Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 10th September 2015 at Preston Business Centre

PRESENT:

Dr Kamlesh Sidhu (KS)	Chair of LMMG	NHS Lancashire North CCG
Alastair Gibson (AG)	Director of Pharmacy	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	East Lancashire Hospitals NHS 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
Kenny Li (KL)	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
Julie Lonsdale (JL)	Head of Medicines Optimisation	NHS Fylde and Wyre CCG
David Jones (DJ)	Assistant Chief Pharmacist	Lancashire Teaching Hospitals NHS Foundation Trust

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Susan McKernan (SM)	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
2015/140	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Tony Naughton, Cassandra Mulholland, Dr Catherine Fewster, Dr Emile Li Kam Wa and Melanie Preston.	
2015/141	**Declarations of interest pertinent to agenda** None.	
2015142	**Declaration of any other urgent business** None.	
2015/143	**Minutes of the last meeting (9th July 2015)** The minutes of the meeting dated 9th July 2015 were agreed as a true and accurate record.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/144	**Matters arising (not on the agenda)** **Co-trimoxazole monitoring** Clarity has been sought from Microbiologist's and Gastroenterologist around the monthly blood monitoring and supply. There may be a small number of patients receiving monthly blood monitoring from the specialist service however, there is an expectation that the majority of the monitoring would be undertaken in Primary Care. The committee discussed and agreed that a shared care document should be produced and the traffic lights status will be Amber 2. **Action** Develop a Shared Care Guideline for Co-trimoxazole monitoring. Put onto the website as Amber 2 traffic lights status.	**BH**
NEW MEDICINES REVIEWS		
2015/145	**Alprostadil cream (Vitaros®) for the treatment of men over 18 with erectile dysfunction** BH presented the paper, summarising the evidence review and the draft recommendations which had been consulted on as follows:- **Option 1 Black** – based on very modest clinical benefit and high rate of adverse events. Alprostadil 3 mg/g cream is not recommended for prescribing in Lancashire. **Option 2 Green** – based on very modest clinical benefit but taking into account ease of use for the patient. Alprostadil 3 mg/g cream Vitaros® is recommended as an alternative to transurethral and intracavernosal alprostadil or vacuum pump devices, for patients with erectile dysfunction in whom at least 2 types of phosphodiesterase 5 (PDE5) inhibitor treatments have failed (with at least 8 tablets consumed, before deciding failure of treatment, for each PDE5i trialled) or in whom there is an intolerance or contraindication to PDE5 inhibitors. 4 of 8 CCGs, 3 of 4 Acute trusts and LCFT responded by the closing date. 1 CCG agreed with option 1 BLACK and 1 Acute Trust and LCFT did not state which option they agreed with, however the detail in their responses implied they agreed with Option 2 GREEN (see Appendix 2). 1 CCG proposed Alprostadil	

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	cream should be classified as AMBER. 2 CCGs and 1 Acute trust did not state which option they would support. 2 responses were not included in the paper in error; EL CCG supported a black recommendation, however a consultant from EL CCG supported and Amber recommendation. UHMB supported the green recommendation. **Decision** The committee considered the trials and decided that due to the inconclusive evidence the RAG status for Alprostadil 3 mg/g cream (Vitaros®) would be considered further as part of the discussions under the Erectile Dysfunction guidelines agenda item.	
2015/150	**Erectile Dysfunction Guideline** The Erectile Dysfunction guideline was discussed at this point following agenda item 2015/145 Alprostadil cream for the treatment of men over 18 with erectile dysfunction. SM presented the Erectile Dysfunction Guideline which was produced to promote consistency and provide clarity around treatment options. Responses were received from 6 CCGs and 3 provider trusts. Of those organisations that replied, all were in favour of the guideline development with the exception of Blackpool Teaching Hospitals NHS Trusts. The response from Blackpool highlighted that current guidance is to base the choice of PDE5 inhibitor on patient preference; they therefore do not support this guidance document which restricts 1st and 2nd line PDE5 inhibitor treatment options. **Decisions** The committee discussed and agreed the following:- A structured treatment approach was preferred which rationalised treatment options and specified 1st and 2nd line PDE5 inhibitors. That only one PDE5 inhibitor, tadalafil on demand, would be included in the pathway as a second line option. Tadalafil daily will be made Grey on the website and added to the work plan, pending submission of an application form by specialists which details evidence of its effectiveness, place in therapy and expected patient numbers.	**All actions SM**

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	A statement will be added to the guideline – to highlight that vacuum pumps should only be prescribed by clinicians with experience in their use. Alprostadil cream Vitaros® will be made Amber on the website for patients where treatment with two PDE5 inhibitors have failed on the basis that this was felt to be a more complex patient group who may benefit from more specialist input. **And** Alprostadil cream Vitaros® will be made Green restricted on the website for patients who are intolerant to or have a contra-indication to PDE5 inhibitors. **Action** The Erectile Dysfunction guideline will be updated and brought back to LMMG for approval. SM to feedback to specialists regarding decision to make tadalafil daily grey.	
2015/146	**Water soluble vitamins (including Renavit®) for use in patients undergoing dialysis** BH presented the paper. The draft recommendation which was consulted on was:- Water soluble vitamins including Renavit® are not recommended as routine supplementation in patients undergoing haemodialysis. Three of 8 CCGs, 3 of 4 acute trusts and LCFT responded by the closing date, it is unclear if the response from ELHT is on behalf of ELHT, East Lancs CCG and Blackburn with Darwen CCG. Two consultation responses agreed with the recommendation, three responses disagreed with the recommendation and two responses neither disagreed nor agreed with the recommendation. **Decision** The lack of a consistent mortality benefit in the various studies was reflected on by LMMG members alongside the safety profile and national and international guidance in the area. Additionally the consultation responses from LMMG member organisations were considered. Considering all of the information in the round, the committee decided to support the use of Renavit® in patients undergoing haemodialysis.	**BH**

ITEM	SUMMARY OF DISCUSSION	ACTION
	Action Renavit will be made Amber0 RAG status on the LMMG website.	
2015/147	**Levonorgestrel 13.5 mg intrauterine delivery system (Jaydess®)▼, Contraception for up to 3 years** BH presented the paper, summarising the evidence review and the draft recommendation which had been consulted on as follows:- The draft recommendation was: GREEN Levonorgestrel intrauterine delivery system (IUS) (Jaydess®) is recommended as a contraceptive for up to 3 years. The levonorgestrel 13.5mg IUS would offer women an alternative choice of long-acting reversible contraceptive (LARC) to those methods already available. 4 of 8 CCGs, 4 of 4 Acute trusts and LCFT responded by the closing date. 3 CCGs, 3 Acute trusts and LCFT agreed with the recommendation. 1 CCG and 1 Acute trust neither agreed nor disagreed. **Decision** The committee agreed that Levonorgestrel (Jaydess®)▼will be made available as a second-line option for women in whom Mirena® cannot be inserted due to uterine size (length of the uterine cavity being too short or transverse diameter too narrow) or in women who perceive amenorrhoea to be a disadvantage. **Action** Levonorgestrel (Jaydess®) will be given a Green restricted traffic light status on the LMMG website, where its use will be supported only as a second-line option for women in whom Mirena® cannot be inserted due to uterine size (length of the uterine cavity being too short or transverse diameter too narrow) or in women who perceive amenorrhoea to be a disadvantage.	**BH**
2015/148	**Horizon scanning Quarter 2 2015/16** BH discussed the Medicines Horizon Scanning Paper from Quarter 2. *<u>The following drugs are currently on the work plan awaiting licensing and launch</u>* Insulin glargine U300 – Type I and II Diabetes mellitus.	

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	The following drugs were prioritised for review, but will not be added to the work pan as they are due to be considered by NICE **Edoxaban** – Stroke prevention – NICE guidance is due in September 2015. **Edoxaban** – Venous thromboembolism (VTE) – NICE guidance published in August 2015 recommended this as a treatment option. **Evolocumab** – Heterozygous familial hypercholsterolaemia – this will be put onto the website as grey traffic lights status. **Evolocumab** – Hypercholesterolemia – primary (heterozygous familial and non-familial) or mixed dyslipidaemia alone or in combination with other lipid-lowering therapies in adults who are statin-intolerant, or for who a statin is contra-indicated. This will be put onto the website as grey traffic lights status. **Evolocumab** – Hypercholesterolemia - primary (heterozygous non-familial) or mixed dyslipidaemia in combination with a statin, or a statin and other lipid-lowering therapies, in adults unable to reach LDL-C goals with the maximum tolerated dose of a statin. . This will be put onto the website as grey traffic lights status. *The following drugs were not prioritised for review and so will not be added to the work plan* **Abatacept** – Rheumatoid arthritis (RA). **Cangrelor** - Coronary Heart Disease; this is outside of the LMMG remit. **Dexlansoprazole** – Oesophagitis. **DTaP5-HepB-Polio-Hib** – Vaccination. **Pitolisant** – Parkinson's disease – Orphan Drug Status in EU. **Empagliflozin + Metformin IR** – Type 2 diabetes mellitus. **Ethinylestradiol + drospirenone (low dose)** – contraception; the committee decided that this will be made Grey on the website with a paragraph stating that it is not a priority and a request would need to be made by a specialist and considered by LMMG for its use to be supported. **Human papillomavirus vaccine (9-valent)** – Human papillomavirus (HPV) disease *The following drugs are currently on the work plan awaiting SMC publication* Ivermectin – Rosacea – SMC are due to publish their evidence review in December 2015. *The following drug is due to go out to consultation* Lisdexamfetamine dimesylate – Attention-deficit hyperactivity disorder (ADHD) – SMC have published their evidence review. *The following will be picked up as part of the LABA/LAMA review* Tiotropium + olodaterol – Chronic obstructive pulmonary disease (COPD)	

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	Actions Empagliflozin + Metformin IR – Type 2 diabetes mellitus – this will be put on to the website as Black Rag status together with the combination oral statement. Insulin glargine biosimilar (LY29630106) – Type I and II Diabetes mellitus – an LMMG position statement will be produced for biosimilars and applied to this product. Paliperidone palmitate – Schizoaffective disorder – this will be discussed with CF outside of the meeting, it is already in the process of being reviewed. Sodium hyaluronate + triamcinolone hexacetonide – Osteoarthritis – this will be made as Black RAG status on the website on the basis that Sodium hyaluronate is not supported.	**All actions BH**
2015/149	**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 for recommendation for the October LMMG*</u> Colomycin – Non-CF Bronchiectasis Magnaspartate – Magnesium deficiency <u>*Medications for recommendation for November LMMG*</u> Lisdexamphetamine – Adult ADHD- this was delayed due to a delay in the publication of SMC statement. Lidocaine Patches for two indications – Neuropathic Pain post Herpes Zoster, neuropathic pain with allodynia and/or hyperalgesia <u>*Medications for future review*</u> LABA/LAMA combinations – COPD Second line use of biologics – Crohn's Second line us of biologics – Ulcerative Colitis Antipsychotic long-acting injections – Schizophrenia Liothyronine – Persisting Lethargy despite levothyroxine replacement/Thyroid cancer awaiting ablative treatment Oxycodone/Naloxone – Restless legs Insulin Glargine – U300 – Type 1 and 2 Diabetes Sodium Oxybate – Narcolepsy with cataplexy Infliximab – Pyoderma Gangrenosum <u>*Medications currently on hold – awaiting licensing and launch*</u> Albiglutide/Dulaglutide – Diabetes; Albiglutide launch details are still not known, the committee agreed not to prioritise this for a	

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	review. Safinamide – Parkinson's early and mid to late Naltrexone/bupropion – Obesity Bazedoxifene/conjugate oestrogen – Post menopausal osteoporosis + menopausal symptoms Liraglutide – Obesity Insulin degludec & insulin aspartate (Ryzodeg®) – Type II diabetes Insulin glargine biosimilar (Optisulin®) Naloxegol – Opiate inducted constipation Lurasidone for Schizophrenia – CF has forwarded a review of Lurasidone; BH will consider this on behalf of LMMG.	**BH**
GUIDELINES and INFORMATION LEAFLETS		
2015/151	**Antiplatelets/anticoagulants for the prevention of stroke/TIA** SM discussed the guideline which was requested by the Cardiovascular Strategic Clinical Network. 4 of 8 CCGs, 4 out of 5 provider trusts responded to the consultation. 3 CCGs and 2 Acute trusts supported the guideline. The remaining organisations did not state whether they supported the guidance document or not. **Decision** The committee discussed and agreed that the NICE Quality Standard 93 which states 'Adults with atrial fibrillation are not prescribed aspirin as monotherapy for stroke prevention' superseded the ESC Guidelines (2012), which recommend antiplatelets in the rare circumstances that a patient refuses any form of anticoagulation. The guideline was to be updated to make it clear that the risks of using aspirin to treat AF outweighed any benefits. The committee supported the guidelines for antiplatelets/anticoagulants for the prevention of stroke/TIA **Action** The guideline will be updated as per NICE QS 93 and uploaded to the website.	**SM**
2015/152	**LMMG- Guidelines Work Plan update** JL discussed this paper, updating LMMG on the current status of	

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	the work plan, as follows:- *Due for approval at the September meeting* Antiplatelets/Anticoagulants Prevention of Ischaemic Stroke and Transient Ischaemic Attack (TIA) Erectile Dysfunction *In development* Neuropathic pain guideline –out to consultation; this will go to the November LMMG with Lidocaine patch review. Gout Prescribing guidance – currently out for consultation; this will go to the October LMMH meeting. Apomorphine Shared Care guidelines – this was due to go to the LTHTR June D&T meeting; still awaiting an update. Omega 3 fatty acid position statement – due for review December 2015. This had been updated with recommendations from NICE CG 87 and will be discussed at the November LMMG meeting. Mycophenolate Unlicensed Indications Shared Care Guidance – UHMB version shared with alliance for 1st comments, this is will be discussed with the alliance at the October CSU – Alliance meeting. Restless legs guideline. Gastroenterology Biologics Pathway. **New additions** The Ophthalmology pathway will be added to the work plan in light of recent NICE TAs.	**SM**
NATIONAL DECISIONS FOR IMPLEMENTATION		
2015/153	**New NICE Technology Appraisal Guidance for Medicines (July & August)** SM presented this paper. The following actions were agreed:- **NICE TA guidance for medicines published in July 2015** TA345 Naloxegol for treating opioid-induced constipation – this is a CCG commissioning responsibility. Committee members recommended a green traffic light status. TA346 Aflibercept for treating diabetic macular oedema – this is a CCG commissioning responsibility. Committee members recommended a red traffic light status. A BlueTeq form will be	

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	created. The Ophthalmology pathway will be updated in light of this. TA349 Dexamethasone intravitreal implant for treating diabetic macular oedema – this is a CCG commissioning responsibility. Committee members recommended a red traffic lights status. A BlueTeq form will be created. The Ophthalmology pathway will be updated in light of this. TA350 Secukinumab for treating moderate to severe plaque psoriasis – this is a CCG commissioning responsibility. Committee members recommended a red traffic light status. A BlueTeq form will be created. TA351 Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy (terminated appraisal) – this is a terminated appraisal, the committee recommended a black traffic light status in line with the NICE recommendation. TA347 Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non-small-cell lung cancer – this is an NHS England responsibility. LMMG committee members recommended a red traffic light status. TA348 Everolimus for preventing organ rejection in liver transplantation – this is an NHS England responsibility. Committee members agreed a black traffic light status. **NICE TA guidance for medicines published in August 2015** TA352 – Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy – this is a CCG commissioning responsibility. The committee recommended a red traffic light status. A BlueTeq form will be created. A query was raised whether a Biologics pathway was going to be drafted for gastroenterology and dermatology. It was highlighted that a gastroenterology pathway had already been identified for development ; SM suggested that she would map out the current NICE decisions for both gastroenterology and dermatology and highlight any uncertainties. This will be brought back to a future LMMG meeting for discussion. TA353 Bevacizumab for treating relapsed platinum – resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (terminated appraisal) - this is a terminated appraisal; the committee members recommended a black traffic light status in line with the NICE recommendation.	**SM**

ITEM	SUMMARY OF DISCUSSION	ACTION
	TA354 Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism – this is a CCG commissioning responsibility. An Amber0 recommendation was agreed by the committee. SM will review the NOAC guideline document in light of this.	**SM**
2015/154	**New NHS England medicines commissioning policies (July & August)** SM presented this paper. ***The following medicines will not be routinely commissioned by NHS England and have been assigned a Black Traffic light :-*** Infliximab and Adalimumab as Anti-TNF Treatment Options for Adult Patients with Severe Refractory Uveitis. Reference: D12/P/a. Ataluren for the treatment of nmDMD. Reference: E09/P/a Bortezomib for the treatment of refractory antibody mediated rejection post kidney transplant. Reference: A07/P/c. Elosulfase alpha for Mucopolysaccharidosis IV Type A (MPS IVA). Reference: E06/P/b. Eculizumab for the treatment of refractory antibody mediated rejection post kidney transplant. Reference: A07/P/b. Eculizumab in the prevention of recurrence of C3 glomerulopathy post kidney transplant. Reference: A06/PS/a. Sapropterin in children with Phenylketonuria. Reference:E06/P/a. ***The following medicines will be routinely commissioned by NHS England in line with the criteria set out in their published Commissioning Policy and were assigned a red traffic light:-*** Elvitegravir/cobicistat/emtricitabine/tenofovir (Stribild ®) for treatment of HIV in adults. Reference: F03/P/a. Rituximab for the treatment of relapsing steroid sensitive nephrotic syndrome. Reference: E03/P/b. Ivacaftor for Cystic Fibrosis (named mutations). Reference: A01/P/a.	

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	Rituximab for the treatment of Steroid Resistant Nephrotic Syndrome in paediatric patients. Reference: E03/P/c. Levodopa-Carbidopa Intestinal Gel (LCIG) Reference: D04/P/e. Rituximab as a second line agent for the eradication of inhibitors in patients with Acquired Haemophilia Reference: F02/P/a. Biologic Therapies for the treatment of Juvenile Idiopathic Arthritis (JIA). Reference: E03X04. The document is titled E03/P/d Biologics for Juvenile Idiopathic Arthritis in Children and Adults. CCGs are the responsible commissioner for JIA in adults, therefore further clarity is being sought. Depending on the outcome, the current JIA position statement will need to be updated. Sildenafil and Bosentan for the Treatment of Digital Ulceration in Systemic Sclerosis Reference: A13/P/b. Bedaquiline and Delamanid for defined patients with MDR-TB and XDR-TB. Reference: F04/P/a. Cobicistat as a booster in treatment of HIV positive adults and adolescents Reference: F03/P/b.	**All actions SM** **SM**
2015/155	**Evidence reviews published by SMC or AWMSG (July & August)** BH discussed the SMC and AWMSG Medicines guidance published during July and August 2015. <u>SMC recommendations published in July 2015 – meeting LMMG criteria:</u> 1061/15 Tinzaparin sodium (Innohep Syringe®) SMC accepted tinzaparin sodium (Innohep Syringe®) for the treatment of patients with solid tumours: Extended treatment of symptomatic venous thrombo-embolism (VTE) and prevention of its recurrence – it was noted that LMWHs are not currently listed on the LMMG website. Work around the colour classification was ongoing. It was agreed that the SMC recommendation would be considered as part of the LMWH colour classification work. . 1064/15 Vedolizumab (Entyvio®) SMC accepted vedolizumab (Entyvio®) for the treatment of psoriatic arthritis –NICE guidance was published in August 2015 and was considered under agenda item 215/153.	

ITEM	SUMMARY OF DISCUSSION	ACTION
	1062/15 Rivaroxaban (Xarelto®) SMC did not recommend Rivaroxaban (Xarelto®) co-administered with aspirin alone or with aspirin plus clopidogrel or ticlopidine, is indicated for the prevention of atherothrombotic events in adult patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers - the committee agreed that no action was required – as this had previously been considered and recommended by NICE in TA335. It was discussed that the remaining SMC/AWMSG recommendations for July 2015 did not meet LMMG criteria; therefore LMMG agreed that no further action would be taken with regard to them. <u>SMC recommendations published in August 2015 – meeting LMMG criteria:</u> 1080/15 Tedizolid phosphate (Sivextro®) SMC accepted Tedizolid phosphate (Sivextro®) for restricted use for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults. The committee agreed that this was not a priority as it was not expected to be used in primary care. It was discussed that the remaining SMC/AWMSG recommendations for August 2015 did not meet LMMG criteria; therefore LMMG agreed that no further action would be taken with regard to them.	
PROCESS PROPOSALS		
2015/156	**Criteria for reviewing medical devices** This paper was deferred until the October LMMG meeting. In the meantime, manufacturers will be requested to supply safety information and a meeting will be arranged with the specialists for the consideration of Peristeen and Qufora and Aqua Flush.	**BH**
ITEMS FOR INFORMATION		
2015/157	**Minutes of the Lancashire Care FT Drug and Therapeutic Committee (21st July 2015** The group noted these minutes.	

ITEM	SUMMARY OF DISCUSSION	ACTION
2015/158	**Minutes of the Lancashire CCG Network (28th May& 30th July 2015)** The group noted these minutes.	
ANY OTHER BUSINESS		
2015/159	**Medicines recommendations identified for LMMG discussion** This paper was deferred until the October 2015. SM will obtain prescribing data for Midodrine and Fludrocortisone to bring to the next meeting. Acute Trusts will look at patient numbers in secondary care.	 **SM** **Acute Trust MM Leads**

Date and time of the next meeting
Thursday 8th October, 9.30 am to 11.30 am, Meeting Room 253, Preston Business Centre

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
10th September 2015

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 10.9.15
ACTION SHEET FROM THE 15th MAY 2015 MEETING				
2015/091	**DMARD shared care guideline** JL to email the Rheumatology Alliance to suggest that further discussions regarding the safety issues around the 2 monthly monitoring period should take place. **Update:** This will be taken to the next Rheumatology Alliance meeting at the beginning of October. PB will forward the mycophenolate shared care document from Cumbria to the Medicines Management email account; this will be raised at the meeting with the Rheumatology Alliance with a view to developing a shared care guideline for unlicensed immunosuppresants **Update:** This has been received.	**JL** **PB**	**01.10.15** **03.09.15**	**Open** **Closed**
2015/098	**Evidence reviews published by SMC or AWMSG** **1036/15 Levonorgestrel (Jaydess)** – contraception for up to 3 years **Action:** CF will find out the contact details of the Lead Commissioner for Family Planning, Public Health. **Update:** This is discussed under agenda item 2015/147.	**BH**	**03.09.15**	**Closed**
ACTION SHEET FROM THE 11th JUNE 2015 MEETING				
2015/105	**Declaration of any other urgent business** **Lisdexamfetamine initiation in adult patients with ADHD** BH and CF to review the evidence and consider if a new medicines review or other action is required. **Update:** This will be going out to consultation and will be discussed at the November LMMG meeting	**BH/CF**	**03.09.15**	**Closed**

2015/109	**Transanal Irrigation / Rectal Irrigation Systems** **Qufora systems and Aquaflush** LMMG members will discuss the position with specialist services, with a view to considering if any actions that can be taken to mitigate the safety concerns. **Update:** awaiting the outcome of local discussions regarding safety; KL will liaise with Liz Thornton, the issue is also to be discussed at ELMMB next week. **Update:** This will be discussed further under agenda item 2015/156 Criteria for Reviewing Medical Devices.	**LMMG members**	**03.09.15**	**Closed**
2015/114	**Feedback from palliative care guidelines** **Action:** A letter will be drafted to the Strategic Clinical Network **Update:** JL has sent a letter to Susan Salt which has been acknowledged. An update will be provided once a formal response has been received.	**JL**	**01.10.15**	**Open**
ACTION SHEET FROM THE 9th JULY 2015 MEETING				
2015/127	**Co-trimoxazole – Subacute Bacterial Peritonitis Prophylaxis** CM will contact specialist services to seek clarity around the monthly blood monitoring and supply and add the monthly monitoring requirements to the new medicines assessment summary **Update:** Discussed under item 2015/144 Matters Arising	**CM**	**03.09.15**	**Closed**
2015/128	**LMMG – New Medicine Reviews Work Plan update** **Insulin Glargine – U300 – Type I and II Diabetes** **Action:** – PB will ask UHMB consultant to send details of the intended patient group. **Update:** the information is awaited. **Oxycodone/Naloxone – Restless legs** **Action:** LR will forward the EL guideline to MLCSU. SM to circulate to LMMG member organisations for comments to inform guideline review. **Update:** this information has been received and has been added to the work plan.	**PB** **LR/SM**	**01.10.15** **03.09.15**	**Open** **Closed**

2015/129	**Psychotropic Formulary Review** SM to feedback outcomes of the psychotropic formulary discussions to LCFT **Update:** this has been feedback.	**SM**	**03.09.15**	**Closed**
2015/134	**Evidence reviews published by SMC or AWMSG (June 2015)** 1042/15 Magnesium aspartate dehydrate (Magnaspartate®) To draft a one page statement, which included a table of other available unlicensed preparations and costs for information for those patients unable to take magnaspartate® **Update:** currently out to consultation.	**CM**	**03.09.15**	**Closed**
2015/135	**Update of High Cost Drugs Spreadsheet** **Botulinum Toxin A** SM to contact David Shakespeare regarding audit of use in patients with spasticity or contracture of the joint in MS **Update:** SM has contacted David Shakespeare regarding this and will also follow this up with other Trusts to see if there are any services in other Trusts.	**SM**	**03.09.15**	**Closed**
2015/136	**North West Headache Management Guideline for Adults** SM to feedback LMMG discussions regarding the headache pathway to the strategic clinical network **Update:** this was feedback to the Strategic Clinical Network; it will be signed off by CCG networks and the pathway will come back to an LMMG meeting to approve the medicines within.	**SM**	**03.09.15**	**Closed**
ACTION SHEET FROM THE 10th SEPTEMBER 2015 MEETING				
2015/144	**Co-trimoxazole monitoring** The development of a shared care document covering the monitoring of co-trimoxazole for subacute bacterial peritonitis prophylaxis to be added to the work plan	**SM**	**01.10.15**	**Open**

2015/150	**Erectile Dysfunction Guideline** The Erectile Dysfunction guideline to be updated in line with the agreements at the group and will be brought back to the October meeting for approval.	**SM**	**01.10.15**	**Open**
2015/148	**Horizon scanning Quarter 2 2015/16** Insulin glargine biosimilar (LY29630106) – Type I and type II Diabetes mellitus – an LMMG position statement will be produced for biosimilars and applied to this product.	**BH**	**01.10.15**	**Open**
2015/152	**LMMG – Guidelines Work Plan update** The Ophthalmology pathway will be added to the work plan in light of recent NICE TAs.	**SM**	**01.10.15**	**Open**
2015/153	**New NICE Technology Appraisal Guidance for Medicines (July & August)** TA352 - To map out the current NICE pathways for gastroenterology and dermatology, to assist the prioritisation of which pathway to prioritise for review first. TA354 – NOAC guidance to be updated in light of the NICE guidance for Edoxaban.	**SM** **SM**	**01.10.15** **01.10.15**	**Open** **Open**
2015/154	**New NHS England medicines commissioning policies** Biologic Therapies for JIA – CCGs are the responsible commissioner for adults with JIA. Clarity to be sought from NHS England as to why adults have been included in the title of the document.	**SM**	**01.10.15**	**Open**
2015/156	**Criteria for reviewing medical devices** Request safety information from the manufacturers and arrange a meeting with the specialists for the consideration of Peristeen and Qufora and Aqua Flush.	**BH**	**01.10.15**	**Open**
2015/159	**Medicines recommendations identified for LMMG discussion** Primary care prescribing data to be obtained Midodrine and Fludrocortisone – patient numbers will be looked at in secondary care and brought back to the October LMMG meeting.	**SM** **Acute Trust MM Leads**	**01.10.15** **01.10.2015**	**Open** **Open**