Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Held on Thursday 12th September 2019 at Preston Business Centre, Preston

PRESENT:

Mr Andy Curran (AC)	Chair of LSCMMG	Lancashire CCG Network
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
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community and Medicines	Blackburn with Darwen CCG
Dr Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care 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

IN ATTENDANCE:

Dr David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Joanne McEntee (JM)	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Lynn Vickers (LV)	Medicines Optimisation Technician	West Lancashire CCG

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/144	**Welcome & apologies for absence** Attendance noted above. Apologies received from Melanie Preston, Alastair Gibson and Rebecca Bond	
2019/145	**Declaration of any other urgent business** NB asked for UK exiting the European Union to be considered as an agenda item under AOB.	
2019/146	**Declarations of interest** None.	
2019/147	**Minutes and action sheet from the last meeting 11.07.2019** The minutes have been signed off as being as an accurate record.	
2019/148	**Matters Arising (not on the agenda)** None.	

NEW MEDICINES REVIEWS		
2019/149	**Ciclosporin (eye drops) New Medicines Assessment** DP highlighted that the equality and impact pro-forma had been completed and no significant issues had been identified. DP introduced the paper to the group. A request was received from an East Lancashire paediatric ophthalmologist to review the use of Verkazia in children from 4 years of age and adolescents for the treatment of severe vernal keratoconjunctivitis. The review was conducted in July 2019 and was sent out for consultation with responses to be received by 2nd September 2019. The draft recommendation was Amber 0. Four of eight CCGs and three of four Acute trusts responded by the closing date. Three Acute Trust and four CCGs agreed with the recommendation. DP provided a summary of the evidence. The pivotal study was a multicentre, randomised, double-blind, double masked, vehicle controlled phase III trial (VEKTIS) investigating the efficacy and safety of Ciclosporin A 0.1% eye drops (Verkazia) given either two times (BD) or four times daily (QDS) to children and adolescents with severe vernal keratoconjunctivitis (VKC) (grade 3 or 4 of Bonini scale) including corneal involvement (grade 4 or 5 on the modified Oxford scale). The double blind evaluation phase was 4 months followed by an 8 month extension period in which patients were allowed to receive active treatment, resulting in a total observation period of 12 months. The improvement in corneal surface defects and in symptoms observed with Verkazia in patients with severe VKC are clinically relevant. Treatment up to 12 months was well tolerated with mainly transient ocular adverse reactions. In general, Verkazia was well tolerated with mostly ocular adverse events such as eye pain and eye pruritis which usually occurred during instillation and resolved shortly after. **Discussion/decision:** The group approved the Amber0 RAG rating. **Action:** **RAG rating and new medicine review to be uploaded to the website.**	**DP**
2019/150	**Ustekinumab (increased dose) New Medicines Assessment** DP highlighted that the equality and impact pro-forma had been completed, a significant cost impact on £128,820 had been identified if patients identified as being eligible for four-weekly dosing were switched. DP introduced the paper to the group. A request was received from a consultant gastroenterologist based at East Lancashire Hospitals Trust to review the practice of escalating the dose of ustekinumab in complex patients who had not responded to the maximum licensed treatment dose, increasing the dose to injections every 4 weeks which is outside of the drug's licence and NICE guidance. The review was conducted in July 2019 and was sent out for consultation with responses to be received by 2nd September 2019. The draft recommendation was Red. Four of eight CCGs and two of four Acute trusts responded by the closing date. One Acute Trust and two CCGs agreed with the recommendation, with one Acute Trust and two CCGs potentially agreeing if additional information considered. DP Summarised the evidence, highlighting that there have been several recent papers reporting retrospective data suggesting that dose escalation can be beneficial in patients who do not achieve clinical response to the standard 8 weekly dosing regimen. DP stated that there is an ongoing randomised controlled clinical trial – Study of Treat to Target Versus Routine Care Maintenance Strategies in Crohn's Disease Patients Treated with Ustekinumab (STARDUST) investigating the benefit of a treat to target maintenance treatment strategy which will utilise dose escalation. The planned trial enrolment is 650 patients. The estimated study completion date is July 2021.	

	Discussion DP made it clear that the increased dosing regimen would be used last-line for patients where standard dosing had been unsuccessful. DP stated that ELHT had anticipated that 10 patients would be eligible for four weekly dosing. DJ queried if therapeutic drug monitoring had a place in managing these patients. CM offered that the evidence is mixed and asked, if the regimen was approved would it be possible to track usage. AGR confirmed that a unique set of Blueteq forms would be required and it would be possible to keep track of usage. BH suggested that it would be useful to report back usage data to the group in six-months' time. **Decision** The group approved the red RAG status of ustekinumab increased dosing. However, the group asked for clarification on where it will be used in the treatment pathway and what alternative treatment options would also be considered (e.g. surgery). DP was asked to engage with the specialist and report back at the next meeting, it was also agreed that the place in therapy would be included in the Crohn's disease pathway when it is reviewed. **Actions** **Confirm place in therapy with the specialist before upload to the LSCMMG web site. Include this information in the web site recommendation. Report back to LSCMMG at the next meeting** **Update the website with a separate increased dosing entry for ustekinumab with a red RAG status.** **Bring numbers of patients using increased dosing of ustekinumab entered on Blueteq in six-months' time.**	**DP** **DP** **AGR**
2019/151	**Dymista New Medicines Assessment** DP highlighted that the equality and impact pro-forma had been completed, it was noted that the total additional cost from April 2018 to March 2019 if 5% of intranasal corticosteroid items were switched to Dymista would be £114,000. DP introduced the paper. A request was received from a consultant ENT surgeon at Lancashire Teaching Hospital for Dymista to be reviewed as a treatment option for patients aged 12 years and over for the relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis who are refractory to first line nasal steroids in combination with antihistamines. The review was conducted in July 2019 and was sent out for consultation with responses to be received by 2nd September 2019. The draft recommendation was Green (Restricted). Four of eight CCGs and all four Acute Trusts responded by the closing date. Two Acute Trusts agreed with the recommendation, three CCGs disagreed with the recommendation and there were mixed responses from two Acute Trusts and one CCG. DP Summarised the evidence. Dymista nasal spray has demonstrated improved outcomes for all severities of allergic rhinitis compared to monotherapy with intranasal corticosteroids or antihistamines. No evidence was available comparing Dymista with a combination of corticosteroid and antihistamine. The safety profile of Dymista is comparable to other nasal sprays containing either corticosteroids or antihistamines, with no substantial safety concerns raised in the overall safety database. Combinations of intranasal corticosteroids and add-on oral antihistamines have demonstrated limited, if any, additional benefits compared to intranasal corticosteroids alone. Dymista is less expensive than its two individual components and administration in a single formulation reduces the "washout effect" of administering two nasal spray devices sequentially and may improve concordance. The British Society of Allergy and Clinical Immunology advises the use of Dymista when symptoms remain uncontrolled on antihistamine or	

	intranasal corticosteroid monotherapy or a combination of oral antihistamine and intranasal corticosteroid. Based on the patient numbers submitted by the applicant the cost burden is expected to be low within the Lancashire and South Cumbria health economy. **Discussion** DP confirmed that it is expected that Dymista would be used in cases where rhinitis is refractory to corticosteroids and antihistamines. DP highlighted that GMMMG and Pan Mersey APC have approved Dymista for use and there is potential for cross-border prescribing issues. CM stated that black is the most appropriate RAG rating as there is no comparison with current standard practice. CM also stated that the number of patients identified as being eligible for treatment may be an underestimate. AC suggested that the main barrier to potential use is the cost and that Dymista is a combination product which are not routinely reviewed by the LSCMMG. DJ stated that having Dymista as amber 0 following specialist recommendation may be a sensible approach. JK expressed concern that once GPs were aware that Dymista is being prescribed to patients with refractory symptoms that initiation in primary care would follow in lieu of referral to a specialist. LR stated that she did not feel there was sufficient evidence to support the use of Dymista. The group did not agree a consensus on the most appropriate RAG rating for the product therefore AC proposed that the matter be resolved by counting LSCMMG member votes. The results were as follows: • 3 votes for Amber0 RAG rating • 6 votes for Black RAG rating • 0 votes for Green RAG rating • Abstentions - 0 The decision was therefore to assign Dymista a Black RAG rating **Action** **LSCMMG website to updated with a black RAG status for Dymista.**	**DP**
2019/152	**New medicines workplan** DP presented the paper to the group. The following medicines reviews were prioritised by the group to be presented at future meetings of the LSCMMG: • **Fidaxomicin** for the treatment of *C.difficile* infection; subject of Individual Funding Requests • **Sputum clearing devices** for the management of COPD; requested by GP/CSR CCG • **Cyanocobalamin tablets** for the management of vitamin B12 deficiency; requested by Fylde and Wyre CCG • **Parathyroid hormone** (Natpar®) as adjunctive treatment of adult patients with chronic hypoparathyroidism who cannot be adequately controlled with standard therapy alone; requested by Consultant Endocrinologist, Royal Blackburn Teaching Hospital. Clarification required to determine appropriate commissioner. • **Octreotide / Lanreotide** for gastrointestinal bleeding and secretion disorders; subject of Individual Funding Requests • **Alirocumab** for use in adults with established atherosclerotic cardiovascular disease to reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk; identified by horizon scanning • **Oxygen** for the treatment of cluster headache; requested by Morecambe Bay CCG	

GUIDELINES and INFORMATION LEAFLETS		
2019/153	**OTC policy – update** BH highlighted that the equality and impact pro-forma had been completed, no issues had been identified. BH presented the paper. The 'Over the Counter Items that Should not be Routinely Prescribed in Primary Care' policy had previously been considered and a final draft was subsequently agreed by the LSCMMG. BH noted that this policy is due to be taken to the November 2019 meeting of The Joint Committee of CCGs (JCCCG) with a view to formally ratifying the policy across the ICS health economy. BH made it clear that changes in the national guidance had occurred which necessitated minor amendments to the final draft of the policy, which needed to be considered today prior to its consideration for ratification at the JCCCG. BH asked LSCMMG members to consider the addition of probiotics (which had previously been removed) and the addition of bath and shower emollients to the Lancashire and South Cumbria policy. **Discussion** BH stated that the OTC policy has been updated in line with NHSE guidance with probiotics and bath and shower emollients being added. No other comments were made by the group. **Actions** **Policy to be amended in line with recommendations before forwarding to JCCCG for approval.**	**BH**
2019/154	**Updated LSCMMG Recommended High Cost Drugs for Rheumatoid Arthritis Guideline** DP highlighted that the equality and impact pro-forma had been completed and no significant issues had been identified. DP introduced the paper to the group. DP stated that at the February meeting of the LSCMMG an outline proposal for the development of an updated Recommended High Cost Drugs for Rheumatoid Arthritis Guideline was discussed. DP confirmed that the group agreed in principle with the proposed changes to the pathway and agreed that the pathway should be developed in collaboration with the Lancashire Rheumatology Alliance. The guideline was produced in July 2019 and was sent out for consultation with responses to be received by 2nd September 2019. Four of eight CCGs, three of five provider trusts and Lancashire Care Foundation Trust responded by the closing date. Four CCGs, three Acute Trusts and Lancashire Care NHS Foundation Trust all accepted the updated guideline. **Discussion** DP confirmed that the brief for the guideline had not deviated from that agreed at the February meeting. DP stated that the guideline has been re-structured with drugs being grouped by mechanism of action and those available as generics (biosimilars) marked with the letter G. Drugs with the lowest acquisition cost drug are to be used at each line of treatment, when appropriate, and clinicians have a choice of up to a maximum of four lines of effective treatment. A 'line' of treatment is completed when a drug is prescribed but the patient subsequently shows secondary nonresponse. DP stated that Blueteq data had shown that only 9 patients had required three lines of biologic therapy for RA over a 12-month period, this indicating that the cost pressure of allowing four lines of treatment should be minimal. The group agreed to accept the pathway. BH stated that the title of the guideline should include the words 'Lancashire and South Cumbria Medicines Management Group' instead of 'Lancashire Medicines Management Group'. The guideline is scheduled for the November 2019 meeting of The Joint Committee of CCGs (JCCCG) with a view to formally ratifying the policy across the ICS health economy.	

	Action **Title of the guideline to be updated with the words 'Lancashire and South Cumbria Medicines Management Group' and uploaded to the LSCMMG website once ratified at JCCCG.**	**DP**
2019/155	**Vitamin D Position Statement** AGR presented the position statement to the group. The equality and impact pro-forma had been completed and no significant issues had been identified. AGR explained that the LSCMMG had agreed at the July meeting that text from the vitamin D position statement should be removed and replaced with text signposting readers to the Royal Osteoporosis Society adult and children guidelines. The position statement was subsequently updated and sent for consultation with comments to be received by 2nd September. Four of eight CCGs and four of five provider trusts responded by the closing date. Two trusts and two CCGs agreed with the position statement. Two CCGs and two trusts stated that they may agree with the position statement if additional information was considered. Changes were subsequently incorporated into the position statement. The group agreed to accept the updated position statement. **Action** **Position statement to be added to the LSCMMG website.**	**AGR**
2019/156	**Blood Glucose Monitoring Guideline** AGR presented the updated guideline to the group. The equality and impact pro-forma had been completed; the guideline could lead to less expenditure on blood glucose testing strips. Cross border issues could arise as LSCMMG and GMMMG guidance differ in the way patient cohorts are defined and the quantities of strips which are recommended. All of the LSCMMG recommendations for frequency of testing/strips required fall within the ranges outlined by the GMMMG guideline. The guideline was sent for consultation with comments to be received by 2nd September. Four of eight CCGs and two of five provider trusts responded by the closing date. All responding members stated that may support the guidance if additional information was considered. The guidance presented to the group was therefore updated in line with comments received. AGR suggested that patients falling into Monitoring Level 1 should not need to test blood glucose routinely and testing should instead be at the discretion of a clinician if, for example a patient becomes symptomatic. The group agreed with this suggestion and requested that the current 'Level 1' categorisation be removed from the guideline and the current 'Levels 2 to 4' be re-classified as the new 'Levels 1 to 3'. Pending these changes, the guideline was accepted. **Actions** **Guideline to be updated with the removal of the current 'Level 1' categorisation and the current 'Levels 2 to 4' to be re-classified as the new 'Levels 1 to 3'.** **Updated guideline to be added to the LSCMMG website**	**AGR** **AGR**
2019/157	**Psoriasis: LSCMMG Biologic and High Cost Drug Commissioning Pathway** DP highlighted that the equality and impact pro-forma had been completed and no significant issues had been identified. DP introduced the paper to the group. DP stated that the previous pathway was in need of updating due to two new biologics becoming available; both have positive NICE Technology Appraisals however risankizumab was still at the Final Appraisal Determination stage at the time of consultation, it is now TA596. The guidance was updated and sent for consultation in July 2019 with responses to be received by 2nd September 2019. Four of eight CCGs and four of five provider trusts	

	responded by the closing date. Four CCGs and three Acute Trusts agreed with the recommendation, with the remaining Acute Trust agreeing with the recommendation providing additional information considered. **Discussion** DP stated that the UHMB consultation response included a question asking if dimethyl fumarate could be started by the local specialist whilst waiting for referral to the supra-specialist centre. DP confirmed that the guideline had not changed in this respect and NICE states that supra-specialist advice should be sought prior to commencing third line biological therapy; dimethyl fumarate is not a biologic therefore may be initiated before supra-specialist advice. AC suggested that the pathway should be shared with the tertiary centre at Salford Royal as formal referral to the tertiary centre may not be required. BH stated that Salford Royal may not be aware of the importance of adhering to the local the commissioning pathway and engagement would be required. BH also queried if RMOC were looking at lines of commissioned biologics offered. JMc confirmed they are but time scales are not yet known, they are currently awaiting legal advice. It was agreed that in light of the completed RA pathway review, that the pathway should be reviewed and updated. The pathway was approved by the group with the proviso that the RMOC workstream output is considered when this becomes available and that the LSCMMG pathway is subsequently updated. **Action** **Psoriasis biologic pathway to be added to the website** **RMOC biologic lines work to be added to the guidelines workplan**	**DP** **AGR**
2019/158	**ADHD Shared Care Guideline** AGR presented the updated guideline to the group. The equality and impact pro-forma had been completed, no issues were identified. The guideline was sent out for consultation with responses to be received by 2nd September 2019. Four of eight CCGs and two of five provider trusts responded by the closing date. Two CCGs and one trust agreed with the document. Two CCGs and one trust stated that they may support the document if additional information was considered. Comments centred on the nature of the shared care agreements and emphasised the importance of gaining agreement with all parties to ensure safe prescribing. Suggested updates were included in the text presented to the group. The group accepted the updated guideline. **Action** **Updated guideline to be added to the LSCMMG website**	**AGR**
2019/159	**Cannabis guidance – update** AGR gave verbal update on developments in guidance on medicinal cannabis. AGR stated that evidence for efficacy is lacking and this lack of evidence has the potential to require an update of the LSCMMG guidance on cannabis. The group discussed the issues and being mindful that NICE is due to update its cannabis guidance later in 2019 it was greed that the LSCMMG guidance should not be updated in advance of the NICE guidance.	
2019/160	**Gender dysphoria prescribing information sheets – update** AGR presented the updated information sheets for prescribing in gender dysphoria. The sheet for trans women has been updated to include additional information advising prescribers when to discontinue GnRH analogues and antiandrogen therapy. As the trans men information sheet already includes sufficient information on managing adjuvant treatment in this group of patients, no changes had been made. The group accepted the updated information sheets. **Action** **Updated information sheets to be added to the LSCMMG web site**	**AGR**

2019/161	**Camouflage cream position statement** AGR presented the updated camouflage cream position statement. At the July meeting of the LSCMMG it was agreed that the position statement needed to be clearer, particularly that the products need to be commenced by a specialist with the relevant training. The position statement was updated and added to the LSCMMG web site. Subsequently it was noted that that there are NHSE evidence-based intervention policies for cosmetic procedures being considered by the CPDIG. The basis for decisions that have been proposed at the CPDIG and subsequently ratified by the Joint Committee of CCGs in relation to these policies, appear to be in contention with the criteria agreed in the camouflage cream position statement by LSCMMG. The paper presented to the LSCMMG has been updated to align with the CPDIG policy. LR highlighted that the costs for identical camouflage creams supplied through primary care, vary widely in the costs charged to the health economy. Taking comments into account the group accepted the updated position statement **Action** **Position statement to be added to the LCCMMG web site.**	**AGR**
2019/162	**Guidelines workplan** AGR presented the guidelines workplan to the group. The workplan also included an action for the transfer of recommendations from the old to the new web site. The group accepted the guidelines workplan.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2019/163	**New NICE Technology Appraisal guidance for medicines July and August 2019** AGR presented the NICE Technology Appraisal Guidance for medicines paper for July and August 2019. Of interest to the committee were: • **Nusinersen for treating spinal muscular atrophy TA588**, NHSE commissioned, Red RAG rating • **Fluocinolone acetonide intravitreal implant for treating recurrent noninfectious uvetitis TA590**, CCG commissioned however NICE do not expect this guidance to have a significant impact on resources because the technology is a further treatment option and the overall cost of treatment will be similar, Red RAG rating • **Letermovir for preventing cytomegalovirus disease after a stem cell transplant TA591**, NHSE commissioned, Red RAG rating • **Risankizumab for treating moderate to severe plaque psoriasis TA596**, CCG commissioned however NICE do not expect this to have a significant impact on resources, already added to the updated LSCMMG psoriasis guidelines, Red RAG rating • **Dapagliflozin with insulin for treating type 1 diabetes TA597**, CCG commissioned, already Green for type 2 diabetes, propose combination product assigned Amber0 and then consider for an update to the diabetes guideline. **Action** **Listed TAs to be added to the LSCMMG web site**	**AGR**
2019/164	**New NHS England Medicines Commissioning policies.** No relevant policies to discuss.	
2019/165	**Regional Medicines Optimisation Committees – Outputs** DP introduced the paper to the group. One RMOC output requires action by the group: Liothyronine RMOC guidance – prescribing of liothyronine was updated and published	**AGR**

	on the SPS website in July 2019. AGR confirmed that a paper on this will be presented at the October meeting.	
2019/166	**Evidence reviews published by SMC or AWMSG** DP introduced the paper to the group. DP confirmed that two SMC reviews met LSCMMG criteria and required discussion: • SMC1236/17 empagliflozin linagliptin fixed-dose combination (Glyxambi) empagliflozin/linagliptin (Glyxambi®) is accepted for restricted use within NHS Scotland. Indication under review: in adults aged 18 years and older with type 2 diabetes mellitus • SMC2118 perampanel (Fycompa) in the absence of a submission from the holder of the marketing authorisation: perampanel (Fycompa®) is not recommended for use within NHS Scotland. Indication under review: for the adjunctive treatment of primary generalised tonic-clonic seizures in adult and adolescent patients from 12 years of age with idiopathic generalised epilepsy. The group did not prioritise these items for review.	
PROCESS CHANGE		
2019/167	**Ratification of LSCMMG Recommendations by Joint Committee** BH introduced the paper to the group. BH stated that at the Joint Committee of CCGs meeting on the 1st of August it was proposed that recommendations developed by LSCMMG such as New Medicines Decisions, Commissioning Policies relating to Medicines and Commissioning Pathways relating to medicines, are considered and adopted by the Joint Committee of CCGs. The Joint Committee has the remit of approving policies for all constituent CCGs. The Joint Committee also agreed that NICE Technology Appraisals relating to Medicines would also be considered and adopted. It was agreed that one of each type of recommendation from the September and October LSCMMG meetings will be taken to the November meeting of the Joint Committee for consideration and ratification. Pending the successful consideration and adoption at the November meeting all future recommendations within these categories from LSCMMG will be considered and adopted through the Joint Committee.	
2019/168	**Discussion with LMC in relation to consultations that will have a material impact on primary care** BH reported that he and AC had met with the Local Medical Committee in the Morecambe Bay region to discuss LSCMMG consultation processes and engagement with the health economy's doctors. It was proposed that all LSCMMG papers that relate to primary care be circulated to the LMC as part of the consultation process. Peter Higgins (chair of LMCs in Lancashire) agreed with this proposal. LSCMMG members agreed with this proposal. **Action** **All LSCMMG consultations that relate to primary care be circulated to the LMC as part of the consultation process**	**DP/AGR**
2019/169	**LSCMMG annual report** BH introduced the paper to the group and noted that it was for information only. BH highlighted the excellent representation from member organisations and consistent alignment of CCGs positions with those recommended by LSCMMG. Any comments on the annual report should be forwarded to BH.	

ITEMS FOR INFORMATION		
2019/170	**Lancashire Care FT Drug and Therapeutic Committee minutes – July 2019** The minutes were noted by the Group.	
OTHER BUSINESS		
	NB raised the issue of the UK exiting the European Union. NB attended a meeting where the sharing of medicines between community and secondary care providers was discussed. BH noted that it would be sensible to draft a protocol to enable the sharing of medicines between care settings if medication shortages are experienced in Lancashire and South Cumbria. BH suggested researching materials already available, including national publications to help in drafting an agreement. **Action** **BH to scope availability of protocols from other regions and engage with SLOG members.**	**BH**

Date and time of the next meeting

Thursday 10th October 2019, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE and SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 12th September 2019
ACTION SHEET FROM THE MEETING 9TH MAY				
2019/111	**LSCMMG Shared Care Documents – Antipsychotic update and agreement forms** MLCSU to circulate amber RAG criteria and RAG flow chart for LSCMMG members to feedback comments. **July 2019 update:** Consultation is currently taking place. Once amended criteria for Shared Care are drafted, these will be subject to a full consultation alongside any recommended RAG position amendment recommendations. **July 2019 update:** Consultation to take place once criteria finalised**.** Shared-care agreement forms are to be added to all shared-care documents with additional wording added. The wording will indicate that the use of the form is optional, but the information contained in the form must be communicated to primary care**.** **July 2019 update**: Work in progress, to be completed by September's LSCMMG meeting **September 2019 update:** Completed	**AGR** **AGR** **AGR**	**13.06.2019** **13.06.2019** **13.06.2019**	**Closed** **Closed** **Closed**

2019/119	**Regional Medicines Optimisation Committees outputs** Acute trusts to review and highlight if there is any potential route to supply areas for discussion at July's LSCMMG meeting. **July 2019 update:** It was agreed to re-circulate the document and to put this as an agenda item for discussion at September's LSCMMG meeting. **September 2019 update:** Reviewed by Trusts, no actions required for LSCMMG	**LSCMMG members**	**13.06.2019**	**Closed**
ACTION SHEET FROM THE MEETING 11TH July				
2019/127	**Slenyto (melatonin)** Joint CSU and LCFT working in terms of producing generic information on melatonin Joint CSU and LCFT working to provide advice on switching of patients and the place of the licensed liquid and Slenyto CSU and LCFT to produce draft guidance for recommend formulary position for each presentation and indication - comprehensive recommendation to be discussed at September's LSCMMG meeting including the jet lag indication. Potential cost implications of each recommendation to be brought to next meeting **September 2019 Update:** Meeting to take place in 1 week, update to the October meeting.	**DP/LCFT**	**11.07.2019**	**Open**

2019/129	**Agomelatine** Shared care principles to be reviewed then suitability of agomelatine's inclusion in a shared care protocol will be assessed.	**DP**	**11.07.2019**	**Open**
	It is thought 12 patients are currently prescribed Agomelatine, LCFT to review the length of time this cohort have been prescribed agomelatine. In addition, the suitability of this patient cohort for continued prescriptions from a non-specialist setting to be considered alongside the frequency and requirement for medication reviews by LCFT to be reported back to the CSU.	**LCFT**	**11.07.2019**	**Open**
	If following LCFT findings a Red Rating seems suitable and the LCFT guidance document can be used to support its implementation this will be brought back to the next LSCMMG. Should any other RAG classification be recommended this would result in a further consultation. **September 2019 update:** Work ongoing, one patient approved this year. To feedback at the October meeting	**DP**	**11.07.2019**	**Open**
	The latest LCFT formulary to be circulated, this will be reviewed against LSCMMG's recommendations. **September 2019 update:** LCFT Drugs and Therapeutics committee was on Friday last week. A few small amendments to the formulary were agreed, once actioned the formulary will be shared.	**LCFT / AGR**	**11.07.2019**	**Open**

2019/132	**Camouflage products position statement** Make recommended changes to the position statement and upload to the website. **September 2019 update:** discussed under agenda item 2019/161	**AGR**	**11.07.2019**	**Closed**
2019/133	**Dementia medicines information sheet** Consultation to take place on how these patients are to be managed and which care setting is best placed to commence treatment with memantine in patients already on AChEIs – to be sent to all members LCFT to feedback regarding access to advice for GP from the specialist service. **September 2019 update:** Consultation to take place in the Autumn with feedback to the group scheduled for November/December.	**AGR/LSCMMG members** **TG**	**11.07.2019** **11.07.2019**	**Open** **Open**
2019/134	**Vitamin D position statement** Vitamin D position statement consultation to take place and to be discussed at the September meeting. **September 2019 update:** Discussed under agenda item 2019/155	**AGR**	**11.07.2019**	**Closed**
2019/142	**NHS England Low Priority Prescribing Commissioning Guidance** CSU to email LSCMMG members to scope which trust's use i.e. Ketone blood glucose testing strips and needles. September 2019 update: Work on Blood Glucose Testing strips is starting in the EL Health Economy. MLCSU to work with ELMMB to look to produce LSCMMG guidance.	**CSU**	**11.07.2019**	**Open**

ACTION SHEET FROM THE MEETING 12TH September				
2019/150	**Ustekinumab (increased dose) New Medicines Assessment** Confirm place in therapy with the specialist and report back to LSCMMG at the next meeting When place in therapy confirmed, update the website with a separate increased dosing entry for ustekinumab with a red RAG status. Bring numbers of patients using increased dosing of ustekinumab entered on Blueteq in six-months' time.	**DP** **DP** **AGR**	**12.09.2019** **12.09.2019** **12.09.2019**	**Open** **Open** **Open**
2019/152	**New medicines workplan** **Request for review of parathyroid hormone** Clarification of appropriate commissioner required before considering a full review	**DP**	**12.09.19**	**Open**
2019/153	**OTC policy – update** Policy to be amended in line with recommendations before forwarding to JCCCG for approval.	**BH**	**12.09.2019**	**Open**
2019/154	**New LSCMMG Rheumatoid Arthritis Biologic Guideline** Title of the guideline to be updated to LSCMMG and uploaded to the LSCMMG website once ratified at JCCCG.	**DP**	**12.09.2019**	**Open**
2019/156	**Blood Glucose Monitoring Guideline** Guideline to be updated with the removal of the current 'Level 1' categorisation and the current 'Levels 2 to 4' to be re-classified as the new 'Levels 1 to 3'	**AGR**	**12.09.2019**	**Open**
2019/157	**Psoriasis Biologic Guideline** RMOC biologic lines work to be added to the guidelines workplan	**AGR**	**12.09.2019**	**Open**

2019/159	**Cannabis guidance – update** Guidance to be updated when NICE publish guideline	**AGR**	**12.09.2019**	**Open**
2019/165	**Regional Medicines Optimisation Committees – Outputs** Paper on prescribing of liothyronine to be presented at October LSCMMG meeting	**AGR**	**12.09.2019**	**Open**
2019/167	**Ratification of LSCMMG Recommendations by Joint Committee** One policy, one commissioning pathway and one New Medicines Review recommendations from the September and October LSCMMG meetings will be taken to the November meeting of the Joint Committee for consideration and ratification	**DP/BH**	**12.09.2019**	**Open**
2019/168	**Discussion with LMC in relation to consultations that will have a material impact on primary care** All LSCMMG consultations that relate to primary care be circulated to the LMC as part of the consultation process	**DP/AGR**	**12.09.2019**	**Open**
AOB	**UK exiting the European Union** Scope availability of protocols from other regions and engage with SLOG members	**BH**	**12.09.2019**	**Open**