

**Minutes of the Lancashire Medicines Management Group Meeting  
Held on Thursday 10<sup>th</sup> January 2019 at Preston Business Centre**

**PRESENT:**

Andy Curran (AC)	Chair of LMMG	Lancashire CCG Network
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Sonia Ramdour (SR)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Head of Medicines Commissioning	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Graham Atkinson (GA)	Senior Manager – Medicines Optimisation	NHS Morecambe Bay CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Andrea Scott (AS)	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG
Joanne McEntee	Senior Medicines Information Pharmacist	North West Medicines Information Centre

**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
Linzi Moorcroft (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/001	<p><b>Welcome &amp; apologies for absence</b></p> <p>The chair welcomed everybody to the meeting. Linzi Moorcroft was welcomed as the new administrator for Midlands and Lancashire CSU. No Apologies received.</p>	
2019/002	<p><b>Declaration of any other urgent business</b></p> <p>BH highlighted that Equality Impact Assessments will now also be completed and included within the meeting papers to ensure there are no equality issues within the agenda and supporting papers.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/003	<p><b>Declarations of interest</b></p> <p>None.</p>	
2019/004	<p><b>Minutes of the last meeting 13.12.18</b></p> <p>The minutes of the meeting dated 13.12.18 were agreed as a true and accurate record.</p>	
2019/005	<p><b>Matters arising (not on the agenda)</b></p> <p>None.</p>	
<b>NEW MEDICINES REVIEWS</b>		
2019/006	<p><b>Opioid-prescribing update (pain guidance scoping)</b></p> <p>AGR advised that information received from providers shows that there is good provision for non-pharmacological interventions for chronic pain across the patch. All eight Lancashire CCG areas were represented in the audit data collected.</p> <p>Patients in five CCG areas have access to both physiotherapy and clinical psychology for the management of chronic pain. Of the five that provide these services, Blackpool and Fylde and Wyre CCG also manage patients using a Pain Management Programme.</p> <p>West Lancashire CCG have stated that they are in the process of commissioning a holistic pain management service with the intention of reducing opioid use.</p> <p>Lancashire Teaching Hospital have stated that they need to develop non-pharmacological management of pain services further.</p> <p>Based on collated data it was estimated that approximately 2,500 patients in Lancashire and South Cumbria on greater or equal to 120mg of morphine daily.</p> <p><b>Action</b> It was agreed that a task and finish group is to be established to review high dose opiate prescribing, non-pharmacological provision and proceed with updating the LMMG chronic non-cancer pain guidance.</p>	<p>Representatives to inform CSU of representation for task and finish Group deadline 17.01.2019</p>

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/007	<p><b>Horizon scanning</b></p> <p>DP discussed horizon scanning information for new drugs that are in development and expected to be marketed in the financial year 2019-20. The spreadsheet presented details of the potential cost impact for Lancashire and South Cumbria and the estimated quarter each drug is expected to become available.</p> <p>It was agreed that all LMMG representatives are to review the horizon scanning information and feedback about any drugs that potentially could be prioritised for an LMMG review. Potential drugs for review to be fed back to DP by 17th January 2019 however if further drugs are identified at a later stage please forward to DP.</p> <p>During discussions, the issue of pharmaceutical specials was highlighted. It was agreed that a review of current costs would be undertaken to understand the cost differences within primary care and between primary care and secondary care, this will then be discussed at the next Strategic Leadership and Oversight Group (SLOG).</p> <p><b>Actions</b></p> <p>Disparity of costs of specials to be an agenda item at the next SLOG meeting</p> <p>Costs to be looked at within Primary Care and between Primary and Secondary Care.</p> <p>Review the horizon scanning information and feedback any drugs that potentially could be prioritised</p>	<p><b>LM</b></p> <p><b>BH / Secondary Care Representatives</b></p> <p><b>LMMG Members</b></p>
2019/008	<p><b>Update to anticoagulant guidance – Edoxaban</b></p> <p>It was agreed at the December LMMG that the previously agreed anticoagulation guidance will be reviewed and Edoxaban will be highlighted as the first line DOAC choice.</p> <p>The updated guidance was discussed and further comments were made requesting that warfarin should be more prominent within the guidance. In addition, it was agreed to include a statement that edoxaban can be included in MDS devices to in the additional information section of the guidance. It was agreed that once the amendments have been incorporated this can be updated on the website. The paper will be sent to the Stroke Prevention Alliance to advise on the decision to make edoxaban the first line DOAC.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p><b>Action</b></p> <p>Website to be updated following agreed amendments and a copy of the guideline to be forwarded to the Stroke Prevention Alliance.</p>	<p><b>AGR</b></p>
<p><b>2019/009</b></p>	<p><b>LMMG – New Medicines Reviews Work Plan update</b></p> <p>Ospemifene is a new medicine which is currently being reviewed, the completed review is scheduled for presentation at LMMG in March 2019. It was discussed and agreed that Actipatch usage in primary care would be monitored quarterly, it was also agreed that the place in therapy for non-specific pain would be considered in line with the opiate prescribing work.</p> <p>Agreement was given that Erdosteine will be taken off the work plan.</p>	<p><b>BH</b></p>
<p><b>GUIDELINES and INFORMATION LEAFLETS</b></p>		
<p><b>2019/010</b></p>	<p><b>Out of area prescribing policy</b></p> <p>The development of the policy was prompted by a request for a GP to prescribe a medicine RAG rated 'Black' and prescribed by specialists out of area. The scope was expanded during the development of the policy to include scenarios where local and out-of-area RAG ratings do not match and provide additional guidance in these situations.</p> <p>Four of eight CCGs responded to the consultation for the guidance. Two CCGs agreed with the guidance in its current format. Two CCGs and one provider trust stated that they might agree with the guidance if additional information was considered.</p> <p>LMMG members discussed the paper and agreed that that paper ought to be simplified. A simplified version will be brought back to the next meeting with the addition of information relating to prescribing from tertiary centres. Following agreement of the policy, engagement with bordering regions will be undertaken.</p> <p>It was agreed that hormone treatment for patients attending gender identity clinics will be added to the workplan and looked at separately. Julie Lonsdale advised that there are policies relating to private initiation of medicines and hormones for transgender patients currently in place in F&amp;W CCG which may be applicable.</p> <p><b>Action</b></p> <p>It was agreed that further information will be added regarding prescribing at tertiary centres.</p>	<p><b>AG</b></p>

ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>Out of area prescribing to be an agenda item for the next meeting.</p> <p>Hormone treatment for patients attending gender identity clinics to be added to the guidelines work plan.</p> <p>The final copy out-of-area policy will be shared with neighbouring APCs once agreed.</p>	<p><b>LM</b></p> <p><b>AG</b></p> <p><b>BH</b></p>
<p><b>2019/011</b></p>	<p><b>Cannabis-based products for pain position statement</b></p> <p>The Equality Impact Screening form was considered, no equality issues were identified.</p> <p>AGR reported that NICE guidance is due to be published on the 19<sup>th</sup> October 2019. The main area of discussion is to ask LMMG members if they feel the current position statement should cover the use of cannabis more generally than just pain to support prescribers, including indications for which there is recognition that cannabis may be therapeutically useful. It was agreed that the position statement should only cover pain.</p> <p>The group agreed to change the section regarding specialist prescribing to make it clear that prescribing for pain is 'Black' for all prescribers.</p> <p>An addition is to be added to the statement making it clear that the statement is an interim document pending NICE.</p> <p>LMMG members approved the paper and the RAG status as Black for this indication.</p> <p><b>Actions</b></p> <p>Agreed amendments to be actioned before uploading to the LMMG website.</p>	<p><b>AGR</b></p>
<p><b>2019/012</b></p>	<p><b>Asthma guidelines</b></p> <p>The Equality Impact Screening form was considered, no equality issues were identified.</p> <p>AGR stated that recent developments in the treatment of asthma, particularly the publication of new national and international guidelines, the licensing of new drugs and devices and requests from clinicians to use new inhalers resulted in prioritisation of the LMMG asthma guideline for review.</p> <p>The guideline was developed in conjunction with the Lancashire and South Cumbria Clinical Asthma Group led by Dr Aashish Vyas.</p>	

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	<p>The guideline was developed over summer and autumn 2018 and was sent for consultation in November with a closing date of 2nd January 2019</p> <p>Points discussed</p> <ol style="list-style-type: none"> <li>1. It has been suggested that a section on differential diagnosis with COPD should be added.</li> <li>2. More information should be included in the guideline.</li> </ol> <p>It was also reported that a guideline was in the process of being drafted to cover children. In the interim, it was agreed that a statement would be added to the website to refer clinicians to NICE until the children's guidance is finalised.</p> <p>The paper was agreed provided the following changes; the scope section is updated to make it clear the guidance does not cover acute management of asthma, the turbohaler pathway is moved to the back of the document (as it is the most expensive device) and it is made clear that the pathways are for example only.</p> <p><b>Action</b></p> <p>Above amendments to be actioned prior to uploading to the website.</p> <p>Clarify the age cut off within the guidance to ensure that it is in line with the NICE guidance.</p>	<p><b>AG</b></p> <p><b>BH</b></p>
<p><b>2019/013</b></p>	<p><b>Biosimilars of insulin glargine position statement – update</b></p> <p>AGR proposed that the biosimilars of insulin glargine position statement be removed from the website and superseded by the generic biosimilar position statement.</p> <p>Agreement was given for the retirement of insulin glargine position statement from the website.</p> <p>DJ highlighted that there is a new insulin glargine biosimilar available and insulin (detemir) is due to come off patent in May 2019. Agreement was given to scope any major benefit whilst factoring in costings and savings.</p> <p><b>Actions</b></p> <p>Biosimilar insulin glargine position statement to be removed from the website.</p> <p>Insulin glargine and insulin (detemir) to be scoped</p>	<p><b>AGR</b></p> <p><b>DP</b></p>

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/014	<p><b>Omega-3 position statement</b></p> <p>AGR proposed that the omega-3 fatty acid compounds position statement be removed from the website and superseded by the NHSE medicines of low clinical value guidance.</p> <p>Agreement was given to retire the Omega-3 position statement from the website.</p> <p><b>Actions</b></p> <p>Omega-3 position statement to be removed from the website.</p>	AGR
2019/015	<p><b>LMMG – Guidelines Work Plan update</b></p> <p>AG reported that two additions are required to be added. These relate to shared care for denosumab, and GLP-1 guidance. It was also reported that the anti-hyperglycaemic guideline has had a minor update on renal dosing in which is in line with the SPCs.</p>	
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2019/016	<p><b>New NICE Technology Appraisal Guidance for Medicines</b> (December 2018)</p> <p>It was reported that there were no CCG commissioned Appraisals in December and the website will be updated with the following NHSE TAs accordingly:</p> <p>NICE TA551 Lenvatinib for untreated advanced hepatocellular carcinoma (TA551) – RAG status Red.</p> <p>NICE TA 552 Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia (TA552) – RAG status Red.</p> <p>NICE TA 554 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years (TA554) – RAG status Red.</p>	
2019/017	<p><b>New NHS England medicines commissioning policies</b> (December 2018)</p> <p>No relevant policies</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2019/018	<p><b>Regional Medicines Optimisation Committees – Outputs</b></p> <p><b>Best Value Biologicals: Adalimumab Update 5</b>  This briefing provides details for implementation of best value adalimumab products.  NHS England intends to set a reference price for adalimumab which will apply from 1 April 2019 which commissioners and trusts are expected to use. It is intended that the reference price will cover the cost of the best value product, any use of second line biosimilars where applicable and the cost to hospitals of switching</p>	
2019/019	<p><b>Evidence reviews published by SMC or AWMSG December 2018</b></p> <p>SMC 2111 - Ciclosporin eye drops (Verkazia) are now licensed for the treatment of severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents. This means that there is a potential opportunity for clinicians in Lancashire and South Cumbria to prescribe ciclosporin eye drops for children, which could have an impact in primary care. Ciclosporin eye drops (Ikervis) currently have an Amber 0 RAG rating for the treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes. It was agreed that this will be explored further should any requests be received</p> <p>SMC 2113 – brivaracetam in children aged 4 years to ≤ 15 years. It was agreed that this will be explored further should any requests be received.</p> <p>AWMSG 1882 - Tiotropium (Spiriva® Respimat®) is recommended as an option for use within NHS Wales as add-on maintenance bronchodilator treatment in patients aged 6 years and older with severe asthma who experienced one or more severe asthma exacerbations in the preceding year. It was agreed that Children will be considered as part of the work to develop an asthma pathway referenced in agenda item 2019/012.</p>	
2019/021	<p><b>Section 117 Aftercare</b></p> <p>It was reported that issues are arising regarding the payment of prescriptions for those on section 117 aftercare plans. It remains unclear on how CCG's cover the charges. It was agreed that further clarity is required from finance leads of the CCG's to understand the potential for a re-charge arrangement. It was acknowledged that free prescriptions should be given for as long as a care package is in place. It was agreed that a uniform approach is required.</p> <p><b>Action</b></p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
	SR to discuss with the LCFT finance lead.  AC will discuss CCG prescription charges for those on section 117 aftercare with Gary Raphael	SR  AC
<b>ITEMS FOR INFORMATION</b>		
2019/020	<b>Minutes of the Lancashire Care FT Drug and Therapeutic Committee</b>  The minutes will be discussed at the next LMMG meeting due to the meeting date.	Meeting taking place 18 <sup>th</sup> January 2019 update to be provided at LMMG 14.02.19
2019/022	<b>Guidance to support the implementation of the valproate PREVENT Programme</b>  This has been shared for information and is for dissemination to organisations. There is a proposal for a pathway to ensure an annual review is undertaken by a specialist as per the conditions of PREVENT	

**Date and time of the next meeting**

Thursday 14<sup>th</sup> February 2019, 9.30 am to 11.30 am, Meeting room 253, Preston Business Centre, Preston.

**ACTION SHEET FROM THE  
LANCASHIRE MEDICINES MANAGEMENT GROUP  
10<sup>th</sup> January 2019**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 10 <sup>th</sup> January 2019
<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> SEPTEMBER 2018 MEETING</b>				
2018/161	<b>Policy for Over the Counter items that should not be routinely prescribed in Primary Care</b>  <b>Action:</b> The Policy will be taken through the Joint Committee of the CCGs for ratification.  <b>Update:</b> AC fed back that this will be taken to the ICS board.	AC	01.02.2019	Open

	<b>Dec update:</b> BH updated the group that this will now be taken to February 2019 CCB.			
<b>ACTION SHEET FROM THE MEETING 11th OCTOBER 2018 MEETING</b>				
2018/182	<p><b>Pharmacological management of adults with chronic non-cancer pain guidelines – update</b></p> <p><b>Action:</b> All CCGs agreed to identify numbers of patients on high dose opiates and send this information to MLCSU.</p> <p><b>Dec update:</b> Across the Lancashire Health Economy there are approximately 2500 patients on high dose opioids of more than 120mg morphine equivalent per day. BH updated the group that the Strategic Leadership and Oversight Group (SLOG) are pulling together a working group to discuss further.</p> <p><b>Jan update 2019:</b> agenda item for the meeting 10.01.2019</p>	CCGs	01/12/2018	Closed
<b>ACTION SHEET FROM THE MEETING 8<sup>th</sup> NOVEMBER 2018 MEETING</b>				
2018/204	<p><b>Anticoagulation – update</b></p> <p>MLCSU to scope DOAC cards and bring back to LMMG.</p> <p><b>Dec update:</b> Update deferred as waiting for discussions with CCG leads.</p> <p><b>Jan update 2019:</b> update to be given at LMMG 14th February 2018</p>	BH	01/12/2018	Open
2018/209	<p><b>LMMG – New medicine reviews work plan update</b></p> <p>JL to forward details of erdosteine request to MLCSU</p> <p><b>Dec update:</b> Await information from Julie Lonsdale.</p> <p><b>Jan update 2019:</b> 2019 total 12 month spend for all L&amp;SC CCGs of £6,646. Agreed to remove from work plan.</p>	JL	01/12/2018	Closed

2018/211	<p><b>Type II DM – lifestyle medication evidence review</b></p> <p>BH to email the chair of the ICS prevention workstream on behalf of LMMG.</p> <p><b>Dec update:</b> BH has not yet followed this up with the ICS lead.</p> <p><b>Jan update 2019:</b> Complete and awaiting feedback from ICS lead.</p>	BH	01/12/2018	Closed
<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> DECEMBER 2018 MEETING</b>				
2018/227	<p><b>Semaglutide New Medicines Review</b></p> <p>JMc to investigate time frames of RMOC work around GLP1s and inform MLCSU.</p> <p><b>Jan update 2019:</b> RMOC timelines will not align with LMMG. To be added to the workplan</p> <p>MLCSU to review the evidence in support of the different GLP1s and make formulary recommendations to LMMG.</p> <p><b>Jan Update 2019:</b> to be added to the workplan.</p>	JMc	01/01/2019	Closed
		BH	01/01/2019	Closed
2018/228	<p><b>Doxylamine succinate and pyridoxine hydrochloride (Xonvea) New Medicines Review</b></p> <p>Each ICP health economy to develop an information leaflet on the treatment of Nausea and Vomiting in pregnancy.</p> <p><b>Jan Update 2019:</b> Clarified that this relates to place in therapy in line with the local treatment pathway for Health Care Professionals.</p>	LMMG members	01/01/2019	Closed
2018/229	<p><b>RAG status ‘Green – restricted’ definition</b></p> <p>The definition for ‘Green – restricted’ will be updated to the LMMG website.</p>	BH	01/01/2019	Closed

	<b>Jan Update 2019:</b> Completed			
<b>2018/230</b>	<p><b>Tolcapone as an adjunct to co-beneldopa or co-careldopa in Parkinson's disease – reclassification</b></p> <p>Previous 3 months of tolcapone prescribing data in primary care to be collated and distributed to CCG leads.</p> <p><b>Jan update 2019:</b> none in primary care</p>	<b>BH</b>	<b>01/01/2019</b>	<b>Open</b>
<b>2018/232</b>	<p><b>Working with pharma position statement</b></p> <p>AC to meet with the AHSN / Innovation Agency to update them on LMMG position statement.</p> <p><b>Jan Update 2019:</b> AC still to meet.</p> <p>MLCSU to develop forms which will sit on the LMMG website</p> <p><b>Jan Update 2019:</b> Forms in development.</p>	<b>AC</b>	<b>01/01/2019</b>	<b>Open</b>
		<b>BH</b>	<b>01/01/2019</b>	<b>Open</b>
<b>2018/234</b>	<p><b>Gout management summary guidelines – update</b></p> <p>BH to contact rheumatologists to confirm the target uric acid level within the guidelines. If agreed in line with BSR the document will be uploaded to the LMMG website, if specialists wish to work outside of BSR then this will be considered by a future meeting.</p> <p><b>Jan Update 2019:</b> Agreed to go with BSR threshold, document updated and available on the website.</p>	<b>BH</b>	<b>01/01/2018</b>	<b>Closed</b>
<b>2018/235</b>	<b>Hydroxychloroquine prescriber information sheet</b>	<b>BH</b>	<b>01/01/2018</b>	<b>Open</b>

	<p>BH to investigate who is responsible for retinal screening and refer to this in the document.</p> <p><b>Jan update 2019:</b> Remain open due to comments from Dr Rau raised regarding no specific service to refer patients into. This has also been confirmed by commissioner's further exploration required.</p> <p>BH to ensure a reference is included to the BSR guidelines regarding pregnancy.</p> <p><b>Jan Update 2019:</b> Complete</p>	<b>BH</b>	<b>01/01/2018</b>	<b>Closed</b>
<b>2018/237</b>	<p><b>Edoxaban: Choice of direct-acting oral anticoagulant (DOAC) for stroke prevention in AF</b></p> <p>Review anticoagulant guidance to see if Edoxaban can be made more prominent.</p> <p><b>Jan update 2019:</b> Agenda item.</p> <p>Draft prescribing tip that highlights that Edoxaban is first line choice and include clinical scenarios where Edoxaban may not be considered as the first line DOAC.</p> <p><b>Jan Update 2019:</b> In development, to be circulated in the next week.</p>	<b>BH</b>	<b>01/01/2019</b>	<b>Closed</b>
		<b>BH</b>	<b>01/01/2019</b>	<b>Closed</b>
<b>2018/238</b>	<p><b>Denosumab for the treatment of glucocorticoid-induced osteoporosis</b></p> <p>The denosumab shared care will be updated to include the treatment of glucocorticoid - induced osteoporosis.</p> <p><b>Jan update 2019:</b> On the work plan</p> <p>The background information for zoledronic acid will be updated.</p> <p><b>Jan Update 2019:</b> Actioned</p>	<b>BH</b>	<b>01/01/2019</b>	<b>Closed</b>
		<b>BH</b>	<b>01/01/2019</b>	<b>Closed</b>
<b>2018/244</b>	<b>Section 117</b>	<b>BH</b>	<b>01/01/2019</b>	<b>Closed</b>

	Ensure that section 117 was brought back as an agenda item.  <b>Jan update 2019:</b> Agenda item			
<b>ACTION SHEET FROM THE MEETING 10th JANUARY 2019 MEETING</b>				
<b>2019/006</b>	<b>Opioid-prescribing update (pain guidance scoping)</b>  Members to identify representatives for task and finish group to look at high dose opiate prescribing.	<b>LMMG Members</b>	<b>17.01.2019</b>	<b>Open</b>
<b>2019/007</b>	<b>Horizon scanning</b>  Disparity of costs of specials to be an agenda item at the next SLOG meeting  Feedback to be sent to DP on horizon Scanning  Costs of specials to be looked at within Primary Care and between Primary and Secondary Care	<b>LM//BH</b>  <b>All</b>  <b>BH/DP</b>	<b>01.02.2019</b>  <b>01.02.2019</b>  <b>01.02.2019</b>	<b>Open</b>  <b>Open</b>  <b>Open</b>
<b>2019/008</b>	<b>Update to anticoagulant guidance – Edoxaban</b>  Website to be updated following agreed amendments, guidance to be forwarded to the Stroke Prevention Alliance.	<b>AG</b>	<b>01.02.2019</b>	<b>Open</b>
<b>2019/010</b>	<b>Out of area prescribing policy</b>  Further information will be added regarding prescribing at tertiary centres.  Hormone treatment for patients attending gender identity clinics to be added to the guidelines work plan.  Out of area prescribing to be an agenda item for the next meeting.  The final copy out-of-area policy will be shared with neighbouring APCs once agreed.	<b>AG</b>  <b>AG</b>  <b>LM</b>  <b>BH</b>	<b>01.02.2019</b>  <b>01.02.2019</b>  <b>01.02.2019</b>  <b>01.03.2019</b>	<b>Open</b>  <b>Open</b>  <b>Open</b>  <b>Open</b>

<b>2019/012</b>	<b>Asthma guideline</b>  Clarify the age cut off within the guidance to ensure that it is in line with the NICE guidance.	<b>BH</b>	<b>01.02.2019</b>	<b>Open</b>
<b>2019/014</b>	<b>Biosimilars of insulin glargine position statement – update</b>  Insulin glargine and insulin (detemir) to be scoped	<b>DP</b>	<b>01.02.2019</b>	<b>Open</b>
<b>2019/021</b>	<b>Section 117 Aftercare</b>  SR to discuss with the LCFT finance lead.  AC will discuss CCG prescription charges for those on section 117 aftercare with Gary Raphael	<b>SR</b>  <b>AC</b>	<b>01.02.2019</b>  <b>01.02.2019</b>	<b>Open</b>  <b>Open</b>