Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 13th September 2018 at Preston Business Centre

PRESENT:

Mr Andy Curran (AC)	Chair of LMMG	NHS Lancashire & South Cumbria ICS
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Amanda Parkinson (AP)	Pharmacy Lead	Lancashire Care NHS Foundation Trust
David Jones (DJ)	Assistant Director of Pharmacy	Lancashire Teaching Hospitals NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen CCG
Melanie Preston (MP)	Assistant Director - Medicines Optimisation	NHS Blackpool CCG
Dr Lisa Rogan (LR)	Associate Director of Medicines, Research & Clinical Effectiveness	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Paul Elwood (PE)	Medicines Optimisation Pharmacist	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

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
2018/147	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Sonia Ramdour, Julie Lonsdale, Graham Atkinson and Alastair Gibson. It was noted that Amanda Parkinson was attending on behalf of Sonia Ramdour and Paul Elwood was attending on behalf of Graham Atkinson.	
2018/148	**Declaration of any other urgent business** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/149	**Declarations of interest pertinent to agenda** BH declared a non-pecuniary interest (spouse) relating to the agenda items 2018/156 Rituximab for the treatment of autoimmune haemolytic anaemia (AIHA) in adults and 2018/157 Rituximab for the treatment of idiopathic thrombocytopenia (ITO) in adults.	
2018/150	**Minutes of the last meeting (12th July 2018)** The minutes of the meeting dated 12th July 2018 were agreed as a true and accurate record.	
2018/151	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2018/152	**DOAC prescribing and anticoagulation services review meeting – update** DP provided feedback from the DOAC prescribing and anticoagulation services review meeting which was held on 19th July. The meeting was set up to look at an action plan to address the increasing costs and safety issues of DOAC prescribing. The medium and long-term actions from the meeting were discussed and agreed as follows: <u>Education of Health Care Professionals</u> It was suggested that all LMMG representatives should feedback on what education requirements their organisations have for the appropriate prescribing of DOACs. Feedback is to be sent to MLCSU. <u>Impact of Pharmaceutical Representatives</u> Industry agencies and their promotional work in local areas was discussed together with how this impacts on the development of existing Anticoagulation services. It was highlighted that there appears to be a lack of engagement between pharmaceutical industry and CCG representatives when work is rolled out in local services. The group agreed that for all future work in local areas (including any requests that are facilitated through wider NHS organisations) a request will be submitted to LMMG for consideration and for a decision on whether the work will be supported. This will enable CCG representatives to be fully informed and to be able to provide support and prevent conflict with other initiatives within the area. LMMG will write to industry agencies to highlight the areas above.	

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	The LMMG Terms of Reference will also be updated in line with the discussions above. <u>Patient Education</u> DOAC cards for patients have been developed across Pennine Lancashire; LR will share this with a view to using a similar process across Lancashire. Also, a Haematology Working Group of the RMOC are producing a national DOAC card. JM will feedback information on the timescales for these being developed. MLCSU will await the development of the DOAC cards from the Haematology Working Group; this will then be considered for use across Lancashire and South Cumbria. It was suggested that all LMMG representatives should feedback on what education requirements their organisations have for their patients who are prescribed DOACs. Feedback is to be sent to MLCSU. <u>Template in primary care</u> A primary care template has been developed in East Lancs CCG for anticoagulation initiation. This is based on the template developed by MLCSU on behalf of LMMG, however has been simplified. Both templates are embedded in the EMIS system. LR will share this with MLCSU. MLCSU will look at both templates and will feedback on progress at the October meeting. <u>Anticoagulation Initiation Clinics (Long Term Objective)</u> MP discussed the ADAS service in Blackpool which has produced a template using the NEXUS system; this is currently for secondary care referrals. A business case for the primary care element is currently being put together. This was discussed with a view to replicating the model across Lancashire and South Cumbria. It was decided that feedback will be given from each ICP area regarding current provisions for anticoagulation, usage and plans for future change with timescales. MLCSU will put a paper together with the feedback received and discuss at LMMG whether this should be taken through a single route via the ICS or whether local development should continue. **Actions** Anticoagulation template in primary care - LR will share this with MLCSU MLCSU will bring an update to the next meeting regarding the review of Anticoagulation templates. DOAC cards – LR will share the Pennine Lancashire DOAC card with MLCSU	**LR** **DP** **LR**

ITEM	SUMMARY OF DISCUSSION	ACTION
	JM will feedback to LMMG on the timescales for the development of a national DOAC card by the Haematology Working Group.	**JM**
	Education of Health Care Professionals - LMMG representatives to feedback educational requirements to MLCSU; this will be put into a paper for the October LMMG.	**All LMMG representatives/DP**
	Patient Education - LMMG representatives to feedback educational requirements to MLCSU; this will be put into a paper for the October LMMG.	**All LMMG representatives/DP**
	LMMG will write to industry agencies to highlight the process for requests to work in local areas.	**BH/AC**
	Feedback will be given from each ICP area regarding current provisions for anticoagulation, usage and plans for future change with timescales. MLCSU will put the information received into a paper for the October LMMG.	**All LMMG representatives**
	LMMG Terms of Reference – these will be updated to reflect the industry agencies requests to promote work in local areas to go through LMMG.	**BH**
2018/153	**Edoxaban (first line use)** DP presented the paper for edoxaban (first line use) which was suggested as a short-term action at the DOAC prescribing and anticoagulation services review meeting. DP highlighted the savings in the rebate scheme for edoxaban. **Decision** The group discussed and agreed that it would be beneficial for MLCSU to scope Edoxaban locally to look at what is currently being used, their indications and in which cohorts of patients Edoxaban could be considered first line. MLCSU will engage with specialist groups where DOACs are initiated. **Action** MLCSU will scope edoxaban and bring back to LMMG	**DP**
2018/154	**Denosumab for treatment of glucocorticoid-induced osteoporosis** DP discussed the paper for denosumab for the treatment of glucocorticoid-induced osteoporosis. Rheumatologists from the Rheumatology Alliance were asked to define the patient cohort where denosumab for this indication may be beneficial. The following comments were discussed:	

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	Patients with the following clinical features would be considered for treatment with denosumab: • Upper gastrointestinal abnormalities, including oesophageal stricture, achalasia, abnormalities which delay oesophageal emptying, dysphagia, oesophageal disease (oesophagitis, ulcers, erosions), gastritis, duodenitis, gastric ulcers, previous upper GI surgery • Inability to sit or stand upright for at least 30 minutes • Renal impairment (eGFR <35ml/min). (Denosumab's SPC states there is no data for patients with eGFR < 30 ml/min. Many clinicians are happy to use if eGFR > 20ml/min, provided serum calcium is closely monitored after each injection) • Concerns about compliance with treatment – may include patients with cognitive impairment The Rheumatology Alliance members were unable to estimate the number of patients eligible for treatment with denosumab in the circumstances outlined above. It was pointed out that many specialities prescribe corticosteroids for a range of conditions therefore there will be additional prescribing of denosumab in non-rheumatology patients. **Decision** The group considered the feedback from the Rheumatologists however, concerns were raised due to the number of patients being unknown and the potential impact that this may have on Secondary Care prescribing. The group decided that further information was required before a decision could be made, including an assessment of the cohort of patients that are eligible for IV zoledronic acid, which can be used in place of oral bisphosphonates in patients who cannot comply with their dosing instructions. **Actions** MLCSU will liaise with the specialists to draft a treatment flow chart which includes denosumab with other treatments such as zoledronic acid infusions. Patient numbers will be estimated based on the number of patients who are prescribed regular corticosteroids.	**DP** **DP**
2018/155	**Osvaren® (Calcium acetate/heavy magnesium carbonate) 435mg/235mg tablets** DP discussed a request from LTH to change the RAG status of Osvaren® (Calcium acetate/heavy magnesium carbonate) 435mg/235mg tablets from Red to Amber0.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Decision The group agreed with the change of RAG rating of Osvaren® from Red to Amber0 in line with other LMMG recommendations for phosphate binders. **Action** Osvaren® will be changed from Red to Amber0 on the LMMG website.	**DP**
2018/156	**Rituximab for the treatment of autoimmune haemolytic anaemia in adults** DP presented the paper for Rituximab for the treatment of autoimmune haemolytic anaemia (AIHA) in adults. **Recommendation: Red** As an alternative treatment for adults with AIHA where patients are contraindicated to or fail to respond to standard active treatments (e.g. corticosteroids). Two of eight CCGs and three of five provider trusts responded by the closing date. All responding organisations agreed with the RAG recommendation, except for East Lancashire Hospitals NHS trust who received no comments for the consultation therefore did not indicate approval or lack of approval for the proposed classification. **Decision** The group agreed with the recommendation of a Red RAG status for rituximab for the treatment of AIHA. **Action** Rituximab for the treatment of AIHA will be put onto the LMMG website as Red RAG status. A Blueteq form will be created.	**DP** **AGR**
2018/157	**Rituximab for the treatment of idiopatic thrombocytopenia in adults** DP presented the paper for rituximab for the treatment of idiopatic thrombocytopenia (ITP) in adults**.** **Recommendation: Red** Red (as an alternative 2nd line treatment in adults with ITP following failure of corticosteroid treatment or when corticosteroids and thrombopoietin receptor agonists are contraindicated). Two of eight CCGs and three of five provider trusts responded by the closing date. Blackpool CCG, Blackpool Teaching Hospitals	

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	and Lancashire Teaching Hospitals agreed with the recommendation. Fylde and Wyre CCG disagreed with the recommendation. East Lancashire Hospitals did not receive any comments and therefore did not express either approval or lack of approval for the proposed classification. **Decision** The group discussed the comments raised by Fylde and Wyre CCG and it was recognised that there was no representation present from Fylde and Wyre at the meeting. Having considered the comments received the group supported the recommendation of Red RAG rating. **Action** Rituximab for the treatment of idiopathic thrombocytopenia (ITP) in adults will be made Red on the LMMG website. A Blueteq form will be created.	**DP** **AGR**
2018/158	**Anti-hyperglycaemic guideline – update** DP presented the paper which was brought to the meeting following clarification for the place of combination insulin and glucagon-like 1-receptor mimetic therapy in the treatment pathway. **Decision** The group approved the amendments made to the Anti-hyperglycaemic guideline subject to the guideline clearly referencing appropriate continuation criteria for GLP-1 mimetics. The group requested that the continuation criteria for GLP-1 mimetics within the antihyperglycaemics guideline are consistent with those criteria stated in NICE guideline NG28 and that these criteria are clearly highlighted within the antihyperglycaemics guideline. **Action** The Anti-hyperglycaemic guideline will be amended in line with the discussions above and uploaded to the LMMG website.	**DP**
2018/159	**Ulipristal (Esmya®) MHRA alert – update** DP highlighted the MHRA guidance which was published in August 2018: Updated guidance published by the MHRA in August 2018 states that Esmya® is now indicated for: • the intermittent treatment of moderate to severe symptoms of uterine fibroids in women of reproductive age who are not eligible for surgery	

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	• one treatment course of pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age The MHRA also advises that: • Esmya® treatment is to be initiated and supervised by physicians experienced in the diagnosis and treatment of uterine fibroids • Esmya® is contraindicated in women with underlying liver disorders **Decision** In light of the MHRA guidance regarding initiation the group agreed that the RAG status for Ulipristal Esmya® will be changed from Black to Red**.** **Action** Ulipristal (Esmya®) will be changed from Black to Red RAG status on the LMMG website in line with the MHRA guidance.	**DP**
2018/160	**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 October meeting*</u> Lixisenatide – Diabetes – review of RAG rating 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. Actipatch device – for treatment of pain. Knee Osteoarthritis and Plantar Fasciitis – requested by Blackpool CCG – potential cost pressure. Currently out to consultation including discussion about indications likely to impact budget. It was noted that the RMOC are no longer looking this. <u>*New medicines reviews on hold, awaiting licensing or additional application details*</u> 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).	

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	Rituximab – relapsing steroid sensitive nephrotic syndrome in adults - request from Consultant Nephrologist Lancashire Teaching Hospital NHS Trust. Commissioning responsibility will be confirmed following a meeting with MLCSU and NHS England. Rituximab – Membranous glomerulonephritis - request from Consultant Nephrologist Lancashire Teaching Hospital NHS Trust. Commissioning responsibility will be confirmed following a meeting with MLCSU and NHS England. Memantine – Alzheimer's disease – review of RAG status in response to updated NICE guideline. 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. *Medicines identified as potential candidates for new medicines reviews* Sativex – multiple sclerosis with refractory pain – request from Dr Shakespeare consultant Neurologist LTH NHS Trust. Guidance is awaited from the DoH. Rivaroxaban plus aspirin – use in patient with stable peripheral or carotid artery disease – identified via horizon scanning, trial of combination vs aspirin showed combination reduced CV events. New data is due via a NICE TA. This will remain on hold, however if clinicians would like to make a case for its use, a request should be submitted via MLCSU. Semagultide – Diabetes - new GLP-1 identified via horizon scanning, showed superiority in trial vs dulaglutide improving glycaemic control and reducing bodyweight, enabling a significantly greater number of patients with type 2 diabetes to achieve clinically meaningful glycaemic targets and weight loss. The group agreed that this will be added to the work plan and will be added to the website as Grey RAG status.	**All actions DP**
GUIDELINES and INFORMATION LEAFLETS		
2018/161	**Policy for Over the Counter items that should not be routinely prescribed in Primary Care** DP presented the policy for Over the Counter items that should not be routinely prescribed in Primary Care.	

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	Four of eight CCGs and two of five provider trusts responded by the closing date. Three CCGs supported the guidance document either in its current form or with changes and one CCG provided comments only. Of the provider trusts who responded, Lancashire Teaching Hospitals NHS Foundation Trust did not support the guidance and East Lancashire Hospital NHS Trust did not receive comments relating to the policy. The response from Lancashire Teaching Hospitals NHS Foundation Trust was completed by a specialist clinician who runs a Cosmetic Camouflage Clinic; the comments therefore related only to cosmetic camouflage products. Exceptions included in the policy for camouflage creams are expected to cover the majority of conditions mentioned by the respondent. Additionally, wording from the Pan Lancashire Cosmetics policy has been added to the camouflage cream section of the guideline. **Decision** The group approved the Policy for Over the Counter items that should not be routinely prescribed in Primary Care subject to the inclusion of the following: *Page 8 - 2. Vitamins and minerals* *Exceptions* Prescribable high dose folic acid BH informed the group that a paper will be brought to the October LMMG to highlight the LMMG position on Nutritional Supplements Post Bariatric Surgery considering an issue raised in GP and CSR CCG. It was discussed and decided that the policy will be taken through the Joint Committee of CCGs for ratification and as a principle other future polices will be taken via this route. **Action** The Policy for Over the Counter items that should not be routinely prescribed in Primary Care will be amended in line with the discussions above and taken through the Joint Committee of the CCGs for ratification. The contents of the NHS England Self-Care Policy will be cross checked to ensure that everything from that policy is included. A paper will be brought to the October LMMG to highlight the LMMG position on Nutritional Supplements Post Bariatric Surgery.	**DP** **DP** **AG**
2018/162	**Acitretin Shared Care Guideline** AGR presented the paper for Acitretin Shared Care Guideline. During the scoping of the guideline, it became apparent that Acitretin may not be appropriate for prescribing in primary care.	

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	The SPC states that Acitretin should only be prescribed by doctors, who have experience in treatment with systemic retinoids. Also, the SPC states that long term use (beyond 3-months) is not recommended for the management of psoriasis patients so would potentially not be suitable for a shared care agreement. **Decision** The group discussed the SPC points and decided that it was appropriate for Acitretin to remain as Red RAG status on the LMMG website and there was no requirement for a shared care agreement.	
2018/163	**Hydroxychloroquine Shared Care Guideline** AGR presented the paper for Hydroxychloroquine Shared Care Guideline. During the scoping of the guideline, it became apparent that it may be more appropriate for Hydroxychloroquine to retain a RAG status of Amber 0 rather than Amber 1 with or without a supporting prescribing information sheet. **Decision** The group discussed and agreed that Amber 0 was appropriate for Hydroxychloroquine rather than a shared care guideline. The decision was based on the minimal amount of monitoring required in primary care (an annual eye assessment) and that no routine laboratory monitoring was required. A prescribing information sheet will also be produced. **Action** Hydroxychloroquine will retain an Amber 0 RAG status. A prescribing information sheet will be produced.	**AGR** **AGR**
2018/164	**Disease Modifying Drugs – Shared Care Guideline appendix** AGR presented the Shared Care Agreement form for Disease modifying Drugs (DMARDs) which had been re-formatted following discussions as the July LMMG. **Decision** The group approved the amendments to the DMARDs Shared Care Agreement which included an electronic format for the completion of the form. **Action** The form will be added to the DMARD shared care guideline.	**AGR**

ITEM	SUMMARY OF DISCUSSION	ACTION
2018/165	**LMMG – Guidelines Work Plan update** AGR discussed the paper; updating LMMG on the status of the work plan as follows: *For discussion at the October meeting* Chronic non-cancer pain guidance – update completed, minor changes required. Zoladex 3.6 amd 10.8mg SCG – there are limited responses, this has been sent for a further period of consultation. LMMG adult headache management pathway - there are limited responses, this has been sent for a further period of consultation. ADHD SCG update – this has been updated in line with NICE Guidance and adult/child pathways combined. AMD pathways update – updated in line with NICE guidance Testosterone SCG – out for consultation Dermatology DMARD updates – Azathioprine, ciclosporin and methotrexate – possibly only need indications adding, although check monitoring also. *For discussion at the November meeting* RAG status review – this has been deferred to the November meeting due to the number of items already on the October agenda. RA non-biologic pathway – work is ongoing. Type I and Type II diabetes – approval is awaited of the Flash Glucose Monitoring (FSM) and Continuous Glucose Monitoring (CGM) policies. Chlordiazepoxide SCG – on hold Cannabis oil position statement – need to scope, awaiting Home Office classification Depression guidance (scope) – NICE guidance due Autumn To be presented at future meetings of the Clinical Policy Development Group Insulin pump and CGM/FSM policies – final policy agreed at the August meeting of the CPDIG. Set for ratification as the October meeting of the JCCCG.	

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	AGR informed the group that an Out of Area Prescribing policy will be scoped to support primary care prescribing for medicines which are Black listed and prescribed by specialists out of area. This will be added to the guidelines work plan. Insulin pump/CGM policy – ratification of this policy is scheduled for October 2018. Implementation arrangements are currently being discussed with secondary care including Blueteq training requirements. Electronic consultation response forms. – these have been piloted with the Zoladex and Headache Management pathway consultations. AGR will resend these two consultations for a further period and asked for feedback regarding the electronic form when responses are returned.	
2018/166	**Lithium Report** AP presented the Lithium monitoring report which contained audit results relating to monitoring of Lithium in primary and secondary care. DJ said that LTH has a guideline for patients admitted to acute care and can liaise with LCFT outside of the meeting to take the work forward. AP asked for LMMG representatives to feedback ideas of how this can be taken forward as a collaborative piece of work together with patient information about people who are not attending their GP for monitoring. Feedback can be sent directly to Catherine Harding or Amanda Parkinson at LCFT.	**LMMG representatives**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2018/167	**New NICE Technology Appraisal Guidance for Medicines (July & August 2018)** AGR presented the NICE TA guidance paper. *<u>The following NICE TAs are an NHS England commissioning responsibility and will be put onto the LMMG website as Red colour classification</u>* TA528 Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer. TA529 Crizotinib for treating ROS1 – positive advanced non-small-cell lung cancer. TA531 Pembrolizumab for untreated PDL1 - positive metastatic non-small-cell lung cancer.	

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	TA533 Ocrelizumab for treating relapsing – remitting multiple sclerosis. TA535 Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine. TA536 Alectinib for untreated ALK-positive advanced non-small-cell lung cancer. TA538 Dinutuximab beta for treating neuroblastoma. TA539 Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours. *The following NICE TAs are an NHS England commissioning responsibility with a Black colour classification; no further action is required* TA530 Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy. TA532 Cenegermin for treating neurotrophic keratitis. *The following NICE TAs are a CCG commissioning responsibility and will be added to the LMMG website as Red colour classification* TA534 Dupilumab for treating moderate to severe atopic dermatitis – this is a CCG commissioning responsibility and will be added to the LMMG website as Red colour classification. A Blueteq form has been created and is available. TA537 Izekizumab for treating active psoriatic arthritis after inadequate response to DMARDS – this is a CCG commissioning responsibility and will be added to the LMMG website as Red colour classification. A Blueteq form will be created. *The following NICE TAs are updates for information* TA492 (updated from December 2017) Atezolizumab for untreated PDL1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable – update information July 2018: Section 1 and 2 of the guidance were updated because the European Medicines Agency restricted the use of atezolizumab for untreated urothelial cardcinoma to adults with high levels of PD-L1. TA522 (updated from June 2018) Pembrolizumab for untreated PDL1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable – update information July 2018: Sections 1 and 2 of the guidance were updated because the European Medicines Agency restricted the use of pembrolizumab	**All actions AGR**

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	for untreated urothelial carcinoma to adults with high levels of PD-L1.	
2018/168	**New NHS England medicines commissioning policies** None published in July/August.	
2018/169	**Regional Medicines Optimisation Committees – Outputs** DP presented the RMOC for NHS England Guidance published in July/August. Freestyle Libre® - NHS London Procurement Partnership and the London Diabetes Clinic Network have worked together to produce guidance on implementation for the RMOC recommendation. This guidance has been adopted by almost all London CCGs, which will support consistent access for patient across London. Heparinised saline versus normal saline to maintain patency of intravascular catheters. RMOC briefing on adalimumab – July 2018 – this briefing provides a regular update for provider trusts, clinicians and commissioners. Free of Charge (FOC) Medicines Schemes: RMOC Advice for adoption as local policy – MLCSU will look at the advice and look to develop a document for Lancashire and South Cumbria based on the RMOC document. DP highlighted that the RMOC will be looking at homely remedies and Sodium Oxybate in adults in the near future. JM gave details about an RMOC annual meeting on 9th October for APC, MM Group members to discuss the improvement of working relationships in the RMOC process. JM will send the link to JJ for dissemination.	**DP** **JM/JJ**
2018/170	**Evidence reviews published by SMC or AWMSG (July & August 2018)** DP discussed the SMC and AWMSG recommendations published during July and August 2018 and meeting LMMG criteria as follows: <u>SMC</u> 2017 progesterone (Lubion®) SMC accepted SMC2017 progesterone (Lubion®) in adults for luteal support as part of an Assisted Reproductive Technology (ART) treatment program in infertile women who are unable to use	

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	or tolerate vaginal preparations. Funded by IVF provider in package of care. No action was required by LMMG. 2084 patiromer sorbitex calcium (Veltassa®) SMC accepted SMC2084 patiromer sorbitex calcium (Veltassa®) for the treatment of hyperkalaemia in adults. LMMG has a current position of Red RAG rating therefore no action was required by LMMG. <u>AWMSG</u> 1343 ciproflozacin (Cetraxal®) AWMSG accepted 1343 ciproflozacin (Cetraxal®) for the treatment of acute otitis externa in adults and children older than 1 year with an intact tympanic membrane, caused by ciprofloxacin susceptible microorganisms. LMMG has considered this but decided that there was no requirement to look at it. No action was required by LMMG. 2001 dalbavancin (Xydalba®) AWMSG accepted 2001 dalbavancin (Xydalba®) for the treatment of acute bacterial skin and skin structure infections in adults: • as a second-line treatment of ABSSSI; or • when methicillin-resistant Staphylococcus aureus (MRSA) infection is suspected; or • on the advice of local microbiologists or infectious disease specialists; and the patient is at first hospitalised due to ABSSSI and needs intravenous antibiotics but is allowed early discharge as they don't need further inpatient treatment. Dalbavancin (Xydalba®) is not recommended for use within NHS Wales outside of these circumstances LMMG has previously considered this and it was decided that it did not meet the LMMG criteria for review. The remaining SMC and AWMSG recommendations for July and August 2018 did not meet LMMG criteria; therefore, the group agreed that no further action was necessary.	
PROCESS PROPOSALS		
2018/171	**LMMG Terms of Reference** BH discussed the Terms of Reference paper which had been presented at the Collaborative Commissioning Board (CCB) by GA together with the LMMG annual report. The CCB recommended that finance representation should form part of the membership. A request for finance representation has been submitted to the Finance Deputies Group.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	The membership section will be amended as follows: 'Representation from Medical director of Integrated Care System (to act as Chair to the group') rather than 'Representation from the Healthier Lancashire and South Cumbria Joint Committee of CCGs (to act as Chair to the group)'. The Scheme of delegation and voting section will be amended to state that all clinical guidelines and shared care documents will be considered by the Joint Committee of CCGs and where there are differences in formularies, these will be made clear in the information which is signed off by the Joint Committee of CCGs. The amended Terms of Reference will be taken to the next meeting of the CCB meeting with a plan of how to take it forward. The group discussed the feasibility of LMMG minutes going through the ICS Board on the way to Joint Committee of CCGs.	
ITEMS FOR INFORMATION		
2018/172	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (20th July 2018)** The group noted these minutes.	

Date and time of the next meeting
11th October 2018, 9.30 am to 11.30 am, Cooper Clarke Room, Jubilee House, Leyland

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
13th September 2018

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 13th September 2018
ACTION SHEET FROM THE 14th JUNE 2018 MEETING				
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. **Update:** Benperidol was made Red colour classification on the LMMG website.	**SR**	**06.09.2018**	**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	**DP**	**06.09.2018**	**Closed**

	(Lucentis®) for the treatment of choroidal neovasculisation. **Update:** DP looked at this and does not foresee any additional prescribing of ranibizumab (Lucentis®) in this indication.			
2018/143	**LMMG Annual Report 2017/18** **Action:** the LMMG annual report will be taken to the next CCB meetings. **Update:** discussed under an agenda item.	**TN**	**06.09.2018**	**Closed**
ACTION SHEET FROM THE MEETING 13th SEPTEMBER 2018 MEETING				
2018/152	**DOAC prescribing and anticoagulation services review meeting – update** *Anticoagulation template* **Action:** LR will share this with MLCSU	**LR**	**04.10.2018**	**Open**
	Action: MLCSU will bring an update to the next meeting regarding the Anticoagulation templates.	**DP**	**04.10.2018**	**Open**
	DOAC cards **Action:** LR will share the Pennine Lancashire DOAC card with MLCSU	**LR**	**04.10.2018**	**Open**
	Haematology Group DOAC cards **Action:** JM will feedback to LMMG on the timescales for the development of a national DOAC card by the Haematology Working Group	**JM**	**04.10.2018**	**Open**
	Education of Health Care Professionals **Action:** LMMG representatives to feedback educational requirements to MLCSU; this will be put into a paper for the October LMMG.	**All LMMG representatives/DP**	**04.10.2018**	**Open**
	Patient Education **Action**: LMMG representatives to feedback educational requirements to MLCSU; this will be put into a paper for the October LMMG.	**All LMMG representatives/DP**	**04.10.2018**	**Open**

	Pharmaceutical Representatives **Action:** LMMG will write to industry agencies to highlight the process for requests to work in local areas *Anticoagulation Initiation Clinics* Feedback will be given from each ICP area regarding current provisions for anticoagulation, usage and plans for future change with timescales; this will be put into a paper for the October LMMG. *LMMG Terms of Reference* **Action:** these will be updated to reflect the industry agencies requests to promote work in local areas to go through LMMG.	**BH/AC** **All LMMG representatives** **BH**	**04.10.2018** **04.10.2018** **04.10.2018**	**Open** **Open** **Open**
2018/153	**Edoxaban (first line use)** **Action:** MLCSU will scope edoxaban and bring back to LMMG.	**DP**	**04.10.2018**	**Open**
2018/154	**Denosumab for treatment of glucocorticoid-induced osteoporosis** **Actions** MLCSU will liaise with the specialists to draft a treatment flow chart which includes denosumab with other treatments such as infusions. Patient numbers will be estimated based on the number of patients who are prescribed regular corticosteroids.	**DP** **DP**	**04.10.2018** **04.10.2018**	**Open** **Open**
2018/161	**Policy for Over the Counter items that should not be routinely prescribed in Primary Care** **Action:** The Policy will be taken through the Joint Committee of the CCGs for ratification. **Action:** the contents of the NHS England Self-Care Policy will be cross checked to ensure that everything from that policy is included.	**AC** **DP**	**04.10.2018** **04.10.2018**	**Open** **Open**

2018/163	**Hydroxychloroquine** **Action:** A prescribing information sheet will be produced.	**AGR**	**04.10.2018**	**Open**
2018/167	**RMOC – outputs** **RMOC annual meeting on 9th October for APC, MM Group members** **Action:** JM will send a link to JJ for registration at the event on 9th October. **Free of Charge (FOC) Medicines Schemes: RMOC Advice for adoption as local policy** **Action:** MLCSU will look at the RMOC document in line with CCG schemes and look to develop one document based on the RMOC document.	**JM/JJ** **DP**	**04.10.2018** **04/10/2018**	**Open** **Open**