



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
 Thursday 14th April 2022 (via Microsoft Teams)**

PRESENT:

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 Rogan (LR)	Strategic Director of Medicines, Research and Clinical Effectiveness	NHS East Lancashire/Blackburn with Darwen CCG
Rukaiya Chand (RC)	Prescribing Projects Manager	NHS Fylde Coast CCG's
Ana Batista (AB)	Senior Pharmacist Medicines Information	NHS East Lancashire Hospitals
David Jones (DJ)	Assistant Director of Pharmacy	NHS Lancashire Teaching Hospitals
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacists	Morecambe Bay CCG
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
Paul Tyldesley (PT)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB) (Minutes)	Administrator, Medicines Optimisation	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2022/051	Welcome & apologies for absence BH chaired and welcomed members to the meeting; AC was unable to attend. Other apologies: Rukaiya Chand attended on her behalf of Melanie Preston. Sonia Ramdour and Nicola Baxter sent apologies.	
2022/052	Declaration of any other urgent business None.	
2022/053	Declarations of interest None.	
2022/054	Minutes and action sheet from the last meeting 13th March 2022 Amendment for Page 6, Action on the Environmental policy item 2022/044, action not been moved down into actions section.	

	<p><u>Action</u></p> <p>Update action table with item 2022/044 action.</p>	CSU
2022/055	<p>Matters arising (not on the agenda)</p> <p>None.</p>	
NEW MEDICINES REVIEWS		
2022/056	<p>Ozurdex - (dexamethasone intravitreal implant) for adult patients who have visual impairment due to diabetic macular oedema (DME) who are not pseudophakic or who are considered insufficiently responsive to, or unsuitable for non-corticosteroid therapy</p> <p>DP discussed the implant; NICE have previously approved the product for use in patients with a pseudophakic lens but did not approve use in patients with a natural lens. There is an unmet need for this product in patients with a natural lens and ophthalmologists have the review. The equality form shows the cost of Ozurdex is around £1,750 to £2,610 per patient per year and less than 1 in 100,000 of the resident population would be eligible for treatment.</p> <p>The majority of those responding to the consultation process agreed with the proposed Red RAG rating. The NICE TA is due to be updated to include data from two studies in patients with natural lenses in September. Pennine have looked into this indication and have allowed clinicians to use the product.</p> <p>The group agreed to support the use of Ozurdex in patients with natural lenses, in advance of the NICE TA update. This item will go to the next SCC and then an internal Blueteq form will be created.</p> <p><u>Action</u></p> <p>Take to next SCC meeting and create Blueteq form.</p>	CSU
2022/057	<p>Trimbow NEXThaler for COPD</p> <p>DP informed the group that we already have Trimbow MDI for COPD accepted as Green (restricted) and that the product for review is another formulation of the drug. This review did not go out for consultation as it was an abbreviated review for a known combination of drugs that were formulated in a new device. Pan Mersey do not list Trimbow NEXThaler, Manchester currently do not list the product in their COPD guidelines however have indicated that inclusion is planned without review of the product. DP presented an abbreviated evidence review to the group. As the product is a reformulation in a new device the company submitted data from a main phase 2 trial to the European Medicines Agency for approval. This showed that the NEXThaler is effective equivalently to the pressurised version.</p> <p>BH asked the group if everyone was happy with this approach and if this approach brings enough insight and oversight, especially as more new formulations are likely to become available. LR emphasised the importance of ensuring compliance is considered patients with COPD may have difficulties using dry powder inhalers.</p>	

	<p>The group agreed they were happy with the abbreviated approach for new inhaler formulations. It was also agreed by the group that this device should be assigned the same Green (restricted) RAG position as the MDI.</p> <p><u>Action</u> Review accepted by the group – paper to be presented at SCC.</p>	CSU
2022/058	<p>New Medicines Work Plan</p> <p>Tapentadol – Out for full consultation, for discussion at May LSCMMG.</p> <p>Cationorm eye drops – Requested by consultant ophthalmologist at Blackpool teaching hospital. New mode of action so different to other eye drops. East Lancs recently looked at their formulary around this, others are also looking at formularies.</p> <p><u>Action</u> LR will send docs to DP and will look alongside other dry eye products and pull together into one piece of work.</p> <p>Paliperidone palmitate 6 monthly injections – Requested by Lancashire Care Trust. The group briefly discussed this item, and it was agreed to look at an abbreviated summary as the drug itself has already been approved.</p> <p><u>Action</u> Complete an abbreviated summary on the drug as is a new preparation of an existing drug.</p> <p>Infliximab s.c. – Requested by Gastroenterology at ELHT. The group discussed that s.c. had previously been considered by LSCMMG and the route of administration is not specified on the LSCMMG website. The current request is for more frequent administration</p> <p><u>Action</u> DP to look into frequency of use and add to work plan.</p> <p>Rifaximin – Requested by Morecombe Bay CCG for high output stoma. Was initially agreed for one patient as this was an urgent request and brought to LSCMMG to see if others would want to use or if it is regularly used.</p> <p><u>Action</u> Trusts representatives to check with gastro teams and see if there is a desire to use this in a cohort of patients or if it is for specialist patient use. Bring to next meeting.</p>	<p>LR/DP</p> <p>DP</p> <p>DP</p> <p>CCG leads</p>
GUIDELINES and INFORMATION LEAFLETS		
2022/059	<p>LSCMMG ICB RAG position review</p> <p>As part of the move towards the formation of the Lancashire and South Cumbria Integrated Care Board, an ICB Policy Review and Prioritisation Task & Finish Group has been set up to initiate a process to review CCG</p>	

	<p>Policies with a view to creating a single set of policies that can be adopted by the ICB on the 1st of July 2022.</p> <p>LSCMMG has been asked to look at medicines policy positions (there was some initial confusion as they were initially looking at clinical guidelines).</p> <p>Rebecca has pulled together RAG positions from the LSCMMG website and put into a spread sheet with 3 tabs on it which was sent out in the papers. The first tab lists where there is a black RAG rating from either LSCMMG or by a locality and there is commissioning position in other places. The second tab pulls those areas and shows the volume of prescribing and the third shows all RAG positions that are different.</p> <p>It was agreed in the group that Black RAG positions with other positions in other localities should be a priority as this causes issues with commissioning across the patch. It was agreed that CCG Leads will check the list on tab 1 of the spread sheet to ensure it is correct by the end of next week and let BH/DP if there are any incorrect or in the process of changing. Once this is done CSU will engage with clinical specialists in those areas that have a different RAG position to LSCMMG's Black position and bring this back at a later date. Also, members of the group were asked to review at the 3rd tab with a view to adopting positions that were currently not showing a CCG RAG position and aligning RAG positions wherever possible.</p> <p><u>Action</u></p> <p>Members to check first tab and report any discrepancies they see to CSU by the end of next week. CSU will then engage with clinical specialists in required areas for discussions around differing RAG positions.</p> <p>Members to review the 3rd tab with a view to adopting positions that were currently not showing a CCG RAG position and aligning RAG positions wherever possible</p>	<p>Group Members/ CSU</p>
<p>2022/060</p>	<p>Primary care PPI review guideline</p> <p>Guidance was sent out for consultation a few times by AGR, both sets of consultation responses indicated that more info on C. Difficile infection and PPI use was needed in the guidance. The position in the guidance is if a patient is on a PPI and there is no long-term reason for this it needs to be stopped and reviewed. If there is a long-term reason (which have been listed in the paper) NICE have recommended not to stop but to review and to make sure there is a regular review thereafter. PPI doses have also been added to the guidance in line with the consultation responses.</p> <p>The group discussed some points that other risks needed to be included in the guidance to rationalise why regular review is necessary and more clarification was needed as there are differing processes with NICE and PrescQIPP. AGR has used the guidance from NICE for the purpose of the paper.</p> <p><u>Action</u></p>	<p>CSU/ PT/AG</p>

	<p>Look into the link from PrescQIPP and NICE and bring a summary of evidence for PPI use with C. Difficile infection back to group for clarification.</p>	
<p>2022/061</p>	<p>Sodium Oxybate and Solriamfetol place in therapy</p> <p>DP discussed with the group the use of Solriamfetol and sodium oxybate for narcolepsy. The website currently supports use of Sodium Oxybate for narcolepsy, NICE now supports Solriamfetol for narcolepsy with the conditions that it should only be used when Modafinil, Dexamfetamine or Methylphenidate have not worked. The Mersey guidelines, which were attached to the paper for discussion, were proposed as a basis for a LSCMMG position. The Mersey guideline lists Modafinil as first line, Dexamfetamine/Methylphenidate as second line, pitolisant third line and then Sodium Oxybate as last line therapy. LSCMMG do not support pitolisant however solriamfetol is effectively placed as third line treatment in the NICE TA therefore it would be reasonable to follow the Mersey approach but replace pitolisant with solriamfetol for Lancashire and South Cumbria.</p> <p>The group agreed that the Mersey pathway is a good one to follow, however raised the question as to why we have pitolisant as Black RAG when the sleep centre are using it. It was agreed that DP will look into this further and link in with Mersey to do a joined piece of work to resolve the issues raised</p> <p><u>Action</u></p> <p>DP to engage with Mersey and see if we can work towards an aligned pathway, mindful that Lancashire and South Cumbria have assigned pitolisant a Black RAG rating.</p>	<p>DP</p>

<p>2022/062</p>	<p>Botox activity per clinical area</p> <p>Discussions around Botox at the last meeting led to the question of whether the drug should have a Blueteq form when used for hyperhidrosis. A Blueteq form is currently not required for any Botox indications. Data on Botox use was presented for a 12-month period. BTH data showed that a small amount was used by dermatology with the most being used by Oral surgery. Other Trust data was not specific enough to indicate conditions for which the product is being used.</p> <p>The table and its data were discussed, and concerns were raised at the lack of information around usage from trusts. It was agreed that more data would ideally be available at Trust level.</p> <p><u>Action</u></p> <p>Meet with Trusts and their specialities to source more detailed information on usage of Botox.</p>	<p>CSU</p>
<p>2022/063</p>	<p>Asthma Treatment Guideline for Adults (aged 17 and over)</p> <p>The guideline presented to the group was developed with input from a specialist group, the main updates to the guideline are the prioritisation of the MART regimen and inclusion of details of carbon footprints for each inhaler included. It was agreed that the guideline could be accepted, subject to changes suggested at the consultation stage being included in the final document. It was agreed that inhalers previously assigned a RAG status but on hold until publication of the revised guideline could now be forwarded to SCC for ratification.</p> <p><u>Action</u></p> <p>DP and colleagues to revise guideline in line with consultation comments and then publish on web site. A condensed form of the guideline to be produced on one or two pages and added to agenda for discussion at future LSCMMG meeting.</p>	<p>DP</p>

<p>2022/064</p>	<p>LSCMMG – Guidelines Work Plan update</p> <p>DP updated the guideline work plan has been shared for information. The work plan remains on target.</p> <p>PsA and Axial spondyloarthritis – Need to be separated, the Axial Spondyloarthritis is out for consultation.</p> <p>Heart failure in diabetes guidance – PT will mention later due to empagliflozin in the NICE TA paper.</p> <p>Lucentis guideline – Biosimilar ranibizumab should be available July so this guideline will be prioritised. A national procurement exercise for Lucentis will be considered as part of the guideline development.</p> <p>AF guidance – Progressing well, will need consultation - earliest LSCMMG will be June.</p> <p>LR has requested a policy on Ketogenic diet, this will be added to the work plan.</p> <p>DMARD shared care guideline – meetings currently being organised with individual regions, including GP representatives who link in with rheumatology for example.</p> <p>Action</p> <p>Update Lucentis guideline and national procurement when we get more information. Prioritise AF guidance and add Ketogenic diet to the work plan.</p>	<p>AG/DP</p>
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NATIONAL DECISIONS FOR IMPLEMENTATION

<p>2022/065</p>	<p>New NICE Technology Appraisal Guidance for Medicines February 2022</p> <p>Actions:</p> <p>TA773 Empagliflozin in chronic heart failure with reduced ejection fraction - Will be bringing guidance back for this next month as we have been waiting for this TA. This came up in discussions when producing guidance for Dapagliflozin in chronic heart failure, there was no TA guidance for empagliflozin at the time, but it was wanted by specialists. The plan is now to write guidance with both drugs in. There is no financial impact using Empagliflozin as dapagliflozin is already available for this indication.</p> <p>TA775 Dapagliflozin for treating chronic kidney disease – Drug is already available but will update LSCMMG type 2 diabetes guidance to include the NICE TA that Dapagliflozin is preferred for treating chronic kidney disease.</p> <p>The group had some discussions around Dapagliflozin crossing over with heart failure and CKD. The group also discussed costings and growth and it was agreed the CSU will pick up some work surrounding these discussions.</p> <p>Action</p> <p>Bring guidance back to group for Empagliflozin adapting guidance for Dapagliflozin. Also look at Diabetes growth and the costs and look at growth of Flash against test strip usage. Have conversations with</p>	<p>CSU</p>
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	nephrologists to see how Dapagliflozin will be initiated in patients without diabetes.	
2022/066	New NHS England medicines commissioning policies February 2022 None for consideration.	
2022/067	Regional Medicines Optimisation Committees - Outputs February 2022 Nothing for discussion.	
2022/068	Evidence reviews published by SMC or AWMSG February 2022 Betula Verrucosa – Has not been recommended. It was agreed that no action will be taken at the moment, await further information and if specialists want to request in the future this can be considered on receipt of an application.	
ITEMS FOR INFORMATION		
2022/069	Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee minutes 24th March 2022 The minutes have been circulated for information. LSCMMG received the information and there is nothing to link into medicines management in LSCMMG.	

Date and time of next meeting

The next meeting will take place on

Thursday 12th May 2022

9.30am – 11.30am

Microsoft Teams

	<p>exhausted. An MDT approach and proforma capturing rationale and previous treatments plus higher level sign off to be explored.</p> <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.</p> <p>April 2022 update: Not drafted yet, to defer until next meeting. DJ drafted internal Blueteq form, received</p>	<p>DJ</p> <p>AGR/DJ</p>	<p>Open</p> <p>Open</p>	<p>10.03.2022</p> <p>14.04.2022</p>
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	positively, some suggestions for follow ups so will be completing this and will hopefully be on agenda for next month, will send to DP/AGR.			
2021/157	Antipsychotic shared care – update BH and SR to draft paper for presentation at the Mental Health Board. Antipsychotic shared care update to be an agenda item for January 2022 LSCMMG meeting. November 2021 update: SR met with BH and CM, engaged with colleagues in GM, working with GM to pull together a paper. December 2021 update: Waiting for paper from GM. SR will look to get the paper updated. Bring back to subsequent LSCMMG meeting. January 2022 update: SR and BH to meet to take forward. CM has audit data which is to be fed into conversations. February 2022 update: Ongoing. SR and CM to share audit data, meeting to take place in the coming weeks. 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. April 2022 update: Work on going to get ready to bring to next meeting.	BH/SR	Open	14.10.2021
		LM	Open	14.10.2021
		BH/CM/SR	Open	10.03.2022
		BH/CM/SR	Open	14.04.2022

<p>2021/158</p>	<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> <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 they 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.</p>	<p>AGR</p>	<p>Open</p>	<p>14.10.2021</p>
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	<p>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> <p>April 2022 update: AGR is making good progress, on target to be ready to feedback next month.</p>	AGR	Open	14.04.2022
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: 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> <p>April 2022 update: EB has arranged for the meeting to take place on 4th May. If you</p>	CSU	Open	14.10.2021
		AGR	Open	14.04.2022

	would like to attend let us know and we will add you to it.			
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> <p>April 2022 update: Item on agenda around intention is to have discussions around where there are different RAG ratings in different health economies, with a view to bring dual RAG ratings to the next meeting.</p>	CCG leads	Open	09.12.2021
		CSU	Open	14/04/2022
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</p>	AGR	Open	09.12.2021

	<p>for a while due to a bereavement. AGR will get back in touch and will bring update to the next meeting.</p> <p>April update 2022: Managed to get in touch with the person at Mersey, formulary information, is more of a practical guide to obtain it, needs some more work to look into it and look to bring full update to the next meeting.</p>	AGR	Open	14.04.2022
ACTION SHEET FROM THE MEETING 13th January 2022				
2022/006	<p>Testosterone (transdermal) for postmenopausal women Shared Care guidance and patient information leaflet to be developed for Testosterone (transdermal) for postmenopausal women.</p> <p>February 2022 update: Working ongoing for SCG. DP to engage with specialists to check feasibility of Amber 1 RAG rating.</p> <p>March 2022 update: Ongoing, have had good responses. Will update at the next meeting.</p> <p>April 2022 update: Feedback received from LTH and Morecombe Bay Hospitals. Replies are not definitive on what is required, need a meeting to look into further, not quite ready to bring to the group, is taking longer as it is no longer a licenced product, should be ready to bring to next meeting.</p>	DP	Open	13.01.2022
		DP	Open	13.02.2022
		DP	Open	13.03.2022
		DP	Open	14.04.2022
ACTION SHEET FROM THE MEETING 10th February 2022				
2022/020	<p>Oral glycopyrronium spend Liaise with secondary care to collect glycopyrronium usage data and combine with primary care data.</p> <p>March 2022 update:</p>	DP	Open	10.2.2022

	<p>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.</p> <p>April 2022 update: Have received some information but not able to present at this meeting, still awaiting more responses. A reminder is to be sent out to those who have not responded and feed back to next meeting.</p>	DP	Open	14.04.2022
2022/021	<p>Botulinum toxin for hyperhidrosis – self-care information / treatment cycles</p> <p>Review impact of twice yearly injections and review procedures of limited clinical value policy.</p> <p>Produce a paper detailing evidence for frequency of use.</p> <p>March 2022 update: Is on agenda.</p> <p>April 2022 update: Is on agenda (follow up)</p>	DP	Closed	10.2.2022
		DP	Closed	10.2.2022
		DP	Closed	11.03.2022
		DP	Closed	14.04.2022
2022/024	<p>PPI guideline review</p> <p>Re-consult, sending updated guideline to consultees.</p> <p>March 2022 update: Guidance sent out, should be back ready for next meeting.</p> <p>April 2022 update: Is on agenda</p>	AGR	Closed	10.2.2022
		AGR	Closed	14.04.2022
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>	AGR	Closed	10.2.2022
		AGR	Closed	10.2.2022
		AGR	Closed	10.03.2022

	Actioned and on the agenda for the March meeting.			
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> <p>April 2022 update:</p> <p>Still ongoing, AGR has had some mixed messages so is continuing to work on to bring back to meeting.</p>	AGR	Open	10.2.2022
		AGR	Open	14.04.2022
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> <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> <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> <p>April 2022 update:</p> <p>Solriamfetol is on agenda, Sodium zirconium have some data on numbers from DJ, DP feels need to look at our RAG</p>	AGR	Closed	10.2.2022
		AGR	Open	10.2.2022
		AGR/DJ/DP	Open	10.03.2022
		AGR/DJ/DP	Open	14.04.2022

	rating as other surrounding trusts have different status, bring update of activity and proposed RAG rating to next meeting.			
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> <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> <p>April 2022 update:</p> <p>Botulinum neurotoxin is on agenda. Olopatadine is ready, needs to be sent to consultation.</p>	<p>DP</p> <p>DP</p> <p>DP</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p>	<p>10.2.2022</p> <p>10.2.2022</p> <p>14.04.2022</p>
ACTION SHEET FROM THE MEETING 11th March 2022				
2022/040	<p>Progesterone (Utrogestan) for HRT</p> <p>Mark as Green on RAG rating and continue with commissioning committee meeting. Do a piece of work around what products are available and bring up on a future agenda.</p> <p>April 2022 update:</p> <p>Due to go to the next SCC</p>	<p>CSU</p> <p>CSU</p>	<p>Open</p> <p>Open</p>	<p>11.03.2022</p> <p>14.04.2022</p>
2022/041	<p>Botulinum toxin for hyperhidrosis- frequency of use</p> <p>Look into how much Botox is coming in and what is coming in and what specialities it is coming into from different trusts. Also look into possibility</p>			

	<p>of a Blueteq form for this element.</p> <p>April 2022 update:</p> <p>On agenda for today.</p>	DP	Closed	14.04.2022
2022/042	<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 not interested will update position on website for NICE not supporting for monotherapy.</p> <p>April 2022 To close, no interest from specialist units for use just queries around it, specialists don't want as monotherapy, have had some requests for use out of area. Clarification on website around supporting use as combined not as monotherapy.</p> <p>Fidaxomicin DP to look at entry and see what needs to be updated by LCSMMG.</p> <p>April 2022 Old position is on website following a full review in second relapse, now NICE updated guidance stating can use second line in first incidence with C DiFF, website is out of step with NICE. Bring a proposed RAG rating to the next meeting. Action to bring discussions with CCG leads around supply and how it would work and then also bring to SLOG to discuss RAG status and linking in with microbiology and then bring this back to future meeting at LSCMMG.</p> <p>RAG of Patiromer DP to do a review of Zirconium changes then to consider if the RAG for Patiromer needs to be</p>	Mohammed/(RB)/CSU	Closed	14.04.2022
		DP	Open	14.04.22

	<p>changed and if its place in therapy should change also.</p> <p>April 2022 Same issue as zirconium, RAG status to be reviewed for both drugs at the same time, email to be sent out to providers to request activity and bring back to LSCMMG.</p> <p>Trimbow Nexthaler Small review of the data for their new inhaler is needed to do for their new presentation. Will bring to a future meeting.</p> <p>April 2022 On the agenda.</p>	DP	Open	14.04.22
		DP	Closed	14.04.22
2022/043	<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>April 2022 update: Work ongoing, trying to keep up with the prices and product availability, looking for a semi-automatic guide. Will update at next meeting.</p>	AGR	Open	14.04.2022
2022/044	<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>April 2022 update: Work is ongoing.</p>	AGR	Open	14.04.2022
2202/045	<p>LSCMMG – Guidelines Work Plan update</p> <p>To make a local pathway for Inclisiran and add some</p>			

	clarification on Zyban and new patients. April 2022 update: Both items to be considered at the May meeting.	AGR	14.04.2022	Open
2202/046	New NICE Technology Appraisal Guidance for Medicines February 2022 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 look at if every trust has an allergy service or where they are based. Look at if this would come under a specialist or regional groups or possibly tertiary. And who is eligible to use this, look into the NICE TA background paperwork. DJ will link in with immunologist for point of view and report to group. April 2022 update: No update will continue to investigate and will bring update to the next meeting.	AGR/DJ	Open	14.04.2022
ACTION SHEET FROM THE MEETING 14th April 2022				
2022/054	Minutes and action sheet from the last meeting 13th March 2022 Update action table with item 2022/044 action.	CSU	Open	14.04.2022
2022/056	Ozurdex Take to next SCC meeting and create Blueteq form	DP	Open	14.04.2022
2022/057	Trimbaw NEXThaler for COPD Review accepted by the group – paper to be presented at SCC.	DP	Open	14.04.2022
2022/058	New Medicines Work Plan Cationorm eye drops- LR will send docs to DP and will look alongside other dry eye products and pull together into one piece of work.	DP/LR	Open	14.04.2022

	<p>Paliperidone palmitate 6 monthly injections- Complete an abbreviated summary on the drug as is a new preparation of an existing drug.</p> <p>Infliximab s.c.- DP to look into frequency of use and add to work plan.</p> <p>Rifaximin- Trusts check with gastro and see if there is more wanting to use or specialist patient use or wide issue. Bring to next meeting.</p>	DP	Open	14.04.2022
		DP	Open	14.04.2022
		CCG Leads	Open	14.04.2022
2022/059	<p>LSCMMG ICB RAG position review</p> <p>Members to check first tab and report any discrepancies they see to CSU by the end of next week. CSU will then engage with clinical specialists in required areas for discussions around differing RAG positions.</p> <p>Members to review the 3rd tab with a view to adopting positions that were currently not showing a CCG RAG position and aligning RAG positions wherever possible</p>	Group Members/ CSU	Open	14.04.2022
		Group Members	Open	14.04.2022
2022/060	<p>Primary care PPI review guideline</p> <p>Look into the link from PrescQIPP and NICE and bring a summary of evidence for PPI use with C. Difficile infection back to group for clarifications.</p>	CSU/ PT/AG	Open	14.04.2022
2022/061	<p>Sodium Oxybate and Solriamfetol place in therapy</p> <p>DP to engage with Mersey and see if we can work towards an aligned pathway, mindful that Lancashire and South Cumbria have assigned pitolisant a Black RAG rating.</p>	DP	Open	14.04.2022
2022/062	Botox activity per clinical area			

	Meet with Trusts and their specialities to source more detailed information on usage of Botox.	CSU	Open	14.04.2022
2022/063	Asthma Treatment Guideline for Adults (aged 17 and over) DP and colleagues to revise guideline in line with consultation comments and then publish on web site. A condensed form of the guideline to be produced on one or two pages and added to agenda for discussion at future LSCMMG meeting.	DP	Open	14.04.2022
2022/064	LSCMMG – Guidelines Work Plan update Update Lucentis guideline and national procurement when we get more information. Prioritise AF guidance and add Ketogenic diet to the work plan.	DP	Open	14.04.2022
2022/065	New NICE Technology Appraisal Guidance for Medicines February 2022 Bring guidance back to group for Empagliflozin adapting guidance for Dapagliflozin. Also look at Diabetes growth and the costs and look at growth of Flash against test strip usage. Have conversations with nephrologists to see how Dapagliflozin will be initiated in patients without diabetes.	DP	Open	14.04.2022