

Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting Thursday 10th March 2022 (via Microsoft Teams)

PRESENT:

Andy Curran (AC)	Chair of LSCMMG	Lancashire and South Cumbria ICS
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Lisa Ainsworth (LA)	Associate Director of Pharmacy/ Lead Pharmacist Central/ West Lancashire	Lancashire and South Cumbria NHS Foundation Trust
Lisa Rogan (LR)	Strategic Director of Medicines, Research and Clinical Effectiveness	NHS East Lancashire/Blackburn with Darwen CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Ana Batista (AB)	Senior Pharmacist Medicines Information	NHS East Lancashire Hospitals
David Jones (DJ)	Assistant Director of Pharmacy	NHS Lancashire Teaching Hospitals
Mohammed Ahmad (MA)	Assistant Director of Pharmacy Clinical Services	Blackpool Teaching Hospitals NHS Foundation Trust
Melanie Preston (MP)	Assistant Director – Medicines Optimisation	Blackpool CCG

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
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB)	Administrator, Medicines Optimisation	NHS Midlands and Lancashire CSU

(Minutes)

	SUMMARY OF DISCUSSION	ACTION
2022/035	Welcome & apologies for absence BH welcomed members to the meeting as AC was unable to join at the start of a meeting due to issues in his building. Mohammed Ahmed attended on behalf of Rebecca Bond. Sonia Ramdour sent her apologies and Lisa Ainsworth is here on her behalf. Faye Prescott also sent her apologies.	
2022/036	Declaration of any other urgent business None.	

2022/037	<p>Declarations of interest</p> <p>None.</p>	
2022/038	<p>Minutes and action sheet from the last meeting 10th February 2022</p> <p>There is an amendment on page 7, relating to the SMC/AWMSG paper, discussion around Botox for children with Sialorrhea, but is mentioned as hyperhidrosis. Also, to update action log on page 20.</p> <p>Other than the amendments mentioned above, the minutes were agreed as a true representation of the meeting and signed off as the final version. The action log was updated during the meeting.</p> <p><u>Action</u></p> <p>Update discussion on page 7 and update action log on page 20.</p>	CSU
2022/039	<p>Matters arising (not on the agenda)</p> <p>None.</p>	
NEW MEDICINES REVIEWS		
2022/040	<p>Progesterone (Utrogestan) for HRT</p> <p>DP discussed the equality impact screen identified cross border issues, Pan Mersey have Utrogestan as Green, Greater Manchester have no position.</p> <p>Consultation feedback received supported a Green RAG rating apart from, Greater Preston / Chorley South Ribble who suggested Green restricted, due to it being more expensive than other HRT agents.</p> <p>After group discussions it was agreed that a Green RAG rating was supported. The product's position, as a second line agent will be made clear in the HRT guideline which will be discussed at a future LSCMMG meeting.</p> <p><u>Action</u></p> <p>Assign Green RAG rating to Utrogestan, to be taken to the next Strategic Commissioning Committee meeting for ratification.</p>	DP
2022/041	<p>Botulinum toxin for hyperhidrosis- frequency of use</p> <p>DP brought findings from an evidence review around the recommendation for use of Botulinum toxin for hyperhidrosis up to twice yearly. Information taken from the new medicine review shows that the drug is generally effective up to 16 weeks and this is confirmed in the findings of a Cochrane review.</p> <p>The published evidence supports that most patients could be appropriately treated with 6 monthly injections; however this may leave a minority of patients who could require more frequent treatment. During discussion it was highlighted that Botulinum toxin is used in a large number of indications, across a broad range of specialities, currently there is not</p>	

	<p>Blueteq forms for each of the indications, instead a number of rules are applied to the data to screen out inappropriate use.</p> <p>After discussion the group agreed that there needs to be a piece of work looking into how much Botox is currently being used and the conditions the product is being used to treat with a view to developing a Blueteq form for use in Hyperhidrosis. Findings to be brought back to a future meeting.</p> <p>Action</p> <p>Look into how much Botox is currently being used and the conditions the product is being used to treat. Findings to be brought back to a future meeting. Also look into possibility of a Blueteq form to be developed for hyperhidrosis.</p>	<p>DP</p>
<p>2022/042</p>	<p>New Medicines work plan – for prioritisation</p> <p>Mexiletine - Blackpool Teaching Hospital have requested this in the treatment of arrhythmias. Previously an unlicensed product was available, however a licensed product has now been launched. Lancashire Teaching Hospitals and East Lancashire Healthcare Trust also has interest in this. Prioritised.</p> <p>Bempedoic acid (monotherapy) – Request from Central Lancashire and Blackpool. Use for high cholesterol is covered by TA694 when used in combination with ezetimibe where statins have failed. Request for monotherapy. CM stated that a request to prescribe had been received by a practice for specialists in Manchester, and that their website appears to support use as monotherapy as does the Pan Mersey formulary. AGR has spoken with GMMMG and Pan Mersey, they have clarified that they do not have a position on monotherapy, but GMMMG said website was unclear and they are updating website due to how people are interpreting the information.</p> <p>Action</p> <p>MA will link in with Cardiology Specialists, if they want to use, he will inform LSCMMG, and we will pick up do a full review. If no interest expressed will update position on website from NICE not supporting, use as monotherapy.</p> <p>Fidaxomicin – Has moved position for treatment C diff. was previously used if C diff reoccurred, now can use as second line if Vancomycin is not effective. NICE guideline has been updated. LR discussed with the group that it has been looked at local level and have updated their antimicrobial guidelines. The issues they have are around cost and access/ pathway issues. MP also stated they are looking at local policies around this. DP to look at entry and see what needs to be updated by LCSMMG.</p> <p>Action</p> <p>DP to look at entry and see what needs to be updated by LCSMMG.</p> <p>RAG of Patiromer - from University Hospitals of Morecambe Bay. Is currently RED for hyperkalaemia, some patients may want to receive in community, and other regions have different RAG rating. This is a long-</p>	<p>MA/CSU</p> <p>DP</p>

	<p>term treatment for patients. DJ referred to the sodium zirconium cyclosilicate changes in the NICE TA, and how this may influence this RAG rating. Renal pharmacists to look at the changes.</p> <p><u>Action</u></p> <p>DP to consider sodium zirconium cyclosilicate changes then to consider if the RAG for Patiromer needs to be reviewed.</p> <p><u>Previous reviews</u></p> <p>Aectura for asthma was given a Green RAG rating and Enerzair for asthma was given Green restricted RAG rating. Currently were waiting on development of the asthma guidelines before updating the LSCMMG web site. The group were asked if the web site should be updated in advance of the guidelines.</p> <p>MP raised that the guidelines were not going to be too specific on products and to just give examples of product choice. Guidelines should be on the next meeting. The group agreed that discussions around this can be picked up again at the next meeting with the guidelines.</p> <p>Trimbow NEXThaler is a new formulation of Trimbow with the same indication as the MDI for COPD. The group were asked if the new formulation should be added to the web site without evidence being considered at LSCMMG.</p> <p>DP raised the question of whether the new formulation of Trimbow product necessitates an evidence review if we have already given a similar product a RAG rating. The group agreed that there would need to be some discussion about a new product's evidence and consideration of its carbon footprint. The group agreed an abbreviated review would be needed to ensure consistency of data between formulations.</p> <p><u>Action</u></p> <p>Abbreviated review of the data for the new inhaler formulation of Trimbow to be presented at next LSCMMG meeting.</p>	<p>DP</p> <p>DP</p>
GUIDELINES and INFORMATION LEAFLET		
<p>2022/043</p>	<p>Menopause guideline – additional product information options</p> <p>AGR showed the group three different options for layout of options of guidelines. First was less detailed but more practical to show product in pathway which name and costs etc. The next is more in-depth, it would mostly need to be open alongside the pathway but could be used as a standalone. This one would be easier to change and would be better for more complex guidelines. The 3rd is having extra documents sitting on the website that will support the guideline and shows equivalent if items out of stock and has more details and equivalents. This would sit external and maybe add in with a hyper link. AGR asked the group to discuss which they felt would be better for the guideline. The group discussed and agreed that a combination of the table and external information would work best. They agreed the table would be easier to update which could also be given as a baseline for pharmacy's dispensing in community as it would show equivalents of meds if some were unavailable.</p>	

	<p>The group agreed that a table with £'s to indicate cost's without indicating price and make it clear that progesterone (Utrogestan) may be used as a second line agent and bring to a subsequent meeting. Also, to add links to the Menopause society guidelines from the LSCMMG website. Once agreed this needs to be circulated to consultants.</p> <p>Action – Table to be developed and resources added to the website as discussed.</p>	<p>AGR</p>
<p>2022/044</p>	<p>Environmental impact policy – Scope (AC JOINED)</p> <p>AGR laid out NHS's ambitions for their new "greener NHS plan" for the world's first net zero health service. It details the NHS's plans for the future of the NHS and where the LSCMMG sits in alongside this.</p> <p>Lots of work has surrounded inhalers and their carbon footprint. It was agreed by the group the information around lower carbon dioxide producing inhalers needs to go onto the website to make it easier for prescribers to see as it may get lost if only included in the guidelines. It was agreed that a colour coding system for this which would make it easier to change and more prominent.</p> <p>AGR continued that the report also looks at reducing hospital admissions and how that would reduce carbon footprints, alongside inappropriate prescribing. Working out the reduction of our carbon footprint can be included in the LSCMMG annual report and then that could be reported into the ICS. This could also be included in the front page as a new section for all New Medication Reviews and Guidelines which could include an estimation of savings across the financial year.</p> <p>Another point from the report shows assessing the cost savings for LSCMMG guidelines or New Medicine reviews were appropriate could be used to estimate the reduction in carbon dioxide emissions. This includes looking at if two items are clinically equivalent, but one is less environmentally impactful, then the environmentally friendly agent should be recommended in preference over the more polluting item. AGR stated that we should consider adding this to the ToR for LSCMMG.</p> <p>A deprescribing policy or a regional prescribing policy was discussed, and it was agreed that this could be scoped. CM raised the point of some of the points and actions are for outside the LSCMMG, to look closely at the parts that may not sit inside LSCMMG and decide where they need to be (organisations/ specific people/ strategies wise). LR felt the paper was very helpful in prioritising these issues and bring it to our attention. It would also stop us having to keep revisiting it. MP agreed with the benefits of wider view and that looking towards what other ICS are doing could also be helpful. The group accepted this report and support it.</p> <p>Action – work on the policy further as described and link in with other areas of the ICS to collaborate.</p>	<p>AGR</p>
<p>2022/045</p>	<p>LSCMMG – Guidelines Work Plan update</p>	

	<p>AGR updated the guideline work plan has been shared for information. The work plan remains on target.</p> <p>Inclisiran – Looked at in Jan, agreed to go with a position statement, request to look at pathway locally that we can control this more, would prefer something more local.</p> <p>Zyban – Position statement has been amended, but Greater Preston and Chorley and South Ribble have asked for some clarification around the statement to say that patients not previously prescribed Champix their options remain the same as previously described by NICE as at the minute we only tackle existing patients on the position statement not new patients, just need some clarification.</p> <p>Action To make a local pathway for Inclisiran and add some clarification on Zyban and new patients.</p>	<p>AGR</p> <p>AGR</p>
NATIONAL DECISIONS FOR IMPLEMENTATION		
2022/046	<p>New NICE Technology Appraisal Guidance for Medicines February 2022</p> <p>Actions:</p> <p>TA764 Fremanezumab for preventing migraines – High-cost drug, RAG rating of Red, cost neutral, can be put into the headache pathway.</p> <p>TA768 Upadacitinib for treating active psoriatic arthritis after an inadequate response to DMARDs – Another option, cost neutral, will do a Blueteq form.</p> <p>TA768 Palforzia for treating peanut allergy in children and young people – significant cost impact, year 5 NICE estimate £900,000 cost impact, ICS/CCG commissioned, RAG is Red but it is not on the high-cost drug list, yearly cost is £3694 excluding VAT, assume the trusts will want some kind of local arrangement for re-charge and a Blueteq form, currently no requirement for a Blueteq form as not on the high-cost list but may go on there in the future. The decisions on use will stay with LSCMMG.</p> <p>Discussion</p> <p>To look at and see if there is any guidance for how long people are on Palforzia and what the process is for weaning them off. Also consider if every trust has an allergy service or where prescribing would take place. To consider if this would come under a specialist or regional groups or possibly tertiary. And who is eligible to initiate treatment, look into the NICE TA background paperwork. DJ will link in with immunologist for point of view and report to group.</p> <p>Action – recharging arrangement to be scoped for Palforzia.</p>	<p>AGR</p>
2022/047	New NHS England medicines commissioning policies February 2022	

	None for consideration.	
2022/048	<p>Regional Medicines Optimisation Committees - Outputs February 2022</p> <p>Northwest RMOC is being set up, Michal Gregory who is director of Specialist Commissioning is going to chair it, AC has been invited to sit on it as chair of this group, not much more information but have been liaising with Karen O'Brien, a ToR has been sent out for consideration, first meeting would she would like us to showcase the excellent working from our medicines management groups, DP, AGR and BH will be contacted by AC to discuss what information should be provided to RMOC.</p>	
2022/049	<p>Evidence reviews published by SMC or AWMSG February 2022</p> <p>Cannabidiol –not for consideration by the group as a NICE TA in development, not sure if it will be NHSE or CCG commissioned, NICE update in November.</p>	
ITEMS FOR INFORMATION		
2022/050	<p>Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee minutes November 2021, action sheet and 2022/23 meeting dates</p> <p>The minutes and meeting dates have been circulated for information. LSCMMG received the information.</p>	

Date and time of next meeting

The next meeting will take place on

Thursday 14th April 2022

9.30am – 11.30am

Microsoft Teams

	<p>November 2021 update: DJ will have internal conversations with pain team, LTH to review and await information back to LSCMMG.</p> <p>December 2021 update: Ongoing awaiting feedback</p> <p>January 2022 update: Discussed at LSCFT medicines committee, requests received from diabetes wider pain treatments specialist to use Sativex and broaden beyond ketamine and non-pharmacological interventions. MM group to provide evidence for new initiation. DJ suggested there is a criteria and local Blueteq form developed. CSU agreed that a local Blueteq form could be developed once the clinical and review criteria are agreed.</p> <p>February 2022 update: Audit delayed due to covid pressures. Focused meeting on ketamine to take place shortly.</p> <p>March 2022 update: DJ has been unable to meet, has had a draft list of criteria, which could be put into local Blueteq. This includes confirming patient has persistent pain, referred to pain management service, has tried long term opiates, has tried other relevant pain management. Criteria to be shared with CSU to consider and to draft a Blueteq form for consideration by the group.</p>	DJ / AGR	Open	10.03.2022
2021/157	<p>Antipsychotic shared care – update</p> <p>BH and SR to draft paper for presentation at the Mental Health Board.</p> <p>Antipsychotic shared care update to be an agenda item for January 2022 LSCMMG meeting.</p>	BH/SR LM	Open Open	14.10.2021 14.10.2021

	<p>November 2021 update: SR met with BH and CM, engaged with colleagues in GM, working with GM to pull together a paper.</p> <p>December 2021 update: Waiting for paper from GM. SR will look to get the paper updated. Bring back to subsequent LSCMMG meeting.</p> <p>January 2022 update: SR and BH to meet to take forward. CM has audit data which is to be fed into conversations.</p> <p>February 2022 update: Ongoing. SR and CM to share audit data, meeting to take place in the coming weeks.</p> <p>March 2022 update: BH, CM and SR met, CM and SR completed audits, agreed approach to put together a joint paper from all perspectives and look for a meeting end of April so will update LSCMMG in May.</p>			
		BH/CM/SR	Open	10.03.2022
2021/158	<p>Palliative Care LSC Clinical Practice Summary – UPDATE</p> <p>Palliative Care LSC Clinical Practice guidance to be added to the website once received back from the SCN.</p> <p>November 2021 update: LSCMMG have been asked to amend trans dermal patches section to include Buprenorphine as extra treatment option. LSCMMG agreed there is a need to check the evidence prior to inclusion. AGR will review the evidence.</p> <p>Request from palliative care consultants to add a list of palliative care drugs with a rag status, separate page/directory for palliative care drugs to make more accessible. LR suggested linking in with commissioners to assist with the directory.</p>	AGR	Open	14.10.2021

	<p>December 2021 update: proposal sent to design team; funding approved by JH. Waiting for a meeting to determine the format with the digital team.</p> <p>January 2022 update: Awaiting SCN document, formulary for LSCMMG created, website funding is approved. Design meeting to be set up.</p> <p>February 2022: Awaiting final document from the SCN.</p> <p>March 2022 update: PDF is on website, hoping to add more resources but the SCN are having some IT issues. When possible, will add further resources. Looking to add other medications onto it but it's a large piece of work. Aiming for April/ May as lots of medications need to be manually added. There is clear information above the RAG rating that they are for use for palliative care. Will update at next meeting.</p>			
2021/159	<p>Liothyronine RAG status review – second consultation</p> <p>CSU to bring update to November LSCMMG meeting.</p> <p>November 2021 update: Meeting to be arranged with Primary care, endocrinologist's, and medicines management to finalise RAG positions.</p> <p>TOR for liothyronine meeting to be developed.</p> <p>December 2021 update: 20th January hold the date circulated.</p> <p>January 2022 update: Meeting due to take place 20th January, check attendance and take decision to proceed/defer meeting.</p> <p>February 2022 update:</p>	CSU	Open	14.10.2021

	<p>Meeting to be rescheduled for April.</p> <p>March 2022 update: EB has sent out emails to reschedule meeting, if people could reply in order to get it booked in.</p>			
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ACTION SHEET FROM THE MEETING 09th December 2021

2021/205	<p>Dual RAG ratings on LSCMMG website</p> <p>CCGs to review the dual RAG ratings for Methadone, Naltrexone, Paroxetine and Sertraline and feed back to AGR</p> <p>January 2022 update: Deferred</p> <p>February 2022 update: AGR to send last paper presented to the group with a request for responses. To present at the March meeting.</p> <p>March 2022 update: AGR apologised as has not sent papers, to send round and will be added to April's agenda.</p>	CCG leads	Open	09.12.2021
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2021/206	<p>Oxygen for cluster headache – update</p> <p>AGR is to engage with neurology service to discuss advice and guidance for Oxygen for cluster headaches.</p> <p>January 2022 update: Deferred</p> <p>February 2022 update: Deferred, to be considered at the March meeting.</p> <p>March update 2022: AGR has engaged with Mersey, one of the seniors has been off for a while due to a bereavement. AGR will get back in touch and will bring update to the next meeting.</p>	AGR	Open	09.12.2021
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ACTION SHEET FROM THE MEETING 13th January 2022

2022/006	Testosterone (transdermal) for postmenopausal women Shared Care guidance and patient information leaflet to be developed for Testosterone (transdermal) for postmenopausal women.	DP	Open	13.01.2022
	February 2022 update: Working ongoing for SCG. DP to engage with specialists to check feasibility of Amber 1 RAG rating.	DP	Open	13.02.2022
	March 2022 update: Ongoing, have had good responses. Will update at the next meeting.	DP	Open	13.03.2022
ACTION SHEET FROM THE MEETING 10th February 2022				
2022/018	Agreed changes to testosterone section of minutes to be made before upload to web site.	CSU	Closed	10.2.2022
	March 2022 update: Changes have been made.	CSU	Closed	10.03.2022
2022/020	Oral glycopyrronium spend Liaise with secondary care to collect glycopyrronium usage data and combine with primary care data. March 2022 update: DP asked for data from trusts on use, DJ has got back but has not received from other trusts. If you have this data, please send to DP.	DP	Open	10.2.2022
2022/021	Botulinum toxin for hyperhidrosis – self-care information / treatment cycles			
	Review impact of twice-yearly injections and review procedures of limited clinical value policy.	DP	Closed	10.2.2022
	Produce a paper detailing evidence for frequency of use.	DP	Closed	10.2.2022
	March 20220 update: Is on agenda.			

2022/024	<p>PPI guideline review</p> <p>Re-consult, sending updated guideline to consultees.</p> <p>March 2022 update:</p> <p>Guidance sent out for consultation, should be back ready for next meeting.</p>	AGR	Open	10.2.2022
2022/025	<p>Menopause guideline</p> <p>The menopause guideline was approved, subject to changes agreed, to be uploaded on to web site.</p> <p>A list of products to be produced as a separate document.</p> <p>March 2022 update:</p> <p>Actioned and documents to be shown today.</p>	AGR	Closed	10.2.2022
		AGR	Closed	10.2.2022
		AGR	Closed	10.03.2022
2022/027	<p>Sacubitril valsartan</p> <p>Web site to be updated with agreed wording.</p> <p>March 2022 update:</p> <p>Actioned.</p>	DP	Closed	10.2.2022
		DP	Closed	10.03.2022
2022/028	<p>LSCMMG – Guidelines Work Plan update</p> <p>Shared care document for Amiodarone to be scoped to possibly incorporate post CABG patients.</p> <p>March update 2022:</p> <p>Continuing, work in progress.</p>	AGR	Open	10.2.2022

2022/029	<p>New NICE Technology Appraisal Guidance for Medicines January 2022</p> <p>TA758 Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy – to be added to web site with a Red RAG rating with position in relation to drugs for same indication made clear.</p>	AGR	Open	10.2.2022
	<p>TA599 (update) - Paper scoping potential implications of Sodium zirconium cyclosilicate now being available in both primary and secondary care to be brought to next meeting of LSCMMG.</p>	AGR	Open	10.2.2022
	<p>March 2022 update:</p> <p>TA758- AGR is reviewing current Blueteq guidance and then AGR and DP to look at. Will bring to group at April's meeting.</p> <p>TA599- AGR has contacted trusts for patient numbers, once numbers have come back will bring to LSCMMG.</p>	AGR/DJ/DP	Open	10.03.2022
2022/032	<p>Evidence reviews published by SMC or AWMSG December 2021</p> <p>Produce a scope of Clostridium botulinum neurotoxin type A (Xeomin®) use in children for hyperhidrosis and present at a later meeting</p>	DP	Open	10.2.2022
	<p>Add Olopatadine hydrochloride and mometasone furoate monohydrate (Ryaltris) to New Medicines workplan.</p> <p>March update 2022:</p> <p>On plan for Clostridium botulinum and Olopatadine is on agenda.</p>	DP	DP	10.2.2022
ACTION SHEET FROM THE MEETING 10th March 2022				
2022/040	<p>Progesterone (Utrogestan) for HRT</p> <p>Assign Green RAG rating to Utrogestan and prepare for ratification at Strategic Commissioning Committee meeting.</p>	DP	11.03.2022	Open

<p>2022/041</p>	<p>Botulinum toxin for hyperhidrosis- frequency of use</p> <p>Look into how much Botox is currently being used and the conditions the product is being used to treat. Findings to be brought back to a future meeting. Also look into possibility of a Blueteq form for hyperhidrosis.</p>	<p>DP</p>	<p>11.03.2022</p>	<p>Open</p>
<p>2022/042</p>	<p>Bempedoic acid (monotherapy) Mohammed (on behalf of RB) will link in with Cardiology Specialists, if they want to use, he will inform LSCMMG, and we will pick up do a full review. If no interest expressed will update position on website for NICE not supporting for monotherapy.</p> <p>Fidaxomicin DP to look at entry and see what needs to be updated by LCSMMG.</p> <p>RAG of Patiromer DP to consider sodium zirconium cyclosilicate changes then to consider if the RAG for Patiromer needs to be reviewed.</p> <p>Trimbow NEXThaler Abbreviated review of the data for the new inhaler formulation of Trimbow to be presented at next LSCMMG meeting.</p>	<p>MA/CSU</p> <p>DP</p> <p>DP</p> <p>DP</p>	<p>11.03.2022</p> <p>11.03.2022</p> <p>11.03.2022</p> <p>11.03.2022</p>	<p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p>
<p>2022/043</p>	<p>Menopause guideline – additional product information options</p> <p>Create a table with £'s to indicate cost's without indicating price and make it clear that progesterone at the bottom may be used as a secondary agent and bring to a subsequent meeting. Also, to add some links to the Menopause society guidelines. Once agreed this needs to be circulated to consultants.</p>	<p>AGR</p>	<p>11.03.2022</p>	<p>Open</p>

<p>2022/044</p>	<p>Environmental impact policy – Scope</p> <p>To work on the policy further as described and link in with other areas of the ICS to collaborate.</p>	<p>AGR</p>	<p>11.03.2022</p>	<p>Open</p>
<p>2202/045</p>	<p>LSCMMG – Guidelines Work Plan update</p> <p>To draft a local pathway for Inclisiran</p> <p>Add some clarification on Zyban usage in new patients.</p>	<p>AGR</p>	<p>11.03.2022</p>	<p>Open</p>
<p>2202/046</p>	<p>New NICE Technology Appraisal Guidance for Medicines February 2022</p> <p>To look at and see if there is any guidance for how long people are on Palforzia and what the process is for weaning them off. Also consider if every trust has an allergy service or where prescribing would take place.</p> <p>To consider if this would come under a specialist or regional groups or possibly tertiary. And who is eligible to initiate treatment, look into the NICE TA background paperwork. DJ will link in with immunologist for point of view and report to group.</p>	<p>AGR/DJ</p>	<p>11.03.2022</p>	<p>Open</p>