



**Minutes of the Lancashire and South Cumbria Medicines Management Group Meeting
Thursday 9th June 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
Lisa Rogan (LR)	Strategic Director of Medicines, Research and Clinical Effectiveness	NHS East Lancashire/Blackburn with Darwen CCG
Ana Batista (AB)	Senior Pharmacist Medicines Information	NHS East Lancashire Hospitals NHS Lancashire Teaching Hospitals
David Jones (DJ)	Assistant Director of Pharmacy	
Faye Prescott (FP)	Senior Medicines Optimisation Pharmacists	Morecambe Bay CCG
Melanie Preston (MP)	Assistant Director – Medicines Optimisation	Blackpool CCG
Mohammed Ahmad (MA)	Assistant Director of Pharmacy Clinical Services	Blackpool Teaching Hospitals NHS Foundation Trust
Sonia Ramdour	Chief Pharmacist	Lancashire and South Cumbria NHS Foundation Trust

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 Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Emily Broadhurst (EB)	Administrator, Medicines Optimisation	NHS Midlands and Lancashire CSU

	SUMMARY OF DISCUSSION	ACTION
2022/091	Welcome & apologies for absence Apology from Andrea Scott, no other apologies have been recorded.	
2022/092	Declaration of any other urgent business None.	
2022/093	Declarations of interest None.	
2022/094	Minutes and action sheet from the last meeting 12th May 2022 There is an amendment on page 1, the date shows as 14 th April, this needs to be changed to the correct date of 12 th May 2022. The minutes were approved and will be updated, ratified, and uploaded.	

	SUMMARY OF DISCUSSION	ACTION
2022/095	Matters arising (not on the agenda) None.	
NEW MEDICINES REVIEWS		
2022/096	<p>Ryaltris nasal spray for the treatment of moderate to severe seasonal and perennial allergic rhinitis.</p> <p>DP presented the new medicine review for Ryaltris, a nasal spray which drugs of the class as Dymista which currently has a Black RAG rating. Ryaltris is slightly less expensive than Dymista. A Green (restricted) RAG rating was proposed in the consultation document; all who responded by consultation close date except Morecambe Bay CCG, who suggested an Amber 0 rating, agreed with the proposed Green (restricted) RAG rating. GP/CSR CCG responded during the meeting, proposing a Black RAG rating.</p> <p>Neighbouring health economies have not reviewed the product. Currently £66,000 worth of Dymista is prescribed each year in Primary Care in Lancashire and South Cumbria, switching existing patients to Ryaltris should save £6,600 per year. Compared with monotherapy with oral antihistamines and nasal steroids combined, Ryaltris is between twice and six times more expensive. Ryaltris has been shown to be more effective than monocomponent treatments with either a nasal steroid or antihistamine but the studies in support of the product did not assess efficacy versus a combination of corticosteroid and antihistamine.</p> <p>The group discussed and agreed that there was not enough evidence to show that the product provides improved symptom control when compared to combined therapy with oral antihistamine and nasal corticosteroid. The group also commented that assigning a RAG rating for Ryaltris that differs from that of Dymista could have implications for the existing Dymista RAG rating.</p> <p>It was agreed that the current RAG rating and review for Dymista should be considered when assessing the review for Ryaltris. It was also agreed that the consultation for Ryaltris may not have received adequate response to meaningfully assess comments from all regions within the Health Economy. It was therefore agreed to re-consult the review of Ryaltris.</p> <p><u>Actions</u></p> <p>Re-consult the review of Ryaltris, adding details of current treatment options.</p> <p>DJ to link in with specialist for expert opinion and examples of Dymista use in practice.</p>	<p>DP</p> <p>DJ</p>
2022/097	<p>New Medicines Review Workplan</p> <p>DP went through the workplan with members.</p> <p>Paliperidone Palmitate 6 monthly injection is out for consultation.</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>Thealoz and Softacort were delayed due to considering eye guideline, they will now be prioritised.</p> <p>New meds to be prioritised are:</p> <ul style="list-style-type: none"> • Infliximab s.c increased dosing – Infliximab s.c was already prioritised and is now available in addition to the i.v. There has been a request to look at increased dosing as well. A decision is needed on if the review and the increased dosing review are joined as one review. • Vedolizumab is also now available in s.c and is currently i.v. in the gastroenterology high cost drug guideline, the request has come in from gastro to look at this. • Efmody (Hydrocortisone modified-release hard capsules) for treatment of congenital adrenal hyperplasia (CAH) in adolescents aged 12 years and over and adults, requested by East Lancashire CCG. <p>Action</p> <p>Infliximab and Vedolizumab s.c versions to be reviewed first, then increased dosing to be reviewed separately – reviews to be added to workplan. Gastroenterology high-cost drug pathway to be updated in response to review outcomes. Efmody to be added to workplan.</p>	DP
GUIDELINES and INFORMATION LEAFLETS		
2022/098	<p>Testosterone Shared Care Guidance - Update</p> <p>AGR introduced the paper. It was agreed at the January 2022 meeting that testosterone for female sexual dysfunction would be RAG rated Amber 1. Therefore, it was agreed that a shared care document would be developed. The RAG rating would be withheld until the SCG is finalised. It was also decided that a patient information leaflet should be developed to highlight the risks and benefits of treatment.</p> <p>The guidance was produced in February and March 2022 and was sent out for consultation with responses to be received by 5th May 2022.</p> <p>The guideline was presented at the May meeting. The group requested changes to the documents which should be presented at the following meeting for approval.</p> <p>AGR has made amendments to the documents from comments received at the last meeting. There were some additional comments from Morecambe Bay around commissioning arrangements and the initiation and supervision of testosterone in primary care. AGR explained to the group that the Amber 1 RAG status definition is reflected in the shared care document and if changes to the definition of an Amber 1 RAG status were decided then arrangements would need to be revised across all current shared care documents. AGR stated that the shared care document is representative of the current definition and if additional commissioning arrangements were being considered then amending the</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>RAG position would be more equitable than changing the document being presented only.</p> <p>After some discussion from the group the following points were raised.</p> <ul style="list-style-type: none"> • The definition of a specialist needs to be reconsidered. • Amber 1 and Amber 2 RAG rating would need to be reviewed if the group wanted to widen the definition of 'specialist' to GP's who have determined that they have sufficient knowledge to initiate in primary care and determine how shared care would work in this scenario. <p><u>Actions</u></p> <p>Review definition of a specialist with respect to the Amber 1 and 2 LSCMMG RAG ratings</p> <p>CCG medicines leads to look at implementing the testosterone share care document from a commissioning perspective, particularly how the sharing of care will fit with current prescribing arrangements.</p>	<p>AGR</p> <p>Group Members/ Leads</p>
2022/099	<p>Liothyronine meeting – Update and finalising RAG positions</p> <p>AGR reviewed meeting from May and the list of recommendations from the group. The points have been put into a table and shared before the meeting. Most of the amendments from the feedback have been done, one comment from East Lancashire has not which was that they wanted Red and Black RAG status for point 3 and 4 where it has been listed as Amber Zero following discussions and feedback.</p> <p>There was a brief discussion within the group, and it was agreed to support the RAG status amending following consultation presented in the document. It was noted that the East Lancashire health economy preferred a Red or Black RAG status for add-on therapy. However, the group recognised that there is no obligation for specialists to commence liothyronine should they not wish to.</p> <p>The revised RAG positions were approved.</p>	
2022/100	<p>Ciclosporin SCG guidance – Update and DMARD shared care interim approval pending full update</p> <p>Ciclosporin SCG was overdue for review unfortunately due to a date transcription error and was missed, has been reviewed in line with the SPC and there are no changes.</p> <p>The rest of the DMARDs are expiring in June, there has been some concern around shared care and AGR is not close to finishing the pathway work. AGR requested if the group would be happy to grant DMARD SCGs interim approval for 6 months if updated according to the respective SPCs (<i>originally stated in the paper for 4 months but it was agreed by the group to allow the 6</i>) to allow things to get completed with Shared care pathway.</p>	

	SUMMARY OF DISCUSSION	ACTION
	It was agreed for the extension of 6 months interim approval. It will be made clear on the website the extension has been approved following an interim update pending full approval.	
2022/101	<p>Prescriber information sheet (Melatonin, Ivabradine, Hydroxychloroquine, Degarelix) – Updates</p> <p>No major changes, all documents have been updated in line with the SPC or MHRA alerts and LSCMMG commissioning position where appropriate. AGR confirmed that a few sections had been simplified but the content was the same.</p> <p>SR asked for a minor adjustment on the Melatonin document to state Lancashire Care to Lancashire and South Cumbria NHS Foundation Trust.</p> <p>The updates were agreed by the group.</p>	
2022/102	<p>Clopidogrel tablets after a Stroke or ‘Mini Stroke’ information sheet - update</p> <p>AGR introduced the paper . The patient information leaflet for clopidogrel is due to be updated on the website.</p> <p>The information sheet has been updated in line with the current version of the SPC and BNF.</p> <p>It was not considered necessary to consult on the changes to these documents as the updates will not affect the commissioned use of the medicine. Due to a change in licensing, clopidogrel is now licensed for use post TIA. Much of the PIL was to inform patients about the licensing status which would have been off-label at the time the information sheet was originally produced.</p> <p>The group is asked to approve the changes prior to uploading to the website or consider retiring the PIL now to licensed status of clopidogrel post TIA has changed.</p> <p>The group agreed to retire the document – to be removed from the website.</p>	
2022/103	<p>Update to the Lancashire and South Cumbria Continuous Glucose Monitoring Policy</p> <p>Currently, the RAG rating for intermittently scanned continuous glucose monitoring (Freestyle Libre) is Amber 0 as the policy document concerned mainly patients with type 1 diabetes patients. The new guidance now includes a wider group of patients, including type 2 patients who are on insulin, who are now eligible for continuous glucose monitoring. The group were asked if, pending policy approval, they would support a Green (restricted) RAG status for intermittently scanned continuous glucose monitoring devices as this status could be more suited to the new, wider group of patients eligible for the devices. Patients with type 2 diabetes mainly have treatment initiated by specialists in Primary Care. It was noted that initially, supply of continuous glucose monitoring devices required a significant amount of documentation.</p>	

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	<p>It was agreed maintain the current RAG position of Amber 0 as it was felt this covered the changes going on within the updated policy. It was also agreed to assess the cost pressures associated with the updated policy changes.</p> <p>Action DP to share new policy and estimate of cost with the group.</p>	DP
2022/104	<p>Guidelines Workplan</p> <p>AGR introduced the workplan. AGR confirmed that the CSU has revised the approach completing the workplans, aim is to plan further ahead. Guideline workplan is now showing agenda items until early 2023. Some significant pieces of work in the pipeline but timelines are currently workable.</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2022/105	<p>New NICE Technology Appraisal Guidance for Medicines May 2022</p> <p><u>TA788 Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy.</u></p> <p>AGR had discussions with UHMB and LSCFT and there didn't seem to be an interest of this being used in primary care even though NICE mention it as applicable to primary care. There is a PAS as part as part of the criteria so this wouldn't work in primary care. Initially in the paper shared AGR advised an Amber RAG, however after further discussions it was advised to issue a Red RAG status. This is to be put out to Acute trusts by AGR for their feedback.</p> <p>Action AGR to contact acute trusts for their position on the proposed RAG status.</p>	AGR
2022/106	<p>New NHS England Medicines Commissioning Policies May 2022</p> <p>N/A</p>	
2022/107	<p>Regional Medicines Optimisation Committees – Outputs May 2022</p> <p>N/A</p>	
2022/108	<p>Evidence Reviews Published by SMC or AWMSG May 2022</p> <p>Mepolizumab as an add-on therapy with intranasal corticosteroids for the treatment of adult patients with severe chronic rhinosinusitis with nasal polyps for whom therapy with systemic corticosteroids and/or surgery do not provide adequate control is not recommended by SMC as they did not receive an application from the drug's manufacturer, LSCMMG will await NICE decision in July.</p> <p>Filgotinib for the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response with,</p>	

	SUMMARY OF DISCUSSION	ACTION
	<p>lost response to, or were intolerant to either conventional therapy or a biologic agent has been accepted by SMC, the NICE TA has been published and is in line with SMC. Add to gastro drugs being brought up within new drugs for review.</p> <p>Oritavancin treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults was accepted for restricted use by SMC. NICE has published an evidence review summary. No applications for use received by group, would be mainly in secondary care prescribing. Possible significant cost impact (DP not able to provide number at this time). Trusts to discuss with relevant members to assess desire for use in L&SC.</p> <p><u>Actions</u></p> <p>DP will look into course and cost for Oritavancin.</p> <p>Acute trust colleagues to discuss desire for Oritavancin use with microbiology members and feed back to DP.</p>	<p>DP</p> <p>Acute</p> <p>Trust reps.</p>
ITEMS FOR INFORMATION		
2022/109	<p>Lancashire and South Cumbria NHSFT Drug and Therapeutic Committee</p> <p>N/A</p>	

<p>Date and time of next meeting</p> <p>The next meeting will take place on</p> <p>Thursday 14th July 2022</p> <p>9.30am – 11.30am</p> <p>Microsoft Teams</p>

**ACTION SHEET FROM THE
LANCASHIRE AND SOUTH CUMBRIA MEDICINES MANAGEMENT GROUP
09.06.2022**

ACTION SHEET FROM THE MEETING 09th December 2021				
2021/154	<p>Ketamine survey results Ketamine for chronic pain current position to be discussed at November LSCMMG meeting.</p> <p>CSU to work with LTHT to develop mechanism to provide assurance that a new initiation has carefully been considered and all other options 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:</p>	DJ	Closed	14.10.2021
		DP/DJ	Open	14.10.2021

	<p>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 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.</p> <p>June 2022 update: DP to circulate form from DJ and will bring back to next meeting.</p>	DJ	Open	10.03.2022
		AGR/DJ	Open	14.04.2022
		DP	Open	09.06.2022
2021/205	<p>Dual RAG ratings on LSCMMG website 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> <p>May 2022 update:</p>	CCG leads	Open	09.12.2021
		CSU	Open	14.04.2022

	Discussions had amongst the team, there is another piece of work ongoing relating to RAG statuses across the patch. It was verbally agreed to put the two items of work together. June 2022 update: If members can look at dual RAG ratings and differing RAG ratings across Lancashire. CSU will circulate the list of RAG ratings from December and April.	CSU	Open	12.05.2022
		CSU	Open	09.06.2022
2021/206	Oxygen for cluster headache – update AGR is to engage with neurology service to discuss advice and guidance for Oxygen for cluster headaches. January 2022 update: Deferred February 2022 update: Deferred, to be considered at the March meeting. 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. April 2022 update: 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. May 2022 update: Ongoing, AGR will look to bring update for this urgently. June 2022 update: Will bring to July's meeting.	AGR	Open	09.12.2021
		AGR	Open	14.04.2022
		AGR	Open	12.05.2022
		AGR	Open	09.06.2022
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. February 2022 update:	DP	Closed	13.01.2022

	<p>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 s 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> <p>May 2022 update: On the agenda.</p> <p>June 2022 update: On agenda.</p>	<p>DP</p> <p>DP</p> <p>DP</p> <p>AG</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>	<p>13.02.2022</p> <p>13.03.2022</p> <p>14.04.2022</p> <p>09.06.2022</p>
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: 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> <p>May 2022 update: DP has sent data from 3 trusts, is awaiting data from Blackpool. Seems so far to be a majority prefer the same drug and is the least expensive of them. It was agreed that specific preparations should not be listed on web site.</p> <p>June 2022 update:</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>14.04.2022</p> <p>09.06.2022</p>

	Closed as preparation was agreed not needed to list.			
2022/024	PPI guideline review Re-consult, sending updated guideline to consultees. March 2022 update: Guidance sent out, should be back ready for next meeting. April 2022 update: Is on agenda May 2022 update: Decided at the April meeting to review PrescQIPP and LSCMMG draft guidance and provide summary of differences – work ongoing to be presented at the June meeting. June 2022 update: other areas were prioritised for inclusion in the agenda, work ongoing to be presented at the June meeting.	AGR	Closed	10.2.2022
		AGR	Closed	14.04.2022
		AGR	Open	12.05.2022
ACTION SHEET FROM THE MEETING 11th March 2022				
2022/040	Progesterone (Utrogestan) for HRT 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. April 2022 update: Due to go to the next SCC. May 2022 update: Reports show low level usage, update relevant information. June 2022 update: Going to SCC today, then will be closed.	CSU	Closed	11.03.2022
		CSU	Closed	14.04.2022
		CSU	Closed	09.06.2022
2022/042	Fidaxomicin DP to look at entry and see what needs to be updated by LCSMMG. April 2022			

	<p>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>June 2022 update: Was taken to SLOG, differing views, returning to SLOG today, closed at LSCMMG unless SLOG decide otherwise.</p>	DP	Closed	14.04.22
		DP	Closed	09.06.22
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> <p>May 2022 update: Technical piece of work may take some time to complete but once done will be applicable to other areas of guidance. Ongoing, further update to be presented at the June meeting.</p>	AGR	Open	14.04.2022
		AGR	Open	12.05.2022

	<p>June 2022 update: Guidance for website to track cost, AG meeting website team next week to get it added onto update.</p>	AGR	Open	09.06.2022
2022/044	<p>Environmental impact policy – Scope To work on the policy further as described and link in with other areas of the ICS to collaborate. April 2022 update: Work is ongoing.</p>	AGR	Open	14.04.2022
	<p>May 2022 update: Work ongoing, to bring provisional amendments to LSCMMG front sheets at the June meeting.</p>	AGR	Open	12.05.2022
	<p>June 2022 update: Work still ongoing, update at July's meeting.</p>	AGR	Open	09.06.2022
ACTION SHEET FROM THE MEETING 14th April 2022				
2022/057	<p>Trimbow NEXThaler for COPD Review accepted by the group – paper to be presented at SCC.</p>	DP	Closed	14.04.2022
	<p>May 2022 update: Still awaiting ratification at SCC, to provide further update at the June meeting. June 2022 update: Went to last SCC, they were not quorate, was approved but will be ratified today.</p>	DP	Closed	09.06.2022
2022/058	<p>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.</p>	DP/LR	Open	14.04.2022
	<p>June 2022 update: Agreed to put onto work plan, can close.</p>	DP/LR	Closed	09.06.2022
	<p>Paliperidone palmitate 6 monthly injections- Complete</p>	DP	Open	14.04.2022

	<p>an abbreviated summary on the drug as is a new preparation of an existing drug.</p> <p>May 2022 update: DP has paperwork from Lancashire and will put this into the work plan.</p> <p>June 2022 update: Was reviewed and will be going out for consultation.</p> <p>Infliximab s.c.- DP to look into frequency of use and add to work plan.</p> <p>May 2022 update: Is on the work plan.</p> <p>June 2022 update: Will give update on 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> <p>May 2022 update: Added to the workplan.</p> <p>June 2022 update: No requests for it. Closed.</p>	<p>DP</p> <p>DP</p> <p>CCG Leads</p> <p>DP</p> <p>DP</p> <p>DP</p> <p>DP</p> <p>DP</p>	<p>Open</p> <p>Open</p> <p>Open</p> <p>Open</p> <p>Closed</p> <p>Open</p> <p>Closed</p>	<p>14.04.2022</p> <p>09.06.2022</p> <p>14.04.2022</p> <p>12.05.2022</p> <p>09.06.2022</p> <p>12.05.2022</p> <p>09.06.2022</p>
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>June 2022 update: Combine this action with action 2021/205 on action table.</p> <p>Members to review the 3rd tab with a view to adopting positions that were currently not showing a CCG RAG</p>	<p>Group Members/ CSU</p> <p>CSU</p>	<p>Open</p> <p>Closed</p> <p>Open</p>	<p>14.04.2022</p> <p>09.06.2022</p> <p>14.04.2022</p>

	<p>position and aligning RAG positions wherever possible</p> <p>May 2022 update:</p> <p>Some responses received from health economies, all responses to be received by 3rd June 2022.</p> <p>June 2022 update:</p> <p>Merge with action 2021/205.</p>	<p>Group Members</p> <p>CSU</p>	<p>Closed</p>	<p>09.06.2022</p>
<p>2022/060</p>	<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> <p>May 2022 update:</p> <p>To be presented at the June meeting.</p> <p>June 2022 update:</p> <p>Bringing to Julys meeting.</p>	<p>CSU/ PT/AG</p> <p>AGR</p>	<p>Open</p> <p>Open</p>	<p>14.04.2022</p> <p>09.06.2022</p>
<p>2022/061</p>	<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> <p>May 2022 update:</p> <p>Work ongoing, update to be presented at the June meeting.</p> <p>June 2022 update:</p> <p>Compare Mersey and L&SC reviews of pitolisant and bring to next meeting.</p>	<p>DP</p> <p>DP</p> <p>DP/BH</p>	<p>Open</p> <p>Open</p> <p>Open</p>	<p>14.04.2022</p> <p>12.05.2022</p> <p>09.06.2022</p>
<p>2022/062</p>	<p>Botox activity per clinical area</p> <p>Meet with Trusts and their specialities to source more detailed information on usage of Botox.</p> <p>May 2022 update:</p>	<p>CSU</p>	<p>Open</p>	<p>14.04.2022</p>

	<p>Still awaiting data, DP and AGR to check emails for responses.</p> <p>June 2022 update:</p> <p>All data is now in, bring back paper with details of number of doses to be used each year.</p>	<p>CSU</p> <p>CSU</p>	<p>Open</p> <p>Open</p>	<p>12.05.2022</p> <p>09.06.2022</p>
2022/063	<p>Asthma Treatment Guideline for Adults (aged 17 and over)</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>May 2022 update:</p> <p>Ongoing piece of work, further update to be presented at the June meeting.</p> <p>June 2022 update:</p> <p>Ongoing, DP to meet with SA and MP.</p>	<p>DP</p> <p>DP</p> <p>DP</p>	<p>Open</p> <p>Open</p> <p>Open</p>	<p>14.04.2022</p> <p>12.05.2022</p> <p>09.06.2022</p>
2022/065	<p>New NICE Technology Appraisal Guidance for Medicines February 2022</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 nephrologists to see how Dapagliflozin will be initiated in patients without diabetes.</p> <p>June 2022 update:</p> <p>Ongoing, LTH renal team would like it to have a Green RAG status. DP to link in with DJ.</p>	<p>DP</p> <p>DP</p>	<p>Open</p> <p>Open</p>	<p>14.04.2022</p> <p>09.06.2022</p>

ACTION SHEET FROM THE MEETING 12th May 2022				
2022/075	Tapentadol MR as a treatment option for the management of neuropathic pain in palliative care			
	DP to liaise with AGR who will discuss with the NWC SCN palliative care group. June 2022 update: Ongoing.	DP	Open	12.05.2022
		DP/AGR	Open	09.06.2022
2022/076	New Medicines Review Workplan			
	DP to look review previous agreements made by LSCMMG for consideration for free of charge drug schemes. June 2022 update: On work plan.	DP	Closed	12.05.2022
2022/077	Testosterone Shared Care Guideline, female sexual dysfunction			
	AGR to adjust the guideline as discussed. To be brought back and reviewed by the group once complete. June 2022 update: On the agenda	AGR	Closed	12.05.2022
2022/078	Varenicline Position Statement- Update			
	SR would speak to service members and feed back to AGR for amendments to the document. June 2022 update: Will bring information back for approval.	SR/AGR	Open	12.05.2022
		AGR	Open	09.06.2022
2022/079	Amiodarone SCG CABG – Scope			
	Consult on the proposal for 6/52 supply from secondary care initially and a proposed RAG rating for the use of amiodarone post CABG. June 2022 update: Out for consultation.	AGR	Closed	12.05.2022
		AGR	Closed	09.06.2022

2022/080	<p>Feedback from Liothyronine Meeting</p> <p>Send comments to AGR by June 3rd. AGR to then bring back to LSCMMG for ratification at the next meeting.</p> <p>June 2022 update: On the agenda.</p>	LSCMMG Members/ AGR	Closed	12.05.2022
2022/081	<p>Sodium Zirconium Cyclosilicate and Palforzia</p> <p>AGR to scope a recharge mechanism for Palforzia.</p>	AGR	Closed	12.05.2022
	<p>RAG rating for sodium zirconium cyclosilicate to be consulted on.</p>	AGR	Closed	12.05.2022
	<p>June 2022 update: Out for consultation.</p>	AGR	Closed	09.06.2022
2022/082	<p>Axial Spondylarthritis Pathway</p> <p>Amended pathway to be updated on the LSCMMG website associated Blueteq forms to be reviewed in line with new pathway.</p>	DP / AGR	Open	12.05.2022
	<p>June 2022 update: Blueteq forms in the process of being finalised.</p>	DP/AGR	Open	09.06.2022
2022/083	<p>Asthma – Short Guide</p> <p>Members to share with clinicians and bring comments back to DP.</p>	LSCMMG Members	Closed	12.05.2022
	<p>DP to then make any amendments to the guide and bring back to a future LSCMMG meeting.</p>	DP	Closed	12.05.2022
	<p>June 2022 update: To be merged with 2022/063.</p>	DP	Closed	09.06.2022
2022/084	<p>Primary Care Guideline for the Use of SGLT-2 Inhibitors in Reduced Ejection Fraction Heart Failure (HFrEF)</p> <p>Amended Guideline to be updated on the LSCMMG website.</p>	DP	Closed	12.05.2022

	June 2022 update: Actioned.	DP	Closed	09.06.2022
ACTION SHEET FROM THE MEETING 09TH June 2022				
2022/096	Ryaltris nasal spray for the treatment of moderate to severe seasonal and perennial allergic rhinitis.			
	Re-consult the review of Ryaltris, adding details of current treatment options. DJ to link in with specialist for expert opinion and examples of Dymista use in practice.	DP	Open	09.06.2022
		DJ	Open	09.06.2022
2022/097	New Medicines Review Workplan Infliximab and Vedolizumab s.c versions to be reviewed first, then increased dosing to be reviewed separately – reviews to be added to workplan. Gastroenterology high cost drug pathway to be updated in response to review outcomes. Efmody to be added to workplan.	DP	Open	09.06.2022
2022/098	Testosterone Shared Care Guidance - Update AGR will continue with clinical appropriateness and look to define who would fit as specialist.	AGR	Open	09.06.2022
	Leads are to take back and look at implementing from a commissioning point of view and how to commission the service to make it available to patients.	Group Members/ Leads	Open	09.06.2022
2022/103	Update to the Lancashire and South Cumbria Continuous Glucose Monitoring Policy DP to share new policy and estimate of cost with the group.	DP	Open	09.06.2022
2022/105	New NICE Technology Appraisal Guidance for Medicines May 2022 TA788 Avelumab:	AGR	Open	09.06.2022

	AGR to contact acute trusts for their position on the proposed RAG status.			
2022/108	<p>Evidence Reviews Published by SMC or AWMSG May 2022</p> <p>DP will look into course and costing of Oritavancin.</p> <p>Acute trust colleagues to discuss desire for Oritavancin use with microbiology members and feed back to DP.</p>	<p>DP</p> <p>Group Members</p>	<p>Open</p> <p>Open</p>	<p>09.06.2022</p> <p>09.06.2022</p>