

**Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 8th February 2018 at Preston Business Centre**

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Tara Gallagher (TG)	Deputy Lead Pharmacist	Lancashire Care NHS Foundation Trust
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust
Catherine Dugdale (CD)	Advanced Medicines Management Pharmacist	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
John Vaughan (JV)	Medicines Commissioning Pharmacist	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Janet Walsh (JW)	Medicines Optimisation Pharmacist	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:

Joanne McEntee	Senior Medicines Information Pharmacist	North West Medicines Information Centre
Dominic Carlin	Medicines Optimisation Pharmacist	NHS Greater Preston CCG, NHS Chorley And South Ribble CCG
Nima Herlekar	Medicines Management Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/021	<p>Welcome & apologies for absence</p> <p>The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Alastair Gibson, Sonia Ramdour, Graham Atkinson, Julie Kenyon, Lisa Rogan and Adam Grainger.</p> <p>It was noted that Dominic Carlin; Medicines Optimisation Pharmacist from GP and CSR CCGs, Nima Herlekar; Medicines Management Pharmacist from UHMB and Joanne McEntee, Medicines information Lead for North West Medicines Information Centre were in attendance to observe the meeting.</p>	

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	It was also noted that Tara Gallagher was attending on behalf of Sonia Ramdour, John Vaughan on behalf of Lisa Rogan, Catherine Dugdale on behalf of Julie Kenyon and Janet Walsh on behalf of Nicola Baxter.	
2018/022	<p>Declaration of any other urgent business</p> <p>None.</p>	
2018/023	<p>Declarations of interest pertinent to agenda</p> <p>BH declared a non-pecuniary interest (spouse) relating to the agenda item 2018/032 Co-trimoxazole for PCP prophylaxis.</p> <p>TN declared a potential workload interest in the BPSD guideline.</p>	
2018/024	<p>Minutes of the last meeting (11th January 2018)</p> <p>The minutes of the meeting dated 11th January 2018 were agreed as a true and accurate record.</p>	
2018/025	<p>Matters arising (not on the agenda)</p> <p>The minutes of the meeting dated the 14th December 2017 (below) will be amended to state that no action will be taken by LMMG as the NICE TA489 is an NHSE Black colour classification.</p> <p><u><i>2017/209 New NICE Technology Appraisal Guidance for Medicines (November 2017)</i></u> TA489 Vismodegib for treating basal cell carcinoma. The following NICE technology appraisal is an NHSE commissioning responsibility and will be added the LMMG website as Black colour classification</p> <p>DMARDs shared care guidelines – appendix form (for secondary care to send to the patient’s GP & return once GP has agreed to take over prescribing)</p> <p>JL discussed the appendix form for the DMARD Shared Care guideline and other guidelines and asked if this could be sent out for consultation due to issues raised by consultants in Blackpool. MLCSU will send the form out to LMMG members for comments and concerns and put together the responses to come to LMMG.</p>	DP

ITEM	SUMMARY OF DISCUSSION	ACTION
NEW MEDICINES REVIEWS		
2018/026	<p>Epistatus Oromucosal Solution (Midazolam)</p> <p>DP presented the paper discussing the usage of midazolam oromucosal solutions and the costs of Epistatus® compared to other available preparations.</p> <p>Decision The group decided that the prescribing of Midazolam maleate (Epistatus®) 10mg/ml oromucosal solution for the treatment of prolonged, acute, convulsive seizures in children and adolescents aged 10 to less than 18 years is appropriate for prescribing.</p> <p>The group decided that current prescribing of the unlicensed product will effectively move to the licensed version; this is a cost neutral switch. In addition, as Buccolam® was required to be issued in quantities of 4 prefilled syringes (some of which may expire prior to use), the actual cost impact of any patients switching from Buccolam® to Epistatus® was felt to be small.</p> <p>Action Midazolam maleate (Epistatus®) 10mg/ml oromucosal solution will be put on to the LMMG website as Amber 0 RAG status with wording to state that where an oral midazolam product is required, LMMG recommend that the licensed product should be prescribed.</p>	DP
2018/027	<p>Allergic Rhinitis & Dymista® in Primary Care</p> <p>DP discussed the Allergic Rhinitis & Dymista® in Primary Care paper in light of requests from LTH and UHMB to review Dymista® for use in primary care.</p> <p>Decision The group recognised that LMMG has previously considered Dymista® in 2013 when it was considered a combination product and was not prioritised for review. The group discussed and decided that Dymista® is a combination product therefore it does not meet the LMMG criteria for review, there is no evidence of effectiveness over other similar products and local CCGs have existing local decisions. The group also were mindful of recent developments by NHS England and its position on the provision of medicines available over the counter, which should not be prescribed if they are available for purchase by the patient. The committee were also aware that the introduction of a relatively high cost product such as Dymista® would introduce a potentially significant prescribing cost pressure.</p> <p>The development of an allergic rhinitis guideline was not</p>	DP / BH

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	<p>prioritised for the LMMG.</p> <p>Action Dymista® will be removed from the new medicines work plan. The Allergic Rhinitis guideline will be removed from the guidelines workplan.</p>	
2018/028	<p>LMMG – New Medicines Reviews Work Plan update</p> <p>DP discussed the paper; updating the group on the status of the work plan as follows:</p> <p><i>Medicines for discussion at the March meeting</i> Fluticasone furoate + umecclidinium + vilanterol (Trelegy) inhaler – COPD – currently out to consultation.</p> <p><i>Medicines for discussion at a future LMMG meeting</i> Guanfacine – treatment of adult ADHD – this will be brought to LMMG if this is required from LCFT.</p> <p>Immediate release fentanyl preparations – treatment of palliative care patients – a response is awaited from Palliative Care consultants.</p> <p>Tapentadol – for complex neuropathic pain in palliative care patients – a response is awaited from Palliative Care consultants.</p> <p>Dymista® nasal spray – moderate to severe seasonal and perennial allergic rhinitis – this will be removed from the work plan as per the discussions under the agenda item.</p> <p><i>New medicines reviews – on hold, awaiting licensing or launch details</i> Cariprazine – treatment of schizophrenia.</p>	
GUIDELINES and INFORMATION LEAFLETS		
2018/029	<p>Behavioural and Psychological Symptoms of Dementia (BPSD) guideline</p> <p>DP and TG gave an overview of the BPSD guidelines which have been approved by LCFT.</p> <p>Decision Discussion and comments were made by the group regarding the medicines content in the guideline. TG will include further information regarding the use of trazodone capsules and include in the guideline that liquid is not recommended. It was decided by LMMG that a scoping document will be sent out to LMMG for comments, queries and to understand local issues in primary</p>	

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	<p>care. MLCSU will then work with LCFT to product a final document for use locally.</p> <p>Action MLCSU will send a scoping document for the BPSD guidelines to LMMG members with a 5-week consultation period.</p>	DP
2018/030	<p>RAG status of Anti-hyperglycaemic therapy drugs</p> <p>DP presented the paper discussing the RAG status of the individual agents in the Antihyperglycaemic therapy in type 2 diabetes adults' guideline.</p> <p><u>Category 1 – Routinely prescribed medicines</u> The group discussed and decided that the following medicines will be given a Green RAG status. For insulins a comment will be added to the website to state that prescribing must be commenced by a healthcare professional who is appropriately trained and experienced in the initiation of insulin:</p> <p>Alogliptin (Vipidia®) Biphasic insulin (human) – Humulin M3 KwikPen®, Insuman Comb 25 Solostar® Biphasic insulin (short-acting analogues) – Novomix 30 FlexPen®, Humalog Mix KwikPen® Gliclazide Glimepiride Insulin aspart – Novorapid FlexPen® Insulin glulisine – Apidra SoloStar® Insulin lispro – Humalog KwikPen® Isophane insulin (human) – Humulin 1 KwikPen®, Insulatard Penfill® Linagliptin - Trajenta® Metformin Pioglitazone Sitagliptin - Januvia®</p> <p><u>Category 2 – Oral Combination Products</u> The following products which have a current Black RAG status will be removed from the LMMG website as the advice relating to oral combination products is to be removed from the LMMG website and this falls in line with the Antihyperglycaemics guideline:</p> <p>Canagliflozin/metformin Empagliflozin/metformin Linagliptin/metformin</p> <p><u>Category 3 – Agents previously recommended by the LMMG but not included in the new antihyperglycaemics guideline</u> The following products will remain on the LMMG website with a</p>	

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	<p>Green RAG status together with the addition of wording to highlight that they have not been included in the antihyperglycaemics guideline as a preferred agent. A signpost to the new guideline will be added:</p> <p>Lixisenatide (Lyxumia®) Insulin glargine (Lantus® brand) <u>Category 4 – Agents with entries on the LMMG website which are included in the antihyperglycaemics guideline and require additional wording</u></p> <p>The following products will be amended on the LMMG website with their proposed use of 1st and 2nd line:</p> <p>Canagliflozin - Invokana® Dapagliflozin - Forxiga® Dulaglutide - Trulicity® Empagliflozin - Jardiance® Exenatide - Bydureon® Insulin Aspart - Fiasp® Insulin Detemir - Levemir® Insulin glargine biosimilar (Abasaglar®) Insulin Glargine U300 - Toujeo® Liraglutide - Victoza®</p> <p><u>Update to the RAG status for the insulin degludec (Tresiba®) for type 1 diabetes</u></p> <p>The group recognised that the evidence for the use of insulin degludec (Tresiba®) showed some evidence of improved safety over the current existing insulins for type 1 diabetes. The group acknowledged that the level of evidence for insulin degludec (Tresiba®) for type 1 diabetes was similar to the evidence for Type 2 diabetes. The group decided on a green RAG status with restrictions for exceptional circumstances for both Type 1 and Type 2 diabetes.</p> <p>Action Insulin degludec (Tresiba®) will be made Green (restricted) RAG status on the LMMG website for both Type 1 and 2 diabetes.</p>	<p>All actions DP</p>
<p>2018/031</p>	<p>Axial Spondyloarthritis guideline update</p> <p>DP presented the update to the Axial Spondyloarthritis guideline in light of NICE TA497 which approves golimumab through the fast track appraisal process for the treatment of severe non-radiographic axial spondyloarthritis.</p> <p>Decision The group approved the amendments made to the Axial Spondyloarthritis guideline.</p>	

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	<p>Action The Axial Spondyloarthritis guideline will be uploaded to the LMMG website.</p>	<p>DP</p>
<p>2018/032</p>	<p>Co-trimoxazole for the prophylaxis of pneumocystis jirovecii (Pneumocystis carinii) infections</p> <p>DP discussed the paper which had been brought to LMMG following concerns regarding prescribing precautions listed in the SPC for Co-trimoxazole.</p> <p>Decision The group considered the prescribing precautions within the SPC. It was decided that the current position of Amber 0 will remain; it was felt that the European conference guidelines for PCP prophylaxis and the evidence summarised by Cochrane on which the decision was based provided effective evidence in support of co-trimoxazole and this did not identify any safety concerns.</p> <p>Action DJ will find out if Renal Transplant patients are repatriated for immunosuppressant prescribing or for all prescribing associated with Renal Transplants.</p>	<p>DJ</p>
<p>2018/033</p>	<p>Oral combination products</p> <p>BH presented the paper and discussed the Black Rag status medicines listed on the LMMG website which made reference to the Oral Combination Products position statement which has now been removed from the website.</p> <p>Decision The group discussed and decided upon the following actions:</p> <p><u>The following medicines will be removed from the website in line with the discussions under agenda item 2018/030</u> Canagliflozin/metformin - Vokanamet® for the treatment of Diabetes mellitus in adults Empagliflozin/metformin - Type 2 Diabetes Linagliptin/metformin - Jentaducto® -Diabetes mellitus in adults</p> <p><u>The following medicines will remain on the LMMG website but the link to the oral combination products statement will be removed from the website:</u> Oxycodone/naloxone - Targinact® - restless legs syndrome</p> <p><u>The following medicines will remain on the LMMG website with a Black RAG status, a link to the NHSE low value medicines</u></p>	<p>All action BH</p>

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	<p><u>consultation will be inserted. The Oral Combination Products position statement will be removed from the LMMG website. If a clinician would like to use the products in a certain patient cohort a request would need to be considered by LMMG.</u></p> <p>Oxycodone/naloxone - Targinact® - chronic pain Paracetamol/tramadol</p>	
2018/034	<p>Paliperidone RAG rating</p> <p>BH highlighted that long acting Paliperidone is listed on the LMMG website with a Red RAG status and an oral preparation of Paliperidone also with a Red RAG status. LCFT has confirmed that the oral preparation is non-formulary therefore a Black RAG status is recommended for this preparation. BH asked CCGs to feedback their local decision on this when the updates to RAG ratings are sent out.</p>	
2018/035	<p>Melatonin audit</p> <p>BH outlined the recommendations made by LMMG at the September 2017 LMMG for ADHD patients in children and gave an overview of the LCFT paper; 'Guidelines for the use of melatonin in children and adolescents for the management of sleep disturbance associated with ADHD'.</p> <p>The group discussed the LCFT guidelines at length and how the monitoring and management of current ADHD patients will be carried out in primary care and secondary care. It was highlighted that based on the recommendation made at the September 2017 meeting for the prescribing of Melatonin for current ADHD patients in children, the guideline was developed to provide criteria which patients should be assessed against to ascertain if it is clinically appropriate for these patients to either stop treatment or carry on with treatment.</p> <p>Decisions The group supported the LCFT guidelines for use in LCFT services. The group discussed and decided upon the following recommendations:</p> <p><u>Melatonin for new ADHD patients in children</u> Will remain as a Red RAG status.</p> <p><u>Melatonin currently prescribed for ADHD patients in children</u> Current prescribing arrangements will continue; the LMMG website will be updated to state that local commissioning arrangements may differ, refer to local CCGs for ongoing review and supply.</p> <p><u>Melatonin newly and currently prescribed for adults with ADHD</u> Will remain as a Black RAG status.</p>	All actions AGR

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	<p><u>Melatonin for new patients with learning disabilities</u> It has not been defined in the audit whether the patient group relates to neurodevelopmental disorders or learning disabilities. In consideration that prescribing for patients with learning disabilities mainly takes place in secondary care, LMMG is minded to recommend a Red RAG status in this patient cohort, however, LMMG representatives will ask specialist services whether there would be any significant operational issues if prescribing for adults with learning disabilities is given a Red RAG rating.</p>	<p>LMMG representatives</p>
<p>2018/036</p>	<p>Denosumab position statement</p> <p>DP presented the Denosumab position statement.</p> <p>Decision The group approved the Denosumab position statement which had been updated to include men over the age of 50.</p> <p>Actions Denosumab position statement will be added to the LMMG website with an Amber 1 RAG status.</p> <p>The Denosumab shared care guideline will be updated to include men and will be circulated for consultation.</p>	<p>DP</p> <p>DP</p>
<p>2018/036</p>	<p>LMMG – Guidelines Work Plan update</p> <p>BH discussed the paper; updating LMMG on the status of the work plan as follows:</p> <p>Allergic Rhinitis guideline – this will be removed from the LMMG website.</p> <p>Treatment of glaucoma guideline update – MLCSU met with glaucoma specialists to understand the issues in trusts. MLCSU are working the issues through with CCGs therefore this will be removed from the LMMG workplan.</p> <p><u>For discussion at the April meeting</u> Denosumab SCG update – to include men.</p> <p>Eluxadoline (NICE TA471) guideline scope – a guideline was requested at the September LMMG meeting.</p> <p>Asthma guidance update – NICE guidance (NG80) was published in November 2017 – work is ongoing</p> <p><u>For discussion at the May meeting</u></p>	<p>All actions AGR</p>

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	<p>Type I and II DM leaflets –The content of the leaflets are in the process of being reviewed.</p> <p>Familial hypercholesterolaemia guideline (scope) - NICE guidance was updated in November 2017 (CG71).</p> <p><u>For discussion at future meetings of the Clinical Policy Development Group</u></p> <p>Insulin pump policy CGM Policy (including Freestyle Libre)</p>	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2018/038	<p>New NICE Technology Appraisal Guidance for Medicines (January 2018)</p> <p>BH presented the NICE TA guidance paper.</p> <p>TA497 Golimumab for treating non-radiographic axial spondyloarthritis (TA497) - this is a CCG commissioning responsibility and will be put on to the LMMG website at Red RAG status. A Blueteq form will be developed.</p> <p><u>The following NICE technology appraisals are an NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification</u></p> <p>TA500 Ceritinib for untreated ALK-positive non-small-cell - cancer (TA500).</p> <p>TA499 Glecaprevir – pibrentasvir for treating chronic hepatitis C (TA499).</p> <p>TA498 Lenvatinib with everolimus for previously treated advanced renal cell carcinoma (TA498).</p>	All actions AGR
2018/039	<p>New NHS England medicines commissioning policies (January 2018)</p> <p>BH highlighted the information in the following NHS England commissioning policy:</p> <p>More clinical pharmacists set to boost GP services for patients and practices; nearly 34 million patients will benefit from improved GP services as NHS England boosts the number of surgery-based clinical pharmacists that can offer expert medication and treatment.</p> <p>It was highlighted that the Department of Health have recently</p>	

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	<p>issued a gluten-free recommendation which supports that some mixes can be prescribed. It was recognised that LMMG does not have a Gluten Free policy, however a number of CCGs have them in place and should consider their local commissioning arrangements in light of the Department of Health's recommendation. There was no action for LMMG to take.</p>	
<p>2018/040</p>	<p>Evidence reviews published by SMC or AWMSG (January 2018)</p> <p>BH discussed the SMC and AWMSG recommendations published during January 2018 and meeting LMMG criteria as follows:</p> <p>SMC 1308/18 metformin hydrochloride (Glucophage®) SMC did not recommend 1308/18 metformin hydrochloride (Glucophage®) for the reduction in the risk or delay of the onset of type 2 diabetes mellitus in adult, overweight patients with impaired glucose tolerance and /or impaired fasting glucose, and/or increased HbA1C who are:</p> <ul style="list-style-type: none"> • At high risk for developing overt type 2 diabetes mellitus and • Still progressing towards type 2 diabetes mellitus despite implementation of intensive lifestyle change for 3 to 6 months. <p>No further action is required, LMMG has a current position of Green RAG rating.</p> <p>The remaining SMC and AWMSG recommendations for January 2018 did not meet LMMG criteria, therefore the group agreed that no further action was necessary.</p>	
<p>ITEMS FOR INFORMATION</p>		
<p>2018/041</p>	<p>Minutes of the Lancashire Care FT Drug and Therapeutic Committee 19th January 2018</p> <p>The group noted these minutes.</p>	

Date and time of the next meeting

8th March 2018, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
8th FEBRUARY 2018**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 11th January 2018
ACTION SHEET FROM THE 13th SEPTEMBER 2017 MEETING				
2018/143	<p>Melatonin update and draft recommendation</p> <p>Update: SR confirmed that Melatonin will be discussed in LCFT at the January D&T meeting. Melatonin will be discussed at the February LMMG meeting.</p> <p>Update: Melatonin guidelines is scheduled to go to D&T in January, this will be discussed at the February LMMG.</p> <p>Update: discussed under an agenda item.</p>	SR/BH	01.02.2018	Closed
2018/145	<p>Prevention of stroke and systemic embolism in non-valvular atrial fibrillation guideline</p> <p>Update: MLCSU has liaised with the Stroke Prevention Group; a paper has been drafted highlighting the financial risks involved. This paper will be presented at the CCB next week. BH will circulate the paper to the CCG MM Commissioning Leads.</p> <p>Update: a paper went to CCB highlighting the cost pressures. The CCB agreed to a working group with a project plan. CCB are now looking at delegated budgets for stroke and stroke prevention for service areas therefore the working group is currently on hold until the CCB has confirmed the way forward.</p> <p>Update: Amanda Doyle has stated that Warfarin and DOAC are being discussed at an NHSE committee in March; Amanda will update BH after the meeting. In the meantime, Amanda has suggested to hold all work in connection with Warfarin and DOACs.</p>	BH	01.03.2018	Open

ACTION SHEET FROM THE 14TH DECEMBER 2017 MEETING				
2018/200	<p>Medicines of Low Clinical Value <u>Immediate release Fentanyl for Palliative Care treatment</u> MLCSU will engage with Palliative Care Consultants to determine when immediate release Fentanyl is used for Palliative Care patients. Update: DP has liaised with Susan Salt; there is little interest in the use of Immediate Release Fentanyl, however Palliative Care Consultants may be interested in the use of Tapentadol. A definitive answer is awaited and will be brought back to LMMG when the information is received.</p>	AGR	01.02.2018	Closed
2017/211	<p>Evidence reviews published by SMC or AWMSG (November 2017) 1279/17 midazolam (Epistatus®) Action: MLCSU will look at the costs and compare with what is currently being used; if there is a significant cost saving midazolam (Epistatus®) will be prioritised for a review Update: DP has looked at costs of Buccolam (10mg in 2mg dosage). which is being used; midazolam (Epistatus®) is double the price of Buccolam. A paper will be put together showing the costs of midazolam (Epistatus®) and brought to LMMG. This will be added to the work plan. Update: discussed under an agenda item.</p>	DP	01.02.2018	Closed
ACTION SHEET FROM THE 11TH JANUARY 2017 MEETING				
2018/006	<p>Expressions of interest – new medicines 2018 Action LMMG representatives will take the expressions of interest paper to their local medicines committees and feedback to DP by the 1st March 2018; in particular to discuss the medicines where the cost pressures are unknown. Update: DP has received one response to date to the Horizon Scanning planning paper.</p>	All LMMG representatives	01.03.2018	Open

2018/008	<p>LMMG – New Medicines Reviews Work Plan update</p> <p>Request for Guanfacine for adults with ADHD Action: SR will feedback following the LCFT D&T meeting. Update: this was discussed at LCFT D&T. There is little evidence available, a request for further information is</p>	SR	01.02.2018	Closed
2018/011	<p>Oral Combination Products Position Statement</p> <p>Action: the products on the LMMG website that are linked to the Oral Combination Products position statement will be looked at and brought back to LMMG should a formal position be needed. Update: discussed under an agenda item.</p>	AGR	01.02.2018	Closed
2018/015	<p>Continuous and Flash Glucose Monitoring policy</p> <p>Action: MLCSU will notify LMMG members when the policy has been circulated. Update: currently out to consultation. LMMG members have been updated.</p>	BH	01.02.2018	Closed.
ACTION SHEET FROM THE 8th FEBRUARY 2018 MEETING				
2018/032	<p>Co-trimoxazole for PCP Prophylaxis</p> <p>Action DJ will find out if Renal Transplant patients are repatriated for immunosuppressants or for all prescribing associated with Renal Transplants.</p>	DJ	01.03.2018	Open
2018/035	<p>Melatonin</p> <p><u>Melatonin for new patients with learning disabilities</u></p> <p>Proposed RAG status of Red Action: LMMG representatives will ask specialist services whether there would be any significant operational issues if adults with learning disabilities that would routinely be discharged out of the service could stay in secondary care.</p>	LMMG representatives	01.03.2018	Open