Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 13th June 2024 (via Microsoft Teams)

PRESENT:

Andy White (AW)	Chief Pharmacist (Acting Chair)	Lancashire and South Cumbria ICB
Ana Batista (AB)	Medicines Information Pharmacist	East Lancashire Hospitals NHS Trust
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Clare Moss (CM)	Head of Medicines Optimisation	Greater Preston, NHS Chorley and South Ribble Locality
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	Morecambe Bay Locality
David Jones (DJ)	Assistant director of pharmacy Lancashire teaching hospitals	NHS Lancashire Teaching Hospitals
Dr H. Sari-Kouzel (HS-K)	Rheumatology Consultant	Blackpool Teaching Hospitals Foundation Trust
Iain Crossingham (IC)	Respiratory Consultant	East Lancashire Hospitals NHS Trust
Lucy Dickinson (LD)	Finance Manager for Primary Care	Lancashire and South Cumbria ICB
Lisa Rogan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	East Lancashire and Blackburn with Darwen Locality
Melanie Preston (MP)	Head of Medicines Optimisation	NHS Lancashire and South Cumbria ICB (Fylde Coast)
Mohammed Ahamd (MA)	Assistant Director of Pharmacy	Blackpool Teaching Hospitals NHS Trust
Mubasher Ali (MuA)	Chief Executive Community Pharmacy	Community Pharmacy Lancashire & South Cumbria
Nicola Baxter (NB)	Head of Medicines Management	NHS Lancashire and South Cumbria ICB (West Lancashire locality)
Dr Shenaz Ramtoola (DSR)	Consultant Physician	East Lancashire Hospitals NHS Trust
Sonia Ramdour (SR)	Chief Pharmacist/ Controlled Drugs Accountable Officer	Lancashire and South Cumbria Foundation Trust
William Price (WP)	Dermatology Pharmacist	East Lancashire Hospitals NHS Trust

IN ATTENDANCE:

Chintan Sanghvi (CS)	Ophthalmology Consultant	East Lancashire Hospitals NHS Trust
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Daivd Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB) (Minutes)	Medicines Optimisation Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2024/113	**Welcome & apologies for absence** Apologies were received from Kam Mom, Ashley Marsden and Roger Scott.	
2024/114	**Declaration of any other urgent business** LTH has one item which will be picked up under AOB.	
2024/115	**Declarations of interest** None declared at this time.	
2024/116	**Minutes and action sheet from the last meeting 9th May 2024** There was an amendment made to the minutes circulated following the LSCMMG meeting replacing the word “interactions” with “indications” on page 5. The updated minutes were approved.	
2024/117	**Matters arising (not on the agenda)** None.	
	NEW MEDICINES REVIEWS	
2024/118	**LSCMMG terms of reference – feedback received and recommended plan** BH gave a brief overview for the group. The previous terms of reference haven’t been changed in relation to attendance or quoracy. The team sent out a consultation and has had very few responses back, the responses received and who has been consulted on outside of LSCMMG members is highlighted in the paper. He met with representatives from the ICB earlier in the week to try and work through some of the governance aspects of it. It will take a while to get right and highlighted the need for more responses from members. The consultation period has been extended and members were asked to forward contact information of anyone they feel should be involved with this. He also added that he was aware it had been discussed at the medical directors Friday meeting last week. It was noted that there are no presumptions, so members need to respond even if they are happy with the proposed changes. It was asked if the document could be more explicit in the terms of reference on the want to increase medical membership at the group, as that it may help stimulate responses. And that membership would also possibly need to be worked into job planning. This was agreed and members were reminded that	

	LSCMMG will only work if there is good engagement with all the clinical community and that they see this as the place to go especially with local formularies being retired in favour of the ICB wide formulary. It was noted that this group is missing representation from GPs, nursing and finance, and that there is a current proposal for GP prescribing leads, and should they be appointed, it is expected that they would be joining this meeting also. <u>Actions</u> Members who have not yet responded to respond to the feedback. Any additional people's details who members feel should be involved with the consultation are to be forwarded to BH.	**All Members** **All Members**
2024/119	**LSC Formulary – Live and discussion/ update** DP brought this item; the formulary is going live immediately following this meeting. The paper shared is to update members where the formulary progress is currently and how it got there. This includes the use of clinical specialist groups, how the accelerated version of the formulary was developed and that the positions on NetFormulary have been aligned with the LSCMMG website. As many guidelines as possible have been adopted and there is a section in the paper about the consultation process for the chapters which weren't reviewed as part of the clinical groups. The team received good responses to these which indicates a wide range of respondents. Out of the 91 responses for this 53 was minor issues that were quickly resolved. 8 were highlighted for reviews with clinical groups and 23 were for palliative care. This highlighted the need for a palliative care clinical group which is in due to be established. The team have tried to align the LSCMMG website and the NetFormulary page as much as possible. The group were shown when going onto the LSCMMG website there is a section on the main page which will allow users to go straight to the NetFormulary page, along with the NetFormulary splash page which is now live and incorporates the same links as on LSCMMG such as for guidelines. There is also a news section and a small section on the history of the LSC Formulary. There is still a formulary section on the LSCMMG website which gives background information and a timetable for the new formulary. Another new feature is a search function on the LSCMMG. The team have been able to get the search function to work simultaneously with NetFormulary. It was explained to the group that while it is felt ready for launch, they can't send out a big announcement due to purdah as it could potentially be viewed as political, but it can be rolled out locally. The legacy formularies had done good work on guidelines and other significant documents which were important to keep. There is a section on the LSCMMG website that they will be located once the ongoing checks have been completed. Discussion moved to the process for formulary change, which has been shared previously with the group in the format of a flow chart. Hospital only 'Red' drugs have not been worked through fully, but a process where there is constant communication between D&Ts and that D&Ts do the majority of the work. This will be done by one D&T and the other D&Ts will be informed on what is going on which should reduce the work overall. A new form for all to use for the formulary application process has been	

	developed, and it has common elements from each region but may look different to previous forms used. This is included in the paper. The team were asked for a feedback form to be added to the NetFormulary page, along with wording to be added until July that this is a trial or draft formulary. Approval for the new formulary drug request form was requested from the group. It has been discussed outside of this group; however concerns were raised around timeliness and multiple group approval. Due to this the group were not able to approve the form today. A query was raised around Spec Comm drugs being included as they have been previously on legacy formularies. The CSU team are linked with Spec Comm group and will be notified whenever they send out any commissioning positions to trusts. They will be updated not at the point of NICE publication, but once they have received commissioning positions issued from Spec Com. An assurance of clarity on commissioning arrangements was requested and agreed. A member requested to see the document as they felt they had not received it, a request to send the new drug form to all chief pharmacists, D&T committees and medical directors was agreed. The group acknowledged the huge amount of work done by DP and his team as this was an enormous undertaking to bring this and clinicians from different sectors together and gave their thanks. <u>Actions</u> A feedback function to be added to the NetFormulary page. Some wording added to show this is a draft not final version of the new formulary. DP to send the new formulary drug application form to chief pharmacists, D&T leads and medical directors for feedback and approval.	**DP** **DP** **DP**
2024/120	**Qutenza (Capsaicin) 179mg cutaneous patch** DP presented this paper. It is a very niche treatment which is usually third or fourth line after different neuropathic pain medications have been tried. It is only used in specialist pain clinics. The patch is applied for 30-60 mins and then repeated after a set period of time. The request is from Blackpool Hospital and would only be used in around 12 patients from them, meaning a small cost. The consultation responses were mixed with two trusts stating Red, one requested more information in regard to is it provided within the trust which it is. And one said Do not prescribe. The evidence for the drug is quite good and shows it does work. The group were asked for comments. From the trust who stated Do not prescribe the clinician present felt that the responding clinician had not fully understood the question and thought they were being asked about primary care prescribing which would be do not prescribe. However, from the intended prescribing from a specialist they would also agree on a Red RAG. Another area who had not submitted their response also agreed with a Red RAG with the hope that this doesn't make its way into primary care prescribing in future. The group agreed for the proposed Red RAG rating. <u>Action</u>	

	This item to be taken to CRG for approval of a Red RAG rating, following ratification it will be uploaded to the LSCMMG website.	**DP**
2024/121	**Liothyronine for the treatment of resistant depression** DP presented this paper. The request came from the specialist trust for treatment of depression. This drug for this indication is supported within the new NICE Depression Guideline and NHSE Liothyronine guidance and the Maudsley guidance. It can be more expensive than other treatments as the cost of Liothyronine has increased dramatically due to the generic shortage, but it should be a small number of patients. They will need to be monitored for TFTs and others as it is thyroid stimulating. Neighbouring systems do not support it for this indication, and as it is highly specialised the suggested RAG rating is Amber 1 which will include a shared care protocol. Both responses the team received were in agreement with the Amber 1 RAG. It was raised that there is no other shared care agreement for Liothyronine for any other indications, and shared care is based on the molecule rather than the indication. There are however shared care templates available which shows other ICBs have adopted this position. Usage is also very low with a spend of around £5000 since 2011 so this is for very small patient numbers. It was raised that possibly the cost in primary care is lower than in secondary care. It was also highlighted that feedback from primary care was not received and with the LMC not present it is suggested for this to go for wider discussions and engagement with primary care. It was also asked for the indication to be made very clear due to the large number of requests for thyroid indications which would cause a huge cost impact. Another issue highlighted was how the actual process and liaising with the GPs would look as some areas have different commissioned services. As well as a lack of familiarity due to the low numbers so close liaising with the GPs is very important for this indication. It was agreed to go back to the LMC for further discussions as a recommendation for Amber 1. <u>Action</u> DP to take this back to the LMC for further discussions with a recommendation for Amber 1. Bring back to this group after discussions with the LMC with a draft shared care protocol. The RAG rating will not be confirmed until the Shared Care Document has been approved.	**DP** **DP**
2024/122	**New Medicines Review Workplan** There was nothing new to raise on the workplan, however it was highlighted to the group the process for the CSU team receiving requests is changing. The requests will now go to the Formulary inbox instead of the general inquires inbox.	
GUIDELINES and INFORMATION LEAFLETS		
2024/123	**Somatropin PIL - Update** AGR presented this paper, this prescribing information leaflet was drafted following discussions at a previous meeting. The RAG does need to be	

	discussed with the LMC before it can be agreed with this group, however the content can be agreed by the group at this meeting. This has been ongoing for over a year now, so it is important to try and get this agreed and then taken to the LMC for approval and get it onto the website. There were no further comments from the group, so this is approved pending approval from the LMC. **Action** AGR to take this for approval with the LMC.	**AGR**
2024/124	**Ophthalmology Macular Pathway – Update** CS declared her interest in various companies involved in producing these types of medication. BH presented this item, some background on the pathway was given to the group. The previous existing pathway required updating due to the Ranibizumab biosimilar becoming available and at the last meeting it was suggested that there be duel first line agents in the pathway of Ranibizumab biosimilar and Aflibercept 2mg. The request was for the team to engage with specialists on these recommendations. This meeting happened last week and there were conflicting responses. The clinicians present at the meeting felt that they could not support the pathway with the two agents available first line. This was due to a number of reasons including them wanting to be able to see as many patients as possible, and the newer agents available would provide more ability to treat and extend. They also felt there was some level of clinical justification in using the other agents further up the pathway and were not keen on being restricted to the proposed dual first line agents. Clinicians wanted access to the new Faricimab and the new Aflibercept 8mg due to them feeling they are better drugs although there are no head-to-head clinical studies available to support this. The clinicians also highlighted that they would promote cost effective prescribing wherever possible, and that they would use Ranibizumab biosimilar in preference to Lucentis. However, they felt they needed access to the newer agents. The pharmacists felt that the newer agents aren't the most cost effective agents and that as a system they should be aiming for the most cost effective agents early in the pathway and the less cost effective agents further down the pathway for patients who were treatment failures, who are unable to treat and extend and for who are deemed high risk. There was a significant difference of opinion at the specialist meeting in terms of what should be available first line, more of which is detailed in the paper circulated. The paper also includes current usage data, showing approximately a spend of £15 million on Ranibizumab, Aflibercept and Faricimab combined. There has also been significant growth in Faricimab over the last 12 months, Aflibercept has remained around the same amount and Ranibizumab usage has decreased. The paper also includes an estimated overall treatment cost, which comes with a large heath warning as it is an estimate, and patients respond differently to treatment. CS joined today as she was unable to attend the clinical specialist meeting. She felt that they should focus on easy wins to begin, which could include switching patients on Lucentis to the Ranibizumab biosimilar. However, this has low patient numbers as it has been deemed not as effective as some of the newer molecules. A second to consider is that Aflibercept is coming off patent next year and is currently the drug of	

	choice for Retinal Vein Occlusion, so switching this would be possible. The third option is around Faricimab and the 8mg Aflibercept. She felt it would be very useful to get objective data, as clinicians are concerned they will need to do more injections with the biosimilar Ranibizumab. The initial protocol was patients have 6 injections then clinicians would try to treat and extend, whereas the newer drugs protocol is only 4 injections, and it is then extended out after that 4th injection. CS completed a study of around 200 eyes on Faricimab and found more than 70% can be extended from the 4th injection to 8 weeks. She again suggested someone to perform an objective costing of 4 injections vs 6 and the benefit of extending out, due to clinicians voicing concerns about capacity to perform 6 injections on each patient. She also felt that switching to the biosimilar there would be more patients having delayed access to treatment and therefore the disease worsening. A comparison based on the information from Blueteq forms and funding flow information has been done, and this was unable to show any difference indicated for Aflibercept vs Faricimab, as patients received a similar number of injections. It was raised the only way to determine any differences would be to complete a piece of work looking at a cohort of similar patients and look at the dosing frequency differences between Aflibercept 2mg and Faricimab. There is significantly more injections with Ranibizumab and that there is no argument for Aflibercept vs Ranibizumab, but that the question is really is Aflibercept 2mg vs Faricimab or the 8mg Aflibercept. The data in the paper was queried as the spend in some areas with smaller populations was much higher than in those of bigger populations. It was asked if patient numbers treated could be added to the data, to which is was deemed would be very difficult due to patient flows and other elements. It was highlighted that the data used in the paper is provided through the ICB from the high cost drugs data. It was also raised that data appears to show Aflibercept 8mg is the most cost effective, and it was asked if the biosimilar was available. The biosimilar is not yet available and while the 8mg does appear cheaper at the moment, it won't come off patent so won't have any biosimilars available next year, so the price won't change. Whereas the 2mg is expected to drop significantly. It was asked if there was any comparisons of clinical evidence on the different drugs for non-tolerated treatment/ drop outs. Again this would be very challenging due to when the trials were undertaken. All of the trials for Aflibercept and Ranibizumab were completed a number of years ago, and it would be very difficult to compare those results to the latest data for Aflibercept or Faricimab. It was agreed by the group that while this data would be very valuable, it would require a lot of time and effort to extract the required data from departments and the wider system, which was felt there is not current capacity for. During these discussions it was asked about the possibility of seeking a health economist to undertake this, and also the possible need for escalation processes when there are differing views. It was agreed this could be added into the terms of reference for the group. It was highlighted that there are several Meta analysis which indicate possible advantages of one of these drugs over another. While the actual cost are important, it was also raised in discussions the importance of considering nonmedical impacts from this disease. It was asked what neighbouring systems were doing with this issue, and asked if clinicians with their expert knowledge in	

	this field should be allowed to make their own decisions on which is the most appropriate drug for which patient. Greater Manchester are having similar issues, and there is a national working group working with the Royal College of Ophthalmology to try and resolve this issue. Another possible avenue is a year of care, where clinicians are paid a flat rate per patient per year for treatments. Also the need to look at affordability, if there is a drug that is half the cost of others and there is no hard evidence to say it is twice as effective, consideration around a standard tariff being able to predict future spends would be beneficial. As well as looking to support the capacity issues first before addressing the new drug debate. Clinicians added this is a common issue wherein they are asked to reduce costs in large patient groups with no additional support or funding. It was felt that an initial investment to help either support with capacity or data analysis would be beneficial in making the cost savings clinicians are being asked to make regularly. In summary there is around £7million potential savings if patients are moved to Aflibercept once it comes off patent, so there needs to be a close evaluation to see if all routes have been explored. Ophthalmology members and medicines information members are asked to look for any meta analysis and any other high quality evidence analyses, and any local audit data surrounding this and send them to BH. Neighbouring ICBs will be contacted to see if they are doing anything different. AW stated that he would be willing to invest some money to an audit but would need a proposal first. The above requests were asked to be completed within the next three months with a mind to bring something back in the autumn. <u>Actions</u> Ophthalmology and medicines information members to send any evidence of superiority or other high quality evidence based analysis along with any local audit data relating to this to BH. A proposal is to be put together for an audit for AW to put it forward for funding. Clinicians to highlight cohorts of patients that may benefit more from the newer agents and send to BH.	**Ophthalmology/ Medicines info members** **BH / AW** **Ophthalmology Clinicians**
2024/125	**Testosterone for post-menopausal women shared care guideline - update** AGR presented this paper. It was requested that the name of the document was changed. It was agreed previously to add that the British Menopausal Society accredited GPs to use a shared care guideline to initiate testosterone for this indication and share the care with the patient's own GP. Other changes to the document are highlighted in red, including accreditation information for GPs. It was asked to extend the details of who can initiate this to include other professions such as nurses who may have specialist interest and have relevant accreditation to initiate. AGR will be provided the contact information of the women's healthcare lead to match up the document with who she envisions will be included in initiating this to allow ensure access. This item was approved pending staffing listed in the document aligns with the staff due to be within the women's hubs. **<u>Action</u>**	

	AW to send AGR the contact details of the women's healthcare lead to discuss and align staffing lists.	**AGR**
2024/126	**Gender Dysphoria information sheets - update** This item is differed due to an issue with the documents. This is due to conflicts with NHS England policy and the statutory instrument, and it was felt more work is needed with equality to ensure it is right. The group were asked if there is anyone has expertise or would like to be involved in the discussion to get in touch with the CSU team.	
2024/127	**Amielle vaginal trainers - review** AGR presented this item. The request came from Blackpool teaching hospitals Psychosexual service and the request is for adoption of a RAG rating for Amielle Vaginal Dilators specifically Amielle comfort. The proposed RAG is Amber 0, with the service providing information, counselling and therapy through their service for sexual pain penetration disorder. This product is seen as an effective treatment alongside therapy. Alongside this the success of the service is dependent on GPs being able to prescribe a set of the vaginal dilators. However there has been some pushback from surgeries who have refused to prescribe. There is a historical CCG position which discouraged prescribing and pushed patients back to secondary care to obtain the products. Some surgeries have accepted requests, but this is inconsistent. They request that the GP prescribes them only for patients who have been referred from the psychosexual service from Gynaecology and specialist pelvic physiotherapy. There are around 40 prescriptions per year from the data that will go out into community with 163 requests over the last four years from 314 patients so around 50%. From EPACT data 68 of this product were prescribed in the last calendar year which is around £2,500 across the patch. Amielle comfort is specifically for this indication with Amielle care often being used in radiotherapy, vaginal cancer and surgery. While Feminax is a cheaper product the service has said they are not idea for these patients as the sizes are different. Amielle comfort is currently £35.54 in the drug tariff. There is no position from neighbouring ICBs although Cheshire have previously RAG rated these as Amber 0 equivalent. There has been some studies however evidence of women's experience with different interventions is lacking. Patients felt expanding access to these products would hopefully help their journeys through the psychosexual service and through the wrap around care from their GPs. It was also found a need for more studies, so while there isn't a large amount of evidence, the psychosexual service have found this is something that needs to be managed in this cohort of patients alongside the therapy offered. The other issue they have is a lack of prescribers within the service, which means they often require a GP to prescribe the items. It was asked if it was only Blackpool that offer this service, and AGR added that East Lancashire have also requested it. The group agreed on the recommendation for an Amber 0 for this product. <u>Action</u> AGR to take to CRG for ratification with a RAG rating of Amber 0.	

	Following ratification this would be added to the LSCMMG website.	**AGR**
2024/128	**Primary care neuropathic pain guidance - update** AGR presented this paper but added he felt it required a consultation. There has been a significant change to the guidance which is the reasoning behind a request for consultation. This was agreed with the ask to focus on the impact of Gabapentin and Pregabalin due to substantial usage in the area. It was asked for FP to feedback into groups she is involved with regarding this. It was agreed for the guidance to go out for consultation. <u>Action</u> AGR to send document out for consultation.	**AGR**
2024/129	**Apomorphine shared care guideline - update** This item was deferred due to a late discovery of an error within the document. It was also requested for further discussion with primary care around the setup of the new pump device. AGR agreed to do this before the item comes back next month. <u>Action</u> AGR to amend the error in the paper. AGR to consult with lead nurse in primary care around the setup of the new pump device due to previous raised difficulties and bring back next month.	**AGR** **AGR**
2024/130	**Pain (inc. Opioid) LSCMMG Website Resources** AGR presented this paper. The team have linked in with FP and looked at the GMMMG resources available. They have been well received across the patch and it has been agreed for something similar to be produced and put on the LSCMMG website as a resource. AGR has discussed it with the Apps development team to see if the style of the GMMMG resources could be replicated on the LSCMMG website, however it was felt it may be better to have a LSCMMG version to the same standard would be better and would give more content control. The group were asked if they were happy for AGR to continue to do this piece of work. It was asked for the link to the GMMMG resources to be shared with the group for everyone to view as it goes into a lot of detail and also looks at other areas not just pain guidelines. It was also highlighted the development of this to include community practices linking in with acute trusts pain teams to share what is happening locally. It was agreed to link to the GMMMG resources on the LSCMMG website with a view to come back to this group in a few months with a direction on how development of a Lancashire & South Cumbria set of resources/ hub would look. It was also raised that any discussion about benzodiazepines would need to include LSCFT. <u>Actions</u> The recommended resources be linked/ uploaded onto the LSCMMG website. A plan brought back to the group in the coming months about developing a Lancashire & South Cumbria version of GMMMG's resources.	**AGR** **AGR**

2024/131	**Option Paper for FP10 issuing of Isotretinoin** FP presented this paper to the group. This dermatological service was commissioned around 18 months ago with one of the stipulations in the contract was to review those patients with severe acne. One of the treatments for this is Isotretinoin which is teratogenic and can cause birth defects in pregnant females. There wasn't previously a prescribing pathway, so FP has been tasked to create one. This is being prescribed on FP10s across the country from numerous places including trusts and non-trust places. It is estimated around 200 patients currently waiting on Omnes to assess them to see whether this treatment is suitable for them. This number may be higher due to patients awaiting referral into the acute trusts for this indication. The MHRA guidance stipulated back in 2014 that Isotretinoin should only be prescribed by consultant dermatologist led team and dispensed within a hospital pharmacy. This has now been superseded however the MHRA guidance doesn't give specific recommendations as to which pharmacy sectors can dispense Isotretinoin. The new guidance also now includes compulsory regulation risk materials in the form of a pharmacy checklist and a patient reminder card along with an acknowledgement risk form which much be completed at the time of initiation. Omnes have updated their draft pathway to include that they will annotate FP10s with one of the options from the risk acknowledgement form. One of the barriers is that the drug currently has a RAG rating of Red, along with neighbouring ICBS and FP was unable to find any supporting information from neighbouring ICBs showing that they allow the use of FP10s in the community. However one ICB (Bath and North Somerset, Swindon and Wiltshire ICB) that have allowed community pharmacies to issue Isotretinoin, with an annotation on their formulary stating that while the drug is a Red RAG, it can be within this particular service. With this it must be issued within the context of a pregnancy prevention programme, and it must be issued within seven days of the issue date. Community pharmacies are also supported with prescribing this by the Primary Care Dermatological Society which states that community pharmacies with the appropriate skills and training can dispense Isotretinoin, and some are doing so throughout the country. The British Association of Dermatologists (BAD) has also produced some training videos for pharmacies, and pharmacists have the requirement to maintain and upskill within their professional developments and this change with Isotretinoin prescribing falls under this. FP proposed several options for this update in the prescribing guidance. One was for the group to speak to commissioners and ask that acute trust continue the prescribing and dispensing of Isotretinoin, however this will require the patient to attend the trust while they have a commissioned service. The second option is for Omnes to commission an online pharmacy to dispense the FP10s which would mean one pharmacy to liaise and train with. FP is aware that these discussions have begun, however this would mean that pharmacies wouldn't have access to patient records and Omnes would need to be commissioned to do this so there would be an additional cost. The third option is for Omnes to commission specific local pharmacies within the ICB such as with the end of life medication. This however will take time to set up with collecting expressions of interest from the pharmacies and it would also limit geographically which patients can attend. The fourth option is for Omnes to commission online and local pharmacies so the whole population would	

	be covered. The final option is to follow Bath and North Somerset, Swindon and Wiltshire ICB and add an annotation to the formulary that while this is a Red drug, it can be prescribed on FP10s by Omnes within the community and patient choice is not compromised. This option could ensure safety as patients' other medications would be viewable so drug interactions could be flags and it would mean no additional cost to Omnes. However, this option relies on effective communication to all pharmacies which could be done by linking in with MuA from community pharmacy. Omnes could also add something to the prescriptions which refers to the guidance on the formulary. The group discussed this, it was felt by hospital dermatology staff that the last option would be the least complicated from a patient perspective, however it was added they were not fully familiar with the logistics of community prescribing. The online option was also considered a simpler option; however this could present problems for patients not familiar with online pharmacies and with a high amount of the population with English as a second language this may also cause barriers with the online only service. Community pharmacy echoed the possible issue and concern with keeping open and up to date communication with pharmacies if this was to be prescribed on FP10s. However added it needs to be patient choice and the choice needs to be made by EOI, their preference would be to have a localised SLA to ensure effective timing for any training. It was also noted that as this has been prescribed by the acute trusts for so long it would need to be a gradual transition to community prescribing. It was highlighted that other medications such as Valproate have risk assessment forms and they are dispensed by community pharmacies. It was felt the group agreed this could be dispensed in community pharmacies with appropriate safeguards in place, however more work needs to be done to work out the logistics of how this can be transferred from acute trust dispensing. The logistics are to be discussed outside of this meeting, and this group are to agree with the RAG position. The group were happy for this to remain as a Red RAG to be dispensed within community with the appropriate safeguarding in place. <u>Action</u> FP to do some more work on this item and bring it back to the group once suitable.	**FP**
2024/132	**Guidelines workplan** AGR said there was nothing to note other than some of the dates had been changed due to time frames, and that Testosterone can be removed.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2024/133	**New NICE Technology Appraisal Guidance for Medicines May 2024** There were several updates to pre-existing NICE TA's wording and two new TAs. The updates will be added to the formulary and website. **NICE TA971** – <u>Remdesivir and Tixagevimab plus Cilgavimab for treating COVID-19.</u> This has a 30 day implementation period, and the cost template was very complicated. AGR will liaise with JO to work out estimates on what kind of patients are being seen in the ICU. AGR will also bring back an updated cost next time. There is no proposed RAG rating at this time.	

	NICE TA973 – <u>Atogepant for preventing migraine.</u> NICE estimate a cost increase to current practice in Lancashire & South Cumbria of £231,00 along with an additional £29,000 year on year costs. There is good evidence of reduced monthly migraine days vs the placebo, however there is no comparison with Rimegepant. The proposed RAG rating for this is Amber 0 in line with Rimegepant, and the headache guideline will need to be updated prior to agreeing on a RAG position. AGR will bring this back after discussions with specialist clinicians. <u>Actions</u> AGR to come back next month with patient numbers and cost estimate for NICE TA 971. AGR to update the headache guideline with clinical specialists and bring back to the group with a proposed RAG rating for NICE TA973.	**AGR** **AGR**
2024/134	**New NHS England Medicines Commissioning Policies May 2024** Nothing to discuss.	
2024/135	**Regional Medicines Optimisation Committees – Outputs May 2024** Nothing to discuss.	
2024/136	**Evidence Reviews Published by SMC or AWMSG May 2024** DP brought to the attention of the group that Scotland have approved Symbicort for use in the early stages of asthma. This was previously reviewed at LSCMMG, and it was agreed to leave it as the guidance had not been updated. NICE have deferred publication of this guidance, and the group were asked if they wanted to algin with Scotland and publish the updated Asthma guidelines or wait for NICE to publish their guidance. The group discussed this, and it was highlighted that Symbicort is mentioned in the GINA guidelines and there is pressure from clinicians who are already using it. It was felt it required another look to check on the costings. IC declared an interest in this as he wrote the Cochrane review. He gave some more background to the group in that there is a clear evidence base for this reducing exacerbations and is better than giving patients SABA inhalers. This product is for moderate asthmatics for first presentation as required to start with then moving up to scheduled uses if required regularly. It was asked for the clarity for usage to be added to the guideline for clinicians. DP was asked to bring the Asthma guideline back to next month's meeting for discussion. <u>Action</u> DP to bring the Asthma guideline back to July's meeting for further discussion on Symbicort.	**DP**
ITEMS FOR INFORMATION		
2024/137	**LSCMMG Cost Pressures Log** This will be circulated with the minutes from today's meeting.	
2024/138	**AOB** Quetiapine – alert has gone out due to shortages to all GPs. The group	

	were asked if they wanted to be notified at this group after alerts go out. It was noted that in the draft terms of reference minor changes would be made then the group made aware after. It was suggested a slight amendment to the draft terms of reference to say minor changes and urgent clinical issues. This was agreed to be added and will be noted at the next meeting for members who had to leave before this item was discussed. DJ brought an AOB, LTHT has been commissioned with two other hospitals within the North West to provide weight loss in Paediatrics with the use of Semaglutide injections. The potential number of patients is 10 in the first year with them all being over the age of 12, for which Semaglutide is licensed. There is a national database where the participants information will be recorded. It was discussed at LTHT's medicines governance committee, and it was raised that the other two hospitals are now treating these patients so there is a push for this to go ahead with some clarity needed on what is being commissioned. It was also discussed the possibility of having a local Blueteq put in place if wanted to help with assurance. The group were asked if they were happy for LTH to go ahead. It was asked for clarity on when it is due to start, and it was raised that this drug is licensed for adults, and this is for children so when is the age cut off and could this mean it is unlicensed. DJ responded that the consultants had confirmed to him that it is licensed from 12 and above, however the SPC simply states adults with no age attached. It was also noted that children become adults, so the transition from child to adult needs to be considered in this treatment. It was raised several times around the licensing stipulated age and what trials were conducted in people under 18. It was asked for clarity on this issue. It was also raised on equity as with the adult service in Blackpool they do not utilise weigh loss drugs due to commissioning issues. It was noted that NICE has released guidance on Tirzepatide being used in weight loss for everyone with a BMI over 35 with one core morbidity which is around 13.1% of the population of the ICB. This works out at around 2/3 of the prescribing budget for primary care prescribing, this will be fed back to NICE. DJ was asked to clarify on the licensing, also to raise the issue with age selection and them transitioning into adulthood as well as the equality aspect and if they will be accepting referrals from across the patch. However during discussions it was noted that the patient information leaflet states it can be used with diet and physical exercise in adolescents aged 12 years and above. It was stated that while LSCMMG is not blocking the commissioning they are advising caution. It was also suggested for DJ to bring the outcomes back to the group and to look at what the exit strategy for patients is. At this point he highlighted that is would be a two year course but would also still look into the exit plan. <u>Actions</u> DJ to clarify age selection and transition plans for children referred into the weight loss commissioned service. When appropriate DJ to bring back outcomes of the commissioned service to the group. **<u>ITEMS FOR ESCALATION</u>**	**DJ** **DJ**

	*Ophthalmology pathway issues. * Acknowledgement of enormous work effort put into the formulary.	

DATE AND TIME OF NEXT MEETING

The next meeting will take place on

Thursday 11th July 2024

9.30 – 11.30

Microsoft Teams

ACTION SHEET FROM THE

LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP 13.6.2024

ACTION SHEET FROM THE MEETING 9th November 2023				
2023/444	**Isotretinoin in the community** FP and RS to update the document to include the new MRHA advice.	**FP/RS**	**Open**	**09.11.2023**
	FP and RS to meet with WP and the local pharmaceutical committee to discuss prescribing within the community on FP10s for the service.	**FP/RS**	**Open**	**09.11.2023**
	FP and RS to update the document to show that under 18s will not be included in the initial prescribing cohort.	**FP/RS**	**Open**	**09.11.2023**
	December 2023 update: PE responded on behalf of FP. There has been no response from providers or draft document and asked to defer to January/ February meeting.	**FP/RS/PE**	**Open**	**21.12.2023**
	January 2024 update: FP updated, is still being worked on and she is hoping to bring something to the next meeting.	**FP/RS/PE**	**Open**	**11.01.2024**
	February 2024 update: A draft has come back, a specialist pharmacist from one of the trusts has commented that it doesn't meet the latest MHRA guidance. FP will be looking at this once she is back from leave.	**FP/RS/PE**	**Open**	**08.02.2024**

	March 2024 update: No update at this meeting. **April 2024 update:** FP let AW know outside of the meeting she is still awaiting a response. **May 2024 update:** Queries have been sent back and changes are still being made to the document. FP has said the document needs to come back to the June LSCMMG meeting. FP to meet with Nick Feeney potentially if using specified pharmacies for issuing is looked into. Potentially a RAG position for Isotretinoin will also need to be looked at, FP to link in with DP on this. **June 2024 update:** On the agenda, closed here.	**FP/RS/PE** **FP/RS/PE** **FP/DP** **FP/DP**	**Open** **Open** **Open** **Closed**	**21.03.2024** **18.04.2024** **09.05.2024** **13.06.2024**
ACTION SHEET FROM THE MEETING 21st December 2023				
2023/455	**Declarations of interest** EB to send out declaration of interest forms. **January 2024 update:** EB and BH to meet to ensure the forms are up to date inline with the ICB's process. They will then be sent out to members. **February 2024 update:** BH has been in contact with IG at the ICB to try and link in with their annual declaration process so they can be pulled in this meeting. The aim for this to be completed is at the beginning of the new financial year. **March 2024 update:** BH is currently on leave but will follow up once he is back. **April 2024 update:** BH has met with IG lead, they are looking at what will work. Currently members outside the ICB attending meetings have their declarations approved by appropriate ICB representative. BH will update further once he has heard back from them. **May 2024 update:** BH has had confirmation from the ICB that the declarations can go through their process. Alongside the review of the Terms of Reference, the list of attendees will be reviewed and requests will be sent out to members. **June 2024 update:** Once the discussions have been had around the Terms of Reference for	**EB** **EB/BH** **EB/BH** **BH** **BH** **BH** **BH**	**Open** **Open** **Open** **Open** **Open** **Open** **Closed**	**21.12.2023** **11.01.2024** **08.02.2024** **21.03.2024** **18.04.2024** **09.05.2024** **13.06.2024**

	LSCMMG and they are approved the group will move to following the ICB declarations of interest process. Closed			
2023/485	**AOB – LSC ICB Branded Generic Prescribing Criteria – Draft for discussion** CM to make amendments as detailed in the discussions above and AW to approve via Chairs action once they have been made. **January 2024 update:** To be discussed at February's meeting. **February 2024 update:** CM sent the amended document out to the group in December, this item needs approval. **March 2024 update:** AW and CM have taken to the QIPP group for clarity, DR added that it is still being worked on, it is due to come back to April's meeting. **April 2024 update:** CM was not at the meeting when this item was discussed, BH will chase CM for this item outside the meeting. **May 2024 update:** On the agenda, however CM not in attendance and not discussed, leave open. **June 2024 update:** As CM was not present for the action log, it was agreed that the final document is to be sent around and then agreed by the group at the next meeting.	**CM/AW** **CM/AW** **CM/AW** **CM/AW** **CM/AW**	**Open** **Open** **Open** **Open** **Open**	**21.12.2023** **11.01.2024** **21.03.2024** **18.04.2024** **09.05.2024** **13.06.2024**
ACTION SHEET FROM THE MEETING 8th February 2024				
2024/026	**Hybrid closed-loop interim position statement** Paul from the CSU team to link in with public health consultants in Debbie's team to try and align the two documents. Wording to be added to include 'refrain from prescribing until after April 2024' once the information is clear. Documents to go to CPDIG, CRG and CEG, highlighting the clinician concerns. Follow up to come to the next LSCMMG meeting in March. **March 2024 update:**	**BH** **BH** **BH/AW** **BH**	**Open** **Open** **Open** **Open**	**08.02.2024** **08.02.2024** **08.02.2024** **08.02.2024**

	Still waiting on the meeting with Sarah O'Brien and the diabetes commissioner to discuss. **April 2024 update:** Still awaiting meeting with Sarah O'Brien and team. **May 2024 update:** Meeting has been arranged for June. **June 2024 update:** Sarah O'Brien from the ICB is going to look to unpick the costings as it is difficult with trusts funding them in different ways.	**BH/AW/PT/LR** **BH/AW/PT/LR** **BH/AW/PT/LR** **BH/AW/PT/LR**	**Open** **Open** **Open** **Open**	**21.03.2024** **18.04.2024** **09.05.2024** **13.06.2024**
ACTION SHEET FROM THE MEETING 21st March 2024				
2024/045	**ELHT – Insulin Biosimilar Statement** DP to rebrand the document and generalise it, then bring back to the group for approval before adopting. **April 2024 update:** DP has updated, DSR asked for it not to be uploaded before some documents from East are looked at. Once this has been done to bring back for approval. **May 2024 update:** The trust met and agreed they won't be going down the same route as trusts in the south with payments for the swap. DSR to re-circulate the paper for members and decision on adopting to be made at the next meeting. **June 2024 update:** DP confirmed that everyone is happy with the paper and the version shared last month will be uploaded to the website.	**DP** **DP/LR/DSR** **DP/LR/DSR** **DP/LR/DSR**	**Open** **Open** **Open** **Open**	**21.03.2024** **18.04.2024** **09.05.2024** **13.06.2024**
ACTION SHEET FROM THE MEETING 18th April 2024				
2024/065	**Formulary update – Flow chart and change classification rules** JO and DP to take this to the chiefs meeting and ask them to feedback to their D&T committees and then send their feedback to JO and DP. JO to look at creating the merged new drug form for the acute trusts to consult on. DP to bring this back with the feedback to June's meeting. **May 2024 update:** On the agenda, keep open for above additional items. **June 2024 update:** On the agenda, closed here.	**JO/DP** **JO** **DP** **DP** **DP**	**Open** **Open** **Open** **Open** **Closed**	**18.04.2024** **18.04.2024** **18.04.2024** **09.05.2024** **13.06.2024**
2024/066	**GI Formulary Subchapter: Prokinetics** The recommendations for domperidone,			

	metoclopramide and erythromycin for addition to the formulary were agreed as written. **May 2024 update:** Going to CRG. – *BH made an error in the meeting this has NOT gone to CRG previously but will be going this month. Will be uploaded onto the LSCMMG website once ratified.* **June 2024 update:** Has gone to CRG and executives and has been approved and will be uploaded onto the website.	**DP** **DP/BH** **DP/BH**	**Open** **Open** **Closed**	**18.04.2024** **09.05.2024** **13.06.2024**
2024/067	**Carbetocin for the Prevention of Postpartum Haemorrhage** Carbetocin for the Prevention of Postpartum Haemorrhage was approved to be added to the formulary following approval at CRG / CEG. **May 2024 update:** Going to CRG. – *BH made an error in the meeting this has NOT gone to CRG previously but will be going this month. Will be uploaded onto the LSCMMG website once ratified.* **June 2024 update:** Has gone to CRG and executives and has been approved and will be uploaded onto the website.	**DP** **DP** **DP**	**Open** **Open** **Closed**	**18.04.2024** **09.05.2024** **13.06.2024**
2024/068	**Melatonin – Adults** The following RAG ratings were agreed following approval at CRG / CEG: Sleep disturbance in adults with ADHD – Agreed as an Amber 0 RAG rating. Sleep problems in patients with dementia associated with Alzheimer's – Agreed as a Do Not Prescribe RAG rating. Older adults with sleep disturbances – Agreed as a Do Not Prescribe RAG rating (This is an existing RAG rating so no further action required). Sleep disorders in the blind – Agreed as an Amber 0 RAG rating, for totally blind patients when started by a specialist and with clear review guidance. **May 2024 update:** Going to CRG. – *BH made an error in the meeting this has NOT gone to CRG previously but will be going this month. Will be uploaded onto the LSCMMG website once ratified.*	**DP** **DP**	**Open** **Open**	**18.04.2024** **09.05.2024**

	June 2024 update: Has gone to CRG and executives and has been approved and will be uploaded onto the website.	**DP**	**Closed**	**13.06.2024**
2024/069	**Melatonin – Products** DP to check with Manchester and Alder Hey to see what they are doing with this and bring it back next month. **May 2024 update:** Alder Hey have chosen to use Ceyesto in all age groups, the intention is to do the same here, just awaiting confirmation from Manchester Children's. **June 2024 update:** Still awaiting confirmation from Manchester children's	**DP** **DP**	**Open** **Open**	**18.04.2024** **09.05.2024**
2024/071	**Sodium Zirconium Cyclosilicate prescriber information – Consultation** AGR to take this document along to discussions with the LMC for their approval. **May 2024 update:** BH met with RS and the LMC to discuss, they will meet after today's LSCMMG to discuss how best to move this and other items forward. **June 2024 update:** Still awaiting discussions with LMC.	**AGR** **BH** **AGR**	**Open** **Open** **Open**	**18.04.2024** **09.05.2024** **13.06.2024**
2024/075	**Gender Dysphoria Guidance – NHS England policy update** It was agreed for AGR to update the information sheets to be in line with the new NHS England policy. **May 2024 update:** AGR to bring back to June's meeting. **June 2024 update:** Deferred to July's meeting.	**AGR** **AGR** **AGR**	**Open** **Open** **Open**	**18.04.2024** **09.05.2024** **13.06.2024**
2024/076	**Testosterone Shared Care – Update** It was agreed that the document would be amended to include BMS accredited GPs and present it at the May meeting. **May 2024 update:** AGR to bring back to June's meeting. **June 2024 update:** On the agenda, closed here.	**AGR** **AGR** **AGR**	**Open** **Open** **Closed**	**18.04.2024** **09.05.2024** **13.06.2024**
2024/077	**Ophthalmology Macular Pathways Summary Guideline** All areas to ask clinicians on the joint first line of Ranibizumab biosimilar and Aflibercept and get the feedback to the CSU by the middle of May.	**Area Leads**	**Open**	**18.04.2024**

	Data is to be collected on the average usage to see if what if any differences there is to June's meeting. **May 2024 update:** No update as coming to the June meeting. Additional action for off licensed indication use to be added to the workplan. **June 2024 update:** On the agenda under Macular Pathway, closed here.	**BH/DP** **BH/DP** **BH/DP** **BH/DP**	**Open** **Open** **Open** **Closed**	**18.04.2024** **09.05.2024** **09.05.2024** **13.06.2024**
2024/078	**Eylea 8mg Impact** BH and JO to see if this can be discussed at the Medical Retinal Group meetings. **May 2024 update:** No update given, to come back to the June meeting. **June 2024 update:** On the agenda under Macular Pathway, closed here.	**BH/JO** **BH/JO** **BH/JO**	**Open** **Open** **Closed**	**18.04.2024** **09.05.2024** **Closed**
2024/080	**New NICE Technology Appraisal Guidance for Medicines April 2024** Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab – will be updated on the website following ratification at the next Clinical Effectiveness Group (CEG) / Commissioning Resource Group (CRG) Meeting and the expanded patient cohort will be highlighted to CRG / CEG. Fluocinolone will be added to the website with a Red RAG rating following ratification at the next Clinical Effectiveness Group (CEG) / Commissioning Resource Group (CRG) Meeting. Once information is received back from specialists relating to Fluocinolone use, the cost pressure log will be updated. Fluocinolone will be added into the macular pathway which is coming back in June. Etrasimod will be added to the website with a Red RAG rating following ratification at the next Clinical Effectiveness Group (CEG) / Commissioning Resource Group (CRG) Meeting. Dupilumab will be added to the website with a Do Not Prescribe RAG rating following ratification at the next Clinical Effectiveness Group (CEG) / Commissioning Resource Group (CRG) Meeting. AGR and WP to meet and discuss the place in therapy for Ritlecitinib, this will come back to the May LSCMMG.	**AGR** **AGR** **BH** **DP** **AGR** **AGR** **AGR/WP** **AGR/BH**	**Open** **Open** **Open** **Open** **Open** **Open** **Open** **Open**	**18.04.2024** **18.04.2024** **18.04.2024** **18.04.2024** **18.04.2024** **18.04.2024** **18.04.2024** **09.05.2024**

	May 2024 update: Going to CRG. – BH made an error in the meeting this has NOT gone to CRG previously but will be going this month. Will be uploaded onto the LSCMMG website once ratified. **June 2024 update:** Above items for CRG are closed. However for Fluocinolone the team are still trying to work out costing. This item only is to remain open.	**AGR/WP** **AGR**	**Open** **Open**	**09.05.2024** **13.06.2024**
ACTION SHEET FROM THE MEETING 5th May 2024				
2024/089	**LSCMMG terms of reference** BH to send out the terms of reference and consultation forms out to members. BH to email out information directly to medical directors and D&T chairs asking for their comments and feedback on the terms of reference. All members to send any comments or queries relating to the terms of reference back to the CSU team within the next three weeks. BH to allow 30 minutes at the next meeting to allow for discussions on comments and feedback received on this item. **June 20204 update:** On the agenda, closed here.	**BH** **BH** **All Members** **BH** **BH**	**Open** **Open** **Open** **Open** **Closed**	**09.05.2024** **09.05.2024** **09.05.2024** **09.05.2024** **13.06.2024**
2024/091	**Branded generics** Members to send any comments and feedback on the amended document to the CSU team. BH to put this on the agenda for next month's meeting. **June 2024 update:** To come to July's meeting.	**All Members** **BH** **BH**	**Open** **Open** **Open**	**09.05.2024** **09.05.2024** **13.06.2024**
2024/092	**Tadalafil daily regimen** BH to update the recommendation with what to do if a dose of 2.5mg is required and bring back to the June meeting. The prostatic hypertrophy indication will be worked up and brought to the June meeting for consideration. **June 2024 update:** It was agreed the daily 5mg and will go to CRG, the 2.5mg will come to July's meeting as a recommended Do Not Prescribe and to document in that paper	**BH** **BH** **BH**	**Open** **Open** **Open**	**09.05.2024** **09.05.2024** **13.06.2024**

	not to consider the BPH indication without an application from a specialist.			
2024/094	**Amiodarone and Dronedarone shared care - adoption of NW shared care** AGR to add the optional shared care agreement form to the new shared care documents before addition to the website. **June 2024 update:** On the website, closed.	**AGR** **AGR**	**Open** **Closed**	**09.05.2024** **13.06.2024**
2024/095	**Antipsychotic shared care NICE approved off-label indications – update** AGR to liaise with SR discuss what changes and amendments are required, taking account of the discussions above, and bring the guidelines back to a future meeting for approval. **June 2024 update:** Coming to July's meeting.	**AGR** **AGR**	**Open** **Open**	**09.05.2024** **13.06.2024**
2024/097	**E-cigarette position statement – update** AGR to add a statement as discussed. Then the document is approved and will be uploaded to the LSCMMG website. **June 2024 update:** On the website, closed.	**AGR** **AGR**	**Open** **Closed**	**09.05.2024** **13.06.2024**
2024/098	**Gluten-Free Position Statement – update** The gluten-Free Position Statement was agreed and will be uploaded to the LSCMMG website. **June 2024 update:** On the website, closed.	**AGR** **AGR**	**Open** **Closed**	**09.05.2024** **13.06.2024**
2024/099	**Antihistamine position statement – update** MuA to send AGR wording he would like to add at the bottom around licensing and clinicians being able to make judgement calls relating to social vulnerability. AGR to consider adding the wording if not covered in any other part of the document, the finalised document will then be added to the LSCMMG website. **June 2024 update:** On the website, closed.	**MuA** **AGR** **AGR**	**Open** **Open** **Closed**	**09.05.2024** **09.05.2024** **13.06.2024**
2024/100	**Insulin Toujeo information sheet – update** AGR to correct the typo issues in the document, the information sheet is then approved and will be uploaded to the LSCMMG website. **June 2024 update:** On the website, closed.	**AGR** **AGR**	**Open** **Closed**	**09.05.2024** **13.06.2024**

2024/101	**Primary Care management of psoriasis guideline – update** The guideline was approved and will be uploaded to the LSCMMG website. **June 2024 update:** On the website, closed.	**AGR** **AGR**	**Open** **Closed**	**09.05.2024** **13.06.2024**
2024/102	**LMWH guideline – update** Trust members to take the document for comments from their specialists and send any feedback or comments to the CSU team within the next few weeks. AGR to bring back to the June meeting after receiving feedback from trusts. **June 2024 update:** Received lots of feedback, will bring it back to July's meeting.	**Trust Members** **AGR** **AGR**	**Open** **Open** **Open**	**09.05.2024** **09.05.2024** **13.06.2024**
2024/103	**PKU position statement – update** Trust to take the list back and get feedback from specialists on actual items used and would they be over the counter or prescribed. AGR to bring the document back after feedback from trusts. **June 2024 update:** Waiting on more feedback.	**Trust Members** **AGR** **AGR**	**Open** **Open** **Open**	**09.05.2024** **09.05.2024** **13.06.2024**
2024/104	**Constipation guideline – update** The guideline was approved pending the spelling and formatting changes and will be uploaded to the LSCMMG website. **June 2024 update:** On the website, closed.	**AGR** **AGR**	**Open** **Closed**	**09.05.2024** **13.06.2024**
2024/105	**Guideline for antihyperglycaemic therapy in adults with type 2 diabetes - update** DSR to send BH the information on extended expiry dates for Mounjaro for him to add to the website. MP to liaise with PT for the wording around the sustainable options. PT to look at changing the colours used in the document, following amendment the guideline will be uploaded to the LSCMMG website. **June 2024 update:** DP to check with PT this has been done, remain open for now.	**DSR/BH** **MP/PT** **PT** **DP/PT**	**Open** **Open** **Open** **Open**	**09.05.2024** **09.05.2024** **09.05.2024** **13.06.2024**
2024/106	**Ankylosing Spondylitis guideline update**	**JG**	**Open**	**09.05.2024**

	The guideline was approved and will be uploaded to the LSCMMG website. **June 2024 update:** On the website, closed.	**JG**	**Closed**	**13.06.2024**
ACTION SHEET FROM THE MEETING 13th June 2024				
2024/118	**LSCMMG terms of reference – feedback received and recommended plan** Members who have not yet responded to respond to the feedback. Any additional people's details who members feel should be involved with the consultation are to be forwarded to BH.	**All Members** **All Members**	**Open** **Open**	**13.06.2024** **13.06.2024**
2024/119	**LSC Formulary – Live and discussion/ update** A feedback function to be added to the NetFormulary page. Some wording added to show this is a draft not final version of the new formulary. DP to send the new formulary drug application form to chief pharmacists, D&T leads and medical directors for feedback and approval.	**DP** **DP** **DP**	**Open** **Open** **Open**	**13.06.2024** **13.06.2024** **13.06.2024**
2024/120	**Qutenza (Capsaicin) 179mg cutaneous patch** This item to be taken to CRG for approval of a Red RAG rating, following ratification it will be uploaded to the LSCMMG website.	**DP**	**Open**	**13.06.2024**
2024/121	**Liothyronine for the treatment of resistant depression** DP to take this back to the LMC for further discussions with a recommendation for Amber 1. Bring back to this group after discussions with the LMC with a shared care protocol.	**DP** **DP**	**Open** **Open**	**13.06.2024** **13.06.2024**
2024/123	**Somatropin PIL - Update** AGR to take this for approval with the LMC.	**AGR**	**Open**	**13.06.2024**
2024/124	**Ophthalmology Macular Pathway – Update** Ophthalmology and medicines information members to send any META analysis or other high quality evidence based analysis along with any local audit data relating to this to BH. A proposal is to be put together for an audit for AW to put it forward for funding.	**Ophthalmology/ medicines management members** **??**	**Open** **Open**	**13.06.2024** **13.06.2024**

	Clinicians to highlight cohorts of patients that may benefit more from one drug together and also sent to BH.	**Ophthalmology/ medicines management members**	**Open**	**13.06.2024**
2024/125	**Testosterone for post-menopausal women shared care guideline - update** AW to send AGR the contact details of the women's healthcare lead to discuss and align staffing lists.	**AW/AGR**	**Open**	**13.06.2024**
2024/126	**Gender Dysphoria information sheets - update** This agenda item is to be brought back once more work has been completed.	**AGR**	**Open**	**13.06.2024**
2024/127	**Amielle vaginal trainers - review** AGR to take to CRG for ratification with a RAG rating of Amber 0. Following ratification this would be added to the LSCMMG website.	**AGR**	**Open**	**13.06.2024**
2024/128	**Primary care neuropathic pain guidance - update** AGR to send document out for consultation.	**AGR**	**Open**	**13.06.2024**
2024/129	**Apomorphine shared care guideline - update** AGR to amend the error in the paper. AGR to consult with lead nurse in primary care around the setup of the new pump device due to previous raised difficulties and bring back next month.	**AGR** **AGR**	**Open** **Open**	**13.06.2024** **13.06.2024**
2024/130	**Pain (inc. Opioid) LSCMMG Website Resources** The recommended resources be linked/ uploaded onto the LSCMMG website. A plan brought back to the group in the coming months about developing a Lancashire & South Cumbria version of GMMMG's resources.	**AGR** **AGR**	**Open** **Open**	**13.06.2024** **13.06.2024**
2024/131	**Option Paper for FP10 issuing of Isotretinoin** FP to do some more work on this item and bring it back to the group once suitable.	**FP**	**Open**	**13.06.2024**
2024/133	**New NICE Technology Appraisal Guidance for Medicines May 2024** AGR to come back next month with patient numbers and cost estimate for NICE TA 971. AGR to update the headache guideline with clinical specialists and bring back to the group with a proposed RAG rating for NICE TA973.	**AGR** **AGR**	**Open** **Open**	**13.06.2024** **13.06.2024**

2024/136	**Evidence Reviews Published by SMC or AWMSG May 2024** DP to bring the Asthma guideline back to July's meeting for further discussion on Symbicort.	**DP**	**Open**	**13.06.2024**
2024/138	**AOB** DJ to clarify age selection and transition plans for children referred into the weight loss commissioned service. When appropriate DJ to bring back outcomes of the commissioned service to the group.	**DJ** **DJ**	**Open** **Open**	**13.06.2024** **13.06.2024**