



Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting

Thursday 20th April 2023 (via Microsoft Teams)

PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICB
Andy White (AW)	Chief Pharmacist	Lancashire and South Cumbria ICB
Clare Moss (CM)	Head of Medicines Optimisation	Greater Preston, NHS Chorley, and South Ribble locality
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
David Jones (DJ)	Assistant director of pharmacy Lancashire teaching hospitals	NHS Lancashire Teaching Hospitals
Melanie Preston (MP)	Head of Medicines Management	Fylde Coast Locality
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	Morecambe Bay Locality
Ana Batista (AB)	Medicines Information Pharmacist	East Lancashire Hospitals NHS Trust
Nicola Baxter (NB)	Head of Medicines Management	West Lancashire locality
Lisa Rogan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	Lancashire and Blackburn with Darwen locality

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Paul Tyldesley (PT)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB)	Administrator	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2023/286	<p>Welcome & apologies for absence.</p> <p>Apologies were received from Adam Grainger (his agenda items will be picked up by BH and PT). Apologies were also received from Lindsey Dickinson, Vince Goodey and Dr Shenaz Ramtoola.</p>	
2023/287	<p>Declaration of any other urgent business</p> <p>No declarations of any urgent business.</p>	
2023/288	<p>Declarations of interest</p> <p>None.</p>	
2023/289	<p>Minutes and action sheet from the last meeting 9th March 2023</p> <p>AS and FP highlighted that they were at the meeting, however they were not captured on the attendance list.</p> <p>With the addition of AS and FP the minutes were agreed as a true and accurate record and will be uploaded to the LSCMMG website.</p>	
2023/290	<p>Matters arising (not on the agenda)</p> <p>None.</p>	

NEW MEDICINES REVIEWS

	SUMMARY OF DISCUSSION	ACTION
2023/291	<p>Ogluo (glucagon solution for injection in pre-filled pen, 0.5mg and 1.0mg) for the treatment of severe hypoglycaemia in adults, adolescents, and children aged 2 years and over with diabetes mellitus</p> <p>DP presented the review which relates to a new preparation of premixed glucagon (current preparations require mixing prior to use). It was highlighted that this does have cost implications, the size of the cost pressure depends on uptake.</p> <p>Three consultation responses were in support of commissioning Ogluo with responses supporting either a Green RAG rating, Amber RAG rating or requiring further information. MP clarified that Fylde Coast were supportive due to simplicity of use, however they were concerned that it has a longer time to have a clinical effect. It was highlighted that the product had stability data for 18 months outside of the fridge at up to 25 degrees, so stability should not be considered as part of the group's decision making.</p> <p>It was proposed that Ogluo is made available for those with a history of severe hypoglycemia unable to manage glucagon. There was discussion relating to whether patients would be known to specialists or if they would be treated in primary care.</p> <p>It was agreed that it will be assigned a Green RAG rating and made available for those patients who have a history of hypoglycemia unable to manage glucagon, it was also agreed that prescribing guidance should be developed to support clinicians to identify appropriate patients in whom</p>	

	<p>Ogluo should be initiated.</p> <p>Action Ogluo to be given a Green RAG rating with the development of prescribing guidance to support the identification of appropriate patients in whom Ogluo should be initiated.</p>	DP
2023/292	<p>IQoro for treatment of hiatus hernia and for treatment of stroke related dysphagia.</p> <p>DP presented the request to consider the IQoro medical device for two separate indications, stroke related dysphagia and hiatus hernia. The request was received from the Fylde Coast.</p> <p>In hiatus hernia the evidence base was limited, place in therapy was unclear and consultation responses were not supportive of using the device, so it is proposed that IQoro is given a Do Not Prescribe RAG rating for that indication.</p> <p>For stroke related dysphagia, initial cost estimates were that there could be approximately 500-1000 patients per year in Lancashire and South Cumbria. If treated with IQoro this would result in a cost pressure of £58,000-£116,000 per year, however it was highlighted that there may be cost benefits for speech and language therapy services.</p> <p>Consultation responses were split between Do Not Prescribe and Green / Amber and Speech and Language Therapy responses have made a good case to support its use in this indication. It was highlighted that the patient cohort identified would be under specialist services.</p> <p>It was highlighted by one of the trusts that they have approximately 15 devices which are autoclaved and reused for subsequent patients, so any cost pressure is likely to be smaller than the original estimates used in the evidence review. However, it was noted that not all trusts would be able to reuse devices.</p> <p>Following discussion, LSCMMG members were supportive of making IQoro available, however due to the difference in services across the patch there were significant discussions on the most appropriate RAG rating. It was agreed that IQoro will be given a Red RAG rating as devices will be provided by the specialist service, it was also agreed that DP would recalculate the estimated cost pressure to take into consideration that only one of the indications were approved and that some organisations are able to reuse devices.</p> <p>Action IQoro to be given a Red RAG rating for stroke related dysphagia and a Do Not Prescribe RAG rating for hiatus hernia.</p> <p>DP to recalculate the cost pressure and update the cost pressure log.</p>	DP DP
	<p>Sevelamer generic</p> <p>DP introduced the agenda item. Generic versions of sevelamer have become available, however they are a different salt than the originator brand. The request for the group to consider is whether LSCMMG is happy to allow use of a different salt and to consider the information leaflet that has been developed by Lancashire Teaching Hospitals (LTH).</p> <p>The information sheet has been developed to support the switching of patients from branded sevelamer hydrochloride (Renagel) to sevelamer</p>	

	<p>carbonate. The carbonate generic is less expensive than the branded hydrochloride and can be switched safely and no dose adjustment is required and there are no additional monitoring requirements following the switch.</p> <p>LSCMMG members supported the proposal from LTH to make sevelamer carbonate available, it was also agreed that the information leaflet would be adopted by LSCMMG and would be amended to include the LSCMMG Logo and housed on the LSCMMG website.</p> <p>Action Sevelamer carbonate to be made available.</p> <p>The information leaflet will be adopted by LSCMMG and will be amended to include the LSCMMG Logo and housed on the LSCMMG website.</p>	DP
2023/294	<p>Baricitinib in the Treatment of Patients Hospitalised Due to COVID-19</p> <p>DP updated LSCMMG that a template Clinical Commissioning Policy: Baricitinib for patients hospitalised due to COVID-19 (adults and children aged 2 years and over) has been prepared by an Expert Working Group, supported by members of the NHS England national clinical policy team for consideration by LSCMMG.</p> <p>In addition to the clinical policy a letter from the Medical Director, Specialised Services, NHSE supporting the policy was sent to David Levy – this includes the rationale for adoption of the policy and an evidence summary.</p> <p>There were some discussions relating to whether baricitinib would be used in addition to tocilizumab – where it would be a cost pressure, or as an alternative to tocilizumab where it would be a cost saving. It was also highlighted that the policy as written would be recommending an off-label preparation which may not align with MHRA recommendations where licensed products are available. It was unclear on the criteria to be used, to identify the clinical circumstances where baricitinib would be used.</p> <p>AC updated the group that Jenny Oakley has forwarded the draft policy to Chief Pharmacists asking for comments back by the 1st of May.</p> <p>It was agreed that the draft policy will be put on the agenda for the next meeting, DP to link into Jenny Oakley to understand the feedback received from Chiefs to support LSCMMG in its decision.</p> <p>Action</p> <p>DP to contact Jenny Oakley to gain feedback from the Chief Pharmacists and the policy will be considered at the next meeting.</p>	DP
	<p>New Medicines Review Workplan</p> <p>There are 5 new items to be considered for the workplan.</p> <p>Avanafil for erectile dysfunction, third line after failure of sildenafil and tadalafil. Our guidance currently allows 2 lines of treatment. However, we have had questions from patients with prostate cancer who've tried both of our recommended agents and have ended up receiving avanafil however are unable to access continued prescribing. This is on the agenda for discussion under item 2023/301.</p>	

	<p>Ibandronic Acid - requested by LTH for postmenopausal women with breast cancer as an alternative to zoledronic acid. We are aware that Sheffield allow this treatment and there is some evidence base to support its use.</p> <p>Flupentixol oral request is to look at an inconsistency between the Lancashire Care Formulary and LSCMMG formulary.</p> <p>Tacrolimus - received from East Lancashire Hospitals. There's a new Generic preparation available which is more cost effective, however MHRA guidance does not support switching of patients between brands. DJ highlighted that patients post-transplant will be discharged from Manchester on the new preparation so there will be a need to continue treatment.</p> <p>Softacort – LSCMMG has previously adopted a Do Not Prescribe position, the requesting clinician has now submitted further information for consideration by the group, this will be reviewed and brought back to a subsequent meeting.</p> <p>All items were agreed to be added to the work plan.</p> <p>Formulary development</p> <p>DP also gave an update in relation to formulary. We are looking to set up an oversight group which will agree the process, consider how formulary decisions will be made and the route for ratification. In addition, the group will also consider the most appropriate format for the formulary to be presented.</p> <p>The intention is that there will be a small CSU group who will consider the existing formulary positions and identify where there is alignment or gaps which are considered to be minor, these will be adopted by the grandfather procedure and recommended for adoption.</p> <p>Any areas where there are moderate discrepancies, the CSU will make a proposal to a clinical group for consideration of a way forward. Where there are major discrepancies then there will be detailed discussions at the clinical group.</p> <p>There were also discussions relating to the appropriate route to ratification and it was agreed that this would need to be finalised at the Formulary Oversight group.</p> <p>Actions</p> <p>Avanafil, Ibandronic Acid, Flupentixol oral, Tacrolimus and Softacort to be added to the workplan.</p> <p>The formulary approach was agreed in principle for final sign off by the formulary oversight group.</p>	<p>DP</p> <p>DP</p>
<p>GUIDELINES and INFORMATION LEAFLETS</p>		
<p>2023/296</p>	<p>Trans anal irrigation devices – update</p> <p>PT presented the paper outlining updates to the trans anal irrigation device position statement. PT confirmed that there have been no material changes to the position statement as there has not been any significant changes to the evidence base or guidance for trans anal irrigation since the last version of the position statement was produced.</p> <p>The group agreed to approve the update to the position statement without sending the document out for further consultation.</p>	

	<p>Action</p> <p>The updated version of the position statement will be uploaded to the LSCMMG website.</p>	AGR/PT
2023/297	<p>Vitamin D position statement – update</p> <p>PT discussed the updates to the vitamin D position statement. During the update process it was found that the guidelines the position statement linked to for further information may have contained conflicting information. As the linked guidelines would still have benefit for prescribers, rather than remove the link to the guidance, it was decided to add in a statement making it clear that the commissioning positions in the statement have primacy over the guidance and the link is included as an additional clinical reference only.</p> <p>BH raised that some of terminology in the position statement still refers to “Black” RAG positions and confirmed that this would be altered to “Do Not Prescribe” on the final updated version for the website.</p> <p>The group agreed to approve the update to the position statement without sending the document out for further consultation.</p> <p>Action</p> <p>The position statement will be amended to alter “Black” RAG positions to “Do Not Prescribe” and will then be added to the LSCMMG website.</p>	AGR/PT
2023/298	<p>Colomycin® prescriber information sheet – update</p> <p>PT presented the paper for the update to the colomycin® prescriber information sheet. PT highlighted that there was one change to the previous version of the prescriber information sheet. To simplify the preparation of process the position statement recommends mixing colomycin® with 2.5ml of sodium chloride solution (a full nebule) rather than 3ml stated in the SPC.</p> <p>AC and AW requested that the additional statement be amended to provide further clarity. A form of words was agreed stating that ideally a single 2.5ml nebule of sodium chloride should be used to mix with the colomycin® during preparation.</p> <p>The group agreed to approve the updated prescriber information sheet with the amendment suggested by AC/AW.</p> <p>Action</p> <p>The colomycin® position statement will be updated in line with the discussions at the meeting and added to the LSCMMG website.</p>	AGR/PT
	<p>Benzodiazepine withdrawal draft guideline</p> <p>BH discussed the paper relating to the benzodiazepine withdrawal guideline. BH stated that there had been a request for some benzodiazepine withdrawal resources to be added to the LSCMMG website. BH proposed that a benzodiazepine guideline be added to the guidelines section of the LSCMMG website and there would be a benzodiazepine resources section of the website linked to this.</p> <p>BH confirmed a plan to send the benzodiazepine guideline out to consultation and to pull together a group of specialists to review the resources to be added to the LSCMMG website. SR agreed with the approach and made the group aware that LSCFT subscribes to several resources which may be suitable for addition to the proposed resource section of the website. DJ gave context to the request and agreed to forward on details of clinicians who initially raised the request. FP also offered to forward details of a contact working in a substance misuse charity who would be able to support the work.</p>	

	<p>The group approved the approach.</p> <p>Action</p> <p>AGR will liaise with the contacts outlined in the meeting and form a working group to produce a benzodiazepine resource section on the website. AGR will also consult on the benzodiazepine guidance document.</p>	AGR
2023/300	<p>MHRA PIL – safe use of fentanyl patches</p> <p>PT outlined a request from FP and the local opiates working group to adopt the MHRA patient information sheet relating to safe use of fentanyl patches. FP also requested that an additional MHRA information sheet relating to risk of addiction and dependence be considered at the next LSCMMG meeting for approval.</p> <p>AC questioned the statements within the patient information leaflet advising patients to dial 999 in the case of inadvertent contact or swallowing of the patch. It was agreed that a link to the document will be adopted and that the MHRA will be contacted about the reference to dialing 999 in the document and whether there are any plans to amend that section of the document.</p> <p>Action</p> <p>AGR to bring the MHRA risk of addiction and dependence document to the next LSCMMG meeting for approval.</p> <p>A link to the MHRA safe use of fentanyl patches document will be added to the website resources (and fentanyl patch medicines entries) and the MLCSU will contact the MHRA querying the recommendation to dial 999 in the safe use of fentanyl patches document.</p>	<p>AGR</p> <p>AGR/PT</p>
2023/301	<p>Erectile dysfunction guideline – update</p> <p>BH presented the paper relating to the update of the erectile dysfunction guideline. BH outlined that there were two areas of amendment to the guideline. Firstly, Invicorp® has an LSCMMG commissioning position but wasn't included in the guideline and has therefore been added. Secondly, LSCMMG currently have a "do not prescribe" position for Avanafil®, however Avanafil® is included in the guideline as a medicine which may be prescribed on the NHS. BH made the group aware that there have been examples of local patients requesting Avanafil® through IFRs and other routes. BH asked the group to consider whether the guidance document should be updated to make it clear that Avanafil® is "do not prescribe" or consider reviewing Avanafil® as a 3rd line agent in patients who can't tolerate 1st and 2nd line agents.</p> <p>Before taking the decision MP wished to advise the group that there is a difference between the LSCMMG commissioning position and that of Pan Mersey and made the group aware of a consultant at BTH who is considering using Avanafil® in a cohort of patients due to differing side effect profiles. MP, BH and FP discussed conducting a review of the side effect profile and bringing back to a future LSCMMG meeting. The group agreed to this approach.</p> <p>Action</p> <p>MLCSU to conduct a review of avanafil® including comparing the side effect profiles of different agents.</p> <p>Once the position of avanafil has been finalised, an updated Erectile dysfunction guideline to be brought back to LSCMMG.</p>	<p>AGR</p> <p>AGR</p>

<p>2023/302</p>	<p>Asthma guideline, minor update</p> <p>DP apprised the LSCMMG of a minor update to the one-page MART regimen guidance relating to maximum doses. MP made the LSCMMG aware that this minor update had been agreed at the local respiratory working group.</p> <p>The LSCMMG approved the minor amendment to the guidance.</p> <p>Action</p> <p>The updated Asthma guideline will be added to the LSCMMG website</p>	<p>DP</p>
<p>2023/303</p>	<p>Guidelines Workplan</p> <p>BH presented the Guidelines Workplan to the group. No comments or suggestions were added to the Guidelines Workplan from the LSCMMG.</p> <p>DP discussed the current guidance relating to lipids. The LSCMMG currently endorses a national guidance document, however a clinician in the area has produced their own guidance containing recommendations which are not fully aligned with NICE guidance. FP and LR discussed the preferred approach for the area and stated that adhering to the existing national guidance would be simpler than following a larger document produced by the local clinician. DP requested that work be started on a simplified form of the national guidance.</p> <p>The LSCMMG supported the approach of re-endorsing the existing national document with a simplified document.</p>	<p>DP</p>
<p>NATIONAL DECISIONS FOR IMPLEMENTATION</p>		
<p>2023/304</p>	<p>New NICE Technology Appraisal Guidance for Medicines March 2023</p> <p>There were four NICE TAs at this meeting.</p> <p>TA871 – Eptinezumab for preventing migraine. The estimated cost impact for this is about £125,000 per annum at year 5 across Lancashire and South Cumbria. It is proposed as a RED drug.</p> <p>TA875 – Semaglutide for overweight and obesity. NICE have estimated an annual cost impact at year 5 of approximately £2.2 million. The drug was agreed as a RED drug however, the TA does not necessarily restrict supply to secondary care.</p> <p>The group discussed the existing lack of commissioning pathways in most of Lancashire and South Cumbria for patients requiring drugs for the management of obesity including Saxenda® and Wegovy®. AW asked that the inability to meet a NICE TA with the existing provision be added to the risk register for the ICB and an EIRA be undertaken. MP agreed to forward contact details for commissioning colleagues in the Blackpool locality. The group agreed to this approach.</p> <p>TA877 – Finerenone for treating chronic kidney disease in type 2 diabetes. It is proposed as a GREEN RAG rating. LR queried about the potential costs and whether GPs would be comfortable taking on prescribing of a drug that they have no experience with prescribing. BH suggested that AGR could re-check the costing template and review the RAG status.</p> <p>TA878 - Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19. The LSCMMG agreed that all drugs will be RED RAG except sotrovimab which is for community use and will be GREEN RAG. DJ requested clarity about the remaining treatments for COVID which aren't included in the NICE TA. AC informed the group that a steer is likely to come from the chief pharmacists who have been asked to look at this issue. AC also requested for collaboration with Jenny</p>	

	<p>Oakley to ascertain which drugs are being requested by clinicians in intensive care to manage COVID.</p> <p>Action</p> <p>AGR to review the cost template and RAG status for Finerenone.</p> <p>MLCSU to liaise with AW and MP to draft a risk register entry and liaise with colleagues to produce an EIRA in relation to Saxenda® and Wegovy®.</p> <p>MLCSU to contact Jenny Oakley to ascertain which drugs are being requested by clinicians in intensive care to manage COVID.</p>	<p>AGR</p> <p>BH</p> <p>AGR</p>
2023/305	<p>New NHS England medicines commissioning policies March 2023</p> <p>Nothing urgent to consider, not on the agenda.</p>	
2023/306	<p>Regional Medicines Optimisation Committees – Outputs for March 2023</p> <p>None.</p>	
2023/307	<p>Evidence reviews published by SMC or AWMSG March/April 2023</p> <p>There are no items which need to be considered by the LSCMMG. DP noted that the SMC are starting to take decisions relating to unlicensed drugs which may have implications for future recommendations.</p>	
ITEMS FOR INFORMATION		
2023/308	<p>Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee 30th March 2023</p> <p>The minutes were circulated with the agenda. SR stated that the minutes are for information only.</p>	
2023/309	<p>ELMMB website – update</p> <p>BH confirmed that work is ongoing to review the content of the ELMMMB website. Thirteen position statements have been prioritised for review. These will be expedited through LSCMMG, and a decision will be taken as to whether any of those will be adopted more widely.</p>	
2023/310	<p>LSC ICB Financial Recovery Plan</p> <p>AW discussed the need for savings across the system. A plan was taken to the ICB execs who supported the plan but also requested further savings in addition to those outlined in the recovery plan.</p>	
2023/311	<p>LSCMMG cost pressures log</p> <p>BH highlighted that the cost pressure log needs to be amended to take into consideration the discussions relating to the IQoro device and Finerenone costs.</p> <p>Action</p> <p>DP/BH to update the cost pressure log with revised costs for IQoro and Finerenone.</p>	<p>DP/BH</p>

DATE AND TIME OF NEXT MEETING

The next meeting will take place on

Thursday 11th May 2023

9:30am – 11:30am

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES
MANAGEMENT GROUP 20.04.2023**

ACTION SHEET FROM THE MEETING 13th October 2022				
2022/164	Nutritional Supplements Post Bariatric Surgery – Post Private Surgery CSU to put wider work onto the work plan about reviewing the information we currently have in documents and look whether they need to be refreshed or have a stand-alone policy position relating to private treatment.	CSU	Closed	13.10.2022
	November 2022 update: AGR will contact LMC regarding this item.	AGR	Closed	10.11.2022
	December 2022 update: AGR has met with LMC, now awaiting their further feedback.	AGR	Closed	08.12.2022
	January 2023 update: AGR still awaiting feedback from the LMC, AGR will chase.	AGR	Closed	12.01.2023
	February 2023 update: AGR still needs to chase, will bring back to the next meeting.	AGR	Closed	09.02.2023
	March 2023 update: AGR is struggling to engage. AGR to link in with LD for her to support.	AGR/LD	Open	09.03.2023
	April 2023 update: AGR still progressing	AGR/LD	Open	20.04.2023
ACTION SHEET FROM THE MEETING 10th November 2022				
2022/180	Keppra Position Statement February 2023 update: DJ updated from neurology, the summary being that they support the prescribing of generics but not for switching patients already on Keppra. Patient anxieties around switching is acknowledged, but due to costing the switch needs to happen. The group thanks the neurology services for their input and AC is going to raise up to Jerry Skills and Medical Directors.	AC	Open	09.02.2023
	March 2023 update: AC will link in with Mark Brady as Jerry is now on leave, AC will also bring in DJ into the discussions.	AC/DJ	Open	09.03.2023
	April 2023 update:			

	<p>Communication has taken place with the directorate; they have raised 3 areas. First could there be support for implementing the changes, secondly there needs to be support from the ICB in terms of communication and finally there needs to be provision for patients who have any adverse issues associated with the switch. Work is ongoing. AC updated that David Levy, Andy White and AC are meeting on the 27th, to discuss the issue and it's become a must do piece of work to switch patients to the generic. DJ highlighted that if the switch is undertaken in primary care that this would address some of the specialists concerns in relation to resource. To be agreed by medical directors on the 5th of May as a system approach.</p>	AC/DJ/AW	Open	20.04.2023
2022/182	<p>ONS Guidance – Update AGR to follow up with formal letter to procurement.</p>	AGR	Closed	10.11.2022
	<p>December 2022 update: Ongoing, will bring back to January.</p>	AGR	Closed	08.12.2022
	<p>January 2023 update: On the agenda, closed. AGR to make the amendments to the document and then get it uploaded onto the website.</p>	AGR AGR	Closed Closed	12.01.2022 12.01.2022
	<p>February 2023 update: Letter has been drafted, AGR to get BH to check the document before it goes forward.</p>	AGR/BH	Open	09.02.2023
	<p>March 2023 update: BH still needs to finish checking document before it goes to procurement. Will go out before the next meeting. AGR has also linked in with the community dieticians at LSCFT and they are keen to support with the procurement.</p>	AGR/BH	Open	09.03.2022
<p>April 2023 update: This item was missed during the action log discussion.</p>	AGR/BH	Open	20.04.2023	
ACTION SHEET FROM THE MEETING 8TH December 2022				

2022/207	Sodium Zirconium Cyclosilicate – Update AGR and LR to link in and discuss clinician concerns.	AGR/LR	Closed	08.12.2022
	January 2023 update: LR and AGR still need to link in due to people being on leave over the festive period.	AGR/LR	Closed	12.01.2023
	February 2023 update: AGR met with East Lancashire and updated the group. The evidence is not great with a lack of outcomes data. It was proposed to do an updated review including the pressure on primary care and bring back to a later meeting. This was agreed and AGR will bring back to a future meeting.	AGR	Closed	09.02.2023
	March 2023 update: Smaller evidence review will come to April's meeting.	AGR	Closed	09.02.2023
	April 2023 update: Deferred to May so that AG can present.	AGR	Closed	20.04.2023
ACTION SHEET FROM THE MEETING 12TH January 2023				
2023/226	Menopause guidance – Update AGR to change patches to the first choice in the document instead of oral.	AGR	Closed	12.01.2023
	February 2023 update: AGR has made the amendments and is waiting for BH to look over the document to send over to Kath Gulson. Once ready, AGR to include Kath Gulson and community pharmacy in the circulation of the document. Still awaiting final checks before send out.	AGR	Closed	09.02.2023
	March 2023 update: BH and AGR to meet to finalize before sending Kath Gulson. LD to also support bringing someone from primary care to this group.	AGR	Closed	09.03.2023
	April 2023 update: Work ongoing, this will be prioritised over the coming weeks.	AGR/BH	Open	20.04.2023
ACTION SHEET FROM THE MEETING 9TH February 2023				

2023/244	Estradiol (as estradiol hemihydrate) and progesterone 1mg/100mg soft capsules (Bijuve®) HRT Leads to take this discussion to their places and find out if prescribers are happy with the amendment to the status only and feedback to DP.	CM,NB, MP,LR, FP	Open	09.02.2023
	March 2023 update: This was difficult to approve due to recent changes in response to formation of the ICB. DP to link in with LR around what was required of this as she wasn't present for this original item.	DP/LR	Open	09.03.2023
	April 2023 update: Responses received from GP/CSR supporting a Green Restricted RAG rating. Agreed to be an agenda item for the next meeting where a final RAG position to be agreed.	DP	Open	20.04.2023
2023/262	Close Down of ELMMB website The team will work on a paper about the process of moving things from the ELMMB website to LSCMMH website.	BH	Open	09.02.2023
	March 2023 update: There is a paper being developed around the formulary, but BH and the team need to meet with LR. LR and her team are working through documents, priority is to move the formulary. They are categorizing guidelines to either superseded guidelines, easily updated guidelines and another that would be better done across the ICB. LR added there is a plan to put in place a ghost site on the website, so the documents are still there but a disclaimer to state there has been updated clinical guidance and signpost to the new site.	BH/LR	Open	09.03.2023
	April 2023 update: On the agenda, close this action.	BH	Closed	20.04.2023
ACTION SHEET FROM THE MEETING 9th March 2023				
2023/264	Declaration of any other urgent business – Semaglutide AGR will put together a position statement including what needs to happen. Also so highlight that there is only a tier three service in Blackpool in the statement.	AGR	Open	09.03.2023
	April 2023 update: Position has been drafted and shared. It's gone out in the GP Bulletin. There is some concern that it hasn't permeated to everywhere, so further comms to	AGR	Closed	20.04.2023

	be distributed through locality teams.			
2023/268	Melatonin RAG rating Leads to send out this information to GPs and getting feedback on proposed RAG status.	CM,NB, MP,LR, FP	Open	09.03.2023
	DP to take back comments received and split into areas of adult and children. To add additional indications on to the workplan and to review the evidence.	DP	Open	09.03.2023
	April 2023 update: Work ongoing, there is a new product available which is cheaper than current alternatives. Recognised this is a large piece of work to complete.	DP	Open	20.04.2023
2023/269	Nephrotrans for metabolic acidosis DJ to feedback discussions and outcome to clinicians.	DJ	Open	09.03.2023
	April 2023 update: DJ has fed back the decision, no further evidence has been received.	DJ	Closed	20.04.2023
2023/670	New Medicines Review Workplan DP to submit the document for Sevelamer change on the website to the next meeting for approval before going onto the website.	DP	Open	09.03.2023
	April 2023 update: On the agenda for this meeting. DP to add Obinutuzumab to the work plan.	DP	Open	20.04.2023
	April 2023 update: Has been added to the work plan.	DP	Closed	20.04.2023
2023/271	COPD guideline – update DP and team to revisit the document and create a simplified version like done previously with the asthma inhaler guideline and bring back to the group.	DP	Open	09.03.2023
	April 2023 update: Has been reviewed by the project group, work ongoing. To remain on the action log until complete, aim to come to the May LSCMMG.	DP	Open	20.04.2023
2023/272	Vitamins and minerals position statement – update The position statement to be retired and removed from the LSCMMG website.	AGR	Open	09.03.2023
	April 2023 update: Completed, closed.	AGR	Closed	20.04.2023
	Antipsychotic shared care guideline – update AGR to upload to the website.	AGR	Open	09.03.2023

2023/273	April 2023 update: Completed	AGR	Closed	20.04.2023
2023/274	Gout guideline – update AGR to upload to the website.	AGR	Open	09.03.2023
	April 2023 update: Queries from ELMMB on a couple of the elements in the guideline including the dose of prednisolone. AB forwarded comments to AGR yesterday in relation to the Antipsychotic shared care, gout guideline and another document. AGR to review and bring an update to a further meeting.	AGR	Open	20.04.2023
2023/278	Managing convulsive (tonic-clonic) status epilepticus (adults) guideline DP to prepare the document to be sent out to acute trust leads for them to feed back to him or AGR any comments. Then bring back to the group.	DP	Open	09.03.2023
	April 2023 update: Responses received from BTH, ELHT and UHMB. All are in agreement with the guideline. The document was approved. To be placed on a new section of the LSCMMG website for Acute Trust documents, an update on this section will be brought to the next meeting to ensure members are in agreement with the position of the document on the website.	DP	Open	20.04.2023
2023/285	LSCMMG MAS Formulary JL to liaise with EB to get an email out to members detailing discussions on this item as some members had to leave before the discussion.	JL/EB	Open	09.03.2023
	April 2023 update: MAS has not been approved by the ICB. No further actions in the short term.	JL/EB	Closed	20.04.2023
2023/286	Developing a single joint formulary for Lancashire and South Cumbria EB/BH to send an email detailing the ask for volunteers for the single formulary working group.	EB/BH	Open	09.03.2023
	April 2023 update: A few names have been provided. AW / BH to meet to agree the oversight group membership. Members to contact BH with any nominations.	AW/BH	Open	20.04.2023
ACTION SHEET FROM THE MEETING 20th April 2023				
2023/291	Ogluo (glucagon solution for injection in pre-filled pen, 0.5mg and 1.0mg) Ogluo to be given a Green RAG rating with the development of prescribing guidance to support	DP	Open	20.04.2023

	the identification of appropriate patients in whom Ogluo should be initiated.			
2023/292	IQoro for treatment of hiatus hernia and for treatment of stroke related dysphagia. IQoro to be given a Red RAG rating for stroke related dysphagia and a Do Not Prescribe RAG rating for hiatus hernia.	DP	Open	20.04.2023
	DP to recalculate the cost pressure and update the cost pressure log	DP	Open	20.04.2023
2023/293	Sevelamer generic Sevelamer carbonate to be made available.	DP	Open	20.04.2023
	The information leaflet will be adopted by LSCMMG and will be amended to include the LSCMMG Logo and housed on the LSCMMG website.	DP	Open	20.04.2023
2023/294	Baricitinib in the Treatment of Patients Hospitalised Due to COVID-19 DP to contact Jenny Oakley to gain feedback from the Chief Pharmacists and the policy will be considered at the next meeting.	DP	Open	20.04.2023
2023/295	New Medicines Review Workplan Avanafil, Ibandronic Acid, Flupentixol oral, Tacrolimus and Softacort to be added to the workplan.	DP	Open	20.04.2023
	The formulary approach was agreed in principle for final sign off by the formulary oversight group.	DP	Open	20.04.2023
2023/296	Trans anal irrigation devices – update The updated version of the position statement will be uploaded to the LSCMMG website.	AGR/PT	Open	20.04.2023
2023/297	Vitamin D position statement – update The position statement will be amended to alter “Black” RAG positions to “Do Not Prescribe” and will then be added to the LSCMMG website.	AGR/PT	Open	20.04.2023
2023/298	Colomycin® prescriber information sheet – update The colomycin® position statement will be updated in line with the discussions at the meeting and added to the LSCMMG website.	AGR/PT	Open	20.04.2023
2023/299	Benzodiazepine withdrawal draft guideline AGR will liaise with the contacts outlined in the meeting and form a working group to produce a benzodiazepine resource section on the website. AGR will also	AGR	Open	20.04.2023

	consult on the benzodiazepine guidance document.			
2023/300	MHRA PIL – safe use of fentanyl patches AGR to bring the MHRA risk of addiction and dependence document to the next LSCMMG meeting for approval.	AGR	Open	20.04.2023
	A link to the MHRA safe use of fentanyl patches document will be added to the website resources (and fentanyl patch medicines entries) and the MLCSU will contact the MHRA querying the recommendation to dial 999 in the safe use of fentanyl patches document.	AGR/PT	Open	20.04.2023
2023/301	Erectile dysfunction guideline – update MLCSU to conduct a review of Avanafil® including comparing the side effect profiles of different agents.	AGR	Open	20.04.2023
	Once the position of avanafil has been finalised, an updated Erectile dysfunction guideline to be brought back to LSCMMG.	AGR	Open	20.04.2023
2023/302	Asthma guideline, minor update The updated Asthma guideline will be added to the LSCMMG website.	DP	Open	20.04.2023
2023/303	Guidelines Workplan – Lipids The LSCMMG supported the approach of re-endorsing the existing national document with a simplified document.	DP	Open	20.04.2023
2023/304	New NICE Technology Appraisal Guidance for Medicines March 2023 AGR to review the cost template and RAG status for Finerenone.	AGR	Open	20.04.2023
	MLCSU to liaise with AW and MP to draft a risk register entry and liaise with colleagues to produce an EIRA in relation to Saxenda® and Wegovy®.	BH	Open	20.04.2023
	MLCSU to contact Jenny Oakley to ascertain which drugs are being requested by clinicians in intensive care to manage COVID.	AGR	Open	20.04.2023
2023/311	LSCMMG cost pressures log DP/BH to update the cost pressure log with revised costs for IQoro and Finerenone.	BH/DP	Open	20.04.2023