



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting**  
**Thursday 13<sup>th</sup> July 2023 (via Microsoft Teams)**

**PRESENT:**

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Andy White (AW)	Chief Pharmacist	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
David Jones (DJ)	Assistant director of pharmacy Lancashire teaching hospitals	NHS Lancashire Teaching Hospitals
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacist	NHS North of England Commissioning Support Unit
Lisa Rogan (LR)	Strategic Director for Medicines Research and Clinical Effectiveness	NHS Lancashire and South Cumbria ICB (Pennine Lancashire locality)
Nicola Baxter (NB)	Head of Medicines Management	NHS Lancashire and South Cumbria ICB (West Lancashire locality)
Melanie Preston (MP)	Head of Medicines Optimisation	NHS Lancashire and South Cumbria ICB (Fylde Coast)
Mohammed Ahmad (MA)	Assistant Director of Pharmacy	Blackpool Teaching Hospitals NHS Trust
Sonia Ramdour (SR)	Chief Pharmacist/Controlled Drugs Accountable Officer	Lancashire and South Cumbria NHS Foundation Trust

**IN ATTENDANCE:**

Jenny Oakley (JO)	Lead Pharmacist - Surgery, Critical Care and WACS	University Hospitals of Morecambe Bay NHS Foundation Trust
Shaun Morgan (SM)	Pharmacist (lead on Critical care)	East Lancashire Hospitals NHS Trust
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jaskiran Bedi (Observing)	GP trainee	NHS Lancashire and South Cumbria ICB (Fylde Coast)
Paul Tyldesley (Minutes)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU

	<b>SUMMARY OF DISCUSSION</b>	<b>ACTION</b>
<b>2023/353</b>	<p><b>Welcome &amp; apologies for absence</b></p> <p>Apologies were received from Lindsey Dickinson, Vince Goodey, Kam Mom, and Rebecca Bond.</p>	
<b>2023/354</b>	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	

	<b>SUMMARY OF DISCUSSION</b>	<b>ACTION</b>
<b>2023/355</b>	<p><b>Declarations of interest</b></p> <p>None.</p>	
<b>2023/356</b>	<p><b>Minutes and action sheet from the last meeting 8<sup>th</sup> June 2023</b></p> <p>The minutes from the last meeting were accepted and will be uploaded onto the LSCMMG website.</p>	
<b>2023/357</b>	<p><b>Matters arising (not on the agenda)</b></p> <p>None</p>	

#### **NEW MEDICINES REVIEWS**

	<b>SUMMARY OF DISCUSSION</b>	<b>ACTION</b>
<b>2023/358</b>	<p><b>Fluorouracil 5% Cream for treatment of superficial pre-malignant skin lesions</b></p> <p>Fluorouracil 5% Cream for treatment of superficial pre-malignant skin lesions was prioritised for review following a request from the Clinical Pharmacist for Dermatology at East Lancashire Hospitals NHS Trust.</p> <p>DP confirmed that there is existing prescribing of fluorouracil 5% cream. Pennine Lancashire already has a positive RAG position for the cream, as is the case in neighbouring Greater Manchester and Pan Mersey. At consultation all responding organisations agreed with a Green RAG recommendation. FP and LR agreed that patients with Bowen's disease should only be initiated in primary care by physicians who consider themselves competent to diagnose and treat the condition and that suspected keratoacanthoma should always be referred via a 2 week wait appointment to a specialist team for review.</p> <p>A Green RAG was approved by the group.</p>	

	<p><b><u>Action</u></b> Fluorouracil 5% Cream for treatment of superficial pre-malignant skin lesions will be taken to the Commissioning Resource Group for ratification (Green RAG rating).</p>	DP
2023/359	<p><b>Hydrocortisone sodium phosphate (Softacort) eye drops for treatment of mild non-infectious allergic or inflammatory conjunctival diseases</b></p> <p>Softacort had previously been considered at the LSCMMG and the group requested for specialists to provide supporting information. Supporting information was subsequently received which triggered an abbreviated review. Pan Mersey and Moorfields Hospital have both approved the use of Sofacort, GMMMG do not list Sofacort on their formulary.</p> <p>As the drug is a two-week course and has a lower acquisition cost than other preservative free corticosteroids, the group agreed to a Red RAG status. The group acknowledged that a review of other corticosteroids eye drops will be undertaken during the L&amp;SC formulary harmonising process.</p> <p><b><u>Actions</u></b> Hydrocortisone sodium phosphate (Softacort) eye drops for treatment of mild non-infectious allergic or inflammatory conjunctival diseases will be taken to the Commissioning Resource Group for ratification (Red RAG rating).</p>	DP
2023/360	<p><b>Avanafil tablets (Spedra®) for the treatment of erectile dysfunction in adult men</b></p> <p>Avanafil for the treatment of erectile dysfunction in adult men was prioritised at the June 2023 LSCMMG following an individual funding request for treatment. It was agreed that an abbreviated review be brought to the July LSCMMG meeting for consideration – either for decision at the meeting or to forward for full consultation.</p> <p>DP noted that avanafil is similar to the other PDE5 inhibitors but more expensive. DP also explained that compared to other 3<sup>rd</sup> and 4<sup>th</sup> line treatments (vardenafil, injections etc.), avanafil could be cost savings. MP also mentioned that specialists perceived that avanafil has a superior adverse effects profile.</p> <p>The group approved avanafil as Green (restricted) as a 3<sup>rd</sup> line agent in patients failing to tolerate other PDE5 inhibitors who are considering alternative treatments.</p> <p><b><u>Actions</u></b> Avanafil tablets (Spedra®) for the treatment of erectile dysfunction in adult men will be taken to the Commissioning Resource Group for ratification (Green (restricted) RAG rating, 3<sup>rd</sup> line PDE5).</p>	DP
2023/361	<p><b>New Medicines Review workplan</b> DP requested that a review be prioritised for Sodium fluoride toothpaste in the treatment of head and neck cancer patients who have had surgery, radiotherapy and/or chemotherapy are often left with severely dry mouths, restricted mouth opening, and reduced access for toothbrushing or professional dental care.</p>	

	<p>AW and BH directed that a paper should be brought back to the next meeting to discuss approval of sodium fluoride in this indication.</p> <p>DP also highlighted an amendment to the workplan to enable the review of both monotherapy and combination therapy for bempedoic acid +/- ezetimibe.</p> <p>The group approved the amendment.</p> <p><b><u>Action</u></b> DP to bring a paper/short review to the September 2023 meeting for sodium fluoride in the treatment of head and neck cancer patients.</p>	<b>DP</b>
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
<b>2023/362</b>	<p><b>Post-bariatric nutrition position statement – update</b></p> <p>AGR apprised the group about conversations with LD and shared a patient letter template from the LMC stating that GP practices are not the appropriate place to receive post-surgery aftercare.</p> <p>AGR amended the LSCMMG position statement to clarify which vitamins should be purchased and which should be prescribed. AGR also mentioned that a request had been received from LD to recommend purchase of oral Vitamin B12 rather than prescribing injectable Vitamin B12.</p> <p>The group agreed to the amendments in the document and requested that a review of oral vs injectable vitamin B12 be added to the workplan included consideration of the impact on district nurse time and costs.</p> <p><b><u>Action</u></b> Update the post-bariatric nutrition position statement and add it to the website. Add oral vs injectable vitamin B12 to the work plan.</p>	<b>AGR</b>  <b>AGR</b>
<b>2023/363</b>	<p><b>UHMB domperidone shared care – review</b></p> <p>Morecambe Bay locality highlighted that the local trust has a shared care guideline for the use of domperidone for severe gastro-oesophageal reflux disease (GORD) in neonates and children aged 1 month to 18 years (off-label use). AGR clarified that there is not an LSCMMG position for domperidone in this indication.</p> <p>FP and AS agreed that the MLCSU should collaborate with consultants at UHMB to produce an LSCMMG position and shared care guidance if required.</p> <p><b><u>Action</u></b> AGR to liaise with AS and consultants at UHMB to review evidence for use and consult on a RAG position for domperidone in the indication.</p>	<b>AGR</b>

<p><b>2023/344</b></p>	<p><b>ELMMB nefopam position statement – review for LSCMMG adoption</b></p> <p>AGR has been collaborating with John Vaughan from the Pennine Lancashire locality to review ELMMB guidance and present to the LSCMMG. The nefopam position statement was one such guidance document.</p> <p>There are differing commissioning positions for nefopam among the Lancashire and South Cumbria ICB places (and neighbouring GMMMG and Pan Mersey health economies). Due to this disparity, AGR recommended consulting on a position for nefopam. The group approved this approach.</p> <p><b><u>Actions</u></b> AGR to send the nefopam position statement out for consultation.</p>	<p><b>AGR</b></p>
<p><b>2023/365</b></p>	<p><b>Zoladex shared care</b></p> <p>AGR informed the LSCMMG of a request to produce a shared care for Zoladex. The group had previously assigned zoladex an Amber0 rating.</p> <p>AW requested that if zoladex is to be considered for shared care, all other GNRH analogues should be considered in the guidance.</p> <p>CM asked that before commencing work on a shared care guideline, that the MLCSU consider whether Zoladex/GNRH analogues meet the criteria for shared care. The group approved adding a review of Zoladex/GNRH analogues to the workplan.</p> <p><b><u>Action</u></b> AGR to add a review of Zoladex/GNRH analogues to the workplan.</p>	<p><b>AGR</b></p>
<p><b>2023/366</b></p>	<p><b>Cenobamate for focal seizures – summary of evidence</b></p> <p>AGR has received a request to review the Red RAG rating for Cenobamate as this is presenting an issue for tertiary services. Neighbouring GMMMG and Pan Mersey have recommended primary care prescribing following specialist initiation.</p> <p>AGR stated that at the time of assigning the Red RAG rating there was little published evidence in support of Cenobamate, however there is now more evidence since the NICE TA publication. AG suggested sharing an evidence summary for cenobamate and consulting on the RAG rating. The group agreed.</p> <p><b><u>Action</u></b> AGR to consult on an evidence summary for cenobamate.</p>	<p><b>AGR</b></p>
<p><b>2023/367</b></p>	<p><b>Antipsychotic shared care – NICE recommended off-label indications – review</b></p> <p>SR requested for the LSCMMG to reevaluate antipsychotic shared care in NICE recommended off-label indications. SR suggested that rather</p>	

	<p>evaluating from the perspective of antipsychotics, the review should centre around the principle of whether NICE recommended off-label uses can be included in shared care guidelines.</p> <p>FP agreed with the approach but raised concerns about one indication “emotionally unstable personality disorder (EUPD) “. The group agreed to consult on the principle of NICE recommended off-label uses being included in shared care guidelines for all age groups (and in this instance the consultation relates to the antipsychotic group of drugs) while explicitly acknowledging that the EUPD indication will not be included as part of the consultation.</p> <p><b><u>Action</u></b></p> <p>AGR to send out a consultation on the principle of NICE recommended off-label uses being included in shared care guidelines.</p>	<b>AGR</b>
<b>2023/368</b>	<p><b>Pain management guidance review – approach and process</b></p> <p>The LSCMMG previously produced pain management guidance in collaboration with a multidisciplinary group including local pain specialists. Since the publication of this guidance the ICB has set up an opioid group led by FP which is requesting review of the guidance.</p> <p>FP requested that the MLCSU could work with representatives from GMMMG to review GMMMG resources with a view to adopting some of these resources. BH suggested that any review needed to include the views of the initial working group who supported the original guidance development. AW advocated consulting as widely as possible across the region. BH requested that FP and Dominic Carlin from GP/CSR team highlight the parts of the GMMMG resources document which are particularly useful and are omitted from the existing Lancashire and South Cumbria opioid resources for consideration by the pain management working group.</p> <p><b><u>Action</u></b></p> <p>FP to forward a list of the sections of the GMMMG resource document that the ICB opioids group consider to be useful additions to the Lancashire and South Cumbria opioid resources for consideration by the pain management working group.</p>	<b>FP</b>
<b>2023/369</b>	<p><b>Lipids pathway, secondary prevention</b></p> <p>The LSCMMG previously approved a locally produced simplified version of the Accelerated Access Collaboration (AAC) lipid pathway in primary prevention. DP presented another simplified version of the AAC pathway but this time in Secondary Prevention.</p> <p>The group approved the document.</p> <p><b><u>Action</u></b></p> <p>DP to upload the approved Lipid pathway secondary prevention document to the LSCMMG website.</p>	<b>DP</b>

<p><b>2023/370</b></p>	<p><b>Diabetes guideline – update</b></p> <p>DP presented a general update to the diabetes guideline in response to updated NICE guidelines. The renal information in the guidance was also amended in response to updated SPC information for some of the agents included in the guideline. Exenatide has also been added as a treatment option in response to the Department of Health warnings regarding short supply of GLP-1 agonists.</p> <p>The group approved the update.</p> <p><b>Action</b> DP to upload the updated diabetes guideline to the LSCMMG website.</p>	<p><b>DP</b></p>
<p><b>2023/371</b></p>	<p><b>Melatonin Pathway (Children)</b></p> <p>LSCMMG requested the various RAG ratings and indications for melatonin be reviewed with the aim of minimising inconsistencies. DP presented the version of the guideline relating to prescribing in children.</p> <p>FP and SR made the group aware that there is now a licensed preparation for insomnia in children and adolescents aged 6-17 years with attention-deficit hyperactivity disorder (ADHD). LR requested that the bold statement at the end of the document relating to length of treatment should be moved to the top of the document. SR queried whether the RAG ratings had been made clearer in the document.</p> <p>AC suggested that the group reconsider this paper with more time for discussion. AC requested that DP bring back an updated version of the paper including the suggested amendments from LR and SR. AC also asked whether some work can be done to clarify whether unlicensed or licensed preparation should be recommended in the guidance.</p> <p><b>Action</b> DP to bring back a paper to the next meeting with the suggested amendments from today’s meeting to enable further discussion.</p>	<p><b>DP</b></p>
<p><b>2023/372</b></p>	<p><b>Guidelines workplan</b></p> <p>AGR asked about adding a review of the testosterone shared care guidance to the workplan with a view to reviewing the RAG status of testosterone. In support of this piece of work, AG and BH have met with the complex menopause specialist from Manchester Foundation Trust and have a meeting set up with her and her counterpart in Merseyside at the beginning of September. As part of the review the group requested that supply issues and training requirements are considered. AGR asked that an interim shared care agreement form for testosterone be added to the website.</p> <p><b>Action</b> AGR to produce a shared care agreement form for testosterone and add a link relating to supply shortages on the website.</p> <p>Review of testosterone shared care to be added to the workplan with consultation beginning after the summer.</p>	<p><b>AGR</b></p> <p><b>AGR</b></p>

<b>SECONDARY CARE ITEMS FOR CONSIDERATION</b>		
<b>2023/373</b>	<p><b>LSC critical care network vancomycin guideline</b></p> <p>SM presented a paper about the use of vancomycin in critical care units. SM and a working group produced a consensus guideline for the use of continuous infusion vancomycin. SM requested that the guideline be hosted on the LSCMMG website.</p> <p>The group agreed to host the guideline on the LSCMMG website.</p> <p><b>Action</b> AGR to add to the guideline to the LSCMMG website when SM provides the final version which has been adopted by each of the acute trusts in Lancashire.</p>	<b>AGR</b>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
<b>2023/374</b>	<p><b>New NICE Technology Appraisal Guidance for Medicines June 2023</b></p> <p>There were three TAs highlighted for discussion.</p> <p>NICE TA 907 – Deucravacitinib for treating moderate to severe plaque psoriasis. NICE estimate about £8800 per 100,000 population so would be around £158,000 per annum.</p> <p>NICE TA 905 – Upadacitinib for previously treated moderately to severely active Crohn’s disease. NICE estimate a cost saving of £58,000 by year 5.</p> <p>NICE TA 902 – Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction. NICE estimate a cost impact to Lancashire and South Cumbria of £264,000 in year 1 rising to £812,000 in year 5.</p> <p>AW asked whether there is a way of evaluating the NICE estimates. LR stated that outcomes (e.g., admissions) should be accounted for as well as drug costs.</p> <p><b>Action</b> AGR agreed to check NICE cost estimates prior to submission to the Commissioning Resource Group and add a column on utility/outcomes of the use of medicines to subsequent LSCMMG NICE papers.</p>	<b>AGR</b>
<b>2023/375</b>	<p><b>New NHS England medicines commissioning policies May 2023</b></p> <p>N/A</p>	
<b>2023/376</b>	<p><b>Regional Medicines Optimisation Committees - Outputs May 2023</b></p> <p>N/A</p>	
<b>2023/377</b>	<p><b>Evidence reviews published by SMC or AWMSG May 2023</b></p> <p>There is no action needed.</p>	

<b>ITEMS FOR INFORMATION</b>		
<b>2023/378</b>	<b>Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee 25<sup>th</sup> May 2023 –</b> For information only.	
<b>2023/379</b>	<b>LSCMMG cost pressures log</b> For information only	

<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>The next meeting will take place on  <b>Thursday 14<sup>th</sup> September 2023</b>  <b>9.30am – 11.30am</b>  <b>Microsoft Teams</b></p>
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**ACTION SHEET FROM THE  
LANCASHIRE AND SOUTH CUMBRIA MEDICINES  
MANAGEMENT GROUP 13.07.2023**

<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> October 2022</b>				
<b>2022/164</b>	<b>Nutritional Supplements Post Bariatric Surgery – Post Private Surgery</b>			
	<b>March 2023 update:</b> AGR is struggling to engage. AGR to link in with LD for her to support.	<b>ARG/LD</b>	<b>Open</b>	<b>09.03.2023</b>
	<b>April 2023 update:</b> AGR still progressing.	<b>AGR/LD</b>	<b>Open</b>	<b>20.04.2023</b>
	<b>May 2023 update:</b> Still on going.	<b>ARG/LD</b>	<b>Open</b>	<b>11.05.2023</b>
	<b>June 2023 update:</b> AGR has made contact and they are arranging a meeting to discuss issues.	<b>AGR/LD</b>	<b>Open</b>	<b>08.06.2023</b>
	<b>July 2023 update:</b> Is on the agenda, closed	<b>AGR/LD</b>	<b>Closed</b>	<b>13.07.2023</b>
<b>ACTION SHEET FROM THE MEETING 9<sup>th</sup> March 2023</b>				
<b>2023/271</b>	<b>COPD guideline – update</b> 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.	<b>DP</b>	<b>Closed</b>	<b>09.03.2023</b>
	<b>April 2023 update:</b> Has been reviewed by the project group, work ongoing. To remain on the action log until complete, aim to come to the May LSCMMG.	<b>DP</b>	<b>Closed</b>	<b>20.04.2023</b>
	<b>May 2023 update:</b> Comments proposed by respiratory group, to be incorporated and further discussion with respiratory group.	<b>DP</b>	<b>Closed</b>	<b>11.05.2023</b>
	<b>June 2023 update:</b> There has been a lot more comments come back, DP will bring an update to the next meeting.	<b>DP</b>	<b>Open</b>	<b>08.06.2023</b>
	<b>July 2023 update:</b>	<b>DP</b>	<b>Open</b>	<b>13.07.2023</b>

	Expected to be on the agenda for the September 2023 meeting.			
	<p><b>New NICE Technology Appraisal Guidance for Medicines March 2023</b>  AGR to review the cost template and RAG status for Finerenone.  <b>April 2023 update:</b>  There is not costing template, so AGR is unable to be more specific with costing. The proposed RAG status is Green as the renal cut off is around the same as Dapagliflozin. There was some reservation in primary care as clinicians are not familiar with it. MLCSU to draft information sheet with a recommendation of Green to the next meeting.</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><b>May 2023 update:</b>  Paul is working on the new Equality and Health Inequality impact and risk assessment which is the new EIRA. Would be helpful to take to a commissioner and wider than medicines, Jane Miller or Steve Flynn would be good to link into.</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 has some other people to contact which he will do after this meeting.</p> <p><b>July 2023 update:</b>  AGR has met with Jenny Oakley about drugs used in intensive care for COVID and Jenny is at the meeting to discuss.</p> <p>Wegovy EIRA and paper produced and presented to the Commissioning Resource Group</p>	AGR	Closed	09.03.2023
	AGR	Open	20.04.2023	
	BH	Closed	20.04.2023	
	BH	Closed	11.05.2023	
	AGR	Closed	11.05.2023	
	AGR	Closed	11.05.2023	
	AGR/JO	Closed	13.07.2023	
BH/PT	Closed	13.07.2023		

	<p>to escalate to the ICB to consider further action.</p> <p>BH to share the CRG paper with the group. NB to contact the chair of the Commissioning Resource Group to discuss the communications around weight loss service provision and liaise with complaints team to ensure that the necessary information is being collated.</p>	<b>BH/NB</b>	<b>Open</b>	<b>13.07.2023</b>
<b>ACTION SHEET FROM THE MEETING 20<sup>th</sup> April 2023</b>				
<b>2023/291</b>	<p><b>Ogluo (glucagon solution for injection in pre-filled pen, 0.5mg and 1.0mg)</b> 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> <p><b>May 2023 update:</b> DP still to do prescribing guidance then will send to the Medicines Policy Subgroup for ratification, can be closed once it goes to the Medicines Policy Subgroup.</p> <p><b>June 2023 update:</b> Waiting for it to go the next Medicines Policy Subgroup, which is due to be held on 16<sup>th</sup> June 2023.</p> <p><b>July 2023 update:</b> David Levy has requested all outputs from the LSCMMG go to the Commissioning Resource Group (next meeting 2<sup>nd</sup> August 2023)</p>	<b>DP</b>	<b>Closed</b>	<b>20.04.2023</b>
		<b>DP</b>	<b>Closed</b>	<b>11.05.2023</b>
		<b>DP</b>	<b>Closed</b>	<b>08.06.2023</b>
		<b>BH</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/292</b>	<p><b>IQoro for treatment of hiatus hernia and for treatment of stroke related dysphagia.</b> IQoro to be given a Red RAG DP to recalculate the cost pressure and update the cost pressure log.</p> <p><b>May 2023 update:</b> Log has been updated, will now go to the quality meeting. BH added there needs to be another Medicines Policy's task and finish</p>	<b>DP</b>	<b>Closed</b>	<b>20.04.2023</b>
		<b>DP</b>	<b>Closed</b>	<b>11.05.2023</b>

	<p>group to ratify the outputs from the last few meetings.</p> <p><b>June 2023 update:</b> Waiting for it to go the next Medicines Policy Subgroup, which is due to be held on 16th June 2023.</p> <p><b>July 2023 update:</b> David Levy has requested all outputs from the LSCMMG go to the Commissioning Resource Group (next meeting 2<sup>nd</sup> August 2023)</p>	<p><b>DP</b></p> <p><b>BH</b></p>	<p><b>Closed</b></p> <p><b>Open</b></p>	<p><b>08.06.2023</b></p> <p><b>13.07.2023</b></p>
<b>2023/294</b>	<p><b>Baricitinib in the Treatment of Patients Hospitalised Due to COVID-19</b> DP to contact Jenny Oakley to gain feedback from the Chief Pharmacists and the policy will be considered at the next meeting.</p> <p><b>May 2023 update:</b> Jenny Oakley (JO) presented the feedback to the group. Most trust critical care and respiratory consultants would like continued access to Baricitinib. There is a request for further clarity and consistency across the patch. Small numbers have been recorded so now the estimated cost needs to be checked.</p> <p>BH to work with JO to reword the NHSE Blueteq form for adoption across LSC and look at creating guidance to go on LSCMMG. JO to collate data for it to go onto the LSCMMG website.</p> <p><b>June 2023 update:</b> Ongoing, JO will bring an update to the next meeting.</p> <p><b>July 2023 update:</b> JO drafted guidance for use across each acute trust. Comments were collected and actioned. The group approved the guidance and it was agreed that costs would be dealt with as a pass through payment and monitored.</p>	<p><b>DP</b></p> <p><b>BH/JO</b></p> <p><b>JO</b></p> <p><b>JO</b></p> <p><b>JO</b></p>	<p><b>Closed</b></p> <p><b>Closed</b></p> <p><b>Closed</b></p> <p><b>Closed</b></p> <p><b>Closed</b></p>	<p><b>20.04.2023</b></p> <p><b>11.05.2023</b></p> <p><b>11.05.2023</b></p> <p><b>08.06.2023</b></p> <p><b>13.07.2023</b></p>

**ACTION SHEET FROM THE MEETING 11<sup>th</sup> May 2023**

<p><b>2023/317</b></p>	<p><b>Trifarotene (Aklief®) 50 microgram/g cream for the cutaneous treatment of acne vulgaris of the face and/or the trunk in patients from 12 years of age and older, when many comedones, papules and pustules are present</b>  Trifarotene (Aklief®) 50 microgram/g cream for the cutaneous treatment of acne vulgaris, a Green RAG rating will be considered for ratification at the next Medicines Policy Subgroup.</p> <p><b>June 2023 update:</b>  Will go to the next Medicines Policy Subgroup on 16<sup>th</sup> June 2023.</p> <p><b>July 2023 update:</b>  David Levy has requested all outputs from the LSCMMG go to the Commissioning Resource Group (next meeting 2<sup>nd</sup> August 2023)</p>	<p><b>DP</b></p> <p><b>DP</b></p> <p><b>BH</b></p>	<p><b>Closed</b></p> <p><b>Closed</b></p> <p><b>Open</b></p>	<p><b>11.05.2023</b></p> <p><b>08.06.2023</b></p> <p><b>13.07.2023</b></p>
<p><b>2023/318</b></p>	<p><b>TheraBite® Jaw Rehabilitation Device for the treatment of trismus and mandibular hypomobility</b>  TheraBite® Jaw Rehabilitation Device for the treatment of trismus and mandibular hypomobility, a Red RAG rating will be considered for ratification at the next Medicines Policy Subgroup.</p> <p><b>June 2023 update:</b>  Will go to the next Medicines Policy Subgroup on 16<sup>th</sup> June 2023.</p> <p>AS to feedback discussion on the Red RAG decision to MaxFax specialists.</p> <p><b>June 2023 update:</b>  AS fed back to specialists and they have started prescribing the product.</p>	<p><b>DP</b></p> <p><b>DP</b></p> <p><b>AS</b></p> <p><b>AS</b></p>	<p><b>Closed</b></p> <p><b>Closed</b></p> <p><b>Closed</b></p> <p><b>Closed</b></p>	<p><b>11.05.2023</b></p> <p><b>08.06.2023</b></p> <p><b>11.05.2023</b></p> <p><b>08.06.2023</b></p>

	<p><b>July 2023 update:</b> David Levy has requested all outputs from the LSCMMG go to the Commissioning Resource Group (next meeting 2<sup>nd</sup> August 2023)</p>	BH	Open	13.07.2023
2023/319	<p><b>Budesonide M/R 9mg tablets (Cortiment MMX) For induction of remission in adults with mild to moderate active ulcerative colitis where 5-ASA (aminosalicylate) treatment is not sufficient - RAG status change proposal</b> Budesonide M/R 9mg tablets (Cortiment MMX) to be recommended for a change in RAG position from Red to Amber 0, highlighting the requirement to prescribe by brand, at the next Medicines Policy Subgroup.</p> <p><b>June 2023 update:</b> Will go to the next Medicines Policy Subgroup on 16th June 2023</p> <p><b>July 2023 update:</b> David Levy has requested all outputs from the LSCMMG go to the Commissioning Resource Group (next meeting 2<sup>nd</sup> August 2023)</p>	DP	Closed	11.05.2023
		DP	Closed	08.06.2023
		BH	Open	13.07.2023
2023/320	<p><b>Estradiol (as estradiol hemihydrate) and progesterone 1mg/100mg Soft Capsules (Bijuve®) For continuous combined hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women with intact uterus and with at least 12 months since last menses</b> Estradiol (as estradiol hemihydrate) and progesterone 1mg/100mg Soft Capsules (Bijuve®) for continuous combined hormone replacement therapy (HRT) to be considered for ratification at the next Medicines Policy Subgroup.</p>	DP	Closed	11.05.2023

	<p><b>June 2023 update:</b> Will go to the next Medicines Policy Subgroup on 16th June 2023.</p> <p><b>July 2023 update:</b> David Levy has requested all outputs from the LSCMMG go to the Commissioning Resource Group (next meeting 2<sup>nd</sup> August 2023)</p>	DP	Closed	08.06.2023
	<p><b>July 2023 update:</b> David Levy has requested all outputs from the LSCMMG go to the Commissioning Resource Group (next meeting 2<sup>nd</sup> August 2023)</p>	BH	Open	13.07.2023
2023/323	<p><b>Sodium Zirconium Cyclosilicate – Evidence Review</b> AC and AW to consider the best avenue for work relating to Heart Failure to be progressed.</p> <p><b>June 2023 update:</b> On going, AC and AW to meet to discuss.</p> <p><b>July 2023 Update:</b> Await further updates on Clinical networks.</p>	AC/AW	Open	11.05.2023
	<p><b>June 2023 update:</b> On going, AC and AW to meet to discuss.</p> <p><b>July 2023 Update:</b> Await further updates on Clinical networks.</p>	AC/AW	Open	08.06.2023
2023/324	<p><b>Gout Guidance – Update</b> AGR will look into the dosing for Febuxostat to change from 300 to 360.</p>	AGR	Open	11.05.2023
	<p>AGR to make the style of the document consistent with other documents on the website.</p>	AGR	Open	11.05.2023
	<p>AGR to add in cardiovascular risk assessments to be completed annually for patients on Febuxostat.</p>	AGR	Open	11.05.2023
	<p><b>June and July 2023 update:</b> Ongoing as it is a large project to change format. AGR will bring an update to the next meeting.</p>	AGR	Open	08.06.2023
<b>ACTION SHEET FROM THE MEETING 8<sup>th</sup> June 2023</b>				
2023/342	<p><b>Antihistamines &amp; nasal sprays for mild to moderate hay fever and allergic rhinitis Position statement – ELMMB document – LSCMMG review and adoption</b></p> <p>AGR to put the document on the website with explicit wording that</p>	AGR	Closed	08.06.2023

	<p>this is in line with legacy CCG positions and that a policy position is being considered for adoption by the ICB but is currently going through that process with a three-month time limit.</p> <p><b>July 2023 Update:</b> Added to the website.</p>	<b>AGR</b>	<b>Closed</b>	<b>13.07.2023</b>
<b>2023/343</b>	<p><b>Gluten Free Commissioning Statement for NHS EL/BwD – LSCMMG review and adoption</b></p> <p>AGR to put the document on the website with explicit wording that this is in line with legacy CCG positions, and that a policy position is being considered for adoption by the ICB but is currently going through that process with a three-month time limit.</p> <p><b>July 2023 Update:</b> Added to the website.</p>	<b>AGR</b>	<b>Closed</b>	<b>08.06.2023</b>
<b>2023/344</b>	<p><b>UHMB local shared care documents – review</b></p> <p>The formulary group will consider Dapsone in their work and look at the RAG position and if appropriate adopt the shared care.</p> <p>The change of RAG position for Denosumab to go out for consultation.</p> <p>Trusts to send AGR their current shared care for Enoxaparin and other low molecular weight heparins.</p> <p>The CSU team to bring a proposal for UHMB shared care for Enoxaparin after receiving information from other trusts.</p>	<b>FWG</b>	<b>Open</b>	<b>08.06.2023</b>
		<b>AGR</b>	<b>Open</b>	<b>08.06.2023</b>
		<b>Acute Trusts</b>	<b>Open</b>	<b>08.06.2023</b>
		<b>AGR</b>	<b>Open</b>	<b>08.06.2023</b>

	<p>The formulary group will consider Hydroxycarbamide in their work and look at the RAG position and if appropriate adopt the shared care.</p> <p>AGR to review the national shared care document for Hydroxycarbamide.</p> <p>AS to send the shared care for Domperidone to AGR.</p>	<p><b>FWG</b></p> <p><b>AGR</b></p> <p><b>AS</b></p>	<p><b>Open</b></p> <p><b>Open</b></p> <p><b>Closed</b></p>	<p><b>08.06.2023</b></p> <p><b>08.06.2023</b></p> <p><b>08.06.2023</b></p>
<b>2023/345</b>	<p><b>Lipid pathway – primary prevention</b></p> <p>DP to move the green box with lifestyle change information towards the top of the document to highlight it at the beginning.</p> <p><b>July 2023 Update:</b> Primary Prevention pathway now on website, secondary prevention pathway on the agenda.</p>	<p><b>DP</b></p> <p><b>DP</b></p>	<p><b>Closed</b></p> <p><b>Closed</b></p>	<p><b>08.06.2023</b></p> <p><b>13.07.2023</b></p>
<b>2023/346</b>	<p><b>Menopause – Product Price List</b></p> <p>AGR to link in the shared care document with testosterone and the documents can be added to the website.</p>	<p><b>AGR</b></p>	<p><b>Closed</b></p>	<p><b>08.06.2023</b></p>
<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> July 2023</b>				
<b>2023/358</b>	<p><b>Fluorouracil 5% Cream for treatment of superficial pre-malignant skin lesions</b></p> <p>Fluorouracil 5% Cream for treatment of superficial pre-malignant skin lesions will be taken to the Commissioning Resource Group for ratification (Green RAG rating).</p>	<p><b>DP</b></p>	<p><b>Open</b></p>	<p><b>13.07.2023</b></p>
<b>2023/359</b>	<p><b>Hydrocortisone sodium phosphate (Softacort) eye drops for treatment of mild non-infectious allergic or inflammatory conjunctival diseases</b></p> <p>Hydrocortisone sodium phosphate (Softacort) eye drops for treatment of mild non-infectious allergic or inflammatory</p>			

	conjunctival diseases will be taken to the Commissioning Resource Group for ratification (Red RAG rating).	<b>DP</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/360</b>	<b>Avanafil tablets (Spedra®) for the treatment of erectile dysfunction in adult men</b>  Avanafil tablets (Spedra®) for the treatment of erectile dysfunction in adult men will be taken to the Commissioning Resource Group for ratification (Green (restricted) RAG rating, 3 <sup>rd</sup> line PDE5).	<b>DP</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/361</b>	<b>New Medicines Review workplan</b>  DP to bring a paper/short review to the September 2023 for sodium fluoride in the treatment of head and neck cancer patients.	<b>DP</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/362</b>	<b>Post-bariatric nutrition position statement – update</b>  Update the Post-bariatric nutrition position statement and add it to the website.  Add oral vs injectable vitamin B12 to the work plan.	<b>AGR</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/363</b>	<b>UHMB domperidone shared care – review</b>  AGR to liaise with AS and consultants at UHMB to review evidence for use and consult on a RAG position for domperidone in the indication.	<b>AGR</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/344</b>	<b>ELMMB nefopam position statement – review for LSCMMG adoption</b>  AGR to send the nefopam position statement out for consultation.	<b>AGR</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/365</b>	<b>Zoladex shared care</b>  AGR to add a review of Zoladex/GNRH analogues to the workplan.	<b>AGR</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/366</b>	<b>Cenobamate for focal seizures – summary of evidence</b>			

	AGR to consult on an evidence summary for cenobamate.	<b>AGR</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/367</b>	<b>Antipsychotic shared care – NICE recommended off-label indications – review</b>  AGR to send out a consultation on the principle of NICE recommended off-label uses being included in shared care guidelines.	<b>AGR</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/368</b>	<b>Pain management guidance review – approach and process</b>  FP to forward a list of the sections of the GMMMG resource document that the ICB opioids group consider to be useful additions to the Lancashire and South Cumbria opioid resources for consideration by the pain management working group.	<b>FP</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/369</b>	<b>Lipids pathway, secondary prevention</b> DP to upload the approved Lipid pathway secondary prevention document to the LSCMMG website.	<b>DP</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/370</b>	<b>Diabetes guideline – update</b> DP to upload the updated diabetes guideline to the LSCMMG website.	<b>DP</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/371</b>	<b>Melatonin Pathway (Children)</b> DP to bring back a paper to the next meeting with the suggested amendments from today's meeting to enable further discussion.	<b>DP</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/372</b>	<b>Guidelines workplan</b>  AGR to produce a shared care agreement form for testosterone and add a link relating to supply shortages on the website.  Review of testosterone shared care to be added to the workplan with consultation beginning after the summer.	<b>AGR</b>  <b>AGR</b>	<b>Open</b>  <b>Open</b>	<b>13.07.2023</b>  <b>13.07.2023</b>
<b>2023/373</b>	<b>LSC critical care network vancomycin guideline</b>			

	AGR to add to the guideline to the LSCMMG website when SM provides the final version which has been adopted by each of the acute trusts in Lancashire.	<b>AGR</b>	<b>Open</b>	<b>13.07.2023</b>
<b>2023/374</b>	<b>New NICE Technology Appraisal Guidance for Medicines June 2023</b> AGR agreed to check NICE cost estimates prior to submission to the Commissioning Resource Group and add a column on utility/outcomes of the use of medicines to subsequent LSCMMG NICE papers.	<b>AGR</b>	<b>Open</b>	<b>13.07.2023</b>