	Closed	08.10.2020
	<b>November 2020 update:</b> Agenda item for discussion.			
2020/141	<b>Antipsychotic shared care guidance – update</b>			
	AGR to draft recommendation for inclusion/exclusion criteria.	AGR	Open	08.10.2020
	<b>November 2020 update:</b> Information received from LSCFT. Bring back to December LSCMMG meeting.			

<p><b>2020/142</b></p>	<p><b>Neuropathic pain guidance – update</b></p> <p>Change position of nortriptyline in the pathway.</p> <p>Remove cannabis from box 2.</p> <p><b>November 2020 update:</b> Agenda item for discussion.</p>	<p><b>All actions AGR</b></p>	<p><b>Closed</b></p>	<p><b>08.10.2020</b></p>
<p><b>2020/143</b></p>	<p><b>NICE Atrial fibrillation: management guideline update</b></p> <p>DP to capture LSCMMG member comments to aid response.</p> <p>LSCMMG members to engage with anticoagulant clinics for specialist input.</p> <p>AC to respond to NICE consultation on behalf of LSCMMG committee.</p> <p><b>November 2020 update:</b> Response sent to NICE. All actions actioned and closed.</p>	<p><b>DP</b></p> <p><b>All</b></p> <p><b>AC</b></p>	<p><b>Closed</b></p> <p><b>Closed</b></p> <p><b>Closed</b></p>	<p><b>08.10.2020</b></p> <p><b>08.10.2020</b></p> <p><b>08.10.2020</b></p>
<p><b>2020/144</b></p>	<p><b>Lipid work programme of the Innovation Agency</b></p> <p>CSU to review Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD.</p> <p><b>November 2020 update:</b> Query raised at the Lipid meeting regarding guidance, deferred to December.</p>	<p><b>CSU</b></p>	<p><b>Open</b></p>	<p><b>08.10.2020</b></p>
<p><b>2020/145</b></p>	<p><b>LSCMMG – Guidelines Work Plan update</b></p> <p>Palliative Care review to be added to Guidelines workplan.</p> <p><b>November 2020 update:</b> Palliative Care review added to the workplan.</p>	<p><b>AGR</b></p>	<p><b>Closed</b></p>	<p><b>08.10.2020</b></p>

<b>ACTION SHEET FROM THE MEETING 12<sup>th</sup> November 2020</b>				
<b>2020/156</b>	<b>Semaglutide Oral Tablets (Rybelsus) for the Treatment of Adults with Type 2 Diabetes</b> BH to monitor GLP1 historic prescribing trends and bring back to September 2021 LSCMMG meeting.	<b>BH</b>	<b>Open</b>	<b>12.11.2020</b>
<b>2020/157</b>	<b>Use of Melatonin in Children and Adolescents</b> DP to carry out full review of RAG ratings and licensed indication (i.e. Slenyto) use of Melatonin in Children and Adolescents	<b>DP</b>	<b>Open</b>	<b>12.11.2020</b>
<b>2020/158</b>	<b>New Medicines Workplan</b> Idarucizumab for reversal of the anticoagulant effect of dabigatran to be added to workplan. Zonisamide for migraine prophylaxis and benign essential tremor to be added to workplan Esketamine to be removed from scheduled LSCMMG review in December 2020	<b>DP</b>	<b>Open</b>	<b>12.11.2020</b>
		<b>DP</b>	<b>Open</b>	<b>12.11.2020</b>
		<b>DP</b>	<b>Open</b>	<b>12.11.2020</b>
<b>2020/159</b>	<b>Neuropathic pain guidance – update</b> Clarify treatment pathway for diabetic/non-diabetic patients and format the guidance.	<b>AGR</b>	<b>Open</b>	<b>12.11.2020</b>
<b>2020/162</b>	<b>Sativex for the treatment of spasticity due to MS shared care guideline</b> Sativex for the treatment of spasticity due to MS shared care guideline to be added to the new medicines workplan	<b>DP</b>	<b>Open</b>	<b>12.11.2020</b>
<b>2020/165</b>	<b>LSCMMG – Guidelines Work Plan update</b> <b>Dymista</b> BH and CM to review the letter regarding Dymista RAG ratings. Meeting to be arranged with AC with the requesting clinician.  Metolazone to be added to the new medicines workplan	<b>BH/CM</b>	<b>Open</b>	<b>12.11.2020</b>
		<b>DP</b>	<b>DP</b>	<b>12.11.2020</b>