Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting Held on Thursday 14th November 2019 at Preston Business Centre

PRESENT:

Mr Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Vince Goodey (VG)	Deputy Director of Pharmacy	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 and South Cumbria NHS Foundation Trust
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research and Clinical Effectiveness	East Lancashire CCG
David Jones (DJ)	Deputy Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	Blackpool & Fylde and Wyre CCG
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust

IN ATTENDANCE:

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

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/189	**Welcome & apologies for absence** Attendance noted above. Apologies received from Christine Woffindin therefore represented by Vince Goodey.	
2019/190	**Declaration of any other urgent business** None.	

2019/191	**Declarations of interest pertinent to agenda** None.	
2019/192	**Minutes and action sheet from the last meeting 10th October 2019** SR noted spelling errors and suggested a reword for timescales of monitoring and administering depot injections. Minutes agreed as final version with proposed changes amended during the meeting.	
2019/193	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2019/194	**Pathway for prevention of stroke and systemic embolism** DP updated, an EIRA screen has been completed which found no potential issues. DP discussed the current guideline, titled 'Pathway for the prevention of stroke and systemic embolism in non – valvular atrial fibrillation' required an update to ensure that warfarin is still considered as an option and also to reinforce edoxaban as the preferred NOAC in Lancashire and South Cumbria. DP reported andexanet alfa is not yet licenced but discussed this could change in the near future. To ensure the guideline is easy to find on the LSCMMG website, the document has been re-named and is now called 'Atrial Fibrillation Pathway: Pathway for the prevention of stroke and systemic embolism in non-valvular atrial fibrillation'. The guideline has also been re-designed to ensure optimum readability and to be easily transferred to an EMIS template for use in primary care. DP updated the EMIS template has been agreed and would hope the rollout of the template would commence from January 2020. DP discussed the consultation comments, the majority of CCG's responses agreed with the updated guidance, some remaining trusts and CCG's asked for further clarification around the NOAC and renal section of the guideline. Blackpool Teaching Hospitals was the only organisation to disagreement with the guidance, each of the points raised by Blackpool Teaching Hospitals and comments from the CSU Hub team with recommended amendments were considered by the group. DJ highlighted that the Define dataset was useful to assist trusts in benchmarking their uptake on medicines such as NOACs against other trusts in the North West, it was highlighted that the current annual expenditure on anti-coagulants in primary care was £16 million. LSCMMG approved the guidance and suggested the NOACs Task and Finish group engage with Blackpool Teaching Hospital cardiologists and haematologists. LR requested outcomes are addressed as well as spend due to East Lancashire spending an additional 4 million on anticoagulants. **Action – NOACs task and finish group to engage with Blackpool Teaching Hospital' Cardiologists and Haematologists regarding the pathway for prevention of stroke and systemic embolism.**	**DP**
2019/195	**Fidaxomicin New Medicines Assessment** DP discussed, an EIRA screen has been completed which highlights a potential financial, service impact equality and inclusion, and cross border issue risk. DP reported the cost of fidaxomicin 200mg twice daily for 10 days is £1,350. If the estimated 422 cases of C Difficile arising in Lancashire and South Cumbria in a	

	year were treated with fidaxomicin instead of vancomycin, then this would equate to an increase of between £393,206 and £489,828 per year. DP reported potential Cross border issues, GMMMG - Fidaxomicin (Dificlir®) may be considered as an option for use following a first or second relapse. i.e. as second or third line therapy. Fidaxomicin should be initiated by a microbiologist or under microbiologist recommendation. Fidaxomicin may also be considered for patients with severe CDI who are considered to be at high risk for recurrence as per the Public Health England Guidance. e.g. elderly patients with multiple comorbidities who are receiving concomitant antibiotics. Fidaxomicin is classed as GREEN+ drug on the GMMMG RAG list as suitable for prescribing by a GP on the advice of a microbiologist. Pan Mersey - Pan Mersey APC recommends that Fidaxomicin should only be prescribed on the advice of a consultant microbiologist or consultant in infectious diseases. LSCMMG recommendation is Amber0 rating, DP discussed consultation responses highlighting only Blackpool Teaching hospitals disagreed with the RAG rating, proposing a Red Rating to ensure a microbiologist is involved with prescribing of the drug. MP suggested intermediate care in community is taken into consideration for the RAG rating decision. Following discussion LSCMMG agreed Amber0 RAG rating with Microbiologist advice. **Action – the new medicines review to be added to the LSCMMG website with an Amber0 RAG rating.**	**DP**
2019/196	**Stiripentol New Medicines Assessment** DP update, an EIRA screen has been carried out which has highlighted potential financial and cross border issues. Dravet Syndrome is classified as a rare disease and stiripentol has been designated as an orphan medicinal product. Within Lancashire and South Cumbria around 1 baby will be born with Dravet syndrome every 18 months. The annual cost per patient, is £22,721.25. GMMMG are currently reviewing the RAG rating of stiripentol, as the current RED status only applies to paediatric use and may restrict access for existing paediatric patients when they reach adulthood. They are recommending stiripentol be revised to RED and GREY (adults) for use in Dravet Syndrome/ SCN1A variant epilepsy. Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population. Pan Mersey – no recommendation or RAG rating available. DP stated Stiripentol is normally commissioned by NHS England as it is mainly used for the treatment of childhood epilepsy. A number of IFR requests have been generated as children become adults and the CCG becomes responsible commissioner therefore the drug was prioritised for review. Consultation closed 31st October with only Blackpool teaching hospital disagreeing with the proposed Rag Rating. Blackpool Teaching Hospitals suggested an Amber0 Rag rating due to a consultant Neurologist suggesting it would cause inconvenience to the patient attending a hospital in order to get a prescription dispensed. LSCMMG considered all consultation responses and agreed a Red RAG rating. **Action – the new medicines review to be added to the LSCMMG website with a Red RAG rating.**	**DP**

2019/197	**LSCMMG – New Medicine Reviews Work Plan update** DP discussed the new medicine review work plan to ensure MLCSU capacity is being targeted at the areas of greatest need. DP reported East Lancashire have requested a new medicine review for Pneumococcal boosters – Prevnar 13/ Hib MenC for patients with low antibodies. The use of Herpes Zoster vaccine prior to TNF was also highlighted as a potential new medicine review. LSCMMG agreed that a local position needs to be determined with rheumatologists before agreeing as priority areas on the new medicine work plan. LSCMMG agreed for the current medicines on the workplan remaining as MLCSU priority areas. **Action – Local position for Prevnar 13/ Hib MenC boosters to be added to the workplan and scoped. Herpes Zoster to be determined via engagement with Rheumatologists**	**DP**
GUIDELINES and INFORMATION LEAFLETS		
2019/198	**POM antihistamine prescribing data** AGR stated that at the May meeting it was reported to LSCMMG members that, taking in to account seasonal variations in demand for antihistamines, there has been a steady decline in the total spend and number of items on antihistamines across Lancashire between 2016 and 2018. AGR highlighted that peak spend had also decreased across the same period by approximately £50,000 (c.30% reduction) and the peak number of items prescribe per year has fallen by approximately 15% (8,000 items). AGR noted that there had been a slight increase in fexofenadine average spend across Lancashire since 2016, although there was variation across the Lancashire CCGs. AGR presented new data that included the total spend and number of items prescribed items across Lancashire between April 2016 and August 2019. AGR pointed out that there has been an increase in fexofenadine use over the summer months that was in line with what was seen last year. AGR did note that the total cost of fexofenadine was slightly down on last year. AGR stated that overall antihistamine spend is in line with the trend reported at the last meeting. **Discussion** LSCMMG agreed that no further action was required. However, BH commented this would be a good opportunity to information share, particularly highlighting the overall antihistamine cost reduction.	
2019/199	**RAG criteria review – update** AGR stated that it had previously been agreed at the June meeting of the LSCMMG that MLCSU would circulate the Amber RAG criteria and the current RAG flow chart for comments. AGR confirmed that comments were received and reviewed. AGR summarised the draft changes to the RAG status flowchart and criteria: Black and Grey RAG status have become part of the main pathway; criteria that defines a Red RAG status remains largely unchanged; the main difference being the differentiation between Green and Amber RAG status and the addition of a further Amber classification – Amber 0 (PrescIL) which will provide consistency	

	when decided which Amber 0 medicines require a prescribing information sheet to be developed; differentiation between Green and Amber classifications relates specifically to the safety of the medicine under review; differentiation between Amber 1 and 2 and Amber 0 specifically relates to the frequency of blood monitoring as defined by NHSE. **Discussion** The group discussed the proposed pathway. Points specifically relating to the inclusion of the following criteria when deciding if a medicine is suitable for shared-care or not were raised: route of administration; specialist interpretation of results; if the medicines is routinely initiated in primary care; safety of the medicine; narrow therapeutic index; if the condition requires specialist monitoring. The group also discussed the inclusion of the following: partnership working approach; pathways for continued specialist review; mechanism for referral back to the specialist; shared advice and guidance between care settings. AGR agreed to further develop the RAG criteria and flow chart with a view to undertaking an assessment of each of the criteria above for each medicine class to inform the appropriate RAG status. It was agreed the amended criteria would be an agenda item for December' LSCMMG meeting. **Action – RAG criteria review to be an agenda item December LSCMMG**	**LM**
2019/200	**NICE cannabis guidance update** AGR discussed the change in legislation from 1st November 2018 widened access to cannabis-based products for medicinal use in humans in England, Scotland and Wales. NICE was requested to produce a clinical guideline for the prescribing of cannabis-based products, this was published on Monday 11th November 2019. AGR stated that NICE have made recommendations for the following indications: • Intractable chemotherapy-induced nausea and vomiting - as an add-on treatment for adults • Chronic pain in adults – where cannabis preparations are not recommended • Moderate to severe spasticity in adults with multiple sclerosis – where a 4-week trial of THC:CBD spray is recommended It was highlighted that some of the recommendations align with current LCSMMG RAG ratings, however not all. DJ highlighted feedback that has been received from LSCMMG member David Shakespeare from LTH requesting that the guidance is considered widely before any changes to LSCMMG RAG ratings are made. In addition to the document published on the 11th of November, NICE technology appraisals (TA) for 'cannabidiol with clobazam for treating seizures associated with Dravet syndrome' and 'cannabidiol with clobazam for treating seizures associated with Lennox-Gastaut syndrome' are expected to be published on 18th December 2019. Both TAs are expected to have an implementation period of three-months. **Discussion**	

	LSCMMG agreed that the paper would be circulated to members for comments in advance of the next meeting to give members additional time to consult within their organisations before agreeing to the draft recommendations. **Action – NICE cannabis guidance update paper to be circulated to members and comments presented at the December meeting.**	**AGR**
2019/201	**RMOC sodium oxybate guidance** AGR introduced the paper. LSCMMG published an evidence review on the use of sodium oxybate for the management of narcolepsy with cataplexy in April 2016. The group acknowledged at the time that the evidence demonstrated sodium oxybate's efficacy when used for the treatment of narcolepsy with cataplexy. However, the group noted significant concerns associated with the use of sodium oxybate and recommended a RAG status of 'Black' to CCGs for the following reasons: 1. The only UK based cost effectiveness estimate, which was provided by the SMC in 2007, estimated sodium oxybate's cost per QALY to be between £49,590 and £65,980. These figures and concerns that the potential costs of adverse events are not included in the costing model and that the clinical resource savings may not be realised, led the SMC to conclude that the drug was not cost effective. 2. Safety issues and side effects, particularly respiratory depression are significant 3. Sodium oxybate is a schedule 2 Controlled Drug with an abuse potential RMOC Midlands and East published an advisory statement on the use of sodium oxybate in October 2019. The purpose of the document is to facilitate commissioning decisions relating to sodium oxybate for all adult patients. RMOC places sodium oxybate as a last-line treatment option and provided detailed criteria regarding when it should be used. The RMOC document included a summary of the evidence pertaining to the use of sodium oxybate for the management of narcolepsy with cataplexy. The main findings were derived from a 2012 meta-analysis which was included in the LSCMMG 2016 review. RMOC stated that the more recent evidence is broadly in line with the findings of the 2012 review. AGR continued that RMOC stated that there were no studies identified assessing the cost-effectiveness of sodium oxybate for narcolepsy with cataplexy in either adult or paediatric patients. However, an SMC cost-utility analysis from 2007 was identified by MLCSU and included in the LSCMMG review. AGR confirmed that RMOC refers to two, more recent studies, which include safety as an endpoint, that have been published since the 2016 LSCMMG review. The results of the two studies were considered by the group. **Discussion** AGR summarised as follows: 1. No additional cost-effectiveness analyses have been conducted or presented by RMOC that recommend sodium oxybate as a cost-effective treatment option.	

	2. The two additional studies, which include safety as an endpoint, since 2016 report that the frequency of significant side effects is either the same or worse than that already reported in the literature. The study that reports safety is consistent with that previously reported is industry sponsored. The Drakatos study indicates that sodium oxybate may worsen sleep-disordered breathing which is consistent with that reported in the 2016 LSCMMG review. 3. The Mayer et al study stated that incidents related to abuse potential were 'rare'. The LSCMMG recognised in 2016 that the evidence did demonstrate sodium oxybate's efficacy when used for the treatment of narcolepsy with cataplexy. The LSCMMG assigned sodium oxybate a 'Black' RAG status as there were concerns relating to cost-effectiveness, safety and abuse potential. AGR confirmed that the additional information provided by the RMOC does not appear to offer sufficient additional evidence to provide a basis for amending the current decision made by the LSCMMG. Therefore, it was agreed that sodium oxybate retains a 'Black' RAG status in Lancashire and South Cumbria. **Action** LCSMMG agreed that the RMOC document does not offer sufficient additional evidence to provide a basis for amending the current decision made by the LSCMMG. Sodium oxybate will retain a 'Black' RAG status in Lancashire and South Cumbria.	
2019/202	**Testosterone shared-care guidance – update** AGR advised an EIRA screen has taken place, no issues or risks were identified. AGR discussed a request was made by one of the CCG medicines leads to add IM Testosterone to the testosterone shared-care document, this has since been sent out for consultation. AGR confirmed that six of eight CCGs and one of five provider trusts responded by the closing date. Two CCGs agreed with the document and four CCGs and one provider trust stated that they may agree with the document if additional information was considered. **Discussion** Discussions took place around ELHE comments relating to Fasting level required for diagnosis but that it was unclear in the literature if a fasting level is required for TDM – AGR stated that he contacted trust for clarification. LR highlighted that the comment had come from a GP and that subsequently she had been provided with additional information. It was agreed that AGR would liaise with LR and the GP to consider whether a fasting level is required for monitoring purposes. **Action – LR to share Testosterone Shared Care guidance feedback.** **Action – to upload to the LSCMMG website once additional information had been considered.**	**LR** **AGR**
2019/203	**Teriparatide biosimilars – Blueteq** AGR stated that two additional teriparatide biosimilar products are now available alongside Forsteo® – Myvomia® and Terrosa®. AGR stated that one of the acute trusts has requested the addition of the biosimilar to Blueteq. BNF cost data is not currently available.	

	Discussion LSCMMG agreed for a Blueteq form to be added as MLCSU are monitoring costing data, AS also confirmed that the use of the biosimilar had been considered for UHMB and that it would result in a cost reduction. **Action – Blueteq form for teriparatide biosimilars to be developed**	**AGR**
2019/204	**Updated guideline for anti-hyperglycaemic therapy in adults with type 2 diabetes** DP advised an EIRA screen has taken place which has highlighted a potential financial implication. Some agents have been added as recommended options to the guidelines. It is anticipated that the use of these agents would either be cost neutral or cost saving. The Guideline for Antihyperglycemic Therapy in Adults with Type 2 Diabetes was updated following receipt of a letter from a group of local clinicians requesting updates to the guideline. This guideline was circulated to a working group of specialist diabetes clinicians across the Lancashire and South Cumbria health economy before subsequent circulation to the LSCMMG. DP discussed that the cardiovascular effects of different classes of medicines and data have been added to the guidance. The Guidance has been sent out for consultation with most of responses in favour of the guidance. LSCMG discussed comments from Fylde Coast CCG's. MP advised the comments were raised as it was queried if LSCMMG were clear that the place in therapy of GLP-1s in the guidance was more closely aligned to the ADA guidance than NICE. Having considered the updated document and consultation responses, LSCMMG agreed the updated antihyperglycaemic guideline. **Action – The updated document to be uploaded to the LSCMMG website**	
2019/205	**New LSCMMG website – update** AGR demonstrated the new LSCMMG website to the group. AGR discussed the new layout of the website and its features. AGR discussed as part of the website transfer it will be necessary to amend hyperlinks in documents previously approved by LSCMMG. LSCMMG was asked for approval of amendments enabling the website transfer. **Discussion** LSCMMG agreed on the basis of an internal MLCSU checking process. The new LSCMMG website has an estimated go live date of January 2020.	
2019/206	**LSCMMG – Guidelines Work Plan update** AGR discussed the guideline workplan for 2019/20. Guideline timescales remain on schedule. AGR discussed a query about Xenidate XL from Greater Preston CCG. The maximum licensed dosage is 54mg, but in the ADHD shared-care guideline, the maximum dose recommended in the guideline for other brands is 108mg. Xenidate XL is considered to be bioequivalent to Concerta. SR commented that a statement had been added to the guidance that clarifies this position, CM will follow up the query internally. AGR stated that Iloprost is a high-cost drug and is CCG commissioned for Raynaud's disease. However, there is currently no Blueteq form for iloprost on the	

	Lancashire system. AGR asks to trust to feedback if iloprost is routinely being used for Raynaud's and if so a Blueteq form will be required. **Action – acute trusts to feedback iloprost use to AGR**	**Acute trusts**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2019/207	**New NICE Technology Appraisal Guidance for Medicines (October 2019)** AGR highlighted two CCG commissioned NICE TAs from October: NICE TA607 Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease. NICE state this guidance is applicable to Secondary care - NICE estimate a cost pressure to the NHS in Lancashire and South Cumbria of £826,690 or £48,976 per 100,000 population. LSCMMG noted the cost pressure. Proposed RAG status – Green. NICE TA605 Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea. NICE estimate a cost pressure to the NHS in Lancashire and South Cumbria of £438,077 or £25,953 per 100,000 population. However, these prices have been calculated using the BNF price of Xeomin. The NICE costing template and statement refer to a discounted price which is commercial in confidence. Therefore, the above price is there likely to be lower. Proposed RAG status – Red. **Action - Listed TAs to be added to the LSCMMG web site**	
2019/208	**New NHS England medicines commissioning policies (October 2019)** No relevant policy to discuss.	
2019/209	**Regional Medicines Optimisation Committees – Outputs** DP updated the RMOC London Polypharmacy working group July 2018 report has now been uploaded to the website, which may be of interest to some parties. LSCMMG noted the paper and took no further action.	
2019/210	**Evidence reviews published by SMC or AWMSG** DP discussed Triptorelin for endocrine responsive early stage breast cancer, which could be classed as being commissioned by NHS England however the drug crossed over into primary care and could therefore result in costs for CCGs. MLCSU to review the usage of triptorelin in primary care. LSCMMG also highlighted concerns in the slow transfer of high risk medicines, such as transplant medications, being repatriated to acute trusts, in particular liver transplant patients. It was agreed that this issue would be put on the next SLOG agenda for discussion. **Actions** **MLCSU to review the usage of triptorelin in primary care.** **Repatriation of high risk medicines to be an agenda item at the next SLOG meeting**	

ITEMS FOR INFORMATION		
2019/211	**Lancashire and South Cumbria Care FT Drug and Therapeutic Committee minutes (November 2019)** No meeting has taken place as Bi-monthly meeting schedule. Minutes due to be received at December's LSCMMG meeting.	
PROCESS CHANGES		
2019/212	**Briefing Paper for Healthier Lancashire and South Cumbria Joint Committee of Clinical Commissioning Groups (JCCCG's) update** BH advised the group the JCCCG meeting due to take place in November was postponed due to Purdah and no further meeting will take place until 2020. As the meeting was postponed it is for LSCMMG to decide how to take forward the following recommendations; • Cariprazine – agreed to defer take to January 2020 JCCCG meeting. • NICE Technology Appraisal – to be agreed via current ratification process. • Over the counter items – agreed to use existing ratification process until new process is implemented. • Rheumatoid Arthritis High Cost Drug Pathway – agreed to use existing ratification process until new process implemented.	**DP / AGR**

Date and time of the next meeting
12th December 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
2019

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 14th November
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. **October 2019 update:** Work on guidance in the process of being finalised. It was highlighted that often with the release of a licensed preparation that the MHRA may increase their oversight on the use of unlicensed preparations. **November 2019 update** Figures required from LCFT. Slenyto proposal to be brought to December's LSCMMG meeting.	**DP/LCFT**	**11.07.2019**	**Open**
	Consideration with given to adding high-cost pressures identified at the LSCMMG to the ICS corporate risk register. BH agreed to look at this. **November 2019 update:** Action to Remain open, a paper on cost pressures being take to FIG and paper on prioritisation being taken to JCCCG, highlighting financial risks will be included on these papers.	**BH**	**10.10.19**	**Open**

2019/129	**Agomelatine** Shared care principles to be reviewed then suitability of agomelatine's inclusion in a shared care protocol will be assessed.	**AGR/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 The latest LCFT formulary to be circulated, this will be reviewed against LSCMMG's recommendations.	**DP**	**11.07.2019**	**Open**
	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. **October 2019 update:**	**LCFT / AGR**	**11.07.2019**	**Open**
	DP confirmed that 3 patients had been prescribed agomelatine in the last 12 months. The group queried if shared care was appropriate given the low numbers. SR stated that if the drug was RAG rated Red then stable patients with depression would be retained by secondary care needlessly. The group agreed that the RAG status for agomelatine would be consulted on first, with specific feedback sought from the LMC, if the consultation results in an	**DP**	**10.10.2019**	**Open**

	Amber 1 classification a SCG will be developed and be consulted on. **November 2019 update** Agreed full consultation now figures are known, circulate as Amber 0 recommendation.			
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. **October 2019 update:** Deferred to a following LSCMMG meeting. **November 2019 update:** MLCSU to chase up responses. Summary to be brought back to December LSCMMG meeting.	**CSU** **CSU**	**11.07.2019** **14.11.2019**	**Closed** **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 **November 2019 update:** Clarity was provided for increased dose. When place in therapy confirmed, update the website with a separate increased dosing entry for ustekinumab with a red RAG status. **November 2019 update:** Pathway discussions have taken place. Add to website. Bring numbers of patients using increased dosing of ustekinumab entered on Blueteq in six-months' time. **November 2019 update:** Discuss as part of Gastro biologics pathway on LSCMMG agenda. **October 2019 update:** DP has received some clarification form the applicant regarding place in the pathway. Further information required on this, particularly which other biologics will be used prior to increased dosing becomes an option. To be picked up as part of pathway discussions.	**DP** **DP** **AGR** **DP**	**12.09.2019** **12.09.2019** **12.09.2019** **10.10.2019**	**Closed** **Closed** **Closed** **Closed**
2019/152	**New medicines workplan** **Request for review of parathyroid hormone** Clarification of appropriate commissioner required before considering a full review. **October 2019 update:** Confirmed that PTH is NHSE commissioned. However, the process required to go through to obtain funding is not clear. DP to contact with specialised commissioning for clarification. **November 2019 update:** DP clarified NHS England commissioned, no further actions.	**DP** **DP**	**12.09.19** **10.10.2019**	**Closed** **Closed**

2019/153	**OTC policy – update** Policy to be amended in line with recommendations before forwarding to JCCCG for approval. **October update:** It was requested that a newsletter should be circulated to inform members about what has been approved at the JCCCG. **November 2019 update:** A newsletter will be circulated when JCCCG items are ratified agreed moving forward.	**BH** **BH**	**12.09.2019** **10.10.19**	**Closed** **Closed**
ACTION SHEET FROM THE MEETING 10th October				
2019/177	**Cariprazine for the treatment of schizophrenia in adults** LSCFT to share internal policy or process for approving cariprazine with DP Cariprazine to be added to antipsychotic shared-care guideline and presented for approval at the next meeting **November 2019 update:** A proforma has been developed to support its implementation in LSCFT, cariprazine to be an agenda item at December LSCMMG meeting.	**SR** **DP**	**10.10.19** **10.10.19**	**Open** **Open**
2019/179	**Liothyronine – RMOC review** RAG positions for Liothyronine to be updated on the LSCMMG website. **November 2019 update:** Added to the website closed. Black RAG status to be added to the NMR for liothyronine review for hypothyroidism and resistant depression. **November 2019 update:** Actioned and closed	**AGR** **AGR**	**10.10.2019** **10.10.19**	**Closed** **Closed**
2019/181	**Website – update – timescales for uploading documents** New timescale for web site update to be adopted by CSU **November 2019 update:** Actioned and closed	**AGR/DP**	**10.10.2019**	**Closed**

2019/182	**Antipsychotic shared-care – update** CCG representatives to check what monitoring is conducted at annual reviews for patients on antipsychotics and feed back to CSU MMT. **November 2019 update:** what happens in practice proforma to be circulated All to consider what the definition of 'stable' means for a patient on antipsychotic medication and feed back to CSU MMT. All to report on any issues arising in practice when prescribing antipsychotic medication and feed back to CSU MMT. LMC representative to be contacted to ascertain position of GPs in the region. **November 2019 update:** LMC added to membership for consultations. LMC consultation responses will be included in consultation responses.	**CCG/provider Trusts** **CCG/provider Trusts** **CCG/provider Trusts** **BH**	**10.10.2019** **10.10.2019** **10.10.2019** **10.10.2019**	**Open** **Open** **Open** **Closed**
2019/183	**LSCMMG – Guidelines Work Plan update** Identified new guidelines/updates to be added to work plan **November 2019 update:** Discuss as agenda item	**AGR**	**10.10.2019**	**Closed**
2019/184	**New NICE Technology Appraisal Guidance for Medicines (September 2019)** Pathway for prescribing and commissioning sodium zirconium cyclosilicate be clarified. **November 2019 update**: National guidance under development. RAG rating agreed as Red, however if long-term patients recommended in the national guidance this may need to be reconsidered.	**DJ**	**10.10.2019**	**Closed**
2019/185	**New NHS England medicines commissioning policies (September 2019)** Increased availability of statins to be discussed at SLOG and communication with LPCs to be established. **November 2019 update:** Actioned and closed.	**BH**	**10.10.2019**	**Closed**

AOB	**Pathway Transformation Fund for PCSK9 cholesterol inhibitors** Scope the impact of the proposal and liaise with the SLOG **November 2019 update:** Actioned and closed	**BH**	**10.10.2019**	**Closed.**
ACTION SHEET FROM THE MEETING 14th November 2019				
2019/194	**Pathway for prevention of stroke and systemic embolism** NOACS task and finish group to engage with Blackpool Teaching Hospital' Cardiologists and Haematologists regarding the pathway for prevention of stroke and systemic embolism	**DP**	**14.11.2019**	**Open**
2019/197	**LSCMMG – New Medicine Reviews Work Plan update** Local position for Prevnar 13/ Hib MenC boosters to be added to the workplan and scoped. Herpes Zoster to be determined via engagement with Rheumatologists	**MLCSU**	**14.11.2019**	**Open**
2019/199	**RAG criteria review – update** RAG criteria review to be an agenda item December LSCMMG	**LM**	**14.11.2019**	**Open**
2019/200	**NICE cannabis guidance update** NICE cannabis guidance update paper to be circulated to members and comments presented at the December meeting.	**AGR**	**14.11.2019**	**Open**
2019/202	**Testosterone shared-care guidance – update** LR to share Testosterone Shared Care guidance feedback. To upload to the LSCMMG website once additional information had been considered.	**LR**	**14.11.2019**	**Open**
2019/203	**Teriparatide biosimilars – Blueteq** Blueteq form for teriparatide biosimilars to be developed	**AGR**	**14.11.2019**	**Open**

2019/206	**Guideline workplan** Action – acute trusts to feedback iloprost use to AGR	**Acute trusts**	**14.11.2019**	**Open**
2019/210	**Evidence reviews published by SMC or AWMSG** Triptorelin to be an agenda item at the next SLOG meeting.	**BH**	**14.11.2019**	**Open**
2019/212	**Briefing Paper for Healthier Lancashire and South Cumbria Joint Committee of Clinical Commissioning Groups (JCCCG's) update** NICE TA / OTC Policy and Rheumatoid Arthritis High Cost Drug Pathway to be taken through CCG ratification processes Cariprazine to go to the January 2020 JCCCG for ratification	**CSU** **CSU**	**14.11.2019** **14.11.2019**	**Open** **Open**