

**Minutes of the Lancashire Medicines Management Group Meeting  
Held on Thursday 8<sup>th</sup> December 2016 at Preston Business Centre**

**PRESENT:**

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS Trust
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
Judith Argall (JA)	Drug and Therapeutics Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Julie Kenyon (JK)	Senior Operating Officer Primary Care, Community & Medicines	NHS Blackburn with Darwen 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 Lancashire North CCG
Nicola Baxter (NB)	Head of Medicines Optimisation	NHS West Lancashire CCG
Pauline Bourne (PB)	Senior Pharmacist, Medicines Management, Deputy Chief Pharmacist	University Hospitals of Morecambe Bay NHS Foundation Trust
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
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/202	<p><b>Welcome &amp; apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting. Apologies for absence were received on behalf of David Jones and Melanie Preston. Judith Argall was attending on behalf of David Jones.</p> <p>It was noted that Joanne McEntee, Senior Medicines Information Pharmacist – Horizon Scanning Lead from North West Medicines Information Centre was in attendance to observe the meeting.</p> <p>TN also welcomed Andrea Scott to the meeting; Medicines Management Pharmacist; UHMB.</p>	
2016/203	<p><b>Declaration of any other urgent business</b></p> <p>None.</p>	

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/204	<p><b>Declarations of interest pertinent to agenda</b></p> <p>None.</p>	
2016/205	<p><b>Minutes of the last meeting (10th November 2016)</b></p> <p>The minutes of the meeting dated 10<sup>th</sup> November were agreed as a true and accurate record.</p>	
2016/206	<p><b>Matters arising (not on the agenda)</b></p> <p>Antipsychotics – an update was given in the action log.</p>	
<b>GUIDELINES AND INFORMATION LEAFLETS</b>		
2016/210	<p><b>Apomorphine Shared Care guidelines</b></p> <p>The agenda items were discussed in this order due to DP's delayed arrival.</p> <p>AGR presented the paper summarising the Apomorphine Shared Care guidelines.</p> <p>Seven of eight CCGs and 3 of 5 provider trusts responded by the closing date (Lancashire Care NHS FT stated they did not use apomorphine and could not comment). Six of the seven CCGs that replied did not support the guidance in the current format. One CCG and two provider trusts did support the document.</p> <p><b>Decision</b></p> <p>The group did not approve the amended shared care guidelines. It was felt by the group that further discussions were required locally regarding the amendments in the shared care guideline about the responsibility for baseline and ECG monitoring of patients. In light of this, TN suggested that a letter should be drafted to providers to encourage the prescribing of Apomorphine if this is the appropriate treatment for the patient and also to confirm that the colour classification will remain as Red until it is discussed further at the January LMMG.</p> <p><b>Action</b></p> <p>BH will recirculate the consultation document with the amendments contained therein for consultation and discussion at the January LMMG.</p> <p>MLCSU will draft a letter on behalf of LMMG to the secondary care providers stating Apomorphine will remain Red colour classification and to encourage the prescribing of Apomorphine if it is appropriate treatment.</p>	<p><b>BH</b></p> <p><b>BH</b></p>

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/211	<p><b>Vitamin D guidelines review</b></p> <p>AGR presented the paper summarising the Vitamin D guidelines.</p> <p>Five of eight CCGs, two of five provider trusts responded by the closing date. One provider trust and one CCG accepted the guideline in its current format; the remainder did not accept the guideline.</p> <p><b>Decision</b> The group did not approve the Vitamin D guideline. It was decided that a position statement should be put in place to include circumstances of when to prescribe and when Vitamin D assays and testing is appropriate. Information will also be included regarding advising asymptomatic patients of lifestyle and dietary advice. BH has been unable to determine information regarding the costs of Vitamin D assays in comparison to other blood tests such as LFTs, FBC etc. and will update if any information is received.</p> <p><b>Action</b> The Vitamin guideline will be amended into a position statement in line with the discussions above.</p> <p>The position statement will be brought to the January LMMG.</p>	<p><b>Both actions AGR</b></p>
<b>NEW MEDICINES REVIEWS</b>		
2016/207	<p><b>Safinamide</b></p> <p>DP presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows:</p> <p><b><u>Recommendation: Amber 1</u></b> Safinamide (Xadago<sup>®</sup>▼) 50mg and 100mg film-coated tablets for the treatment of adult patients with idiopathic Parkinson's disease (PD) as add-on therapy to a stable dose of levodopa (L-dopa) alone or in combination with other PD medicinal products in mid to late stage fluctuating patients.</p> <p>Suitable for prescribing in primary care following recommendation or initiation by a specialist.</p> <p>7 of 8 CCGs and 3 of 4 Acute Trusts and Lancashire Care Trust responded by the closing date.</p> <p>3 CCGs disagreed with the classification, 4 agreed with the proposed classification. All three responding acute Trusts agreed with the proposed classification, Lancashire Care Trust did not express a preference.</p>	

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	<p><b>Decision</b> The group considered all the evidence in the pivotal studies. The group recognised that there was some benefit in safinamide (Xadago<sup>®</sup>▼) compared to placebo. However, it was felt that there was a lack of evidence of increased effectiveness over other existing products to account for the potential increased costs. The group also highlighted that there was no defined patient group. In light of this the group did not agree with the recommendation but agreed on a Black colour classification. The recommendation will be reconsidered if consultants identify a defined patient group or if additional efficacy data becomes available.</p> <p><b>Action</b> Safinamide (Xadago<sup>®</sup>▼) will be made Black colour classification on the LMMG website.</p>	<p style="text-align: center;"><b>DP</b></p>
<p><b>2016/208</b></p>	<p><b>Bazedoxifene/conjugated oestrogens</b></p> <p>DP presented the paper, summarising the evidence and the draft recommendation which had been consulted on, as follows:</p> <p><b><u>Recommendation: Green</u></b> Conjugated oestrogens 0.45 mg and bazedoxifene acetate equivalent to 20 mg bazedoxifene (Duavive<sup>®</sup>) for the treatment of oestrogen deficiency symptoms in postmenopausal women with a uterus (with at least 12 months since the last menses) for whom treatment with progestin-containing therapy is not appropriate</p> <p>Appropriate for initiation and ongoing prescribing in both primary and secondary care.</p> <p>7 of 8 CCGs, 3 Acute Trusts and Lancashire Care Trust responded by the closing date. 3 responding CCGs agreed with the draft recommendation, the remaining 4 disagreed.</p> <p><b>Decision</b> The group did not agree with the recommendation. On the basis that safety concerns were not adequately addressed by the safety data available and a lack of evidence of increased effectiveness to account for the increased costs with the use of this product, the group decided on a Black colour classification.</p> <p><b>Action</b> Conjugated oestrogens 0.45 mg and bazedoxifene acetate equivalent to 20 mg bazedoxifene (Duavive<sup>®</sup>) will be put on to the LMMG website as Black Colour Classification.</p>	<p style="text-align: center;"><b>DP</b></p>

ITEM	SUMMARY OF DISCUSSION	ACTION
2016/209	<p><b>LMMG – New Medicines Reviews Work Plan update</b></p> <p>DP discussed this paper; updating the committee on the current status of the work plan as follows:</p> <p><u>Medicines for discussion at January LMMG</u>            Opicapone – Parkinson’s disease – adjunctive therapy in adults with end-of dose motor fluctuations who cannot be stabilised on preparations of levodopa/DOPA decarboxylase inhibitors – this is currently out to consultation.</p> <p><u>Medicines for discussion at a future LMMG</u>            Insulin degludec – diabetes – further information has been received from specialists and there has been a price reduction. A review of the evidence will be undertaken.</p> <p>Lidocaine + prilocaine spray – premature ejaculation</p> <p>Rheumatology Alliance RA biologics pathway update – Rheumatoid Arthritis – work is ongoing, this is a large piece of work.</p> <p>Relvar Ellipta (fluticasone/vilanterol) – COPD and asthma – awaiting clinicians’ feedback regarding their requirements for a review.</p> <p>Osvaren (Calcium acetate, 435 mg and Magnesium carbonate, heavy 235 mg) – treatment of hyperphosphatemia associated with chronic renal insufficiency in patients undergoing dialysis (haemodialysis, peritoneal dialysis) - in light of the potential prescribing of Osvaren in primary care, JA will look at the last 6 months’ of prescribing of Osvaren in LTH in the Renal service. A decision whether to review this will be made once the data has been received.</p> <p><u>Medicines currently on hold</u>            Eluxadoline – Irritable bowel syndrome, diarrhoea prominent – awaiting the launch date.            Naltrexone/bupropion – Obesity – awaiting confirmed launch date.            Liraglutide – Obesity – awaiting confirmed launch date.            Empagliflozin + Linagliptin – Type II diabetes mellitus – positive opinion in EU Sept 16.</p>	JA
<b>GUIDELINES and INFORMATION LEAFLETS</b>		
2016/212	<p><b>RAG list 4</b></p> <p>AGR presented the paper, summarising the consultation responses for the review of colour classification list 4. Responses were received from 4 CCGs and 3 provider trusts.</p>	

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	<p>The following actions were discussed and agreed by the group:</p> <p>Amantadine - Lysovir® - influenza treatment of prophylaxis (NICE TA158 &amp; TA168) – NICE do not recommend the use of amantadine; therefore the group decided that this will remain as Black colour classification on the LMMG website.</p> <p>Co-trimoxazole – subacute bacterial peritonitis prophylaxis – there is no new evidence to consider therefore the group decided that this will remain as Red colour classification for new patients.</p> <p>Ivermectin - Soolantra® - topical treatment of inflammatory lesions of rosacea (papulopustular) in adults – this will remain as Green colour classification on the LMMG website.</p> <p>Ketovit – patients on haemodialysis – MLCSU will check whether the review on Renavit renal vitamins included all vitamins and will feedback.</p> <p>Mercaptamine - Cystagon® - nephropathic cystinosis – MLCSU will look at prescribing data to check on patient numbers and bring back to the January LMMG if this requires further discussion. In the meantime this will be made Red on the LMMG website.</p> <p>Fulvestrant – treatment of locally advanced or metastatic breast cancer (NICE TA239) – secondary care provider trust leads to supply current position on this. MLCSU will look at prescribing data and bring back to the January LMMG.</p> <p><u>The following drugs are NHS England Red colour classification drugs and will remain unchanged on the LMMG website subject to the following actions:</u></p> <p>Amphotericin IV (Lipid Formulations) – Abelcet® AmBisome® - Systemic fungal infections.</p> <p>Ethambutol hydrochloride – tuberculosis, in combination with other drugs.</p> <p>Rifampicin/Isoniazid - Rifanah® - tuberculosis.</p> <p>Rifampicin/Isoniazid/Pyrazinamide - Rifater® - tuberculosis.</p> <p>Tenofovir Disoproxil – treatment of chronic hepatitis B (NICE TA173).</p> <p>Ciclosporin capsules and solution – transplant rejection (NICE TAG 85 &amp; 99).</p> <p>Eritoinib – non-small-cell lung cancer NICE TA162 – NICE TA374</p>	<p><b>All actions AGR</b></p> <p><b>Secondary Care Provider Trust Leads</b></p>

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	<p>will be removed as this was replaced by NICE TA162.</p> <p>Mycophenolate Mofetil – renal transplantation (NICE TA85 and NICE TA99).</p> <p>Mycophenolate Sodium - Myfortic® - renal transplantation children and adolescents (NICE TA99).</p> <p>Sirolimus – transplant rejection (NICE TA85).</p> <p>Tacrolimus (oral) – transplant rejection (NICE TA85 and NICE TA99).</p> <p>Cinacalcet – treatment of secondary hyperparathyroidism in patients with end-stage renal disease on maintenance dialysis therapy (NICE TA117).</p> <p>Cetuximab – head and neck cancer (NICE TA145).</p> <p><u><i>The following drugs are NHS England Black colour classification drugs and will be removed from the LMMG website:</i></u></p> <p>Paclitaxel – breast cancer, early (NICE TA108).</p> <p>Bevacizumab – in combination with paclitaxel and carboplatin for first line treatment of advanced ovarian cancer (NICE TA284).</p> <p>Dasatinib – second line Chronic/acceler phase Philadelphia-chromosome-positive chronic myeloid leukaemia (NICE TA241).</p> <p>Eribulin – breast cancer (advanced) (NICE TA250).</p> <p>Everolimus – 2<sup>nd</sup> line treatment of advanced renal cell carcinoma (NICE TA219).</p> <p>Everolimus - Afinitor® - in combination with exemestane for treating advanced HER 2-negative hormone-receptor-positive breast cancer after endocrine therapy (NICE TA295).</p> <p>Panitumumab- monotherapy or combination chemotherapy of metastatic colorectal cancer 2<sup>nd</sup> line (NICE TA242)</p> <p>Panitumumab – metastatic colorectal cancer (NICE TA240) terminated.</p> <p>Sorafenib – hepatocellular carcinoma, advanced and metastatic, 1<sup>st</sup> line (NICE TA189).</p> <p>Trastuzumab emtansine - Kadicyla® - treating Her2-positive,</p>	

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	<p>unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane (NICE TA371).</p>	
<p><b>2016/213</b></p>	<p><b>LMMG – Guidelines Work Plan update</b></p> <p>AGR discussed this paper; updating LMMG on the current status of the work plan as follows:</p> <p><u>For discussion in January</u>            Degarelix shared care document.            Opioid step down guidance.            Guanfacine shared care guidance.            Melatonin position statement.</p> <p><u>For discussion in February</u>            Palliative care for generalists – a draft document has been provided by Dr Susan Salt. Discussions are ongoing regarding the inclusion of the place in therapy of tapentadol in the guideline.</p> <p>Generic biosimilar position statement - work will be started on the position statement soon.</p> <p>Bariatric surgery nutrition position statement - this will be discussed at the February meeting.</p> <p>Melatonin – CF suggested carrying out an audit of prescribing in LCFT to aid discussions at the January LMMG. Secondary care provider trusts’ leads also to carry out an audit in their organisations of melatonin.</p> <p><u>For discussion at a future LMMG meeting</u>            Asthma and COPD guidance – NICE guidelines are now due in November 2018 therefore, work will be starting on the COPD guidance in January. Asthma NICE guidelines are due in June 2017.</p> <p>Primary Care Psoriasis Guidance – a scoping document has been started.</p> <p>Rheumatoid Arthritis Pathway – work is ongoing.</p> <p>Inhaler Comparison and identification Guide – this will be completed alongside the COPD and Asthma guidance.</p> <p>Supplementary enteral nutrition (sip feed) guidance – the group agreed that a formal scope was not required; a document will be put together from the literature review.</p> <p>Update ophthalmology pathway with aflibercept for branch retinal vein occlusion and full review of the guidance – work is ongoing.</p>	<p><b>CF/Secondary Care            Provider Trust            Leads</b></p>



ITEM	SUMMARY OF DISCUSSION	ACTION
	<p>AGR highlighted that a request has been received from a specialist nurse to remove bisacodyl from the children's constipation guideline and add in sodium picosulphate. The group discussed this and approved the request. A reference to secondary care will be added to the guideline when adding in sodium picolsulphate.</p>	<b>AGR</b>
<b>NATIONAL DECISIONS FOR IMPLEMENTATION</b>		
2016/214	<p><b>New NICE Technology Appraisal Guidance for Medicines (November 2016)</b></p> <p>AGR presented this paper, the following actions were agreed:</p> <p>TA288 (updated) Dapagliflozin in combination therapy for treating type 2 diabetes – for information AGR highlighted that there has been a partial update to NICE TA288. There are no commissioning implications as a result of this. The LMMG website will be updated.</p> <p>TA417 Nivolumab for previously treated advance renal cell carcinoma – this is an NHSE commissioning responsibility. No further action is required.</p> <p>TA418 Dapagliflozin in triple therapy for treating type 2 diabetes – There are no commissioning implications as a result of this. The LMMG website will be updated.</p> <p>TA419 Apremilast for treating moderate to severe plaque psoriasis – AGR highlighted that NICE TA419 has superseded NICE TA368. The group decided that the colour classification will be changed from Black to Red in line with NICE TA419. A Blueteq form will be created. The LMMG website will be updated from Black colour classification to Red.</p>	<b>AGR</b>
2016/215	<p><b>New NHS England medicines commissioning policies (November 2016)</b></p> <p>None published in November 2016.</p>	
2016/216	<p><b>Evidence reviews published by SMC or AWMSG (25<sup>th</sup> November 2016)</b></p> <p>DP discussed the SMC and AWMSG recommendations published during November 2016 meeting LMMG criteria, which were:</p> <p><u>SMC</u> 1194/16 dequalinium (Fluomizin®) SMC accepted 1194/16 dequalinium (Fluomizin®) for the</p>	

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	<p>treatment of bacterial vaginosis. The group decided that this will not be added to the work plan.</p> <p>1209/16 adalimumab (Humira®) SMC accepted 1209/16 adalimumab (Humira®) for the treatment of non-infectious intermediate, posterior and panuveitis in adult patients who have had an inadequate response to corticosteroids, in patients in need of corticosteroid-sparing, or in whom corticosteroid treatment is inappropriate. The group decided that that they would wait for NICE guidance which is due in July 2017.</p> <p>1210/16 canakinumab (Ilaris®) SMC did not accept 1210/16 canakinumab (Ilaris®) for the treatment of active Still's disease including Adult-Onset Still's disease who have responded inadequately to previous therapy with non-steroidal anti-inflammatory drugs and systemic corticosteroids. The group decided that no further action was required.</p> <p><u>AWMSG</u> 2775 dequalinium chloride (Fluomizin®) AWMSG accepted 2775 dequalinium chloride (Fluomizin®) for the treatment of bacterial vaginosis as an option for restricted use within NHS Wales. The group decided that this will not be added to the work plan.</p> <p>It was discussed that the remaining SMC/AWMSG recommendations for November 2016 did not meet LMMG criteria; therefore the committee agreed that no further action would be taken with regard to them.</p>	
<b>ITEMS FOR DISCUSSION</b>		
<b>2016/217</b>	<p><b>Legal framework for commissioning prescribing (restricting the 'NHS offer')</b></p> <p>GA highlighted that he will be attending the CCB in January to request legal advice for a Lancashire wide agreement regarding the 'NHS offer.' All LMMG representatives present at the meeting agreed with GA's proposal to take this forward on behalf of all Lancashire organisations.</p>	
<b>ITEMS FOR INFORMATION</b>		
<b>2016/218</b>	<p><b>Minutes of the Lancashire Care FT Drug and Therapeutic Committee (25<sup>th</sup> November 2016)</b></p> <p>The group noted these minutes.</p>	

**Date and time of the next meeting**12<sup>th</sup> January 2017, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

**ACTION SHEET FROM THE  
LANCASHIRE MEDICINES MANAGEMENT GROUP  
8<sup>th</sup> DECEMBER 2016**

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 8th DECEMBER 2016
<b>ACTION SHEET FROM THE 8<sup>th</sup> SEPTEMBER MEETING</b>				
2016/156	<p><b>New NICE Technology Appraisal Guidance for Medicines (July/August 2016)</b></p> <p>TA404 Degarelix for treating advanced hormone-dependent prostate cancer</p> <p><b>Action:</b> BH will seek further information regarding the discounted drug cost referred to in the TA. If this is feasible in primary care BH will feedback to CCG MM Leads, alternatively this will be brought back to LMMG for discussion.</p> <p><b>Update:</b> A rebate scheme is available for primary care. Details of the draft contract relating to the rebate scheme will be circulated once this has been received from the drug company.</p> <p><b>Update:</b> DP has circulated this to the CCG MM Leads.</p>	DP	01.12.2016	Closed
<b>ACTION SHEET FROM THE 13<sup>TH</sup> OCTOBER MEETING</b>				
2016/171b	<p><b>Horizon Scanning 2017/18</b></p> <p>LMMG representatives to feedback priority areas for 2017/18 to MLCSU by 30<sup>th</sup> November.</p> <p><b>Update:</b> DP will update at the next meeting.</p>	LMMG Representatives	05.01.2017	Open
2016/175	<p><b>Rag review list 3</b></p> <p>Amisulpride – Schizophrenia – a request to change the colour classification from Amber 1 to Amber 0 has been received.</p> <p><b>Action:</b> MM Leads will discuss further</p>			

	with GPs in their local areas. <b>Update:</b> this will be discussed further at the January meeting.	<b>MM Leads</b>	<b>05.01.2017</b>	<b>Open</b>
<b>ACTION SHEET FROM THE 10<sup>th</sup> NOVEMBER MEETING</b>				
<b>2016/192</b>	<b>Oral anticoagulant guide</b>  <b>Action:</b> TN will share local guidance on the treatment of iron deficiency/anaemia levels with MLCSU for incorporation in the Oral anticoagulant guide. <b>Update:</b> TN shared the guidance.  <b>Action:</b> GA will liaise with BH regarding a draft paper for DOAC prescribing. <b>Update:</b> Prescribing data has been run. A paper will be drafted and presented at the January CCB.	<b>TN</b>  <b>GA</b>	<b>01.12.2016</b>  <b>01.12.2016</b>	<b>Closed</b>  <b>Closed</b>
<b>2016/194</b>	<b>RAG review list 3</b>  <b>Action:</b> Nortriptyline – Depressive illness – LCFT will consider a black colour classification and feedback to LMMG. <b>Update:</b> CF will feedback at February LMMG following the discussions at the January D&T.  Antipsychotics – awaiting feedback from CCGs with regard to changing the colour classification from Amber 1 to Amber 0. <b>Update:</b> F&W CCG would like Amber 1, CF is collating views in LCFT. An update will be given at the January LMMG.	<b>SR/CF</b>  <b>CCG Leads</b>	<b>01.2.2017</b>  <b>01.1.2017</b>	<b>Open</b>  <b>Open</b>
<b>2016/195</b>	<b>LMMG Guideline work plan</b>  <b>Action:</b> Asthma and COPD guidance – LR and JL will share their local guidance. <b>Update:</b> this will be discussed further under discussions on the work plan.	<b>LR/JL</b>	<b>01.12.2016</b>	<b>Closed</b>
<b>2016/198</b>	<b>Evidence reviews published by SMC or AWMMSG (/September and October 2016</b>  <b>Action:</b> 1186/16 aflibercept (Eylea) – BH will engage with Ophthalmologists to ask if	<b>BH</b>	<b>01.12.2016</b>	<b>Closed</b>

	<p>they would like to use it and if so to submit an application form.</p> <p><b>Update:</b> A meeting will be arranged in the New Year.</p>			
<b>2016/201</b>	<p><b>Any other business</b></p> <p><b>Action:</b> CM and MP will share their local work on sip feed with MLCSU.</p> <p><b>Update:</b> this had been received.</p>	<b>MP/CM</b>	<b>01.12.2016</b>	<b>Closed</b>
<b>2016/210</b>	<p><b>Apomorphine Shared Care guidelines</b></p> <p>BH will recirculate the consultation document with the amendments contained therein for consultation and discussion at the January LMMG.</p> <p>MLCSU will draft a letter on behalf of LMMG to the secondary care providers stating Apomorphine will remain Red colour classification and to encourage the prescribing of Apomorphine if it is appropriate treatment.</p>	<b>BH</b>	<b>05.01.2017</b>	<b>Open</b>
		<b>BH</b>	<b>05.01.2017</b>	<b>Open</b>
<b>2016/209</b>	<p><b>LMMG – New Medicines Reviews Work Plan update</b></p> <p><b>Action:</b> JA will look at the last 6 months' of prescribing of Osvaren in LTH in the Renal service. A decision whether to review this will be made once the data has been received.</p>	<b>JA</b>	<b>05.01.2017</b>	<b>Open</b>
<b>2016/212</b>	<p><b>RAG list 4</b></p> <p>Ketovit – patients on haemodialysis – MLCSU will check whether the review on Renavit renal vitamins included all vitamins and will feedback.</p> <p>Mercaptamine - Cystagon® - nephropathic cystinosis – MLCSU will look at prescribing data to check on patient numbers and bring back to the January LMMG if this requires further discussion.</p> <p>Fulvestrant – treatment of locally advanced or metastatic breast cancer (NICE TA239)</p>	<b>AGR</b>	<b>05.01.2017</b>	<b>Open</b>
		<b>AGR</b>	<b>05.01.2017</b>	<b>Open</b>
		<b>Secondary Care</b>		

	– provider trusts to supply current position on this. MLCSU will look at prescribing data and bring back to the January LMMG.	<b>Provider Trust Leads/AGR</b>	<b>05.01.2017</b>	<b>Open</b>
<b>20916/213</b>	<b>LMMG – Guidelines Work Plan update</b> Melatonin – CF/Secondary Care Provider Trust Leads to carry out an audit in their organisations of melatonin.	<b>Secondary Care Provider Trust Leads/AGR</b>	<b>01.02.2017</b>	<b>Open</b>