Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 12th February 2015 at Preston Business Centre

PRESENT:

Dr Tony Naughton (TN)	Chair of LMMG	Lancashire CCG Network
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Dr Emile Li Kam Wa (LKW)	Consultant Physician	Blackpool Teaching Hospitals NHS Foundation Trust
Vince Goodey (VG)	Assistant Director of Pharmacy	East Lancashire Hospitals NHS Trust
Dr Catherine Fewster (CF)	Chief Pharmacist	Lancashire Care NHS Foundation Trust
David Jones (DJ)	Assistant Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust
Catherine Dugdale (CD)	Medicines Management Pharmacist	NHS Blackburn with Darwen CCG
John Vaughan (JV)	Commissioning Pharmacist	NHS East Lancashire CCG
Clare Moss (CM)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble CCG
Kenny Li (KL)	Senior Manager – Medicines Optimisation	NHS Lancashire North CCG
Dr Kamlesh Sidhu (KS)	GP Prescribing Lead	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
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG
Dr David Shakespeare (DS)	Consultant Neurologist	Lancashire Teaching Hospitals NHS Foundation Trust

IN ATTENDANCE:

Elaine Johnstone (EJ)	Senior Executive – Medicines Management	NHS Midlands and Lancashire CSU
Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Cassandra Edgar (CE)	Senior Medicines Commissioning Pharmacist	NHS Midlands and Lancashire CSU
Jane Johnstone (Minutes)	Medicines Management Administrator	NHS Midlands and Lancashire CSU

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/023	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Christine Woffindin, Julie Kenyon, Dr Lisa Rogan, Melanie Preston, Susan McKernan and Aidan Kirkpatrick. It was noted that Vince Goodey was attending on behalf of Christine Woffindin, John Vaughan was attending on behalf of Dr Lisa Rogan and Catherine Dugdale was attending on behalf of Julie Kenyon. It was also noted, that Aidan Kirkpatrick would continue to remain on the LMMG distribution list on behalf of Public Health and would	

ITEM	SUMMARY OF DISCUSSION	ACTION
	submit consultation responses or attend LMMG meetings if there were any agenda items which were particularly pertinent to Public Health.	
2015/024	**Declaration of any other urgent business** None.	
2015/025	**Declarations of interest pertinent to agenda** None.	
2015/026	**Minutes of the last meeting (8th January 2015)** The minutes of the meeting dated 8th January were agreed as a true and accurate record subject to the following amendment for clarity: **2015/008 SSRIs FOR PREMATURE EJACULATION** **2015/008b - Dapoxetine (Priligy®▼) For the treatment of premature ejaculation (PE) in men 18 to 64 years of age** KS highlighted that the minutes for this agenda item did not fully reflect the discussions of LMMG. It was agreed that KS and BH would review the minutes to ensure that it was reflective of both the decision making process and subsequent LMMG recommendation. The minutes were amended to read as follows; BH presented this paper, summarising the evidence review and the draft recommendations which had been consulted on in July 2014, as follows: **Option 1** Dapoxetine (Priligy) is recommended as an option to treat <u>lifelong</u> PE when pharmacotherapy is indicated and where the patient meets strict criteria as set out in the SPC. Dapoxetine (Priligy) is recommended as an option to treat <u>acquired</u> PE only after psychotherapy **and** management of the causative problem have failed to resolve the issue and when the patient meets the strict criteria as set out in the SPC **Option 2** Dapoxetine (Priligy) is not recommended for the treatment of PE LMMG members considered the comparative evidence base for dapoxetine versus off label use of SSRIs and the consultation responses which were received in July 2014.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Decision In light of the formulary approval of off label use of daily SSRIs for PE, that a treatment benefit of dapoxetine over daily SSRIs has not been consistently demonstrated in addition to the significantly higher treatment costs, LMMG members' decision was to make this a Black colour classification. **Action** The website will be amended to show Black colour classification.	
2015/027	**Matters arising (not on the agenda)**	
NEW MEDICINES REVIEWS		
2015/043	**RAG list review – Appendix 1** – this item was taken earlier in the agenda to enable DS to attend another meeting. JL presented the paper, summarising the consultation responses for the review of the colour classification list 1. Responses were received from 7 CCGs and 3 provider trusts. The following were discussed and agreed by the group:- The annual review will be split into quarters by therapeutic areas. When an Application form is received to request a change in the colour classification of a medicine these will be reviewed on a quarterly basis in line with the planned quarterly reviews. Mirabegron & Darifenacin - all agreed that these will be changed from Amber0 to Green colour classification on the LMMG website on the basis that these could be used as a third line agent in primary care. Febuxostat - all agreed that this will be changed from Amber0 to Green colour classification on the LMMG website. Perampanel – all agreed that this will be changed from Red to Amber0 colour classification on the LMMG website Cannabinoid spray is currently listed as Red on the LMMG website. 9 organisations voted in favour of a Black colour classification. 1 organisation voted in favour of Amber on the basis that this is prescribed by LTHT as an effective treatment for clinical indications wider than Multiple Sclerosis. A decision was made to defer the decision to amend the RAG status, and instead to carry out a more detailed review of Sativex, comparing NICE and All Wales guidelines and bring back to a future meeting.	**All** **Website updates** **JJ** **BH**

ITEM	SUMMARY OF DISCUSSION	ACTION
	Immunosuppressants post renal transplant - it was decided to defer the decision on RAG status. JL will contact Specialised Commissioning/NHS England to determine timescales for the repatriation plan and bring back to a future meeting. It was highlighted that some medicines used as cancer treatment that are blacklisted on the LMMG website based on a NICE TA, may be accessed via the Cancer Drugs Fund if specified criteria are met. It was agreed that a link will be included on the relevant pages of the LMMG website to the current Cancer Drugs Fund list stating 'refer to the current Cancer Drugs Fund list.' Buprenorphine, Methadone & Naltrexone for substance misuse are currently listed as Amber0 – the colour classification will be amended to Red/Amber depending on local commissioning arrangements.	**JL**
2015/028	**Tiotropium for Asthma** BH presented the paper, summarising the evidence review and the draft recommendation which had been consulted on, as follows:- Tiotropium 2.5 micrograms (Spiriva® Respimat®▼) is not recommended for routine use as add-on maintenance bronchodilator treatment in adult patients with asthma who are currently treated with the maintenance combination of inhaled corticosteroids (≥800 micrograms budesonide/day or equivalent*) and long-acting β_2 agonists and who experienced one or more severe exacerbations in the previous year. 7 out of 8 CCGs, 3 of 4 acute trusts and LCFT responded by the closing date, 1 CCG and one acute trust responded after the closing date. Two CCGs agreed with the recommendation, two CCGs and three acute trusts agreed for routine use; however specialists would like it to be available for occasional patients. Three CCGs and one acute trust disagreed with the recommendation and would like tiotropium to be available for restricted use at step 4 after other options have failed. One CCG and LCFT neither agreed nor disagreed with the recommendation, LCFT highlighted that they would go with whatever is decided at the acute hospitals that they interface with. **Decision** All members agreed to support the use of tiotropium Respimat in line with the following recommendation.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Tiotropium 2.5 micrograms (Spiriva® Respimat®▼) is recommended as add-on maintenance bronchodilator treatment in adult patients with asthma who meet **all** of the following criteria: • persistent airflow limitation demonstrated by a FEV_1 <80% predicted and a ratio of FEV_1/FVC <70% **and** • currently treated with the maintenance combination of inhaled corticosteroids (≥ 800 micrograms budesonide/day or equivalent*) and long-acting β_2 agonists **and** • experienced one or more severe exacerbations in the previous year. **Action** Add this to the LMMG website as Amber0 colour classification.	**BH** **JJ**
2015/029	**Umeclidinium for COPD** CE presented the paper, summarising the evidence review and the draft recommendation which had been consulted on, as follows:- Umeclidinium (Incruse®) is recommended as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). Umeclidinium is an **alternative** to other long-acting muscarinic antagonists (LAMAs). 7 out of 8 CCGs, 3 of 4 Acute Trusts and LCFT responded by the closing date, 1 Acute Trust responded after the closing date. 3 CCGs agreed, 2 CCGs disagreed and 2 CCGs neither agreed nor disagreed with the recommendation. 3 Acute Trusts agreed and 1 Acute Trust neither agreed nor disagreed with the recommendation. LCFT neither agreed nor disagreed with the recommendation stating that they will go with whatever has been submitted by the acute trusts that they interface with. The committee discussed the usability of the devices and the level of evidence for umeclidinium in comparison to the other newer long acting muscarinic antagonists (LAMAs); aclidinium and glycopyrronium. **Decision** All members agreed to support the recommendation but with the same restrictions as for aclidinium and glycopyrronium inhalers which is; "as an alternative to tiotropium HandiHaler where tiotropium in contraindicated or inhalation device cannot be used after training and an adequate therapeutic trial". It was also	

ITEM	SUMMARY OF DISCUSSION	ACTION
	agreed to add a review of the comparative evidence and functionality of the LAMAs and the combination LAMA and long acting $beta_2$ agonists (LABAs) to the work plan. **Action** Add this to the LMMG website as Green colour classification. Add the comparative review of LAMA's and LAMA / LABA combinations to the work plan.	 **JJ** **CE/BH**
2015/030	**Silk Garments for Eczema & Dermatitis** CE presented the paper, outlining the evidence from the UKMI evidence summary and a more recent randomised controlled trial. The draft recommendation which had been consulted on was as follows:- Silk garments (DermaSilk®, DreamSkin® and Skinnies Silk™) are not recommended for the treatment of eczema / atopic dermatitis. 7 of 8 CCGs, 4 of 4 Acute trusts and LCFT responded by the closing date, 1 CCG responded after the closing date. 8 CCGs and 3 Acute Trusts agreed with the recommendation. 1 Acute Trust did not state whether they agreed or disagreed with the recommendation but it could be interpreted from the comments received that they are not in agreement with the recommendation. LCFT responded to confirm that they would go with whatever is decided or recommendations from our Acute Hospitals. **Decision** All members agreed with the recommendation. **Action** The recommendation will be put on the website as written and will be given a Black colour classification. DS left the meeting.	 **JJ**
2015/031	**Horizon Scanning 2015/16** BH discussed the Medicines Horizon Scanning Paper which highlighted cost pressures for 2015/16 in primary and secondary care and CCGs' commissioning budgets. **Decision** LMMG members agreed to consult internally with Specialists discussing the prioritisation for new medicines reviews for the 2015/16 financial year.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Action BH to circulate the quarterly spreadsheets which identify the expected medicines to be launched. LMMG members to consult internally with Specialists, discussing the prioritisation for new medicines reviews over the next 3 weeks. This will be brought to the March LMMG meeting.	**BH** **LMMG members**
2015/032	**LMMG – New Medicine Reviews Work Plan update** BH discussed this paper; updating LMMG on the current status of the work plan, as follows:- <u>*Medications discussed at the February 2015 meeting*</u> Renavit (patients on haemodialysis) – a decision was made to carry out an evidence review and also include Ketovit in the review as Renavit is approved as a Food for Special Medicinal Purposes while Ketovit is a licensed medicine; this will be added to the website as a Grey colour classification. Liothyronine (persisting lethargy despite adequate levothyroxine replacement) – a decision was made to defer this item until clarity has been sought from specialists as to whether the request, which had been received from a GP, is supported. Aflibercept (Macular Oedema – secondary to BRVO) – JL contacted ophthalmologists regarding this request. 2 ophthalmologists didn't feel this was a priority, while 2 felt that this was a priority - a decision was made not to put this on the work plan. This would be considered if an application was received from the ophthalmologists. LABA/LAMA combinations (COPD) – BH has contacted the Respiratory Consultants regarding this request. ELHT and LTHT physicians responded to the request and would like availability of all three preparations. A response was not received from BTH in advance of LMMG. A decision was made to add the comparative review of LAMA's and LAMA / LABA combinations to the work plan. Alogliptin/pioglitazone (Type II Diabetes) – a decision was made not to review this as it does not meet the LMMG criteria for review. This will be included as a Black Colour Classification on the website with the Black combination product statement added. <u>*Medications for recommendation from March 2015*</u> Olodaterol (COPD)	**BH/JJ** **CE/BH** **BH/JJ**

ITEM	SUMMARY OF DISCUSSION	ACTION
	Medications for recommendation from April 2015 Testosterone (female sexual dysfunction following post oophorectomy or primary ovarian failure) Insulin degludec & liraglutide (Xultophy®) (Insulin dependent diabetes) Sodium Oxybate (Narcolepsy with cataplexy) – an application has not been received for this product and it has been on the work plan for a number of months – it was agreed that this will be removed from the work plan. It was also agreed that in future, if an application has not been received within three months of a request it will be removed from the work plan. *Medications for future review* Peristeen (Faecal incontinence and constipation) Co-trimoxazole (Subacute Bacterial Peritonitis Prophylaxis)	**BH**
GUIDELINES and INFORMATION LEAFLETS		
2015/033	**Anticoagulant use in AF check list** JL discussed the responses received following the consultation period for the anticoagulant decision support tool and patient counselling checklist. Responses were received from 4 CCGs and 3 provider trusts. Of those organisations which responded 6 were in favour of the guidance. UHMB were not, because they wanted consistency over choice of NOAC locally and feel they have sufficient patient information resources already. **Decision** LMMG approved the Anticoagulation Decision Support Tool subject to the following amendment:- Amend $CHAD_2SVAS_2C$ to **CHA_2DS_2VASC.** **Action** The amended document will be uploaded to the website.	**JL** **JJ**
2015/034	**Erectile Dysfunctions Scoping Paper** JL discussed this paper which was sent out to determine current prescribing practices and available guidance. Responses were received from 6 CCGs and 3 provider Trusts, of those organisations which replied, 6 were in favour of guideline development and 3 were not because they already have local guidance. One CCG responded after the deadline to say they	

ITEM	SUMMARY OF DISCUSSION	ACTION
	were in support of the guideline development Organisations were largely in agreement with the scope and objectives, with the only suggested change, being that the objectives also consider the evidence for using tadalafil post prostatectomy. There was a request that the guidelines cover devices and once daily and twice weekly tadalafil **Decision** LMMG approved the scoping paper for the formation of an Erectile Dysfunction guideline and agreed that an evidence review of tadalafil will be included in the guideline development. **Action** The Erectile Dysfunction guideline will be will be added to the work plan. Carry out an evidence review of Tadalafil.	**JL** **JL**
2015/035	**ADHD for adults – Update** JL discussed the request for the following two proposed changes to the ADHD in adults Shared Care Guideline which had been received from the adult ADHD service steering group: 1. Appendix A – Monitoring Requirements - Heading "Ongoing monitoring for adverse effects to be routinely considered by LCFT and GPs" to be replaced with "Monitoring in response to symptoms only." 2. Section "Primary Care Responsibilities" to include reference to patients who do not attend for 6 monthly monitoring. Suggested wording could be: "In the event that patients do not attend for monitoring further prescriptions may not be issued." **Decision** LMMG approved the change for request 1; however it was agreed that request 2 was outside of the scope of a Shared Care Guideline and therefore this has not been included in the updated Shared Care Guideline. The document was agreed in its current form presented in the papers **Action** The amended Adult ADHD Shared Care Guideline will be uploaded to the website.	**JJ**

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/036	**LMWH Guideline Update paper** JL discussed the LMWH Summary Prescribing Guide which was amended in light of the patient safety alert relating to harm from using LMWHs when contraindicated. **Decision** The LMWH Summary Prescribing Guide was approved by the LMMG subject to a statement being added in the Contraindications box stating 'please check individual SPCs for a full list' of contraindications **Action** Add in the link as stated above in the contraindications box Upload the LMWH Summary Prescribing Guide to the website.	 **JL** **JJ**
2015/037	**Rheumatology Alliance – Update** TN gave an update to LMMG on a meeting which took place with Rheumatologists representing the Rheumatology Alliance last month. The meeting was organised as the rheumatologists had concerns regarding the DMARD Shared Care documents which had been recommended by LMMG. The rheumatologists concerns relate to the monitoring of patients in primary care, who are on a combination of methotrexate and biologics, as they require more frequent monitoring than patients on methotrexate alone. Concern had been raised by the rheumatologists that if biologics do not appear in the primary care record that patients may not be monitored appropriately. TN informed LMMG that the rheumatologists were to have further discussions at the rheumatology alliance last week; however, formal feedback from these discussions had not yet been received. It was highlighted that medications prescribed in secondary care could be added to the primary care record, and designated as "Hospital No Print" medications, so that they could not be issued in primary care. JL informed LMMG that an information sheet covering how to add this to the primary care record was in development in F&W CCG. It was agreed that when this was complete it would be useful to issue this to LMMG members for dissemination to all Lancashire practices and Medicines Management Teams.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Action TN to update LMMG once formal feedback had been received from the rheumatology alliance meeting. JL to circulate the information sheet once it has been finalised.	**TN** **JL**
2015/038	**LMMG – Guidelines Work Plan Update** JL discussed this paper, updating LMMG on the current status of the work plan, as follows:- *Due for approval at the March meeting* Psychotropic Formulary - this is currently out to consultation. Rag list annual review, list 2. *For approval at future meetings* Non-cancer pain guidelines – further work is ongoing with the task and finish group. The work will be presented as 2 separate documents – Chronic pain and neuropathic pain. Apomorphine shared care guidelines – LTHT are producing a shared care guideline, this will come to LMMG after it has been sent out for consultation. Treatment of Juvenile Idiopathic Arthritis - JL updated the LMMG that this has been taken forward at the Rheumatology Alliance meeting; the Alliance is in support of the policy and the policy position will be brought back to LMMG once the Alliance has agreed it. Ivabradine information sheet – this will go out to consultation in March 2015. Erectile Dysfunction – this will be added to the work plan as discussed on this agenda. Two further requests for the formation of guidelines have been received:- Rheumatologists from LCFT have requested a guideline for the treatment of Gout in Primary Care – the LMMG agreed that this will be added to the work plan and a scope will be undertaken A working group from the Lancashire Stroke Pathway Review Group have requested that LMMG may consider the formation of a guideline around the secondary prevention of stroke - LMMG agreed to carry out a scope of this and bring back to A future meeting	**JL** **JL**

ITEM	SUMMARY OF DISCUSSION	ACTION
NATIONAL DECISIONS FOR IMPLEMENTATION		
2015/039	**New NICE Technology Appraisal Guidance for Medicines (January 2015)** None published in January.	
2015/040	**New NHS England medicines commissioning policies (January 2015)** BH presented this paper, summarising the Commissioning Policies developed by NHS England and discussing how these should be reflected on the LMMG website as follows:- Clinical Commissioning Policy - Dolutegravir (treatment of HIV-1 in adults and adolescents) – LMMG agreed that this will be put onto the website as Red Colour Classification. Clinical Commissioning Policy - Defibrotide (severe veno-occlusive disease following stem cell transplant) - LMMG agreed that this will be put onto the website as Red Colour Classification. SSC 1466 Renal Transplant CRG Guidance on prescribing of immunosuppressive Therapy for Kidney Transplant Recipients - this was brought to the meeting for information. SSC 1467 Clinical Commissioning Policy Statement: Simeprevir for treating Genotype 1 chronic hepatitis C A02/PS/C – LMMG agreed that this will be put onto the website as Red Colour Classification.	**All actions JJ**
2015/041	**Evidence reviews published by SMC or AWMSG (January 2015)** BH discussed the SMC and AWMSG published medicines from January 2015. *SMC recommendations published in January 2015 meeting LMMG criteria* 1016/14 Brimonidine (Mirvaso®) – the symptomatic treatment of facial erythema of rosacea in adult patients – the SMC position was noted, however, LMMG agreed that no action will be taken; the policy position agreed in September 2014 remains unchanged. 974/14 Olodaterol Respimat (Striverdi® Respimat®) – maintenance bronchodilator treatment in patients with COPD – a review is currently out to consultation. This will be brought to the March 2015 LMMG meeting.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	AWMSG recommendations published in January 2015 meeting LMMG criteria 1537 Olodaterol Respimat (Striverdi ® Respimat®) – a maintenance bronchodilator treatment in patients with COPD – a review is currently out to consultation. This will be brought to the March 2015 LMMG meeting. 1352 Umeclidinium (Incruse®) – this has previously been discussed under agenda item 2015/029. It was agreed that the remaining SMC / AWMSG recommendations in the paper did not meet LMMG criteria therefore no action would be taken with regards to them.	
PROCESS PROPOSALS		
2015/042	**Application forms for new guidelines** EJ discussed the New Guidance Application form which was proposed for use from member organisation when requesting the development of a new guidance document. **Decision** LMMG agreed to trial the Guideline Application form for use when member organisations request the development of a guidance document. **Action** The New Guidance Application form will be uploaded to the website.	**JJ**
ANY OTHER BUSINESS		
2015/046	**Ticagrelor** BH has recently been made aware by a locality Medicines Management Team that there had been recent requests for the use of Ticagrelor for longer than 12 months. LMMG has previously recommended ticagrelor for a maximum of 12 months in line with the NICE Technology Appraisal and the product licence. **Decisions** LMMG will contact the Trust to seek clarity around their recent requests for the use of Ticagrelor for longer than 12 months. Some CCG Medicines Management Leads to carry out an audit of Ticagrelor prescribing in Primary Care to understand the extent of requests outside of the LMMG recommendation.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	Action BH to contact the Trust concerned. CCG Medicines Management leads to carry out an audit of Ticagrelor prescribing in Primary Care	 **BH** **CCG MM Leads**
ITEMS FOR INFORMATION		
2015/045	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (20th January 2015)** **DT/08/15 NHS England Misuse of Pregabalin and Gabapentin document** Due to the ongoing issues on the use of Pregabalin and Gabapentin in the prisons CF will forward the NHS England document to the CSU Medicines Management Team for forwarding to CCGs.	**CF**
2015/046	**Minutes of the Lancashire CCG Network (18th December 2014)** The group noted these minutes.	

Date and time of the next meeting
Thursday 12th March 2015, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
12th February 2015

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 12/2/15
ACTION SHEET FROM THE 13 NOVEMBER 2014 MEETING				
2014/167	**Melatonin** **Action:** Melatonin (Circadin®) – LR to inform LCSU of the outcome of local discussions at ELMMB. **Update**: LR has not yet received feedback from the meeting. An update will be brought to the March meeting.	**LR**	**05.03.15**	**Open**
ACTION SHEET FROM THE 11 DECEM BER 2014 MEETING				
2014/199	**Rag List annual review** **Action:** KL will look at local colour classifications and check whether these are covered in the LMMG RAG list. **Update:** KL informed LMMG that he has discussed the issue with SM and that this action can now be closed	**KL/SM**	**12.02.15**	**Closed**
2015/201	**LMMG engagement with the pharmaceutical** **Action:** Discuss with Comms regarding adding the work plan to the website **Update:** The work plan is not currently on the website, it is hoped that this will be resolved in advance of the next LMMG meeting. EJ updated the group following her meeting in Leeds with the ABPI in January. Individual point of contact details will be forwarded to the LCSU; these will be helpful when LCSU contact pharmaceutical companies in advance of conducting an evidence review.	**BH**	**05.03.15**	**Open**
ACTION SHEET FROM THE 8 JANUARY 2015 MEETING				
2015/022	**Updating of LMMG Annual report** All CCGs to check that websites are up to date with decisions on new medicines to support refreshing of the LMMG annual report. **Update:** TN reminded all to ensure websites are up to date as the annual report will be refreshed in advance of the March LMMG meeting.	**All CCGs**	**05.03.15**	**Closed**

ACTION SHEET FROM THE 12 FEBRUARY 2015 MEETING				
2015/027	**RAG list review – immunosuppressants post renal transplant.** **Action:** JL to contact Specialised Commissioning / NHS England to determine timescales for the repatriation plan.	**JL**	**05.03.15**	**Open**
2015/031	**Horizon Scanning 2015/16** **Action:** LMMG members to consult internally with Specialists discussing the prioritisation for new medicines reviews for the 2015/16 financial year.	**LMMG members**	**05.03.15**	**Open**
2015/037	**Rheumatology Alliance – Update** **Action:** TN to update LMMG once formal feedback has been received from the rheumatology alliance meeting JL to circulate the information sheet once it has been finalised.	**TN** **JL**	**05.03.15** **05.03.15**	**Open** **Open**
2015/045	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (20th January 2015)** **DT/08/15 NHS England Misuse of Pregabalin and Gabapentin** **Action:** CF will forward the NHS England document to the CSU Medicines Management Team for forwarding to CCGs.	**CF**	**05.03.15**	**Open**
2015/046	**Ticagrelor** **Action** In light of recent requests for the use of Ticagrelor for a period longer than 12 months – CCG Medicines Management leads to carry out an audit of Ticagrelor prescribing in Primary Care.	**CCG MM Leads**	**05.03.15**	**Open**