Minutes of the Lancashire Medicines Management Group Meeting Held on Thursday 12th July 2018 at Midlands & Lancashire CSU

PRESENT:

Dr Tony Naughton (TN)	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
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research and Clinical Effectiveness	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Rebecca Bond	Pharmacy Team Leader	NHS Fylde & Wyre 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

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
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/122	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Graham Atkinson, Julie Lonsdale, Alastair Gibson and Julie Kenyon. It was noted that Rebecca Bond was attending on behalf of Julie Lonsdale and Joanne McEntee, North West Medicines Information Centre was in attendance to observe the meeting.	
2018/123	**Declaration of any other urgent business** None.	
2018/124	**Declarations of interest pertinent to agenda** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/125	**Minutes of the last meeting (14th June 2018)** The minutes of the meeting dated 14th June 2018 were agreed as a true and accurate record subject to the following amendment: **2018/109 Rivaroxaban 10mg tablets** The word 'and' will be replaced with the word 'with' in the sentence below: The NICE TA for Rivaroxaban 20mg will be acknowledged on the LMMG website entry and a sentence to state that the Anticoagulant pathway is under review.	
2018/126	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2018/127	**Denosumab for the Treatment of Glucocorticoid-Induced Osteoporosis** DP presented the paper for Denosumab for the treatment of glucocorticoid-induced osteoporosis which was identified for review following the annual horizon scanning process. **Recommendation: Black** Denosumab is not recommended for the treatment of glucocorticoid-induced osteoporosis. Seven of eight CCGs and four provider trusts responded by the closing date. Five of the responding CCGs agreed with the draft recommendation. Two CCGs and all responding provider trusts disagreed with the draft recommendation. **Decision** The group considered the evidence and consultation responses and were mindful that Denosumab may be beneficial in a small cohort of patients where alendronate is not tolerated or there has been treatment failure. However, concerns were raised regarding the increasing costs of Denosumab. In light of this, MLCSU will ask the rheumatologists to define patient numbers and the specific cohort of patients where Denosumab may be beneficial. The costs of increased use of Denosumab and patient numbers will be highlighted to the rheumatologists. **Actions** Denosumab for the treatment of glucocorticoid-induced osteoporosis will remain as Grey RAG status on the LMMG website.	

<table>
<tr><th>ITEM</th><th>SUMMARY OF DISCUSSION</th><th>ACTION</th></tr>
<tr><td></td><td>MLCSU will contact the rheumatologists in line with the discussions above and bring back to LMMG for discussion.</td><td></td></tr>
<tr><td>2018/128</td><td>Evolocumab (Repatha SureClick®) for prevention of cardiac events in patients with Coronary Heart Disease (CHD) and a history of Acute Coronary Syndrome (ACS) in combination with a statin

DP presented the paper for Evolocumab (Repatha SureClick®) for prevention of cardiac events in patients with CHD and a history of ACS, in combination with a statin.

Recommendation: Amber0
Evolocumab (Repatha SureClick®) is recommended for prevention of cardiac events in patients with CHD and a history of ACS, in combination with a statin and ezetimibe only if low-density lipoprotein concentrations are persistently above the thresholds specified in the table, below, despite maximal tolerated lipid-lowering therapy. That is, either the maximum dose has been reached, or further titration is limited by intolerance (as defined in NICE's guideline on familial hypercholesterolaemia):

<table>
<tr><th>High risk of CVD[1]</th><th>Very high risk of CVD[2]</th></tr>
<tr><td>Recommended only if LDL-C concentration is persistently above 4.0 mmol/litre</td><td>Recommended only if LDL-C concentration is persistently above 3.5 mmol/litre</td></tr>
</table>
1 High risk of CVD is defined as a history of any of the following: acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation); coronary or other arterial revascularisation procedures; coronary heart disease; ischaemic stroke; peripheral arterial disease.

2 Very high risk of CVD is defined as recurrent cardiovascular events or cardiovascular events in more than 1 vascular bed (that is, polyvascular disease).

Seven of eight CCGs and three provider trusts responded by the closing date.

Two of the responding CCGs and one provider trust agreed with the draft recommendation. Five CCGs and two responding provider trusts disagreed with the draft recommendation.</td><td></td></tr>
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ITEM	SUMMARY OF DISCUSSION	ACTION
	Decision The group did not agree with the recommendation of Amber 0 for Evolocumab (Repatha SureClick®) on the basis that the evidence for Evolocumab did not meet the NICE criteria for cost effectiveness therefore, Evolocumab (Repatha SureClick®) is only recommended in line with NICE TA394. **Actions** Evolocumab (Repatha SureClick®) for prevention of cardiac events in patients with CHD and a history of ACS, in combination with a statin will be made Black on the LMMG website. The LMMG website entry for NICE TA394 will be updated with wording to state that the evidence has been reviewed in the wider patient cohort and the group did not feel there is adequate cost effectiveness data therefore it is only recommended in line with NICE TA394.	**DP**
2018/129	**Imiquimod 5% cream (Aldara®) and fluorouracil 5% cream (Efudix®)** DP presented an additional paper for Imiquimod 5% cream (Aldara®) and fluorouracil 5% cream (Efudix®) for the treatment of small superficial basal-cell carcinomas in adults. The paper was brought back to LMMG after seeking clarification regarding the length of treatment course to determine whether prescribing would remain in a specialist setting if it was a single course of treatment. The following was clarified by the respective SPCs: 5% imiquimod cream (Aldara®) is applied for 6 weeks, 5 times per week. 5% Fluorouracil cream (Efudix®) is applied for a three to four week timeframe, but this may be prolonged, after assessment of the basal-cell carcinoma. **Recommendation: Green (restricted)** 5% imiquimod cream (Aldara®) for the treatment of small superficial basal-cell carcinomas in adults. **Recommendation: Green (restricted)** 5% fluorouracil cream (Efudix®) for the treatment of small superficial basal-cell carcinomas in adults. Restriction: only to be prescribed by skin cancer specialists or suitably qualified GPs with specialist interest (GPwSI) with demonstrable clinical skills and competencies, training and experience. GPs who manage low-risk basal cell carcinoma, including GPs with a special interests (GPwSI) or a GPs with Extended Roles	

ITEM	SUMMARY OF DISCUSSION	ACTION
	(GPwERs), must maintain and audit records of their caseload (NICE QS130 Skin Cancer). **Decision** The group did not agree with the recommendation of Green (restricted) for 5% imiquimod cream (Aldara®) and 5% fluorouracil cream (Efudix®) for the treatment of small superficial basal-cell carcinomas in adults. The group decided on a Red RAG status. This was because a single treatment course is required for 5% imiquimod cream (Aldara®) and for 5% Fluorouracil cream (Efudix®), although treatment duration for the latter may be prolonged following assessment. It was therefore appropriate for a Red RAG status: only to be prescribed by skin cancer specialists or a suitably qualified GP with specialist interest (GPwSI) with demonstrable clinical skills and competencies, training and experience. **Action** 5% imiquimod cream (Aldara®) and 5% Fluorouracil cream (Efudix®) for the treatment of small superficial basal-cell carcinomas in adults will be added to the LMMG website as Red RAG status.	**DP**
2018/130	**LMMG – New Medicines Reviews Work Plan update** DP discussed the paper; updating the group on the status of the work plan as follows. <u>*Medicines for discussion at the September meeting*</u> Rituximab – autoimmune haemolytic anaemia – identified by Manchester University NHS Foundation trust. Currently being scoped. Rituximab – idiopathic thrombocytopenia purpura – identified by Manchester University NHS Foundation trust. Currently being scoped. Actipatch device – for treatment of pain: knee osteoarthritis, plantar fasciitis and sub-muscular breast surgery – requested by Blackpool CCG – potential cost pressure. Currently being scoped including discussion about indications likely to impact budget. RMOC no longer review medical devices. <u>*Medicines prioritised for new medicines review – for future LMMG meeting*</u> GLP-1 plus insulin – type II diabetes – requested by East	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Lancashire CCG. Statement to be added to the diabetes guideline, plan to present at September LMMG. This will be updated in line with the Insulin guideline. *New medicines reviews on hold, awaiting licensing or additional application details* Prasterone (Intrarosa®) – vulvovaginal or vaginal atrophy in postmenopausal women having moderate to severe symptoms – identified through horizon scanning. Licensed, not launched. Likely competitor oestriol/estradiol (see below). Efficacy profile is based on two placebo-controlled phase III studies (no active comparator). Ospemifene (Senshio®) – vulvovaginal or vaginal atrophy in postmenopausal women – identified through horizon scanning. Cost of prescribing of main alternative topical estriol/estradiol across Lancashire for in the year to February 2018 was £700,000. Wholesale arrangements and costs are being reviewed prior to launch. Efficacy profile is based on two placebo-controlled phase III studies (no active comparator). *Medicines identified as potential candidates for new medicines reviews* Rituximab – relapsing steroid sensitive nephrotic syndrome in adults – request from Consultant Nephrologist Lancashire Teaching Hospital NHS Trust. Rituximab – membranous glomerulonephritis – request from Consultant Nephrologist Lancashire Teaching Hospital NHS Trust. DP will determine who the responsible commissioner is for the above patient cohorts and these will be added to the LMMG website as grey RAG rating and to the work plan. Sativex – refractory pain – request from Dr Shakespeare Consultant Neurologist Lancashire Teaching Hospital NHS Trust. This is currently on the LMMG website as Red RAG status for adjunct use in moderate to severe spasticity in multiple sclerosis. MLCSU will contact Dr Shakespeare. Opicapone – Parkinson's disease – request for re-review from Dr Kulkarni, Consultant Neurologist with Special interest in Parkinson's disease and movement disorders, Lancashire Teaching Hospital NHS Trust. NICE produced an evidence summary for the drug after LMMG review. The group agreed that this will be prioritised for a review. This is currently on the LMMG website as Black RAG status.	**All actions DP**

ITEM	SUMMARY OF DISCUSSION	ACTION
GUIDELINES and INFORMATION LEAFLETS		
2018/131	**Vitamin D position statement** AGR informed the group that a request from a CCG pharmacist has been received to update the Vitamin D position statement section for babies. It was highlighted that Public Health England guidance from 2016 recommends all children under the age of 1 should receive vitamin D supplementation whereas NICE CG 2017 recommends that babies over the age of 6 months who have not been breast-fed should receive vitamin D supplementation. The LMMG Vitamin D position statement was developed in line with the NICE CG recommendation from 2017; this was the most recent publication at the time. **Decision** The group discussed and decided on the basis that no new substantive evidence was presented; the Vitamin D position statement will remain unchanged and in its current form.	
2018/132	**NRT position statement** AGR presented the NRT position statement which had been updated following the publication of NICE guideline: 'Stop smoking interventions and services' (NH92) in March 2018. Two of eight CCGs, three of five provider trusts responded by the closing date. One provider trust agreed with the position statement. The remaining provider trusts and CCGs sent comments only. **Decision** On the basis that local Stop Smoking schemes differ across Lancashire it was decided that the NRT position statement was no longer required. CCGs will manage their own local position statements. **Action** The LMMG website will be updated to state 'refer to CCG for local commissioning arrangements for Stop Smoking Services' and any NRT products will be removed from the website.	**All actions AGR**
2018/133	**Transient Ischaemic Attack (TIA) pathway** AGR presented the TIA pathway paper which had been updated following the approval of the updated LMMG pathway for the	

ITEM	SUMMARY OF DISCUSSION	ACTION
	prevention of stroke and systemic embolism in non-valvular atrial fibrillation. **Decision** The amendments made to the TIA pathway were discussed and approved by the group. **Action** The TIA pathway will be uploaded to the LMMG website.	**AGR**
2018/134	**Melatonin – prescribing information sheet** AGR discussed the Melatonin prescribing information sheet. **Decision** The group approved the Melatonin prescribing information sheet for the treatment of insomnia in children and adults with neurodevelopmental disorders subject to the addition of the word 'adults' in the indication **Action** The Melatonin prescribing information sheet will be amended in line with the discussion above and uploaded to the LMMG website. Melatonin (Circadin®) will be made Amber 0 on the LMMG website in line with the recommendation made at the June LMMG.	**All actions AGR**
2018/135	**Multivitamins and Phenylalanine-free amino acid substitutes for adults and children with phenylketonuria (PKU)** AGR presented the position statement for Multivitamins and Phenylalanine-free amino acid substitutes for adults and children with PKU. **Decision** The group approved the position statement for Multivitamins and Phenylalanine-free amino acid substitutes for adults and children with PKU. The following wording will be amended as some CCGs do not have a local formulary. 'To inform their choice of multivitamins, prescribers should consult their local formulary'. **Action** The position statement for Multivitamins and Phenylalanine-free amino acid substitutes for adults and children with PKU will be amended in line with the discussion above and uploaded to the LMMG website.	**AGR**

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/136	**Disease Modifying Anti-Rheumatic Drugs (DMARDs) shared care agreement form** AGR presented the DMARDs shared care agreement form with the consultation responses which were omitted from the discussions at the April meeting. Four of eight CCGs and four of five provider trusts responded by the closing date. One provider trust supported the shared care agreement form, two provider trusts did not and one provided comments only. Of the responding CCGs, three agreed and one provided comments only. **Decision** The suggested amendments made to the DMARDs shared care agreement form were approved. Concerns were raised regarding the complexities of the processes involved in shared care agreements between primary and secondary care. A suggestion was made for a Task and Finish Group to discuss the issues associated with shared care agreements. **Actions** The DMARDs shared care agreement form will be amended in line with the discussions above and uploaded with the DMARD shared care to the LMMG website. MLCSU will contact LMMG for expressions of interest to form a Task and Finish group to discuss shared care issues.	**Both actions AGR**
2018/137	**LMMG – Guidelines Work Plan update** AGR discussed the paper; updating LMMG on the status of the work plan as follows: *For discussion at the September meeting* Chronic non-cancer pain guideline – this is due for a review. Testosterone SCG – discussed and requested at the May meeting of the LMMG. Rheumatoid arthritis pathway (non-biologic) – new NICE guidance is due in July 2018. Updates to azathioprine, ciclosporin and methotrexate SCG – dermatology indications – potential updates required to these SCG as EL CCG has requested that dermatology indications are added.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	ADHD SCG update – current LMMG guidance to be reviewed in line with new NICE recommendations. *For discussion at the September meeting* Update of age-related macular degeneration pathways – NICE guidance published January 2018 Goserelin (Zoladex®) SCG – request approved at June LMMG Acitretin (post-menopausal women and men) SCG – request approved at the June LMMG). Hydroxychloroquine SCG – request approved at the June LMMG. RAG status review – first round RAG status review papers *For discussion at the November meeting* Type I and II DM leaflets – work on-going on full diabetes guidance, to reconsider content of the leaflets once guideline approved at LMMG. Depression guideline (scope) – new NICE guidance due March 2018 – delayed to autumn 2018. *To be presented at future meetings of the Clinical Policy Development Group* Insulin Pump Policy – out for further consultation with STP groups. CGM Policy (including Freestyle Libre) – out for further consultation with STP groups *Other work in support of LMMG* LMMG decision making – work on going. Currently scoping stakeholder opinion. A request has been received for a weight loss policy in type II Diabetes. The group discussed this, and it was decided that a review of the evidence of drug treatment and weight loss will take place. A discussion paper will be brought to the September LMMG.	**All actions AGR**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2018/138	**New NICE Technology Appraisal Guidance for Medicines (June 2018)** AGR presented the NICE TA guidance paper.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	FTA521 Fast Track Appraisal – Guselkumab for treating moderate to severe plaque psoriasis – this is a CCG commissioning responsibility; a Blueteq form has been created and this has been put onto the LMMG website. TA522 Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable - this is an NHSE Cancer Drugs Fund commissioning responsibility. No further action is required. TA523 Midostaurin for untreated acute myeloid leukaemia – this is a NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification. TA524 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma – this is an NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification. TA525 Atexolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy – this is an NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification. TA526 Arsenic trioxide for treating acute promyelocytic leukaemia – this is and NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification. TA527 Beta interferons and glatiramer acetate for treating multiple sclerosis – this is an NHSE commissioning responsibility and will be added to the LMMG website as Red colour classification. TA217 (updated from March 2011) – Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease – recommendations 1.1 and 1.2 have been amended to clarify that they refer to monotherapy. Recommendation 1.3 has been updated and replaced by recommendation 1.5.5 in the NICE guideline on dementia.	
2018/139	**New NHS England medicines commissioning policies (June 2018).** AGR highlighted the information in the following NHS England commissioning policy: NHS England welcomes homeopathy court ruling – the High Court has rejected a legal challenge by the British Homeopathic Association to overturn plans to no longer routinely fund homeopathy on the NHS.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/140	**Regional Medicines Optimisation Committees (RMOC) – outputs** DP presented the RMOC for NHS England Guidance published in May/June2018. The following documents were noted: Insulin preparations: RMOC recommendations of safety considerations for formulary decision making. RMOC briefing on adalimumab. RMOC Antidotes and Rarely Used Medicines Position Statement.	
2018/141	**Evidence reviews published by SMC or AWMSG (June 2018)** DP discussed the SMC and AWMSG recommendation published during June 2018 and meeting LMMG criteria as follows: <u>SMC</u> SMC2090 eslicarbazepine acetate (Zebinix®) SMC did not accept SMC2090 eslicarbazepine acetate (Zebinix®) as monotherapy in the treatment of partial-onset seizures, with or without secondary generalisation, in adults with newly diagnosed epilepsy. LMMG has a current position of Amber 0 for adjunctive therapy and there is a NICE CG137 research recommendation in place. No action was required by LMMG. 1327/18 telotristat (Xermelo®) SMC accepted 1327/18 telotristat (Xermelo®) for the treatment of carcinoid syndrome diarrhoea in combination with somatostatin analogue therapy in adults inadequately controlled by somatostatin analogue therapy. This is a PbR excluded drug and is commissioned by NHSE. No action was required by LMMG. SMC2016 fluticasone/formoterol (flutiform k-haler®) SMC accepted SMC2016 fluticasone/formoterol (flutiform k-haler®) for the treatment of asthma where the use of a combination product [an inhaled corticosteroid (ICS) and a long-acting β2-agonist (LABA)] is appropriate: • For patients not adequately controlled with ICS as 'as required' inhaled short-acting β2-agonist or • For patients already adequately controlled on both ICS and a LABA Flutiform k-haler is a breath-actuated inhaler that is bioequivalent to Flutiform metered-dose inhaler (pMDI) and costs the same. No action was required by LMMG.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	1331/18 everolimus (Votubia®) SMC accepted 1331/18 everolimus (Votubia®) for the treatment of patients aged two years and older whose refractory partial-onset seizures, with or without secondary generalisation, are associated with tuberous sclerosis complex. This is a PbR excluded drug. If the treatment is CCG commissioned and specialists would like to use it, they can submit a request. No action was required by LMMG. <u>AWMSG</u> 3233 ranibizumab (Lucentis®) AWMSG accepted 3233 ranibizumab (Lucentis®) for the treatment of visual impairment in adults due to choroidal neovascularisation not due to pathological myopia or wet age-related macular degeneration. DP will look at cost pressures and patient numbers of ranibizumab (Lucentis®) for choroidal neovasculisation.	**DP**
OTHER PROPOSALS		
2018/142	**LMMG Terms of Reference** BH discussed the LMMG Terms of Reference paper which has been discussed at the meeting of the Trust Chief Pharmacists and CCG Medicines Management Leads meetings. **Decision** The following were discussed and decided and by the group: Core Business – for clarity, reference to NICE guidelines will be defined as either NICE TAs or NICE CGs in the Terms of Reference. Recommendations which relate to a Red PbR excluded medicines identified through the Chief Pharmacists and MM Leads - where this may affect the patient pathway or have a significant impact on commissioners this will be brought to LMMG for discussion. The wording regarding the receipt and consideration of applications for approval to use a new medicine and medical devices which are available on NHS prescription, or a new indication for an established preparation (in relation to urgent requests) will remain unchanged. The group agreed that the majority of Clinical Guidelines and shared care documents will be taken through the Joint Committee of CCGs. However, where the LMMG identifies differences in pathways which do not fit with local policy decisions, this will go to local ICPs for ratification.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Action BH will make the amendments in line with the discussions above and take to the next CCB meeting for approval. The approved Terms of Reference will come to the September LMMG.	**BH**
2018/143	**LMMG Annual Report 2017/18** BH presented the final version of the LMMG annual report for the year 2017/18. TN thanks everyone for the significant work undertaken throughout the last financial year. **Action** The LMMG annual report will be taken to the next CCB meeting.	**TN**
2018/144	**Annual Declarations 2017/18** TN and BH have reviewed the LMMG annual declarations for 2017/18. There are no queries or concerns to raise.	
ITEMS FOR INFORMATION		
2018/145	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (June 2018)** No meeting in June.	
2018/146	**Any other business** SR informed the group that a Task and Finish group in LCFT are looking at the implementation of the latest guidance of Valproate in women of child bearing age around annual specialist reviews. SR reminded CCG MM Leads for their responses to a request which has been sent to CCGs for a list of people in practices of people who are on Valproate with a mental health diagnosis.	

Date and time of the next meeting
13th September 2018, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
12th July 2018

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 12th July 2018
ACTION SHEET FROM THE 10th MAY 2018 MEETING				
2018/092	**Rheumatology Alliance – high cost drug working group update** **Action:** DP will recommend that the group contact Alastair to inform him of the remit of the group and to request details of the contracts in terms of prices and contract expiry dates. **Update:** The RA has requested contract prices from Alastair; these will be given to the RA once they have been received by Alastair.	**DP**	**07.06.2018**	**Closed**
ACTION SHEET FROM THE 14th JUNE 2018 MEETING				
2018/110	**Imiquimod 5% cream (Aldara®) and fluorouracil 5% cream (Efudix®)** **Actions** MLCSU will ask the specialist service for further clarity around the length of treatment. The words 'low risk' will be added in to the new medicine recommendation between the words in the sentence 'small' and 'superficial basal-cell carcinomas in adults'. **Update**: discussed under an agenda item.	**DP** **DP**	**07.06.2018** **07.06.2018**	**Closed** **Closed**
2018/114	**Grey RAG status medicines review** Benperidol – control of deviant antisocial sexual behaviour **Action:** The group were minded to make this RED, SR will ask if this is being used in the Learning Disabilities service and will cross reference with the recent mental health psychotropic formulary. Final confirmation of the RAG status will be made at the July meeting. **Update:** SR said that this is consultant initiation only and this is not frequently			

	used in the LD Service. SR is awaiting a response from the consultants with confirmation of a Red RAG status for Benperidol for control of deviant antisocial sexual behaviour for new patients. This will be actioned outside of LMMG and brought back for confirmation at the next meeting. Fentanyl immediate release – treatment of breakthrough pain in adults with cancer who are already receiving at least 60mg oral morphine daily or equivalent **Action:** AGR will check which indication is on the website and bring back to LMMG whether this needs to be removed in line with the NHSE England guidance; Items which should not routinely be prescribed in primary care: Guidance for CCGs. **Update:** the patient cohort referred to on the LMMG website is a different patient cohort. An application is still awaited for this patient cohort, this has been removed from the work plan and LMMG website.	**SR** **AGR**	**06.09.2018** **07.07.2018**	**Open** **Closed**
2018/115	**Melatonin** Supporting information for continued treatment use of melatonin will be developed for primary care based on the LCFT policy. Melatonin for children with neurodevelopmental disorders will remain Grey RAG status on the LMMG website but changed to Amber 0 once the supporting policy has been approved by LMMG. **Update:** discussed under an agenda item.	**AGR** **AGR**	**07.07.2018** **07.07.2018**	**Closed** **Closed**
2018/116	**LMMG – guidelines work plan update** Hydroxycarbamide shared care - **Action:** Secondary care representatives will check with their specialist services that the patients currently in primary care can be referred into the service of ongoing supply and oversight. This will be brought back for confirmation of the position at the July meeting. **Update:** Secondary care representatives discussed this with specialist services	**Secondary care representatives**	**07.07.2018**	**Closed**

	and confirmed a Red RAG status for Hydroxycarbamide.			
2018/120	**LMMG Annual report 2017/18** **Action** BH asked LMMG representatives to review appendix 5 of the annual report and feedback the missing recommendations by the end of next week. **Update:** discussed under an agenda item.	**CCG representatives**	**07.07.2018**	**Closed**
ACTION SHEET FROM THE 12th JULY 2018 MEETING				
2018/141	AWMSG 3233 ranibizumab (Lucentis®) for the treatment of visual impairment in adults due to choroidal neovascularisation not due to pathological myopia or wet age-related macular degeneration. **Action:** DP will look at cost pressures and patient number of ranibizumab (Lucentis®) for the treatment of choroidal neovasculisation.	**DP**	**06.09.2018**	**Open**
2018/143	**LMMG Annual Report 2017/18** **Action:** the LMMG annual report will be taken to the next CCB meetings.	**TN**	**06.09.2018**	**Open**