Minutes of the Lancashire Medicines Management Group Meeting
Held on Thursday 8th October 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
Dr Emile Li Kam Wa (LKW)	Consultant Physician	Blackpool Teaching Hospitals NHS Foundation Trust
Christine Woffindin (CW)	Medicines Information Manager	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
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 (CMoss)	Head of Medicines Optimisation	NHS Greater Preston CCG, NHS Chorley and South Ribble 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

IN ATTENDANCE:

Brent Horrell (BH)	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Cassandra Mulholland (CM)	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
2015/160	**Welcome & apologies for absence** The chair welcomed everyone to the meeting. Apologies for absence were received on behalf of Tony Naughton, Susan McKernan, Melanie Preston, Kenny Li, Dr David Shakespeare and Dr Sigrun Baier.	
2015/161	**Declaration of any other urgent business** None.	
2015162	**Declarations of interest pertinent to agenda** None. Clarity was sought regarding the obligations under this agenda item. It was confirmed that there is a requirement to declare any pecuniary interests pertinent to the agenda. The committee discussed and agreed that the declaration process	

ITEM	SUMMARY OF DISCUSSION	ACTION
	will be reviewed with a view to introducing an annual declaration process. **Action** MLCSU will review the declaration process.	**BH**
2015/163	**Minutes of the last meeting (10th September 2015)** The minutes of the meeting dated 10th September 2015 were agreed as a true and accurate record subject to the rewording of the decision:- **Agenda item 2015/147** Levonorgestrel 13.5 mg intrauterine delivery system (Jaydess®)▼, Contraception for up to 3 years **Decision** The committee agreed that Levonorgestrel (Jaydess®)▼will be made available as a second line option for use in patients who want periods and/or have problems inserting the Mirena. **Amended Decision to read**:- 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.	
2015/164	**Matters arising (not on the agenda)** There were no matters arising.	
NEW MEDICINES REVIEWS		
2015/165	**Colomycin in Non-CF Bronchiectasis** CM presented the paper, summarising the evidence review and the draft recommendation which had been consulted on, as follows: Recommendation: RED Colistimethate sodium (Colomycin®) is recommended as an option for patients with non-cystic fibrosis bronchiectasis, colonised with *Pseudomonas aeruginosa* who have three or more exacerbations per year requiring antibiotics or fewer exacerbations that are causing significant morbidity, in whom long term nebulised antibiotic therapy is being considered. 6 of 8 CCGs and 4 of 4 Acute trusts responded by the closing	

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	date. 4 CCGs agreed with the RED recommendation, 2 CCGs and 4 Acute Trusts did not agree with the RED recommendation but instead recommended this should be AMBER. **Decision** The limited published evidence contained within the studies was considered by the committee together with the consultation responses and the historical evidence of effectiveness of its use. The committee agreed not to support the "red" traffic light status recommendation and agreed to change to an Amber 0 rating with the addition of a prescribing information sheet for GPs. This will be developed by MLCSU for use in primary care. **Action** Colistimethate sodium (Colomycin®) will be given an Amber0 traffic light status on the website. MLCSU will develop a single page prescribing information sheet.	**JJ** **CM**
2015/166	**Magnaspartate for hypomagnesaemia** CM presented the paper, summarising the evidence review and the draft recommendation which was consulted on as follows:- Recommendation: AMBER 0 Magnaspartate® is the preferred choice for the treatment and prevention of magnesium deficiency, as diagnosed by a doctor. It is the only licensed oral magnesium preparation for these indications. 6 of 8 CCGs, 4 of 4 Acute trusts and LCFT responded by the closing date. Five CCGs agreed with the recommendation. One CCG did not agree with the colour classification of the recommendation and another thought the content needed amending. Four acute trusts agreed with the recommendation, however, one suggested a change to the colour classification and another thought the content needed amending. LCFT agreed with the recommendation but suggested that refeeding syndrome should be referred to in the document. **Decision** The committee considered the prescribing information sheet, traffic lights status and consultation responses and agreed with the proposed recommendation. The committee also agreed that the background information, which had been taken from the BNF and UKMi Medicines Q&A would remain as written, as the document is not intended to be a guideline and hypomagnesaemia is managed as per current	

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	guidance in secondary care organisations. **Action** Magnaspartate® will be given an Amber 0 traffic light status on the website.	**JJ**
2015/167	**LMMG – New Medicine Reviews Work Plan update** BH discussed this paper; updating LMMG on the current status of the work plan, as follows:- *Medications for recommendation for November LMMG* Lisdexamphetamine – Adult ADHD – delayed due to delay in publication of SMC statement – published 7/9/15. Lidocaine Patches – Neuropathic Pain post Herpes Zoster, neuropathic pain with adllodynia and /or hyperalgesia. *Medications for recommendation for December LMMG* Insulin Glargine – U300 – launced 5/8/15. Application received 28/7/15. LABA/LAMA combinations – COPD – review of comparative evidence and ease of use of inhalers. Meeting planned for 16/10/15. Oxycodone/Naloxone – Restless legs – evidence review, followed by update of East Lancs Restless Legs guidance. *Medications for future review* Second line use of biologics – Crohn's. Second line use of biologics – Ulcerative Colitis. Antipsychotic long-acting injections – Schizophrenia – a draft is currently being drawn up, this will be forwarded to CF initially before going out to consultation. Liothyronine – Persisting Lethergy despite levothyroxine replacement/Thyroid cancer awaiting ablative treatment. Sodium Oxybate – Narcolepsy with cataplexy – an application has been received. Infliximab – Pyoderma Gangrenosum Tadalafill daily – Erectile Dysfunction Insulin glargine biosimilar – Insulin dependent diabetes – a position statement covering the use of biosimilars has been added to the work plan previously. It will be considered if this can be	

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	applied to this preparation once completed. *Medicines currently on hold – awaiting Licensing and launch* Albiglutide/Dulaglutide – Diabetes – it was confirmed that in the absence of albiglutide being launched dulaglutide would not be prioritised for review. Safinamide – Parkinson's early and mid to late. Naltrexone/bupropion – Obesity. Bazedoxifene/conjugated oestrogen – post menopausal osteoporosis + menopausal symptoms – filing withdrawn, this will be removed from the work plan. Liraglutide – Obesity. Insulin degludec & insulin aspartate (Ryzodeg®) – Type II Diabetes. Lurasidone – this was agreed to be added to the work plan at the September LMMG however was missed off the work plan for future review in error.	**All actions BH**
GUIDELINES and INFORMATION LEAFLETS		
2015/168	**Dementia Medicines information sheet** JL presented this paper. The Medicines Information Sheet has had the 'Monitoring and Review Requirements' section updated to add clarity around the transfer of prescribing responsibilities from secondary to primary care was defined. **Decision** The committee approved the Dementia Medicines information sheet in its current form. **Action** The Dementia Medicines information sheet will be updated on the website.	**JJ**
2015/169	**Update to Ophthalmology Pathway** JL discussed the Diabetic Macular Oedema pathway which was updated in line with the NICE TA346 and TA349. **Decision** It was decided by the committee that a sentence will be added to	

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	the pathway to state that 1st line, sequential use is not supported; a business case should be submitted for consideration if this is required. The committee agreed that the pathway will be amended and re-sent to the Ophthalmology specialists for comments before its approval at LMMG. PB will discuss the pathway this with Simon Morgan and feedback. It was felt that a collaborative meeting with all Lancashire ophthalmologists would aid engagement **Action** PB will discuss the pathway with Simon Morgan and feedback. JL will amend pathway as discussed and re-send the pathway to Ophthalmology specialists for comments before bringing back to LMMG. JL to invite ophthalmologists to a collaborative meeting.	**PB** **JL**
2015/170	**Erectile Dysfunction Guideline** JL discussed the amendments made to the Erectile Dysfunction guideline following discussions at the September LMMG. **Decision** The committee approved the guideline in its current form and decided upon a Grey status for daily tadalafil and Black status for Vadenafil and Avanafil. **Action** The Erectile Dysfunction Guideline will be put onto the website. Vadenafil and Avanafil will be given a black status on the website. Sildenafil and tadalafil on demand will be put on the LMMG website as Green and Tadalafil daily will stay as a Grey colour classification.	**JJ**
2015/171	**NICE Biologics Pathways – Crohn's, UC, plaque psoriasis** CM presented the paper which outlined the current LMMG funding position for biologics in Crohn's disease, ulcerative colitis, psoriasis, psoriatic arthritis and ankylosing spondylitis. CM highlighted that there was lack of clarity around the sequential use of these biologics which could (and does) lead to differing interpretations of what is funded. CM outlined the potential medicines assessments that would be required to create management pathways for each indication for sequential use and for those who fall outside of NICE guidance. Due to the large number of assessments that would be required CM requested that the LMMG prioritised which pathways would be developed first and those which would be prioritised at a later	

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	date. In order to guide prioritisation CM provided a summary of the last three month's prescribing data and number of individual funding requests for each speciality/indication. **Decision** The committee agreed that an ulcerative colitis pathway would be developed first and would focus on the sequential use of biologics for the management of patients who have moderately to severely active ulcerative colitis. A Crohn's disease pathway will be developed following this. There will be future discussions at LMMG to prioritise other indications and where patients fall outside the NICE guidance.	
2015/172	**Gout prescribing Guideline** BH discussed the guideline. Responses were received from 3 CCGs and 3 provider Trusts: of those organisations which replied, all supported the guidance document and all supported the suggestion that the guidance allows provision for the introduction of febuxostat when target sUA has not been reached after allopurinol titration to 600mg. **Decisions** All consultation responses received supported the earlier introduction of Febuxostat; the committee agreed that Febuxostat would be introduced when patients were not achieving adequate control despite 600mg daily of Allopurinol. The guideline will be amended to reflect this. Feedback from the rheumatologists highlighted that there was no requirement for the Ascorbic Acid (Vitamin C) prescribing information to be included in the guidelines. The committee agreed the same. This will be removed from the guideline. A comment from UHMB suggested that a higher dose than 1200mg/day of Ibuprofen should be recommended; BH will check this with Rheumatologists. It was highlighted that the guideline currently recommended colchicine prophylaxis for up to 6 months in the prescribing information section; however this was not included in the flow chart. BH to review and update to ensure that there is consistency and that it is clear which patient group would be considered for prophylactic colchicine. **Actions** The guideline will be amended in line with the decisions above. This will be sent to rheumatologists for comment and brought	**All actions BH**

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	back to November LMMG for approval.	
2015/173	**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 November meeting** Neuropathic Pain Guideline – currently out to consultation and will be discussed at November LMMG. Omega 3 fatty Acid position Statement – updated in line with NICE Guidance on Lipid Modification. Apomorphine Shared Care Guidelines – currently out to consultation and will be discussed at November LMMG. **In development** Restless Legs Guideline – guideline work has started. This will be linked to the review of oxycodone/naloxone for restless legs. Mycophenolate Unlicensed Indications Shared Care Guidance – the rheumatology alliance would support the development of this guidance and will supply patient numbers to inform the decision Co-Trimoxaxole Shared Care Guideline – the first draft is in development. **New additions** Gastro Biologics Pathway - will be added to work plan as priority biologics pathway Dermatology Biologics Pathway - This was felt not to be a high priority. Update of the NOAC Guidelines – following today's discussions regarding the NOACs (agenda item 174), this will now be prioritised for review. **Other LMMG work** Palliative Care Guidelines for Lancashire and Cumbria - to be involved in the review process starting in December 2015. Annual review of colour classifications – process to restart in December. Consensus of LMWH colour classifications has been prioritised. SCN Headache Pathway.	**All actions JL**

ITEM	SUMMARY OF DISCUSSION	ACTION
NATIONAL DECISIONS FOR IMPLEMENTATION		
2015/174	**New NICE Technology Appraisal Guidance for Medicines (September 2015)** CM presented this paper. The following actions were agreed:- **NICE TA Guidance for medicines published in September 2015** NICE TA355 Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation – this is a CCG commissioning responsibility. Committee members recommended a green traffic light status and this will be added to the guidelines work plan. The committee raised concerns around the risks associated with having so many NOACs available that must be included in the guideline in order to be NICE compliant. Some committee members highlighted that there have been reported incidents. CM will contact NICE to raise concerns around the risks of prescribing due to the number of options available for this indication. It was suggested that this should also be raised with organisations' Medication Safety Officers. NICE TA356 Ruxolitinib for treating polycythaemia vera (terminated appraisal) – this was brought to LMMG for information only.	**CM** **CM**
2015/175	**New NHS England medicines commissioning policies (September 2015)** Historically NHS England medicines commissioning polices were not held in the public domain. As such LMMG had taken the decision to include them on the website to assist clinicians. NHS England policies are now being held on a public facing website so clinicians should be able to access policies directly from the NHS England website. CM discussed the proposal, that new commissioning policies developed by NHS England relating to medicines, will be brought to LMMG for information, but will not be automatically uploaded onto the LMMG website. They will only be uploaded to the website if the committee agrees that there is a specific need for it to be added for information. **Decision** The committee agreed with the proposal. As a result the website	

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	will not be routinely updated with NHS policies. This is to eliminate any risks involved with displaying incorrect information if the policies are subsequently updated. There were no clinical commissioning policies published by NHS England in September 2015. However for information CM informed the committee that a specialised services circular (SSC1535) dated 11/08/15 relating to the commissioning of Palivizumab (to reduce the risk of RSV in high risk infants) for the 2015 vaccination season has been distributed.	
2015/176	**Evidence reviews published by SMC or AWMSG (September 2015)** CM discussed the SMC and AWMSG recommendations published during September 2015. <u>The SMC recommendations published in September 2015 – meeting LMMG criteria included:</u> 1074/15 Aflibercept (Eylea®) SMC accepted Aflibercept (Eylea®) for the treatment of visual impairment due to macular oedema secondary to branch retinal vein occlusion – this was considered and not prioritised during Horizon Scanning, it was agreed by the committee that no action will be required. 980/14 Avanafil (Spedra®) SMC did not accept Avanafil (Spedra®) for the treatment of erectile dysfunction in adult men. The committee agreed on a black traffic lights status. Avanafil was previously agreed as a Black traffic light under agenda item (215/170). It was agreed that a link to the SMC statement would be added in addition to a link to the erectile dysfunction guidance. <u>AWMSG recommendations published in September 2015 – meeting LMMG criteria</u> 2168 Brimonidine (Mirvaso®) AWMSG accepted Brimonidine (Mirvaso®) for restricted use with NHS Wales for the symptomatic treatment of facial erythema of rosacea in adult patients. The committee decided that there would be no further action; LMMGs previous recommendation still stands - Black traffic light status. It was discussed that the remaining SMC/AWMSG recommendations for September 2015 did not meet LMMG criteria; therefore LMMG agreed that no further action would be taken with regard to them.	**JJ**

ITEM	SUMMARY OF DISCUSSION	ACTION
	Dr Li Kam Wa left the meeting.	
PROCESS PROPOSALS		
2015/177	**Criteria for reviewing medical devices** BH discussed this paper which was brought to LMMG in light of a request to review some medical devices which are available on prescription. BH discussed the current guidance from the MHRA which highlighted important points to consider during the review process for the recommendation of a device. BH also discussed the NICE process for Medical Technology Evaluation and the Greater Manchester Medicines Management Group procedure. **Decisions** The committee considered and agreed the following proposed process which LMMG will adopt during the review process of a medical device:- - Contact the manufacturer to obtain information around risks, benefits and adverse effects. - The information will then be considered by a specialist group; including patient representation (facilitated by MLCSU and) together with any other MHRA guidance or medical device alerts. - All risks will be highlighted in a report alongside a plan that will be put in place to mitigate any risks. - This will be consulted on prior to being discussed at LMMG; It was highlighted that any commissioning issues will also be highlighted in the report for information however it was agreed that these fell outside of the remit of LMMG. It was also agreed that where there is a lack of licensed or safety evidence available for the device; the specialists will be asked to submit evidence of a plan to mitigate risks alongside any local safety or outcomes data. **Actions** MLCSU will adopt the above process when reviewing a medical device. MLCSU will contact Incontinence Specialists for clarity on Qufora and Aquaflush; this will be brought back to LMMG for discussion.	**All actions BH**

ITEM	SUMMARY OF DISCUSSION	ACTION
OTHER PROPOSALS		
2015/178	**Medicines recommendations identified for LMMG discussion** BH presented the paper following medication recommendations. The following were discussed and agreed:- *Midodrine – Bramox ® - Licensed product now available* BH highlighted that there are approximately 200 patients in Lancashire being prescribed in either primary or secondary care; the estimated cost in primary care is around £130,000 per year. The committee decided upon an Amber0 colour classification. The website will be amended from Red colour classification to Amber0. *Zolpidem – in view of NICE TA77* In terms of compliance with NICE TA77 the committee agreed upon a Green colour classification. The website will be amended from Black colour classification to Green in patients who satisfy NICE TA77. *Orphenadrine - Licensed product discontinuation* Due to the discontinuation of Orphenadrine (licensed product) this will be removed from the website. *Hyaluronic Acid* This was brought to LMMG for information: this has been added to the LMMG website as black, following on from discussions at September LMMG around NICE guidance (CG177) which states 'Do not offer intra-articular hyaluronan injections for the management of osteoarthritis. [2014]' The committee agreed with this action.	**All actions JJ**
ITEMS FOR INFORMATION		
2015/179	**Lancashire Care FT Drug and Therapeutic Committee** No meeting in August.	
2015/180	**Lancashire CCG Network minutes (27th August 2015)** The group noted these minutes.	

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

ACTION SHEET FROM THE
LANCASHIRE MEDICINES MANAGEMENT GROUP
8TH October 2015

MINUTE NUMBER	DESCRIPTION	ACTION	DATE	STATUS AT 08.10.15
ACTION SHEET FROM THE 15th MAY 2015 MEETING				
2015/091	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 was taken to the Rheumatology Alliance meeting. JL confirmed that patients on biologics or two DMARDs will stay on 3 monthly monitoring in line with Yorkshire. JL will review the Shared Care in line with the decisions made at the rheumatology alliance meeting and bring a draft to the November LMMG**.**	**JL**	**12.11.15**	**Open**
ACTION SHEET FROM THE 11th JUNE 2015 MEETING				
2015/114	**Feedback from palliative care guidelines** **Action:** A letter will be drafted to the Strategic Clinical Network **Update:** A formal response has been received. There are no further actions at this stage; a review of the Palliative Care Guidelines will take place within the next 6 months.	**JL**	**01.10.15**	**Closed**
ACTION SHEET FROM THE 9th JULY 2015 MEETING				
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 has been received and will be fedback under the evidence review.	**PB**	**01.10.15**	**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 **Update:** this has been drafted and sent to Specialists for review and comment.	**SM**	**01.10.15**	**Closed**
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. **Update:** Discussed as an agenda item	**SM**	**01.10.15**	**Closed**
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. **Update:** A position statement has been added to the work plan.	**BH**	**01.10.15**	**Closed**
2015/152	**LMMG – Guidelines Work Plan update** The Ophthalmology pathway will be added to the work plan in light of recent NICE TAs. **Update**: Discussed as an agenda item	**SM**	**01.10.15**	**Closed**
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. **Update:** Discussed as an agenda item TA354 – NOAC guidance to be updated in light of the NICE guidance for Edoxaban. **Update:** It was highlighted that TA354 only related to DVT, while the NOAC guideline was in relation to patients with Atrial Fibrillation (AF).	**SM** **SM**	**01.10.15** **12.11.15**	**Closed** **Closed**
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. **Update:** SM has contacted NHS England; upon receipt of their response, an update will be brought to LMMG.	**SM**	**05.11.15**	**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. **Update:** Discussed as an agenda item	**BH**	**01.10.15**	**Closed**
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. **Update**: Discussed as an agenda item	**SM** **Acute Trust MM Leads**	**01.10.15** **01.10.2015**	**Closed** **Closed**
ACTION SHEET FROM THE 8th OCTOBER 2015 MEETING				
2015/162	**Declarations of interest pertinent to the agenda** MLCSU to review the declaration process with a view to introducing an annual declaration.	**BH**	**03.12.15**	**Open**
2015/165	**Colomycin in Non-CF Bronchiectasis** A single page prescribing information sheet to be added to the work plan.	**CM**	**05.11.15**	**Open**
2015/169	**Update to Ophthalmology Pathway** JL will re-send the pathway to Ophthalmology specialists for feedback before bringing back to LMMG. PB will discuss the pathway with Simon Morgan and feedback. JL to invite ophthalmologists to a collaborative meeting	**JL** **PB**	**12.11.15** **12.11.15**	**Open** **Open**
2015/172	**Gout prescribing Guideline** The guideline will be amended as follows: Febuxostat would be introduced when patients were not achieving adequate control despite 600mg daily of allopurinol. Ascorbic Acid (Vitamin C) prescribing information to be removed from the guideline. UHMB suggested that a higher dose than 1200mg/day of Ibuprofen should be recommended; BH will check this with Rheumatologists.	**All actions BH**	**05.11.15**	**Open**

	Clarity around the instigation of Prophylactic treatment with colchicine will be sought.			
2015/174	**New NICE Technology Appraisal Guidance for Medicines (September 2015)** CM will contact NICE to seek clarity around the evidence base/risks for prescribing NOACs where there are multiple preparations which have been approved by NICE as treatment options. Following receipt of information from NICE the LMMG NOAC guidance will be added to the work plan for update following the publication of NICE TA355.	**CM** **SM**	**05.11.15** **05.11.15**	**Open** **Open**
2015/177	**Criteria for reviewing medical devices** MLCSU will contact Incontinence Specialists for clarity on Qufora and Aquaflush; a document will be produced and consulted on in line with the process agreed by LMMG.	**BH**	**05.11.15**	**Open**