Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 14th December 2017 at Preston Business Centre

PRESENT:

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

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
David Prayle (DP)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Adam Grainger (AGR)	Senior Medicines Performance Pharmacist	NHS Midlands and Lancashire CSU
Paul Tyldesley (PT)	Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2017//192	**Welcome & apologies for absence** The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Alastair Gibson and Tony Naughton. It was noted that Joanne Steele, Medicines Optimisation Pharmacist, Greater Preston/Chorley & South Ribble CCG and Joanne McEntee, Medicines information Lead for North West Medicines Information Centre were in attendance to observe the meeting.	
2017/193	**Declaration of any other urgent business** None.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2017194	**Declarations of interest pertinent to agenda** None.	
2017/195	**Minutes of the last meeting (9th November 2017)** The minutes of the meeting dated 9th November 2017 were agreed as a true and accurate record.	
2017/196	**Matters arising (not on the agenda)** None.	
NEW MEDICINES REVIEWS		
2017/198	**Freestyle Libre** BH presented the paper summarising the evidence and the draft Regional Medicines Optimisation Committee (RMOC) recommendation which had been consulted on as follows: **Recommendation: Green (restricted)** It is recommended that Freestyle Libre® should only be used for people with Type 1 diabetes, aged four and above, attending specialist Type 1 care using multiple daily injections or insulin pump therapy, who have been assessed by the specialist clinician and deemed to meet one or more of the following: **1.** Patients who undertake intensive monitoring >8 times daily **2.** Those who meet the current NICE criteria for insulin pump therapy (HbA1c >8.5% (69.4mmol/mol) or disabling hypoglycemia as described in NICE TA151) where a successful trial of FreeStyle Libre® may avoid the need for pump therapy. **3.** Those who have recently developed impaired awareness of hypoglycaemia. It is noted that for persistent hypoglycaemia unawareness, NICE recommend continuous glucose monitoring with alarms and Freestyle Libre does currently not have that function. **4.** Frequent admissions (>2 per year) with DKA or hypoglycaemia. **5.** Those who require third parties to carry out monitoring and where conventional blood testing is not possible. Seven of eight CCGs and three of five provider trusts responded by the closing date. Three CCGs and two provider trusts agreed with the RMOC recommendations. Three CCGs and one provider trust did not agree with the RMOC recommendations and Fylde and Wyre CCG provided comments only.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Decision The group considered the RMOC recommendation; concerns were raised regarding the lack of evidence that Freestyle Libre is beneficial to patients, the level of patient monitoring required and the absence of an alarm to alert the user to potential hypoglycaemic episodes. The group did not agree with the RMOC recommendation of a Green (restricted) recommendation. It was highlighted that there have been discussions outside of LMMG at the Policy Group where the view is that Freestyle Libre is similar to other Continuous Glucose Monitoring (CGM) devices and could be considered as part of the current policy development of Insulin Pumps and CGMs. The group had a lengthy discussion and decided that Freestyle Libre will be considered in line with the policy development for Insulin Pumps and CGMs for agreement across the STP. The work undertaken by the Policy Group will include identifying patients who meet the criteria for the use of Insulin Pumps and CGMs including eligibility for the Freestyle Libre device. MLCSU will draft a position statement with the Policy Group setting out the policy process for Freestyle Libre and a timeline for policy development including patient engagement. The draft position statement will then go to the Policy Group for agreement before circulation to LMMG members. **Action** Freestyle Libre will remain Grey colour classification on the LMMG website. MLCU will draft a position statement with the Policy Group for agreement. It will then be circulated to LMMG and uploaded to the LMMG website.	**PT**
2017/199	**Metformin wording for website** BH presented the paper discussing the suggested wording to the website for Metformin as follows: The LMMG supports the use of immediate release metformin for 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: • 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 If the patient cannot tolerate immediate release metformin, consider using modified release metformin.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Decision The group approved the wording for immediate release Metformin the LMMG website. **Action** Metformin will be made Green colour classification on the LMMG website for the new indication with the statement regarding immediate release metformin being included in the background paragraph of the entry.	**DP**
2017/200	**Medicines of low clinical value** BH presented the paper which had been brought to the meeting following the NHSE Guidance to CCGs: 'Items which should not routinely be prescribed in primary care.' **Decision** In light of the national recommendations, the group discussed the items listed on the LMMG website and made the following decisions: *The following medicines will remain on the LMMG website with a Black RAG rating and a statement will be added to state that LMMG are in support of the NHSE national guidance* Co-proxamol Dosulepin Omega-3 Fatty Acid Compounds Trimipramine *LMMG does not have a current position on the following medicines, however their routine use is not supported by member organisations, the current RAG rating of Grey will be changed to Black in line with the NHSE national guidance. A statement will be added to state that LMMG are in support of the NHSE national guidance.* Prolonged-release Doxazosin (also known as Doxazosin Modified Release) Perindopril Arginine Rubefacients (excluding topical NSAIDs) *LMMG does not have a current position on the LMMG website on the following medicines, however their use in not supported in the Vitamins, minerals, supplements, herbal and homeopathic medicines without a Product Licence Guidance on LMMG. The current RAG ratings will be changed to Black in line with the NHSE national guidance. A statement will be added to state that LMMG are in support of the NHSE national guidance and a link to the Vitamins and Minerals policy will be included.* Glucosamine and Chondroitin Herbal treatments	**All actions DP/AG**

ITEM	SUMMARY OF DISCUSSION	ACTION
	Homeopathy Lutein and Antioxidants *Immediate release Fentanyl for non-palliative care treatment* LMMG does not have a current RAG position on immediate release fentanyl for non-palliative care, however their routine use is not supported in the Chronic Non-Cancer Pain Guidelines, the current RAG rating of Grey will be changed to Black in line with the NHSE national guidance. A statement will be added to state that LMMG are in support of the NHSE national guidance and a link to the non-cancer pain guidance will be included. *Immediate release Fentanyl for Palliative Care treatment* MLCSU will engage with Palliative Care Consultants to determine when immediate release Fentanyl is used for Palliative Care patients. Based on the information received from Palliative Care consultants, a recommended course of action will be brought back to LMMG for consideration. *Lidocaine Plasters* LMMG has a current position of Green RAG rating for Post Herpetic Neuralgia and Red for use outside of the license of Post-Herpetic Neuralgia. The LMMG RAG rating of Green for Post Herpetic Neuralgia will remain on the LMMG website. MLCSU will review the evidence for use of Lidocaine Plasters outside of the license in line with the NHSE national consultation and send out to consultation with a recommendation of a Black RAG rating. The LMMG website will remain as Red colour classification for the use of Lidocaine Plasters outside of the license of post-herpetic neuralgia with a statement stating the this is under review following the NHSE national recommendation. *Liothyronine (including Armour Thyroid and Liothyronine combination products) for prescribing by secondary or tertiary care specialists for the treatment of acute conditions where thyroid replacement is needed rapidly, for a limited period and/or where a drug with shorter half-life is required.* This will remain on the LMMG website with a Red RAG rating (for the treatment of acute conditions where thyroid replacement is needed rapidly, for a limited period and/or where a drug with shorter half-life is required. A statement will be added to state that LMMG are in support of the NHSE national guidance. *Liothyronine (including Armour Thyroid and Liothyronine combination products) as an add on treatment for refractory hypothyroidism despite adequate monotherapy with levothyroxine.* Liothyronine for this indication will remain on the LMMG website with a Black RAG rating (as an add-on treatment for refractory hypothyroidism despite adequate monotherapy with levothyroxine). A statement will be added to state that LMMG are in support of the	

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	NHSE national guidance. It was recognised that there may be a small cohort of patients; the LMMG website will be updated to state 'refer to local commissioning arrangements for exceptional patients.' *Oxycodone and Naloxone Combination Product* LMMG does not have a current position for Chronic pain, the LMMG RAG rating of Grey will be changed to Black and a link to the combination product statement will be included, together with a statement to state that LMMG are in support of the NHSE national guidance. *Oxycodone and Naloxone Combination Product* LMMG has a Black RAG rating for Restless Legs Syndrome. A link to the combination product statement will be included, together with a statement to state that LMMG are in support of the NHSE national guidance. *Paracetamol and Tramadol Combination Product* LMMG does not have a current position. The current RAG rating of Grey will be amended to Black in line with the NHSE national consultation. A link to the combination product statement will be included, together with a statement to state that LMMG are in support of the NHSE national guidance. *Once Daily Tadalafil* LMMG has a current position of Red RAG rating for Erectile Dysfunction - when supplied through Specialist Sexual Health Services. MLCSU will look at the evidence in the consultation and based on the findings will decide whether a paper should come to LMMG or a position statement should be developed. The following entries will remain unchanged on the LMMG website: Black- Indication: Erectile Dysfunction - when supplied through Primary Care Black - Indication: Erectile Dysfunction Post Prostatectomy Black - Indication: Benign Prostatic Hyperplasia (NICE TA273 - terminated appraisal) Red - Indication: Pulmonary hypertension, Funded through NHSE Policy *LMMG does not have a current position for the following medicines. These will be put on to the LMMG website as a Black RAG rating. The Good Prescribing guidelines will be updated, and a statement will be added to state that LMMG are in support of the NHSE national guidance.* Travel Vaccines (vaccines administered exclusively for the purposes of travel). Hepatitis B	

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	Japanese Encephalitis Meningitis ACWY Yellow Fever Tick-borne encephalitis Rabies BCG *LMMG does not have a current position for the following medicines. These will be put on to the LMMG website as a Green RAG rating. The Good Prescribing guidelines will be updated, and a statement will be added to state that LMMG are in support of the NHSE national guidance.* Travel Vaccines (vaccines administered exclusively for the purposes of travel). Cholera Diphtheria/Tetanus/Polio Hepatitis A Typhoid	
2017/197	**Patiromer sorbitex calcium (Veltassa) powder** DP presented the paper summarising the evidence and the draft recommendation which had been consulted on as follows: **Recommendation: Amber 0** Patiromer sorbitex calcium (Veltassa) powder for oral suspension is recommended as suitable for prescribing in primary care, following recommendation or initiation by a specialist, as a once daily alternative to Calcium Resonium for the treatment of hyperkalaemia in adults in the Lancashire health economy. Five of eight CCGs and three of four acute trusts responded by the closing date. One of the responding CCGs and two responding provider trusts agreed with the draft recommendation. Four of five responding CCGs and one of the responding provider trusts disagreed with the draft recommendation. **Decision** The group did not agree with the recommendation. The group felt that Patiromer was an appropriate treatment however there were concerns regarding the monitoring of the patient's condition in primary care. In light of this, the group decided upon a Red colour classification; secondary care clinicians can make a case for consideration if they feel that is it safe to discharge patients into primary care. **Action**	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Patiromer sorbitex calcium (Veltassa) powder for oral suspension will be added to the LMMG website as Red colour classification.	**DP**
2017/201	**LMMG – New Medicines Reviews Work Plan update** DP discussed the paper; updating the group on the current status of the work plan as follows: <u>*Medicines for discussion at the January meeting*</u> No new medicine reviews have been priorities for the January LMMG. <u>*New Medicine Reviews – on hold, awaiting licensing or launch details*</u> Fluticasone furoate + umeclidinium + vilanterol (Trelegy) inhaler – COPD – this will be priorities once it has been licensed and launched. DP informed the group that he will circulate the expressions of interest paper for medicines for the next financial year by the end of December. Tadalafil daily and Lidocaine patches will be added to the new medicines reviews work plan as per the discussions under the Medicines of Low Clinical Value agenda item. .	
GUIDELINES and INFORMATION LEAFLETS		
2017/202	**Psoriatic Arthritis guideline** DP presented the Psoriatic arthritis guideline. Five of eight CCGs, three of four acute trusts and Lancashire Care Trust responded by the closing date. All respondents who indicated a preference agreed with the guideline; Lancashire Teaching Hospitals Trust indicated the guideline was not applicable to the Trust. **Decision** The group approved the Psoriatic Arthritis guideline subject to the removal of the words referring to the patient access schemes in the box at the bottom of the pathway. **Action** The Psoriatic Arthritis guideline will be amended in line with the amendment above.	

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	DP will take the amended pathway to the RA consultants for approval of the amendment and upload to the LMMG website.	**DP**
2017/203	**Stoma appliances guideline** AGR presented the Stoma appliances guideline which had been updated in line with ASCN Stoma Care National Clinical guidelines 2016; Association of Stoma Care Nurses UK. 7 of 8 CCGs and 4 of 5 provider trusts responded by the closing date. All 6 of the responding CCGs agreed with the draft guideline and 3 of the responding provider trusts agreed, with 1 provider trust providing comments only. **Decisions** The group approved the amendments made to the Stoma appliances guideline following consultation responses subject to the following amendments: *Adhesive Removers* Wipes will be included in the guideline for patients with dexterity issues. In appendix 3, the number of sprays included in the boxes of 30 stoma bags will be increased from 1 spray to 1-3 sprays. *Underwear* A statement will be added to clarify that underwear on prescription should only be requested for parastomal hernia and the product has been fitted/requested by a stoma nurse. For all other types of hernia patients should be referred to high street stores. *Supply Quantities* For clarity, the range of flange extenders required will be amended to say up to 270 per month rather than a cap on the number of packs per month. Belts for convex pouches – the number of convex pouches will be increased from 3 per year to 3 plus a replacement belt if needed. *Commissioning* In light of an issue with over-ordering from DAC the proposed wording was approved removing reference to DAC. *Prescription reviews* The wording 'prescription reviews should be referred to the Tier 2 Specialist Continence Service' will be amended to 'prescription reviews should be referred to the appropriate local service'. *Drainable bags* An amendment will be made to state 'drainable bags can be prescribed as advised by specialists.'	**All actions AGR**

ITEM	SUMMARY OF DISCUSSION	ACTION
2017/204	**Erectile Dysfunction guidance (update)** AGR presented the Erectile Dysfunction guidance update paper. 3 of 8 CCGs, and 3 of 5 provider trusts responded by the closing date. All three of the responding CCGs and all three of the responding provider trusts agreed with the document. **Decision** The group approved the amendments made to the Erectile Dysfunction guidance following consultation responses. MLCSU will consider the Tadalafil daily in the guideline against the evidence review for Tadalafil daily; depending on the findings MLCSU will consider whether the Erectile Dysfunction guideline needs to be updated and brought back to LMMG or if it can be put on to the LMMG Website if there are no changes. **Action** MLCSU will consider the Erectile Dysfunction guideline in line with the evidence review of Tadalafil daily. This will be brought back to LMMG for approval if amendments are required or put on to the LMMG website if there are no changes.	**AGR**
2017/205	**Prescribing guidelines for specialist infant formula feeds** AGR presented the Prescribing guidelines for Specialist Infant Formula Feeds. Seven of eight CCGs, all provider trusts responded by the closing date. All respondents supported the guidance. **Decision** The amendments made following consultation responses were discussed and approved by the group. **Action** The Prescribing guidelines for Specialist Infant Formula Feeds will be put on to the website.	**AGR**
2017/206	**Melatonin** AGR provided a summary of the Melatonin audit data of children with neurodevelopment disorders carried out in BTH. 3 out of 33 patients completed sleep diaries at time of audit and 30 out of 33 patients had drug holidays integrated into the clinical management plan. There was a mean difference in sleep onset latency from baseline to the last recorded observation (in 31	

ITEM	SUMMARY OF DISCUSSION	ACTION
	patients) of 150 minutes. Also, there was a mean difference in total sleep time from baseline to last recorded observation (in 29 patients) of 139 minutes. Melatonin will be discussed further at the February 2017 LMMG meeting. **Action** The word 'decided' will be replaced with 'recommended' in the sentence below in the Melatonin paper. 'It was decided at the September meeting'.	**AGR**
2017/207	**Type II Diabetes guideline** PT presented the Type II Diabetes guidance. Seven of eight CCGs and three of five provider trusts responded by the closing date. Five CCGs and one provider trust agreed supported the guidance. The remaining 2 CCGs and 2 provider trusts provided comments only. **Decision** The group approved the Type II Diabetes guidance subject to the following amendments: *Drug treatment choices* A sentence will be added to the algorithm to state that the ordering of the agents at first and second intensification does not represent a preference of which agent to use. The group supported the use of Alogliptin as a first line gliptin. PT highlighted that SIGN has published new guidance and included a cardiovascular benefit section. The group decided that this will not be included in the guideline. *Insulins* The group supported the wording in the box at the top of the insulin-based treatment page which defines the prescribers initiating insulins. 'Insulin therapy should be commenced by a healthcare professional who is appropriately trained and experienced in the initiation of insulin. The words '2nd line alternative' will be added to the 'Insulin based treatment page' to clarify that the treatments for consideration in white boxes are available as an alternative at the 2nd line option. The group discussed the current Black RAG status of insulin degludec and for consistency decided that Amber 0 RAG status	

ITEM	SUMMARY OF DISCUSSION	ACTION
	would be appropriate and in line with the Type II Diabetes guideline. MLCSU will draft wording around the restrictions of prescribing insulin degludec for approval by LMMG. **Action** The Type II Diabetes guideline will be amended in line with the discussions above. MLCSU will draft wording around the prescribing of insulin degludec and bring to January LMMG.	 **PT** **PT**
2017/208	**LMMG – Guidelines Work Plan update** AGR discussed the paper; updating LMMG on the current status of the work plan as follows: <u>*For discussion the January meeting*</u> Dementia guideline (scope) - a pharmacological management of dementia guideline has been requested by EL CCG. This is currently out to consultation. Oral Combination Products position statement – the document is due for update on the website. This is currently out to consultation. <u>*For discussion at the February meeting*</u> Melatonin update – further audit results and discussion paper to be presented. Denosumab SCG update – to be updated once osteoporosis guidance has been approved. Eluxadoline (NICE TA 471) guideline (scope) – guideline requested at the September meeting of the group by LTH. Allergic rhinitis guideline – draft guidance completed – shared with applicant – awaiting response. An application has been requested for Dymista, this will be sent out to consultation soon. Treatment of glaucoma guideline (scope) – NICE update was due August 2017. Asthma guidance update – new NICE guidance is due in October 2017. This is currently out to consultation and will be discussed in February/March LMMG. The group discussed the products used in diagnostic techniques and recognised that these do not fall under the remit of LMMG; local commissioning arrangements apply. *For discussion at the March meeting*	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Type I and II DM leaflets – work is ongoing on full diabetes guidance, to reconsider content of the leaflets once guideline approved at LMMG. Familial hypercholesterolaemia guideline (scope) – new NICE guidance is due in October 2017. AGR informed the group that a request for Tapentadol for Palliative Care use has been received. The group discussed the request and felt that the algorithm and clinical decisions in the Palliative Care guideline were approved by LMMG; therefore, there is no current new evidence to consider following the approval of the guideline.	
NATIONAL DECISIONS FOR IMPLEMENTATION		
2017/209	**New NICE Technology Appraisal Guidance for Medicines (November 2017)** AGR presented the NICE TA guidance paper. TA485 Sarilumab for moderate to severe rheumatoid arthritis – this is a CCG commissioning responsibility and will be put on to the LMMG website as Red colour classification. A Blueteq form will be developed. *The following NICE technology appraisals are an NHSE commissioning responsibility and will be added the LMMG website as Red colour classification.* TA483 Nivolumab for previously treated squamous non-small cell lung cancer. TA484 Nivolumab for previously treated nonsquamous non-small-cell-lung cancer. TA486 Aflibercept for treating choroidal neovasculara. TA487 Venetoclax for treating chronic lymphocytic leukaemia. TA488 Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours. TA490 Nivolumab for treating squamous cell carcinoma of the head and t after platinum-based chemotherapy. TA491 Ibrutinib for treating Waldenstrom's macroglobulinaemia. TA417 (updated from November 2016) – Nivolumab for previously treated advanced renal cell carcinoma.	**All actions AGR**

ITEM	SUMMARY OF DISCUSSION	ACTION
	TA458 (updated from July 2017) – Trastuzumab emtasine for treating HER2 – positive advance breast cancer after trastuzumab and a taxane – this guidance replaces TA371. TA42 (updated from July 2017) – Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma. *The following NICE technology appraisal is an NHSE commissioning responsibility. This will not be added to the LMMG website as NICE does not recommended its use.* TA489 Vismodegib for treating basal cell carcinoma.	
2017/210	**New NHS England medicines commissioning policies (November 2017)** None published.	
2017/211	**Evidence reviews published by SMC or AWMSG (November 2017)** DP discussed the SMC and AWMSG recommendations published during November 2017 and meeting LMMG criteria as follows: <u>SMC</u> <u>1279/17 midazolam (Epistatus®)</u> SMC accepted 1279/17 midazolam (Epistatus®) for the treatment of prolonged, acute, convulsive seizures in children and adolescents aged 10 to less than 18 years – the group discussed and decided that 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. <u>AWMSG</u> 3468 stiripentol (Diacomit®) AWMSG accepted stiripentol (Diacomit®) for use in conjunction with clobazam and valproate as adjunctive therapy of refractory generalised tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (SMEI, Dravet syndrome) whose seizures are not adequately controlled with clobazam and valproate – the group discussed and decided that no further action was required. The remaining SMC and AWMSG recommendation for October 2017 did not meet LMMG criteria, therefore, the group agreed that no further action was necessary.	**DP**

ITEM	SUMMARY OF DISCUSSION	ACTION
ITEMS FOR INFORMATION		
2017/212	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee** No meeting in November.	

Date and time of the next meeting
11th January 2018, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
14th December 2017

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 14th December 2017
ACTION SHEET FROM THE 13th September 2017 MEETING				
2017/143	**Melatonin update and draft recommendation** **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. **Update:** Melatonin guidelines is scheduled to go to D&T in January, this will be discussed at the February LMMG.	**SR/BH**	**4.01.2018**	**Open**
2017/145	**Prevention of stroke and systemic embolism in non-valvular atrial fibrillation guideline** **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. **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.	**BH**	**04.01.2018**	**Open**
ACTION SHEET FROM THE 9th NOVEMBER 2017 MEETING				
2017/177	**Metformin (Glucophage SR®)** MLCSU will draft the terms of the recommendation; this will be brought to December LMMG meeting for discussion and agreement by the group.	**DP**	**07.12.2017**	**Closed**

	Update: discussed under an agenda item.			
2017/179	**LMMG – New Medicines Reviews Work Plan update** Horizon scanning document – financial planning. DP asked CCG MM representatives to take the document to MMCs / DTCs for discussion upon its receipt. QIPP and financial budget planning documents will aim to be sent out before the end of December. **Update:** BH confirmed that the 2018/19 planning document will be sent out at the end of December.	**CCG Leads** **BH/DP**	**07.12.2017** **07.12.2017**	**Closed** **Closed**
2017/180	**Ophthalmology Pathway** AGR will respond to the specialist's consultation response regarding the inclusion of the visual acuity restrictions	**AGR**	**07.12.2017**	**Closed**
2017/181	**DMARD shared care guideline appendix** **Actions** CCG MM representatives will emphasise the importance of returning the appendix form to practices. SR will take to the D&T meeting the suggestion to add an appendix form with all DMARD shared care documents on the website. **Update:** SR confirmed that LCFT agreed to the use of the appendix form. The DMARD shared care guideline will be amended in line with the discussion above and uploaded to the website, once confirmation has been received from LCFT. **Update:** it was recognised that there is variation across local areas with the implementation of the DMARD shared care guidelines. JL will forward a link to the Fylde & Wyre CCG guideline for	**CCG MM representatives** **SR** **AGR** **JL**	**07.12.2017** **07.12.2017** **07.12.2017** **04.01.2018**	**Closed** **Closed** **Closed** **Open**

	MLCSU to update the LMMG website with local positions.			
2017/183	**NRT position statement – update** **Action:** AGR will make amendments to the NRT position statement and engage with Public Health prior to the positions statement being put on to the LMMG website. **Update:** a response is awaited from PH.	**AGR**	**04.01.2018**	**Open**
2017/185	**Co-trimoxazole for the prophylaxis of pneumocystis carinii infections** AGR will contact the specialist service regarding the monitoring in secondary care and whether there are any obligations for monitoring in primary care. This will determine the Amber 0 RAG rating or whether a shared care document is required. **Update:** a response has been received; this had been uploaded on to the LMMG website.	**AGR**	**07.12.2017**	**Closed**
ACTION SHEET FROM THE 14th DECEMBER 2017MEETING				
2017/200	**Medicines of Low Clinical Value** *Immediate release Fentanyl for Palliative Care treatment* MLCSU will engage with Palliative Care Consultants to determine when immediate release Fentanyl is used for Palliative Care patients. *Lidocaine plasters* MLCSU will review the evidence for use of Lidocaine Plasters outside of the license in line with the NHSE national consultation and send out to consultation with a recommendation of a Black RAG rating. *Liothyronine* A statement will be added to state that LMMG are in support of the NHSE national guidance. It was recognised that there may be a small cohort of patients; the LMMG website will be updated to state 'refer to local	**AG** **DP** **DP**	**04.01.2017** **04.01.2017** **04.01.2017**	**Open** **Open** **Open**

	commissioning arrangements for exceptional patients.' *Once Daily Tadalafil* MLCSU will look at the evidence in the consultation and based on the findings will decide whether a paper should come to LMMG or a position statement should be developed.	**DP**	**04.01.2017**	**Open**
2017/202	**Psoriatic Arthritis Pathway** DP will take the amended pathway to the RA consultants for approval of the amendment and upload to the LMMG website.	**DP**	**04.01.2017**	**Open**
2017/204	**Erectile Dysfunction guidance (update)** This will be brought back to LMMG for approval if amendments are required or put on to the LMMG website if there are no changes.	**AG**	**04.01.2017**	**Open**
2017/207	**Type II Diabetes guideline** MLCSU will draft wording around the prescribing of insulin degludec and bring to January LMMG.	**PT**	**04.01.2017**	**Open**
2017/211	**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.	**DP**	**04.01.2017**	**Open**