



**Minutes of the Lancashire Medicines Management  
Group Meeting  
Held on Thursday 14<sup>th</sup> February 2019 at Preston  
Business Centre**

**PRESENT:**

Mr 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
John Vaughn	Senior Commissioning Pharmacist	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

**IN ATTENDANCE:**

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Dr David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Joanne McEntee	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Sam Russell	Medicines Optimisation Technician	West Lancashire CCG

Item	Summary of discussion	Action
2019/023	<b>Welcome and apologies for absence</b> Attendance noted above. Apologies received from Lisa Rogan.	
2019/024	<b>Declaration of any other urgent business</b> None declared	
2019/025	<b>Declarations of interest</b> None declared	
2019/026	<b>Minutes and action sheet from the last meeting 10.01.2019</b> Agreed as an accurate record and signed off	
2019/027	<b>Matters arising (not on the agenda)</b> <b>ICS Cost Reduction Programme</b>	

BH reported that he attended an ICS Cost Reduction Programme Workshop on behalf of AC on Tuesday 5<sup>th</sup> February 2019. The purpose of the workshop was to explore how savings could be achieved without duplicating current work.

BH reported that Medicines Management was highlighted as one of the five prioritised areas required to make efficiency savings across the ICS. BH stated that Avastin was raised as an area for delivering savings from the Director of Finance for CSR&GP CGG. BH advised that the CSR&GP DoF is keen to make Avastin available through private providers. BH is aware a meeting is taking place on Thursday 14<sup>th</sup> February to discuss this further.

BH commented that he highlighted DOACs as an issue, not necessarily for cost savings but for controlling growth and maximising clinical gains. Best value biosimilars and patient ordering hubs were also highlighted. The collated outputs from this event will be shared at the SLOG meeting and any actions will be owned by SLOG.

#### **QIPP Saving Pregabalin**

JL reported there could be additional cost saving for QIPP plans for the current financial year. This is following a failed legal battle by Pfizer. It was reported that NHS England can make a claim based on the inability to include pregabalin in QIPP programs in previous years. NHSE will claim on behalf of the CCGs' which will in turn be allocated according to population size (estimated £900,000/100,000 population). CCGs will be required to apply to NHSE for funds to be allocated.

#### **CCB**

BH attended CCB with the LMMG TOR. CCB felt that LMMG should be providing oversight of the QIPP agenda, be reviewing all medicines, not just medicines that cross in to Primary Care and medicines that are PbR excluded. It was agreed that a clearer understanding of the remit of LMMG at CCB was required. Particular emphasis was made on the appropriateness of LMMG, a clinical group, providing oversight of the QIPP agenda. BH reported that it was agreed at CCB that specified recommendations that come out of LMMG will go to JCCG for approval.

#### **Long term plan**

AC gave an update to inform members that work is continuing on forming a shadow, single CCG. JCCG would also form part of this single commissioning function. It was suggested that this format could be compared the previous Primary Care Trusts. AC acknowledged that this is a time of uncertainty but wanted colleagues to be informed.

#### **IPMO pilot**

AC informed members that the IMPO pilot is coming to an end. It was reported that the job description and banding process is currently

	<p>being worked though with HR. AC advised it is looking likely that any opportunities will be a secondment and Blackpool CCG will be the host employer . AC hopes that more information on the job role and bandings will be known for the next SLOG meeting due to take place on the 26<sup>th</sup> February. SR commented that a discussion would be useful at SLOG to find out what is happening in other regions.</p> <p><b>Action – IPMO update to be an agenda item for SLOG meeting.</b></p>	
2019/028	<p><b>Relvar Ellipta for the treatment of asthma: RAG rating review</b></p> <p>DP reported that Relvar Ellipta for the treatment of asthma was previously reviewed in 2014 and was given a Black RAG rating.</p> <p>DP noted that within the adult guideline which was approved at LMMG on the 10<sup>th</sup> January 2019 one of the example inhaler pathways featured the Relvar Ellipta device. Therefore, as Relvar Ellipta is now being recommended as an option in the updated Asthma guideline, a review of this historical RAG rating was necessary.</p> <p>DP proposed that the RAG rating for Relvar Ellipta when used for the treatment of asthma in patients aged 17 years and older is updated from the current Black RAG rating to a Green. DP also noted that Relvar Elipta is licensed for use in patients over the age of 12 but that the treatment of those under the age of 17 would be included in a separate guideline.</p> <p>Agreement was given to change the RAG status from Black to Green. It was discussed that going forward it would be useful to review drugs that have previously been listed as Black at LMMG, prior to inclusion in a guideline.</p> <p><b>Action – update Relvar Elipta entry on the website from Black to Green.</b></p>	DP
2019/029	<p><b>DOAC Task and Finish Group – update</b></p> <p>DP updated LMMG members that a DOAC task and finish group has now been convened and reported that a meeting took place on the 16<sup>th</sup> January 2019 which was well attended including renal consultants and specialists.</p> <p>DP explained that the intended purpose of the meeting was to reach a consensus regarding which body weight should be used when using the Cockcroft-Gault Calculation to calculate estimates of creatinine clearance (CrCl) for patients prescribed a DOAC, in particular those patients that are under- or over-weight.</p> <p>DP reported that the group considered the population of patients whose weight is between 40-120kg. For this cohort of patients actual bodyweight should normally be used in the calculation unless the patient's actual bodyweight is &gt;120% of their ideal bodyweight. For such patients, additional individual risk factors should be considered when determining the appropriate dosage.</p>	

	<p>DP described that during the meeting a renal consultant expressed a preference for eGFR to be used. DP clarified that no firm decisions had been made at the meeting.</p> <p>The group decided that actual body weight should be used when employing the Cockcroft-Gault equation to calculate CrCl while still considering additional risk factors. The decision was based on the weight of current clinical evidence and current practice across Lancashire.</p> <p>DP raised the following additional points raised at the task and finish group meeting:</p> <ul style="list-style-type: none"> <li>• MLCSU would develop an information sheet outlining the monitoring requirements for DOACs both on initiation of therapy and during ongoing treatment</li> <li>• Issue of incomplete discharge information; flow of information regarding anticoagulants between secondary and primary care.</li> </ul> <p>AC advised that LTH are looking at developing integrated discharge and will take on this action, updates will be feedback at the next SLOG meeting.</p> <p>DP made reference to choice of direct-acting oral anticoagulant (DOAC) for stroke prevention in atrial fibrillation position statement. An amendment was required on the position statement to remove information around rebate scheme and update reference to clinical network. The change was approved by the group.</p> <p>DP advised the group that the EMA is reviewing the results of a study with the direct oral anticoagulants Eliquis (apixaban), Pradaxa (dabigatran etexilate) and Xarelto (rivaroxaban). This observational study, commissioned by EMA, assessed the risk of major bleedings with these medicines when used to prevent blood clotting in patients with non-valvular atrial fibrillation (irregular rapid contractions of the heart), in comparison with other oral anticoagulants. The EMA study is to be circulated for information.</p> <p><b>Action – DP to circulate EMA study paper.</b></p>	<p>AC</p> <p>DP</p> <p>DP</p>
2019/030	<p><b>Self-care policy – update</b></p> <p>DP highlighted that the self-care policy has been discussed at the JCCG. The JCCG completed an assessment on equality and inclusion of the self-care policy and two issues have been highlighted.</p> <ul style="list-style-type: none"> <li>• Equality for treatment of vaginal thrush. It was suggested that amending the policy wording to include patients with vaginal thrush or penile thrush</li> </ul> <p>The group approved the inclusion of the suggested amendment.</p>	

	<ul style="list-style-type: none"> <li>• Alopecia patients are currently excluded from policy for camouflage cream.</li> </ul> <p>The group queried whether camouflage creams should be part of the self-care policy. It was agreed that camouflage creams would be removed from the self-care policy as they do not form part of the national self-care policy. The group also considered whether camouflage creams would be covered by the joint-Lancashire cosmetic policy. The group decided that camouflage creams would be taken out of the self-care policy and added to the workplan separately. An examination of the wording of the cosmetics policy would be included as part of this piece of work.</p> <p>The DP highlighted that the camouflage cream service had fed back stating that there appears to be variation in access across Lancashire. The group requested that commissioning arrangement for this service should be looked at.</p> <p>The group agreed that the self-care policy can be taken back through JCCG having actioned the agreed amendments.</p> <p>SR queried whether 'Kwells' would still be available for prescribing in primary care for hypersalivation in patients taking antipsychotic medication following ratification of the self-care policy. BH highlighted that the self-care policy is categorised by indication so Kwells would still be available in primary care for this indication.</p> <p><b>Action – camouflage creams to be removed from the self-care policy and reference to penile thrush included prior to resubmission to JCCG.</b></p> <p><b>Action – camouflage creams to be added to the LMMG workplan.</b></p>	<p>BH</p> <p>BH</p> <p>DP</p>
2019/031	<p><b>LMMG – New Medicine Reviews Work Plan update</b></p> <p>DP updated the group on the new medicines workplan. Prasterone and Melatonin remain on hold on the work plan due to awaiting further evidence/ or awaiting licence.</p> <p>Ertugliflozin has been licenced but has not yet been launched, NICE are due to publish a TA on 26<sup>th</sup> June 2019.</p> <p>DP stated that Fortacin (a treatment for premature ejaculation) has been highlighted as a potential new medicine. The group agreed that Fortacin will be added to the new medicine work plan.</p> <p><b>Action – to add Fortacin to the new medicines work plan.</b></p>	<p>DP</p> <p>DP</p>
2019/032	<p><b>RA pathway update proposal</b></p> <p>DP reported that the Rheumatology Alliance held a meeting on the 25<sup>th</sup> January 2019. The alliance proposed the development of an updated Rheumatoid Arthritis High Cost Drug pathway.</p>	

	<p>DP stated that the update is based on the desire to improve patient outcomes by allowing a greater degree of clinical freedom than with the current pathway. The proposal was summarised by DP:</p> <ul style="list-style-type: none"> <li>• Re-structuring the pathway - The proposed pathway will not allow the use of a class of drug twice for an individual patient, unless the patient fails treatment due to primary nonresponse or intolerance. The rationale for this feature is that once a class has been effective but there is subsequently a loss of efficacy, there is the likelihood that the reason for loss of efficacy is based on exhausting the drug's action at its target</li> <li>• Lowest acquisition cost drug used when appropriate - The pathway will recommend the use of biosimilar medicines as first line choices for all patients where a biosimilar is available</li> <li>• Availability of four lines of effective treatment - A patient will be allowed to receive up to four lines of treatment</li> </ul> <p>The group agreed in principle with the proposed changes to the pathway pending further development by DP with the Alliance. The group emphasised that these changes had not been approved formally but that the group was happy with the approach being taken.</p> <p><b>Action - DP to update the Rheumatology Alliance on the outcome of discussions with LMMG.</b></p>	DP
2019/033	<p><b>Denosumab shared care – update</b></p> <p>AGR advised that at the December 2018 meeting it was agreed that the denosumab shared care guideline would be updated to include the treatment of glucocorticoid-induced osteoporosis.</p> <p>AGR reported that this has now been actioned and the management of glucocorticoid-induced osteoporosis is now included within the shared care policy. The group agreed with the update content.</p> <p><b>Action – update guideline to be uploaded to the LMMG website.</b></p>	AGR
2019/034	<p><b>Restless legs guideline – update</b></p> <p>AGR reported that the Restless Legs guideline had been approved in December 2015 and was scheduled for a routine review in December 2018.</p> <p>AGR stated that only minor amendments were required in line with product SPCs and national guidance regarding the inclusion of pregabalin and gabapentin in schedule 3 of the Misuse of Drugs Regulations 2001.</p> <p>JK stated that that the wording on the repeatable nature of CD prescriptions and supply length should be amended. No further updates are required. The group agreed that the guidance can be amended before uploading to the website without bringing the document back to LMMG.</p> <p><b>Action – amend document in accordance with comments made by JK and upload to the website.</b></p>	AGR

2019/035	<p><b>Out-of-area prescribing policy – update</b></p> <p>AGR introduced the paper, stating that the initial policy was presented at the January 2019 meeting. Some suggestion for improvement were made. Which included: simplifying the format and guidance on how to deal with a request to prescribe from a tertiary service.</p> <p>AGR confirmed that the suggested changes had been actioned. The guidance was now in the form of a position statement and additional guidance had been added.</p> <p>The group discussed the order of the RAG statuses and suggested that Black should be more prominent. It was noted that point c should include Amber 0 alongside Green. It was suggested that it would be better if all the information was on one page.</p> <p>The group noted that the plan was to share the document with neighbouring APCs once approved. BH confirmed that this was still the case and would be shared with Pan-Mersey and GMMMG APCs once the document had been finalised.</p> <p><b>Action – to make discussed changes to the document and upload to the website once completed.</b></p>	AGR
2019/036	<p><b>Guidance for prescribing second generation LA antipsychotic injections – update</b></p> <p>SR introduced the paper to the group. SR summarised the published evidence on the impact of the Second-Generation Antipsychotic Long Acting injections (SGA LAIs) aripiprazole and paliperidone palmitate on inpatient admission. SR stated that the use of SGA LAIs has the potential to reduced bed days.</p> <p>SR then summarised revisions that had been made to the criteria for approving SGA LAIs within LCFT. SR stated that the purpose of the guidance was to provide clarity on the approval process for the prescribing of SGA LAIs. SR confirmed that all these preparations are currently RAG rated as Red.</p> <p>The group approved the changes to the guidance. However, an understanding of the impact of changing the guidance on the cost to the CCGs was required by the group. The group discussed that this could be worked up with admission data and for any additional costs to be identified. SR confirmed that once the numbers are known this will be shared with the group.</p> <p><b>Action – New version of the SGA LAI guidance to be uploaded to the website.</b></p> <p><b>Action – financial impact of changing the guidance on CCGs to be scoped by LCFT and reported back to the group.</b></p>	SR/AGR  SR
2019/037	<b>LMMG – Guidelines Work Plan update</b>	

	<p>AGR discussed the guideline work plan and advised AMD pathways will be a update in March but this timeframe may slip as information from additional health economies is outstanding.</p> <p>AGR stated that restless legs would be removed from the workplan as it had already been discussed. AGR advised that the chronic non-cancer pain guidance is an ambitious time frame for May but is hoping more information will be available following a task and finish group meeting which is in the process of being organised.</p> <p>AGR reported that additional items for discussion are:</p> <p>Mycophenolate is listed as Red on the on LMMG website for transplant patients. However communication from a CCG has highlighted that this may cause issue as the Red RAG status applies only to new patients and some historic patients are getting mycophenolate from their GP. It was believed that this was causing some confusion. The group agreed that the patient numbers are not significant enough to amend the wording on the website.</p> <p>AGR reported that another query has been received regarding HIV drugs, as not all drugs are listed. The proposal is to compile a list of drugs under an entry titled 'HIV treatment' to ensure all medications can be listed. It was advised that this has not been previously done due to the LMMG website restricting the number of spaces allowed to be inserted. The group agreed with this course of action.</p> <p>BH updated LMMG members that an oral contraceptive guidance document is being produced within MLCSU stating there is no clinical need for a monthly break in oral contraceptive treatment. The group agreed that this guidance should be made available to CCGs once complete.</p> <p>AGR reported that there is no update regarding Freestyle Libre accessibility from NHS England.</p> <p>AGR informed the group that the Edoxaban position statement has been updated – the North West coast SCN updated their consensus statement and have removed reference to a meta-analysis at the request of Pharma (Pfizer). As the Lancashire position statement is based on the NW SCN statement it was necessary to update the LMMG document for accuracy, but the intent of the document had not materially changed.</p> <p>AGR advised that the vitamin D guidance does not need changing after reviewing the recent UKMI medicines QA</p> <p>AGR stated that the accessibility of POM antihistamines, including fexofenadine, is to be scoped as part of the self-care workstream in ELCCG. The group agreed that a wider piece of work across Lancashire should be considered. CM requested that the scope be extended to include items such as nasal spray.</p> <p>AGR added that LCFT are taking the lead on updating the dementia information prescribing sheet. The information sheet is to be updated in line with NICE guidance.</p>	<p><b>AGR</b></p>
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2019/038	<p><b>Nebulised Colomycin Prescribing information</b></p> <p>AGR reported that the Colomycin prescribing information was scheduled for a routine review in December 2018. AGR confirmed that BTS bronchiectasis guidelines have now been published and reviewed. Minimal changes were made to document.</p> <p>JL queried the monitoring section and asked for this to be reviewed as it seems there is possible duplication.</p> <p>JL also asked for clarification for those policies due for review on the website, it was queried if they are required to go through the consultation. BH advised that only minor amendments would be updated without consultation.</p> <p><b>Action – the monitoring section of the document is to be checked for duplication and uploaded to the website once completed.</b></p>	AGR
2019/039	<p><b>Working with Pharmaceutical Industry position statement</b></p> <p>JL discussed that some events are being run and CCGs are not fully sighted. The group discussed recording all events that are attended within CCGs. It was highlighted that some CCG's did not agree with this approach. MLCSU has started developing guidance.</p> <p>The group agreed that a more collaborative approach with NHS Innovation Agency would be taken forward.</p> <p><b>Action – MLCSU to discontinue developing a position statement and website forms in preference to closer working with NHS Improvement.</b></p>	BH
2019/040	<p><b>New NICE Technology Appraisal Guidance for Medicines January 2019</b></p> <p>AGR advised that there was one CCG commissioned TA in January 2019 – TA556 Darvadstrocel for treating complex perianal fistulas in Crohn's disease – but was not recommended by NICE.</p> <p><b>Action – add Darvadstrocel (TA556) for treating complex perianal fistulas in Crohn's disease to the website with a Black RAG rating</b></p>	AGR
2019/041	<p><b>New NHS England medicines commissioning policies</b></p> <p>No relevant policies to discuss</p>	

2019/042	<p><b>Regional Medicines Optimisation Committees – Outputs</b></p> <p>DP reported that Heparin lock catheters information was published just before the meeting and so was not included in the paper.</p> <p>JM reported that the Midlands and East RMOC have gone back to NHS England specialised commissioning for further discussion regarding sodium oxybate.</p> <p>JM stated that it is hoped that the first RMOC new medicine review (Xonvea) will be ready for discussion at the next RMOC meeting in March.</p> <p>JM stated that the next RMOC new medicine review will be melatonin (Slenyto). The launch of Slenyto is expected in April 2019.</p> <p>BH advised that the RMOC shared care consultation has opened and will be circulated to members following the meeting.</p> <p>For information it was advised that the next meeting is RMOC south due to take place 23<sup>rd</sup> May 2019</p> <p><b>Action – Shared care consultation to be circulated</b></p>	LM
2019/043	<p><b>Evidence reviews published by SMC or AWMSG January 2019</b></p> <p>No update to discuss</p>	
2019/044	<p><b>LMMG papers template</b></p> <p>BH advised the leads network members that work has been undertaken to review the paperwork for the group. The intention is to bring paperwork in line with that produced for the Commissioning Policy Development and Implementation Working Group (CPDIG).</p> <p>BH explained that the intention of this review is to ensure that the committees explicitly consider Financial, Service Impact, Equality and inclusion, Cross Border, Legal and Media/Public interest issues when making decisions and to ensure that where significant issues are identified that these are highlighted appropriately within the ICS.</p> <p>BH reported the propose change will be effective from the March meeting. It was highlighted that the minuting style may change. The group greed with the proposal and the template will now be used.</p>	
2019/045	<p><b>Lancashire Care FT Drug and Therapeutic Committee minutes (18<sup>th</sup> January 2019)</b></p> <p>AC reported the minutes were received for information</p>	
<p><b>Date and time of the next meeting</b></p> <p>Thursday 14<sup>th</sup> March 2019, 9.30 am to 11.30 am, Meeting room 253, Preston Business Centre, Preston.</p>		

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 14 <sup>th</sup> February 2019
<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> SEPTEMBER 2018 MEETING</b>				
2018/161	<p><b>Policy for Over the Counter items that should not be routinely prescribed in Primary Care</b></p> <p><b>Action:</b> The Policy will be taken through the Joint Committee of the CCGs for ratification.</p> <p><b>Update:</b> AC fed back that this will be taken to the ICS board.</p> <p><b>Dec update:</b> BH updated the group that this will now be taken to February 2019 CCB.</p>	AC	01.02.2019	Open
<b>ACTION SHEET FROM THE MEETING 11<sup>th</sup> 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>				
<b>2018/204</b>	<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>	<b>BH</b>	<b>01/12/2018</b>	<b>Open</b>
<b>2018/209</b>	<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>	<b>JL</b>	<b>01/12/2018</b>	<b>Closed</b>
<b>2018/211</b>	<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>	<b>BH</b>	<b>01/12/2018</b>	<b>Closed</b>
<b>ACTION SHEET FROM THE MEETING 13<sup>th</sup> DECEMBER 2018 MEETING</b>				
<b>2018/227</b>	<p><b>Semaglutide New Medicines Review</b></p>	<b>JMc</b>	<b>01/01/2019</b>	<b>Closed</b>

	<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>	<b>BH</b>	<b>01/01/2019</b>	<b>Closed</b>
<b>2018/228</b>	<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>	<b>LMMG members</b>	<b>01/01/2019</b>	<b>Closed</b>
<b>2018/229</b>	<p><b>RAG status 'Green – restricted' definition</b></p> <p>The definition for 'Green – restricted' will be updated to the LMMG website.</p> <p><b>Jan Update 2019:</b> Completed</p>	<b>BH</b>	<b>01/01/2019</b>	<b>Closed</b>
<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</p>	<b>BH</b>	<b>01/01/2019</b>	<b>Closed</b>

	<p>primary care to be collated and distributed to CCG leads.</p> <p><b>Jan update 2019:</b> none in primary care</p>			
2018/232	<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> <p><b>Feb update 2019: Agenda item</b></p>	<p><b>AC</b></p> <p><b>BH</b></p>	<p><b>01/01/2019</b></p> <p><b>01/01/2019</b></p>	<p><b>Open</b></p> <p><b>Closed</b></p>
2018/234	<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>	<p><b>BH</b></p>	<p><b>01/01/2018</b></p>	<p><b>Closed</b></p>
2018/235	<p><b>Hydroxychloroquine prescriber information sheet</b></p> <p>BH to investigate who is responsible for retinal</p>	<p><b>BH</b></p>	<p><b>01/01/2018</b></p>	<p><b>Open</b></p>

	<p>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>	BH	01/01/2018	Closed
2018/237	<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>	BH  BH	01/01/2019  01/01/2019	Closed  Closed
2018/238	<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>	BH	01/01/2019	Closed

	<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>	BH	01/01/2019	Closed
2018/244	<p><b>Section 117</b></p> <p>Ensure that section 117 was brought back as an agenda item.</p> <p><b>Jan update 2019:</b> Agenda item</p>	BH	01/01/2019	Closed
<b>ACTION SHEET FROM THE MEETING 10th JANUARY 2019 MEETING</b>				
2019/006	<p><b>Opioid-prescribing update (pain guidance scoping)</b></p> <p>Members to identify representatives for task and finish group to look at high dose opiate prescribing.</p> <p><b>Feb update 2019: Actioned</b></p>	LMMG Members	17.01.2019	Closed
2019/007	<p><b>Horizon scanning</b></p> <p>Disparity of costs of specials to be an agenda item at the next SLOG meeting</p> <p><b>Feb update 2019: Actioned</b></p>	LM//BH	01.02.2019	Closed
	<p>Feedback to be sent to DP on horizon Scanning</p>	All	01.02.2019	Closed
	<p>Costs of specials to be looked at within Primary Care and between Primary and Secondary Care</p> <p><b>Feb update 2019: To be addressed at SLOG</b></p>	BH/DP	01.02.2019	Closed
2019/008	<p><b>Update to anticoagulant guidance – Edoxaban</b></p>			



	<p>Website to be updated following agreed amendments, guidance to be forwarded to the Stroke Prevention Alliance.</p> <p><b>Feb 2019 update: Actioned</b></p>	<b>AG</b>	<b>01.02.2019</b>	<b>Closed</b>
<b>2019/010</b>	<p><b>Out of area prescribing policy</b></p> <p>Further information will be added regarding prescribing at tertiary centres.</p> <p>Hormone treatment for patients attending gender identity clinics to be added to the guidelines work plan.</p> <p>Out of area prescribing to be an agenda item for the next meeting.</p> <p>The final copy out-of-area policy will be shared with neighbouring APCs once agreed.</p>	<p><b>AG</b></p> <p><b>AG</b></p> <p><b>LM</b></p> <p><b>BH</b></p>	<p><b>01.02.2019</b></p> <p><b>01.02.2019</b></p> <p><b>01.02.2019</b></p> <p><b>01.02.2019</b></p>	<p><b>Closed</b></p> <p><b>Closed</b></p> <p><b>Closed</b></p> <p><b>Closed</b></p>
<b>2019/012</b>	<p><b>Asthma guideline</b></p> <p>Clarify the age cut off within the guidance to ensure that it is in line with the NICE guidance.</p> <p><b>Feb 2019 update: To be clarified following NICE board meeting</b></p>	<b>BH</b>	<b>01.02.2019</b>	<b>Open</b>
<b>2019/014</b>	<p><b>Biosimilars of insulin glargine position statement – update</b></p> <p>Insulin glargine and insulin (detemir) to be scoped</p> <p><b>Feb 2019 update: Reduction cost wouldn't be cost effective</b></p>	<b>DP</b>	<b>01.02.2019</b>	<b>Closed</b>

2019/021	<b>Section 117 Aftercare</b>			
	SR to discuss with the LCFT finance lead.	SR	01.02.2019	Closed
	AC will discuss CCG prescription charges for those on section 117 aftercare with Gary Raphael.	AC	01.02.2019	Closed
	<b>Feb 2019 update: to be discussed at FIG</b>			

#### ACTION SHEET FROM THE MEETING 14<sup>th</sup> FEBRUARY 2019

2019/027	<b>Matters arising</b> IPMO update to be an agenda item for SLOG meeting	LM	14.02.19	Open
2019/028	<b>Relvar Ellipta for the treatment of asthma: RAG rating review</b> Update Relvar Elipta entry on the website from Black to Green	DP	14.02.2019	Open
2019/029	<b>Doac task and finish group update</b> DP to circulate EMA study paper	DP	14.02.2019	Open
2019/030	<b>Self-care policy – update</b> Camouflage creams to be removed from the self-care policy and reference to penile thrush included prior to resubmission to JCCG	BH	14.02.2019	Open
	Camouflage creams to be added to the LMMG workplan	DP	14.02.2019	Open
2019/031	<b>LMMG – New Medicine Reviews Work Plan update</b> To add Fortacin to the new medicines work plan	DP	14.02.2019	Open
2019/032	<b>RA pathway update proposal</b> DP to update the Rheumatology Alliance on	DP	14.02.2019	Open

	the outcome of discussions with LMMG			
<b>2019/033</b>	<b>Denosumab shared care – update</b>  Update guideline to be uploaded to the LMMG website	<b>AGR</b>	<b>14.02.2019</b>	<b>Open</b>
<b>2019/034</b>	<b>Restless legs guideline – update</b>  Amend document in accordance with comments made by JK and upload to the website	<b>AGR</b>	<b>14.02.2019</b>	<b>Open</b>
<b>2019/035</b>	<b>Out-of-area prescribing policy – update</b>  To make discussed changes to the document and upload to the website once completed	<b>AGR</b>	<b>14.02.2019</b>	<b>Open</b>
<b>2019/036</b>	<b>Guidance for prescribing second generation LA antipsychotic injections – update</b>  New version of the SGA LAI guidance to be uploaded to the website.  The Financial impact of changing the guidance on CCGs to be scoped by LCFT and reported back to the group.	<b>SR/AGR</b>  <b>SR</b>	<b>14.02.2019</b>  <b>14.02.2019</b>	<b>Open</b>  <b>Open</b>
<b>2019/038</b>	<b>Nebulised Colomycin Prescribing information</b>  The monitoring section of the document is to be checked for duplication and uploaded to the website once completed.	<b>AGR</b>	<b>14.02.2019</b>	<b>Open</b>
<b>2019/039</b>	<b>Working with Pharmaceutical Industry position statement</b>  MLCSU to discontinue developing a position	<b>BH</b>	<b>14.02.2019</b>	<b>Closed</b>

	statement and website forms in preference to closer working with NHS Improvement.			
<b>2019/040</b>	<p><b>New NICE Technology Appraisal Guidance for Medicines January 2019</b></p> <p>Add Darvadstrocel (TA556) for treating complex perianal fistulas in Crohn's disease to the website with a Black RAG rating</p>	<b>AGR</b>	<b>14.02.2019</b>	<b>Open</b>
<b>2019/042</b>	<p><b>Regional Medicines Optimisation Committees – Outputs</b></p> <p>Shared care consultation to be circulated</p>	<b>LM</b>	<b>14.02.2019</b>	<b>Open</b>